

State of Hawaii
Department of Health
Family Health Services Division

Request for Proposals

HTH 595-07-03

Comprehensive Primary Care Services

September 1, 2006

Note: If this RFP was downloaded from the State Procurement Office RFP Website each applicant must provide contact information to the RFP contact person for this RFP to be notified of any changes. For your convenience, you may download the [RFP Interest form](#), complete and e-mail or mail to the RFP contact person. The State shall not be responsible for any missing addenda, attachments or other information regarding the RFP if a proposal is submitted from an incomplete RFP.

September 1, 2006

REQUEST FOR PROPOSALS

Comprehensive Primary Care Services RFP No. HTH 595-07-03

The Department of Health, Family Health Services Division (“FHSD”), is requesting proposals from qualified applicants to provide comprehensive primary care services to uninsured individuals and families (statewide) who fall within 250 percent of the Federal poverty level. Services shall include medical and support services at a minimum. Medical services may include perinatal, pediatric and adult primary care. Other services applicants could apply for include behavioral health care, dental treatment and pharmaceutical services. The contract term will be from the State’s Notice to Proceed through June 30, 2009. Multiple contracts will be awarded under this request for proposals.

Proposals shall be mailed, postmarked by the United States Postal Service on or before October 2, 2006, and received no later than 10 days from the submittal deadline. Hand delivered proposals shall be received no later than 4:30 p.m., Hawaii Standard Time (HST), on October 2, 2006 at the drop-off site designated on the Proposal Mail-in and Delivery Information Sheet. Proposals postmarked or hand delivered after the submittal deadline shall be considered late and rejected. There are no exceptions to this requirement.

The FHSD will conduct an orientation on September 13, 2006 from 1:30 p.m. to 3:00 p.m. in Room 302 of the Keoni Ana Building Video Conference Center, located at 1177 Alakea Street, Honolulu, Hawaii. All prospective applicants are encouraged to attend the orientation.

The deadline for submission of written questions via email is 4:30 p.m., HST, on September 15, 2006. All written questions will receive a written response via email from the State on or about September 20, 2006.

Inquiries regarding this RFP should be directed to the RFP contact person, Gordon Takaki, Public Health Administrative Officer at 3652 Kilauea Avenue, Honolulu, Hawaii 96816, telephone: (808) 733-8365, fax: (808) 733-8369, e-mail: gordon.takaki@fhsd.health.state.hi.us.

PROPOSAL MAIL-IN AND DELIVERY INFORMATION SHEET

NUMBER OF COPIES TO BE SUBMITTED: 3

ALL MAIL-INS SHALL BE POSTMARKED BY THE UNITED STATES POSTAL SERVICE (USPS) NO LATER THAN **October 2, 2006** and received by the state purchasing agency no later than **10 days from the submittal deadline**.

All Mail-ins

Department of Health

Family Health Services Division
3652 Kilauea Avenue
Honolulu, Hawaii 96816

DOH RFP COORDINATOR

Gordon Takaki, Public Health
Administrative Officer
For further info. or inquiries
Phone: (808) 733-8365
Fax: (808) 733-8369

ALL HAND DELIVERIES SHALL BE ACCEPTED AT THE FOLLOWING SITE UNTIL **4:30 P.M., Hawaii Standard Time (HST), October 2, 2006**. Deliveries by private mail services such as FEDEX shall be considered hand deliveries. Hand deliveries shall not be accepted if received after 4:30 p.m., October 2, 2006.

Drop-off Sites

Oahu:

Department of Health
Family Health Services Division
3652 Kilauea Avenue
Honolulu, Hawaii 96816

RFP Table of Contents

Section 1 Administrative Overview

I.	Procurement Timetable.....	1-1
II.	Website Reference	1-2
III.	Authority	1-2
IV.	RFP Organization.....	1-2
V.	Contracting Office	1-3
VI.	Orientation	1-3
VII.	Submission of Questions	1-4
VIII.	Submission of Proposals.....	1-4
IX.	Discussions with Applicants.....	1-6
X.	Opening of Proposals.....	1-7
XI.	Additional Materials and Documentation.....	1-7
XII.	RFP Amendments	1-7
XIII.	Final Revised Proposals.....	1-7
XIV.	Cancellation of Request for Proposals.....	1-7
XV.	Costs for Proposal Preparation.....	1-8
XVI.	Provider Participation in Planning.....	1-8
XVII.	Rejection of Proposals	1-8
XVIII.	Notice of Award.....	1-8
XIX.	Protests.....	1-9
XX.	Availability of Funds	1-10
XXI.	Monitoring and Evaluation	1-10
XXII.	General and Special Conditions of the Contract.....	1-10
XXIII.	Cost Principles	1-10

Section 2 - Service Specifications

I.	Introduction.....	2-1
	A. Overview, Purpose or Need	2-1
	B. Planning activities conducted in preparation for this RFP.....	2-1
	C. Description of the Goals of the Service	2-1
	D. Description of the Target Population to be Served.....	2-2
	E. Geographic Coverage of Service	2-2
	F. Probable Funding Amounts, Source, and Period of Availability.....	2-2
II.	General Requirements.....	2-2
	A. Specific Qualifications or Requirements	2-2
	B. Secondary Purchaser Participation	2-3
	C. Multiple or Alternate Proposals.....	2-3
	D. Single or Multiple Contracts to be Awarded	2-3
	E. Single or Multi-Term Contracts to be Awarded	2-3
	F. RFP Contact Person	2-4
III.	Scope of Work	2-4
	A. Service Activities	2-4

	B.	Management Requirements	2-7
IV.		Facilities	2-11

Section 3 - Proposal Application Instructions

		General Instructions for Completing Applications	3-1
I.		Program Overview	3-1
II.		Experience and Capability	3-2
	A.	Necessary Skills	3-2
	B.	Experience.....	3-2
	C.	Quality Assurance and Evaluation.....	3-2
	D.	Coordination of Services.....	3-2
	E.	Facilities.....	3-2
III.		Project Organization and Staffing.....	3-2
	A.	Staffing.....	3-2
	B.	Project Organization	3-3
IV.		Service Delivery.....	3-3
V.		Financial.....	3-4
	A.	Pricing Structure	3-4
VI.		Other	3-5
	A.	Litigation.....	3-5

Section 4 – Proposal Evaluation

I.		Introduction.....	4-1
II.		Evaluation Process	4-1
III.		Evaluation Criteria	4-2
	A.	Phase 1 – Evaluation of Proposal Requirements	4-2
	B.	Phase 2 – Evaluation of Proposal Application.....	4-2
	C.	Phase 3 – Recommendation for Award	4-5

Section 5 – Attachments

Attachment A.	Competitive Proposal Application Checklist
Attachment B.	Sample Proposal Table of Contents
Attachment C.	Description of Support Services
Attachment D.	DOH Directive Number 04-01 dated May 3, 2004 related to Interpersonal Relationships Between Staff and Clients/Patients
Attachment E.	Cost Proposal
Attachment F.	Table A – Performance Measures

Section 1

Administrative Overview

Section 1

Administrative Overview

Applicants are encouraged to read each section of the RFP thoroughly. While sections such as the administrative overview may appear similar among RFPs, state purchasing agencies may add additional information as applicable. It is the responsibility of the applicant to understand the requirements of *each* RFP.

I. Procurement Timetable

Note that the procurement timetable represents the State's best estimated schedule. Contract start dates may be subject to the issuance of a notice to proceed.

Activity	Scheduled Date
Public notice announcing RFP	September 1, 2006
Distribution of RFP	September 1, 2006
RFP orientation session	September 13, 2006
Closing date for submission of written questions via email for written responses	September 15, 2006
State purchasing agency's response to applicants' written questions via email	September 20, 2006
Discussions with applicant prior to proposal submittal deadline (optional)	Mid-September 2006
Proposal submittal deadline	October 2, 2006
Discussions with applicant after proposal submittal deadline (optional)	Early October 2006
Final revised proposals (optional)	Early October 2006
Proposal evaluation period	October 9, 2006 to October 20, 2006
Provider selection	October 20, 2006
Notice of statement of findings and decision	October 24, 2006
Contract start date	State's Notice to Proceed

II. Website Reference

The State Procurement Office (SPO) website is www.spo.hawaii.gov

	For	Click
1	Procurement of Health and Human Services	“Health and Human Services, Chapter 103F, HRS...”
2	RFP website	“Health and Human Services, Ch. 103F...” and “RFPs”
3	Hawaii Administrative Rules (HAR) for Procurement of Health and Human Services	“Statutes and Rules” and “Procurement of Health and Human Services”
4	Forms	“Health and Human Services, Ch. 103F...” and “For Private Providers” and “Forms”
5	Cost Principles	“Health and Human Services, Ch. 103F...” and “For Private Providers” and “Cost Principles”
6	Standard Contract -General Conditions	“Health and Human Services, Ch. 103F...” “For Private Providers” and “Contract Template – General Conditions”
7	Protest Forms/Procedures	“Health and Human Services, Ch. 103F...” and “For Private Providers” and “Protests”

Non-SPO websites

(Please note: website addresses may change from time to time. If a link is not active, try the State of Hawaii website at www.hawaii.gov)

	For	Go to
8	Tax Clearance Forms (Department of Taxation Website)	http://www.hawaii.gov/tax/ click “Forms”
9	Wages and Labor Law Compliance, Section 103-055, HRS, (Hawaii State Legislature website)	http://www.capitol.hawaii.gov/ click “Bill Status and Documents” and “Browse the HRS Sections.”
10	Department of Commerce and Consumer Affairs, Business Registration	http://www.hawaii.gov/dcca click “Business Registration”
11	Campaign Spending Commission	www.hawaii.gov/campaign

III. Authority

This RFP is issued under the provisions of the Hawaii Revised Statutes (HRS), Chapter 103F and its administrative rules. All prospective applicants are charged with presumptive knowledge of all requirements of the cited authorities. Submission of a valid executed proposal by any prospective applicant shall constitute admission of such knowledge on the part of such prospective applicant.

IV. RFP Organization

This RFP is organized into five sections:

Section 1, Administrative Overview--Provides applicants with an overview of the procurement process.

Section 2, Service Specifications--Provides applicants with a general description of the tasks to be performed, delineates applicant responsibilities, and defines deliverables (as applicable).

Section 3, Proposal Application Instructions--Describes the required format and content for the proposal application.

Section 4, Proposal Evaluation--Describes how proposals will be evaluated by the state purchasing agency.

Section 5, Attachments --Provides applicants with information and forms necessary to complete the application.

V. Contracting Office

The Contracting Office is responsible for overseeing the contract(s) resulting from this RFP, including system operations, fiscal agent operations, and monitoring and assessing provider performance. The Contracting Office is:

Department of Health Family Health Services Division
3652 Kilauea Avenue, Honolulu, HI 96816

Phone (808) 733-8365 Fax: (808) 733-8369

VI. Orientation

An orientation for applicants in reference to the request for proposals will be held as follows:

Date:

Time:

September 13, 2006

1:30 p.m. to 3:00 p.m.

Locations:

- Oahu – Keoni Ana Bldg., 1177 Alakea St., Rm. 302, Honolulu, HI
 - Leeward Oahu – Kakuhihewa Bldg., 601 Kamokila Blvd. Rm. 333, Kapolei, HI
 - Hawaii – Hilo State Office Building, 75 Aupuni St., Hilo, HI
 - Hawaii – Kona Health Center
 - Kauai – Lihue State Office Building, 3060 Eiwa St., Lihue, HI
 - Maui – Wailuku Judiciary Bldg., 2145 Main St., Wailuku, HI
 - Molokai – Molokai State Office Building
 - Hamakua – Hamakua Health Center, 45-549 Plumeria St., Honokaa, HI
-

Applicants are encouraged to submit written questions prior to the orientation. Impromptu questions will be permitted at the orientation and spontaneous answers provided at the state purchasing agency's discretion. However, answers provided at the orientation are only intended as general direction and may not represent the state purchasing agency's position. Formal official responses will be provided in writing. To ensure a written response, any oral questions should be submitted in writing following the close of the orientation, but no later than the submittal deadline for written questions indicated in the next paragraph (VII. Submission of Questions).

VII. Submission of Questions

Applicants may submit questions via email to the RFP Contact Person identified in Section 2 of this RFP. All written questions will receive via email a written response from the state purchasing agency.

Deadline for submission of written questions:

Date: September 15, 2006 **Time:** 4:30 p.m. HST

State agency responses to applicant written questions will be provided by:

Date: September 20, 2006

VIII. Submission of Proposals

A. Forms/Formats - Forms, with the exception of program specific requirements, may be found on the State Procurement Office website (See page 1-2, Websites Referred to in this RFP. Refer to the Proposal Application Checklist for the location of program specific forms.

- 1. Proposal Application Identification (Form SPO-H-200)** - Provides identification of the proposal.
- 2. Proposal Application Checklist** – Provides applicants with information on where to obtain the required forms; information on program specific requirements; which forms are required and the order in which all components should be assembled and submitted to the state purchasing agency.
- 3. Table of Contents** - A sample table of contents for proposals is located in Section 5, Attachments. This is a sample and meant as a guide. The table of contents may vary depending on the RFP.
- 4. Proposal Application (Form SPO-H-200A)** - Applicant shall submit comprehensive narratives that addresses all of the issues contained in the Proposal Application Instructions, including a cost proposal/budget if required. (Refer to Section 3 of this RFP.)

- 5. Tax Clearance** – A certified copy of a current valid tax clearance certificate issued by the State of Hawaii, Department of Taxation (DOTAX) and the Internal Revenue Service (IRS) will be required either at the time of proposal submittal or upon notice of award at the discretion of the purchasing agency.

Refer to Section 4, subparagraph III.A.1, Administrative Requirements, and the Proposal Application Checklist (located in Section 5) to determine whether the tax clearance is required at time of proposal submittal for this RFP. Tax clearance application may be obtained from the Department of Taxation website. (See paragraph II, Website Reference.)

- B. Program Specific Requirements** - Additional program specific requirements are included in Sections 2 and/or 3, Service Specifications and the Proposal Application Instructions, as applicable. If Federal and/or State certifications are required, they are listed on the Proposal Application Checklist located in Section 5.
- C. Multiple or Alternate Proposals** - Multiple or alternate proposals shall not be accepted unless specifically provided for in Section 2 of this RFP. In the event alternate proposals are not accepted and an applicant submits alternate proposals, but clearly indicates a primary proposal, it shall be considered for award as though it were the only proposal submitted by the applicant.
- D. Wages and Labor Law Compliance** - Before a provider enters into a service contract in excess of \$25,000, the provider shall certify that it complies with section 103-55, HRS, Wages, hours, and working conditions of employees of contractors performing services. Section 103-55, HRS may be obtained from the Hawaii State Legislature website. (See paragraph II, Website Reference.)
- E. Compliance with all Applicable State Business and Employment Laws.** All providers shall comply with all laws governing entities doing business in the State. Prior to contracting, owners of all forms of business doing business in the state except sole proprietorships, charitable organizations unincorporated associations and foreign insurance companies be register and in good standing with the Department of Commerce and Consumer Affairs (DCCA), Business Registration Division. Foreign insurance companies must register with DCCA, Insurance Division. More information is on the DCCA website. (See paragraph II, Website Reference.)

- F. 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. (See paragraph II, Website Reference.)
- G. Confidential Information** – If an applicant believes any portion of a proposal contains information that should be withheld as confidential, the applicant shall request in writing nondisclosure of designated proprietary data to be confidential and provide justification to support confidentiality. Such data shall accompany the proposal, be clearly marked, and shall be readily separable from the proposal to facilitate eventual public inspection of the non-confidential sections of the proposal.

Note that price is not considered confidential and will not be withheld.

- H. Proposal Submittal** – All mail-ins shall be postmarked by the United States Postal System (USPS) and received by the State purchasing agency no later than the submittal deadline indicated on the attached Proposal Mail-in and Delivery Information Sheet. All hand deliveries shall be received by the State purchasing agency by the date and time designated on the Proposal Mail-In and Delivery Information Sheet. Proposals shall be rejected when:
- Postmarked after the designated date; or
 - Postmarked by the designated date but not received within 10 days from the submittal deadline; or
 - If hand delivered, received after the designated date and time.

The number of copies required is located on the Proposal Mail-In and Delivery Information Sheet. Deliveries by private mail services such as FEDEX shall be considered hand deliveries and shall be rejected if received after the submittal deadline. Dated USPS shipping labels are not considered postmarks.

Faxed proposals and/or submission of proposals on diskette/CD or transmission by e-mail, website or other electronic means is not permitted.

IX. Discussions with Applicants

- A. Prior to Submittal Deadline.** Discussions may be conducted with potential applicants to promote understanding of the purchasing agency's requirements.

- B. After Proposal Submittal Deadline** - Discussions may be conducted with applicants whose proposals are determined to be reasonably susceptible of being selected for award, but proposals may be accepted without discussions, in accordance section 3-143-403, HAR.

X. Opening of Proposals

Upon receipt of proposal by a state purchasing agency at a designated location, proposals, modifications to proposals, and withdrawals of proposals shall be date-stamped, and when possible, time-stamped. All documents so received shall be held in a secure place by the state purchasing agency and not examined for evaluation purposes until the submittal deadline.

Procurement files shall be open to public inspection after a contract has been awarded and executed by all parties.

XI. Additional Materials and Documentation

Upon request from the state purchasing agency, each applicant shall submit any additional materials and documentation reasonably required by the state purchasing agency in its evaluation of the proposals.

XII. RFP Amendments

The State reserves the right to amend this RFP at any time prior to the closing date for the final revised proposals.

XIII. Final Revised Proposals

If requested, final revised proposals shall be submitted in the manner, and by the date and time specified by the state purchasing agency. If a final revised proposal is not submitted, the previous submittal shall be construed as the applicant's best and final offer/proposal. *The applicant shall submit **only** the section(s) of the proposal that are amended, along with the Proposal Application Identification Form (SPO-H-200).* After final revised proposals are received, final evaluations will be conducted for an award.

XIV. Cancellation of Request for Proposal

The request for proposal may be canceled and any or all proposals may be rejected in whole or in part, when it is determined to be in the best interests of the State.

XV. Costs for Proposal Preparation

Any costs incurred by applicants in preparing or submitting a proposal are the applicants' sole responsibility.

XVI. Provider Participation in Planning

Provider participation in a state purchasing agency's efforts to plan for or to purchase health and human services prior to the state purchasing agency's release of a request for proposals, including the sharing of information on community needs, best practices, and providers' resources, shall not disqualify providers from submitting proposals if conducted in accordance with sections 3-142-202 and 3-142-203 of the Hawaii Administrative Rules for Chapter 103F, HRS.

XVII. Rejection of Proposals

The State reserves the right to consider as acceptable only those proposals submitted in accordance with all requirements set forth in this RFP and which demonstrate an understanding of the problems involved and comply with the service specifications. Any proposal offering any other set of terms and conditions contradictory to those included in this RFP may be rejected without further notice.

A proposal may be automatically rejected for any one or more of the following reasons: (Relevant sections of the Hawaii Administrative Rules for Chapter 103F, HRS, are parenthesized)

- (1) Rejection for failure to cooperate or deal in good faith. (Section 3-141-201, HAR)
- (2) Rejection for inadequate accounting system. (Section 3-141-202, HAR)
- (3) Late proposals (Section 3-143-603, HAR)
- (4) Inadequate response to request for proposals (Section 3-143-609, HAR)
- (5) Proposal not responsive (Section 3-143-610(a)(1), HAR)
- (6) Applicant not responsible (Section 3-143-610(a)(2), HAR)

XVIII. Notice of Award

A statement of findings and decision shall be provided to all applicants by mail upon completion of the evaluation of competitive purchase of service proposals.

Any agreement arising out of this solicitation is subject to the approval of the Department of the Attorney General as to form, and to all further approvals, including the approval of the Governor, required by statute, regulation, rule, order or other directive.

No work is to be undertaken by the awardee prior to the contract commencement date. The State of Hawaii is not liable for any costs incurred prior to the official starting date.

XIX. Protests

Any applicant may file a protest against the awarding of the contract. The Notice of Protest form, SPO-H-801, is available on the SPO website. (See paragraph II, Website Reference.) Only the following matters may be protested:

- (1) A state purchasing agency's failure to follow procedures established by Chapter 103F of the Hawaii Revised Statutes;
- (2) A state purchasing agency's failure to follow any rule established by Chapter 103F of the Hawaii Revised Statutes; and
- (3) A state purchasing agency's failure to follow any procedure, requirement, or evaluation criterion in a request for proposals issued by the state purchasing agency.

The Notice of Protest shall be postmarked by USPS or hand delivered to 1) the head of the state purchasing agency conducting the protested procurement and 2) the procurement officer who is conducting the procurement (as indicated below) within five working days of the postmark of the Notice of Findings and Decision sent to the protestor. Delivery services other than USPS shall be considered hand deliveries and considered submitted on the date of actual receipt by the state purchasing agency.

Head of State Purchasing Agency	Procurement Officer
Name: Chiyome Leinaala Fukino, M.D.	Name: Ann H. Kinningham
Title: Director of Health	Title: Chief, Administrative Services Office
Mailing Address: P.O. Box 3378, Honolulu, Hawaii 96801-3378	Mailing Address: P.O. Box 3378, Honolulu, Hawaii 96801-3378
Business Address: 1250 Punchbowl St., Honolulu, Hawaii 96813	Business Address: 1250 Punchbowl St., Honolulu, Hawaii 96813

XX. Availability of Funds

The award of a contract and any allowed renewal or extension thereof, is subject to allotments made by the Director of Finance, State of Hawaii, pursuant to Chapter 37, HRS, and subject to the availability of State and/or Federal funds.

XXI. Monitoring and Evaluation

The criteria by which the performance of the contract will be monitored and evaluated are:

- (1) Performance/Outcome Measures (not applicable for the purposes of this RFP)
- (2) Output Measures
- (3) Quality of Care/Quality of Services
- (4) Financial Management
- (5) Administrative Requirements

XXII. General and Special Conditions of Contract

The general conditions that will be imposed contractually are on the SPO website. (See paragraph II, Website Reference). Special conditions may also be imposed contractually by the state purchasing agency, as deemed necessary.

XXIII. Cost Principles

In order to promote uniform purchasing practices among state purchasing agencies procuring health and human services under Chapter 103F, HRS, state purchasing agencies will utilize standard cost principles outlined in Form SPO-H-201 which is available on the SPO website (see paragraph II, Website Reference). Nothing in this section shall be construed to create an exemption from any cost principle arising under federal law.

Section 2

Service Specifications

Section 2

Service Specifications

I. Introduction

A. Overview, purpose or need

The Department of Health (“DEPARTMENT”), Family Health Services Division (“FHSD”), is soliciting applications for purposes of providing comprehensive primary care services to uninsured individuals and families statewide. Services include medical (perinatal, pediatric, adult primary care), behavioral health care, dental treatment, support services and pharmaceutical services.

According to the U.S. Census Bureau, ten percent or 123,000 of Hawaii’s population was uninsured in 2002. Approximately 78,949 uninsured individuals are at or below 250% of the Federal poverty level and are potentially eligible to receive services under this Request for Proposals (“RFP”). (These figures are based on the U.S. Census Bureau, Bureau of Labor Statistics data). The DEPARTMENT contracts with community-based providers to serve uninsured individuals that are at or below 250% of the Federal poverty level.

Access to primary health care services will reduce morbidity and mortality by providing timely, appropriate and less expensive care, and thereby prevent the development and exacerbation of serious health conditions.

The purpose of this RFP is to solicit applications from non-profit, community-based health providers for purposes of providing comprehensive primary care services to uninsured individuals and families statewide. The passage of Act 160 added \$1,500,000 for primary care services in fiscal year 2007. In addition, the passage of Act 297 provides a one-time appropriation of \$2,000,000 for primary care services in fiscal year 2007.

B. Planning activities conducted in preparation for this RFP

On August 24, 2006, the Department of Health, Family Health Services Division held a Request for Information (“RFI”) teleconference to assist in its planning activities for the provision of statewide comprehensive primary care services. Minutes of the teleconference may be obtained from the RFP Contact Person named in this RFP.

C. Description of the goals of the service

The goals of the program are to: 1) provide the uninsured population with access to on-site comprehensive primary care services, including medical,

behavioral health care, dental treatment, support and pharmaceutical services; and 2) improve the health status of populations in areas of the State designated as in need of services as identified in the 2005 Primary Care Needs Assessment Databook published by the Family Health Services Division.

D. Description of the target population to be served

For purposes of this RFP, the term “medically uninsured” shall be defined as individuals and families who are not covered by medical insurance or other resources, and whose family income falls within two hundred fifty percent (250%) of the Federal poverty guidelines.

E. Geographic coverage of service

Services shall be statewide.

F. Probable funding amounts, source, and period of availability

The amount of State funds available in the base budget for the provision of comprehensive primary care services has increased from \$2,024,379 in fiscal year 2006 to \$3,524,379 in fiscal year 2007 with the passage of Act 160 which added an additional \$1,500,000 to the base. Further, the passage of Act 297 provides a one-time appropriation of \$2,000,000 for primary care services in fiscal year 2007.

This RFP has been developed in a manner as to satisfy the procurement requirements for additional legislative appropriations should they become available. The legislative intent for use of the funds, however, must be consistent with this RFP. Since it is anticipated that the legislature may appropriate additional funding for fiscal years 2008 and 2009 to achieve or slightly exceed the level of funding for fiscal year 2007, applicants may apply for the same level of services for both fiscal years 2008 and 2009.

II. General Requirements

A. Specific qualifications or requirements, including but not limited to licensure or accreditation

The applicant shall provide medical and support services at a minimum. Medical services may include perinatal, pediatric and adult primary care. Other services applicants could apply for include behavioral health care, dental treatment and pharmaceutical services.

IMPORTANT INFORMATION: Applicants who were awarded a contract under RFP No. HTH 550-7, Comprehensive Primary Care Services, issued on October 12, 2004 for the period of July 1, 2005 through June 30, 2007, with the possibility of an extension until June 30, 2009 are not required to reapply

for the following services if they are already included in their present contracts:

- Clinical services delivered by primary care physicians, psychiatrists, psychologists, certified nurse mid-wives, nurse practitioners, and physician assistants.
- Dental treatment services delivered by dentists.

However, applicants who have been awarded contracts for the above services under RFP No. HTH 550-7 will need to submit a new proposal application if they are seeking reimbursement for behavioral health care services provided by licensed clinical social workers (“LCSW”) and/or for pharmaceutical services. In addition, applicants who did not apply for dental treatment services under RFP No. HTH 550-7 may submit a proposal application for these services at this time.

B. Secondary purchaser participation
(Refer to §3-143-608, HAR)

After-the-fact secondary purchases will be allowed.

Planned secondary purchases - None.

C. Multiple or alternate proposals
(Refer to §3-143-605, HAR)

Allowed Unallowed

D. Single or multiple contracts to be awarded
(Refer to §3-143-206, HAR)

Single Multiple Single & Multiple

Criteria for multiple awards:

E. Single or multi-term contracts to be awarded
(Refer to §3-149-302, HAR)

Single term (\leq 2 yrs) Multi-term ($>$ 2 yrs.)

Contract terms:

Initial term of contract: State’s Notice to Proceed to June 30, 2009

Length of each extension: not applicable.

Number of possible extensions: not applicable

Maximum length of contract: June 30, 2009

The initial period shall commence upon the State’s Notice to Proceed

Conditions of extension: not applicable.

F. RFP contact person

The individual listed below is the sole point of contact from the date of release of this RFP until the selection of the successful provider or providers. Written questions should be submitted to the RFP contact person and received on or before the day and time specified in Section 1, paragraph I (Procurement Timetable) of this RFP.

Gordon Takaki, Public Health Administrative Officer
 Phone: (808) 733-8365
 E-mail: gordon.takaki@fhsd.health.state.hi.us

III. Scope of Work

The scope of work encompasses the following tasks and responsibilities:

A. Service Activities

(Minimum and/or mandatory tasks and responsibilities)

The awardee shall provide comprehensive primary care services by a multidisciplinary team which may include primary care physicians, psychiatrists, psychologists, certified mid-wives, nurse practitioners, physician assistants, nurses, social workers, community outreach workers, nutritionists, dieticians, and health educators. Each client visit shall address the physical, mental, emotional, and social concerns and needs of clients and their families in the context of their living conditions, family dynamics, cultural background and community. Services shall be culturally sensitive to the values and behavior of clients and their families, and be confidential, voluntary, and include health education and informed consent procedures.

The applicant shall provide medical and support services at a minimum. Medical services may include perinatal, pediatric and adult primary care. Other services applicants could apply for includes behavioral health care, dental treatment and pharmaceutical services.

1. Medical Services

- a) Provide on-site medical services that include, but are not limited to health assessments/physical examinations, acute/episodic care, chronic care, follow-up, and referral, which are not covered by insurance or other resources. Services shall be delivered by primary care physicians, certified nurse mid-wives, nurse practitioners, and physician assistants.

- b) Provide a comprehensive Physical Examination (“PE”) for children 0-18 years within 6 months of an initial episodic visit then at intervals following the Early and Periodic Screening, Diagnosis, and Treatment Program (“EPSDT”) periodicity schedule. The PE should include, but is not limited to:
- Assessment of the child’s risk for being overweight, utilizing the height to weight growth percentile for children under two (2) years old, and the Body Mass Index for Age (“BMI-for-Age”) measurement for children two (2) years old and over, following the Centers for Disease Control (“CDC”) guidelines (www.cdc.gov/nccdphp/dnpa/bmi/bmi-for-age.htm). If the child is at risk for overweight or is overweight, then include assessment, counseling and education of household members.
 - Developmental screening (physical and social-emotional) of all children five (5) years old and under with the Parents’ Evaluation of Developmental Status (“PEDS”), see (www.forepath.org), and/or the Ages and Stages Questionnaire (“ASQ”) System which includes the ASQ - Hawaii version (compact disk will be provided by the Department of Health, Maternal and Child Health Branch) and the ASQ: Social-Emotional (“ASQ: SE”), see (www.brookespublishing.com).
 - Completion of the Child Lead Risk Questionnaire from six (6) months to six (6) years of age.
 - Oral health assessment and education for all children.
 - Age-appropriate recommended immunizations for all children, with emphasis on the completion of the basic series by two (2) years of age.
 - Developmentally appropriate anticipatory guidance and counseling.

Document above findings and refer as necessary. Technical Assistance will be provided by Maternal and Child Health Branch (“MCHB”) on request. Provide developmentally appropriate anticipatory guidance and counseling and document in record.

- c) Provide tuberculin testing/reading and immunizations as part of a comprehensive primary care visit and not bill separately for these services.

2. Behavioral Health Care Services

On-site behavioral health care services shall be provided by psychiatrists, licensed clinical psychologists and licensed clinical social workers (“LCSW”) as applicable. Services shall be provided to individuals only and shall include (as applicable) psychiatric diagnostic or evaluative interview procedures; insight oriented, behavior modifying and/or supportive psychotherapy and pharmacologic management as applicable. A schedule of Current Procedural Terminology (“CPT”) codes which shall be utilized for reimbursement purposes shall be provided in the contract.

3. Dental Treatment Services

The awardee shall, as applicable, provide on-site clinical services that include basic treatment services only. Basic treatment services shall include services necessary for the reduction of pain and/or infection and the restoration of function and excludes services provided solely for the purpose of aesthetic enhancement. A schedule of eligible dental treatment services shall be provided in the contract.

4. Pharmaceutical Services

In order to be eligible to receive reimbursement for pharmaceutical services, applicants shall be registered as a covered entity under the federal 340B Drug Pricing Program. Applicants who anticipate registering as a covered entity are encouraged to submit an application for pharmaceutical services via this RFP process. The DEPARTMENT reserves the right to exclude any drug which may be purchased under the federal 340B Drug Pricing Program and such exclusions shall be provided in the contract.

5. Support Services

Provide support services as part of a comprehensive primary care visit and not bill separately for these services. Services may include, but are not limited to psychosocial assessment, care coordination, information,

referral, education, and outreach. These services are further described in Section 5, Attachment C of this RFP.

B. Management Requirements (Minimum and/or mandatory requirements)

1. Personnel

Unencumbered license (as applicable) to practice in the State of Hawaii for the following professions:

- Medical Services - primary care physicians, certified nurse midwives, nurse practitioners, physician assistant
- Behavioral Health Care Services – psychiatrists, licensed clinical psychologists, LCSWs
- Dental Treatment Services - dentists
- Support Services – nurses, social workers, nutritionists, dieticians

2. Administrative

The awardee shall:

- Document income and insurance eligibility in client record for each visit billed to the DEPARTMENT.
- Submit claims for medical services, behavioral health care services, dental treatment services and pharmaceutical services, as applicable, to all billable third-party health insurers and other resources for recoverable costs. All other sources of funds shall be utilized before using funds from the State and consistent efforts shall be made to refer clients for any insurance, if eligible. Any uninsured client visits paid to the awardee by the State for which subsequent reimbursement is received from Medicaid or QUEST due to confirmation of eligibility shall be returned to the State. A final reconciliation of Medicaid or QUEST reimbursements shall be completed within one hundred twenty (120) calendar days after the termination of the contract.
- Invoice the DEPARTMENT for services covered under Section III, Scope of Work only. The DEPARTMENT shall not pay for specialty or any other services excluded from the Scope of Work.

- Invoice the DEPARTMENT for no more than one (1) medical visit per client per day based on primary diagnosis only. The only exceptions are same day referrals for behavioral health care services and/or dental treatment services.
- Maintain a schedule of fees which is designed to recover reasonable costs for providing services, including a corresponding schedule of adjustments based on the client's ability to pay.
- Assume responsibility for its own determination and compliance efforts in regards to the federal Health Insurance Portability and Accountability Act of 1996. ("HIPAA")
- By June 30, 2007, develop written policies, procedures, and guidelines to address violence prevention among the awardee's target population, including child abuse and neglect, elder abuse, intimate partner violence, and sexual assault. The violence protocol shall address screening and assessment, intervention, documentation, and follow-up. Develop workplace violence guidelines to assure the safety of employees, clients, and visitors. ***IMPORTANT INFORMATION:*** This is not a requirement for applicants who were awarded funds for services procured under RFP No. HTH 550-7, Comprehensive Primary Care Services, issued on October 12, 2004 for the period of July 1, 2005 through June 30, 2007, with the possibility of an extension until June 30, 2009.
- Acknowledge the DEPARTMENT and the Family Health Services Division as the awardee's program sponsor. This acknowledgment shall appear on all printed materials for which the DEPARTMENT is a program sponsor.
- Comply with all applicable policies and procedures of the DEPARTMENT.
- Comply with the DEPARTMENT's Directive Number 04-01 dated May 3, 2004 related to Interpersonal Relationships Between Staff and Clients/Patients. Please refer to Section 5, Attachment D of this RFP.
- Comply with Section 11-205.5, H.R.S., 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.

3. Quality assurance and evaluation specifications

The awardee shall conform to established community standards of care and practice which include, but are not limited to the following:

- Early Periodic Screening, Diagnosis and Treatment (EPSDT)
- American College of Obstetricians and Gynecologists (ACOG)
- Department of Health Statewide Perinatal Guidelines
- Put Prevention into Practice Guidelines
- Standards of care as addressed within policies and positions of the American Dental Association and the American Academy of Pediatric Dentistry

The awardee shall have a quality assurance plan in place to evaluate their adherence to the standards.

4. Output and performance/outcome measurements

As a means toward achieving the goal of improving the health status of the population in areas of the state designated as in need of services, the Family Health Services Division will require the reporting of performance measures. This approach proposes that the awardee take responsibility for achieving short term performance objectives for specific health indicators, given available resources and other external factors affecting the organization. These short term performance objectives are linked to long-term state-wide objectives that measure conditions in their entirety, e.g., the Healthy People 2010 objectives. Defined performance objectives are addressed in the Service Delivery section of the POS Proposal Application. (Refer to Section 3, Item IV.B.)

IMPORTANT INFORMATION: Applicants who were awarded funds for services procured under RFP No. HTH 550-7, Comprehensive Primary Care Services, issued on October 12, 2004 for the period of July 1, 2005 through June 30, 2007, with the possibility of an extension until June 30, 2009 are not required to submit performance measures.

5. Experience

The awardee shall have experience in providing comprehensive primary care services to low income individuals and families.

6. Coordination of services

The awardee shall coordinate services with other agencies and resources in the community as necessary.

7. Reporting requirements for program and fiscal data

Program Reporting Requirements. The awardee shall submit the following report:

- Annual Variance Report within sixty (60) calendar days after the end of the fiscal year in the format requested by the DEPARTMENT, documenting the organization's achievement towards the planned performance objectives for the budget period (as submitted under their RFP proposal) and explaining any significant variances (+/-10%).

Fiscal Reporting Requirements. The awardee shall submit the following invoices/reports:

- Monthly invoice and client encounter report for medical, behavioral, dental treatment and pharmaceutical services (filled prescriptions only), as applicable, which prescribes to the format set by the DEPARTMENT.
- Monthly Client Encounter Summary Sheet which prescribes to the format set by the DEPARTMENT. The monthly client encounter summary sheet shall summarize the total client encounters for both pediatric (children ages zero (0) to eighteen (18 years old) and adults by the following encounter types: 1) primary care (medical); 2) behavioral health care; and/or 3) dental treatment services. The DEPARTMENT will work with awardees to develop procedures for submitting client encounter data electronically.
- Monthly Pharmaceutical Cost Report which prescribes to the format set by the DEPARTMENT. The monthly report shall only apply to *drugs purchased and filled under the federal 340B Drug Pricing Program* and shall not include drugs excluded by the DEPARTMENT. The report shall include: a) the total number of filled prescriptions for both generic and name brand drugs; and b) the total costs for both generic and name brand drugs, including

any dispensing and/or administrative costs. This information may be used by the DEPARTMENT to formulate a basis for future adjustments to the unit rate.

8. Pricing structure or pricing methodology to be used

Fixed unit of service rate.

9. Units of service and unit rate

- *Medical services.* The unit of service is an uninsured clinical visit. The unit rate is \$95.00 per clinical visit.
- *Behavioral health care services.* The unit of service is an uninsured behavioral health care visit provided to an individual only (no reimbursement is allowed for group therapy). The unit rate is \$95.00 per uninsured behavioral health care visit provided by licensed psychiatrists and licensed clinical psychologists and \$50.00 per uninsured behavioral health care visit provided by LCSWs.
- *Dental treatment services.* The unit of service is an uninsured dental treatment visit. The unit rate is \$95.00 per uninsured dental treatment visit.
- *Pharmaceutical services.* The unit of service is a *filled* prescription order for pharmaceuticals issued by a licensed health professional. The unit rate is \$10.00 per filled prescription, which also includes any relevant dispensing and/or administrative fees. Certain exclusions may apply. Applicants shall be registered as a covered entity under the federal 340B Drug Pricing Program to receive reimbursement for pharmaceuticals.

The DEPARTMENT reserves the right to review and adjust the unit rates above. The DEPARTMENT also reserves the right to modify the pricing structure used for pharmaceutical services.

IV. Facilities

Facilities must be adequate in relation to the proposed services.

Section 3

Proposal Application Instructions

Section 3

Proposal Application Instructions

General instructions for completing applications:

- *Proposal Applications shall be submitted to the state purchasing agency using the prescribed format outlined in this section.*
- *The numerical outline for the application, the titles/subtitles, and the applicant organization and RFP identification information on the top right hand corner of each page should be retained. The instructions for each section however may be omitted.*
- *Page numbering of the Proposal Application should be consecutive, beginning with page one and continuing through for each section. See sample table of contents in Section 5.*
- *Proposals may be submitted in a three ring binder (Optional).*
- *Tabbing of sections (Recommended).*
- *Applicants must also include a Table of Contents with the Proposal Application. A sample format is reflected in Section 5, Attachment B of this RFP.*
- *A written response is required for **each** item unless indicated otherwise. Failure to answer any of the items will impact upon an applicant's score.*
- *Applicants are **strongly** encouraged to review evaluation criteria in Section 4, Proposal Evaluation when completing the proposal.*
- *This form (SPO-H-200A) is available on the SPO website (see Section 1, paragraph II, Website Reference). However, the form will not include items specific to each RFP. If using the website form, the applicant must include all items listed in this section.*

The Proposal Application comprises the following sections:

- *Proposal Application Identification Form*
- *Table of Contents*
- *Program Overview*
- *Experience and Capability*
- *Project Organization and Staffing*
- *Service Delivery*
- *Financial*
- *Other*

I. Program Overview

Applicant shall give a brief overview to orient evaluators as to the program/services being offered.

II. Experience and Capability

A. Necessary Skills

The applicant shall demonstrate that it has the necessary skills, abilities, and knowledge relating to the delivery of the proposed services.

B. Experience

The applicant shall provide a description of projects/contracts pertinent to the proposed services. Applicant shall include points of contact, addresses, e-mail address and telephone numbers. The State reserves the right to contact references to verify experience.

C. Quality Assurance and Evaluation

The applicant shall describe its own plans for quality assurance and evaluation for the proposed services, including methodology.

D. Coordination of Services

The applicant shall demonstrate the capability to coordinate services with other agencies and resources in the community.

E. Facilities

The applicant shall provide a description of its facilities and demonstrate its adequacy in relation to the proposed services. If facilities are not presently available, describe plans to secure facilities. Also describe how the facilities meet ADA requirements, as applicable and special equipment that may be required for the services.

III. Project Organization and Staffing

A. Staffing

1. Proposed Staffing

The applicant shall describe the proposed staffing pattern, client/staff ratio and proposed caseload capacity appropriate for the viability of the services. (Refer to the personnel requirements in the Service Specifications, as applicable.)

2. Staff Qualifications

The applicant shall provide the minimum qualifications (including experience) for staff assigned to the program. (Refer to the qualifications in the Service Specifications, as applicable)

B. Project Organization

1. Supervision

The applicant shall describe its ability to provide supervision relative to the delivery of the proposed services.

2. Organization Chart

The applicant shall reflect the position of each staff and line of responsibility/supervision in delivering proposed services. Include position title, name and full time equivalency.

IV. Service Delivery

Applicant shall include a detailed discussion of the applicant's approach to applicable service activities and management requirements from Section 2, Item III. - Scope of Work, including (if indicated) a work plan of all service activities and tasks to be completed, related work assignments/responsibilities and timelines/schedules.

A. Service Activities

Applicants are responsible to address only those bullets that are related to the services they are applying for. Applicants shall:

- Describe plan for providing on-site medical services to uninsured individuals and families utilizing a multidisciplinary team approach. The plan shall delineate the type of medical services the applicant is intending to provide, and also include estimates of target population size and projected program capacity.
- Describe plan for providing support services (e.g. psychosocial assessment, care coordination, information, referral, education and outreach services) to uninsured individuals and families, and also describe the kinds of professional(s) responsible for providing these services.
- Specify whether on-site behavioral health care services will be provided for uninsured individuals and families and describe their plan for implementing these services within the context of comprehensive primary

care services. The plan shall include estimates of target population size and projected program capacity.

- Specify whether on-site dental treatment services will be provided for uninsured individuals and families and describe their plan for implementing these services. The plan shall include target population size and projected program capacity.
- Specify whether they will be seeking reimbursement for pharmaceuticals as a covered entity under the federal 340B Drug Pricing Program and describe their process for dispensing pharmaceuticals, e.g. in-house pharmacy versus private pharmacy and methodology for verification of filled prescriptions for fiscal accountability. If not a covered entity, describe plans for registering to become a covered entity under the federal 340B Drug Pricing Program, process for dispensing pharmaceuticals under this plan and methodology for verification of filled prescriptions for fiscal accountability.

B. Management Requirements

Applicants shall identify their baseline for the national year 2010 and Family Health Services Division performance measures. Given available resources and other external factors, the applicant shall formulate both reasonable and achievable performance objectives, and the approach to be taken in meeting these objectives for the multi-year contract period. Please refer to Table A (Performance Measures) which should be completed and attached to the POS Application Proposal. This table may be found in Section 5, Attachment F of this RFP.

Table A is not required for applicants who were awarded funds for services procured under RFP No. HTH 550-7, Comprehensive Primary Care Services.

V. Financial

A. Pricing Structure Based on Fixed Unit of Service Rate

The applicant is requested to furnish a reasonable estimate of the maximum number of service units it can provide for which there is sufficient operating capacity (adequate, planned and budgeted space, equipment and staff). The following form(s) shall be submitted with the POS Proposal Application:

- Form C-3 - Performance Based Budget for fiscal years 2007 through 2009. (Refer to Attachment E, Section 5 of this RFP) Applicants shall only provide estimates related to the services they are applying for under this RFP.

VI. Other

A. Litigation

The applicant shall disclose any pending litigation to which they are a party, including the disclosure of any outstanding judgment. If applicable, please explain.

Section 4

Proposal Evaluation

Section 4

Proposal Evaluation

I. Introduction

The evaluation of proposals received in response to the RFP will be conducted comprehensively, fairly and impartially. Structural, quantitative scoring techniques will be utilized to maximize the objectivity of the evaluation.

II. Evaluation Process

The procurement officer or an evaluation committee of designated reviewers selected by the head of the state purchasing agency or procurement officer shall review and evaluate proposals. When an evaluation committee is utilized, the committee will be comprised of individuals with experience in, knowledge of, and program responsibility for program service and financing.

The evaluation will be conducted in three phases as follows:

- Phase 1 - Evaluation of Proposal Requirements
- Phase 2 - Evaluation of Proposal Application
- Phase 3 - Recommendation for Award

Evaluation Categories and Thresholds

Evaluation Categories

Possible Points

Administrative Requirements

Proposal Application

Program Overview	0 points
Experience and Capability	30 points
Project Organization and Staffing	15 points
Service Delivery	45 points
Financial	10 Points

100 Points

TOTAL POSSIBLE POINTS

100 Points

III. Evaluation Criteria

A. Phase 1 - Evaluation of Proposal Requirements

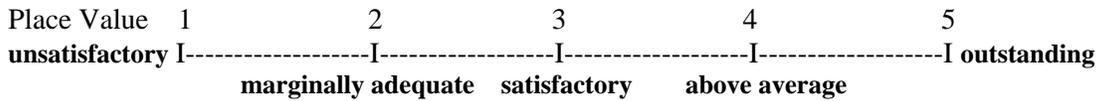
1. Administrative Requirements

2. Proposal Application Requirements

- Proposal Application Identification Form (Form SPO-H-200)
- Table of Contents
- Program Overview
- Experience and Capability
- Project Organization and Staffing
- Service Delivery
- Financial (All required forms and documents)
- Program Specific Requirements (as applicable)

**B. Phase 2 - Evaluation of Proposal Application
(100 Points)**

A 5-point rating scale will be used to rate the proposal content. Only whole numbers will be assigned (1, 2, 3, 4, or 5), half numbers are not utilized in this 5-point rating scale.



5 - Outstanding	<ul style="list-style-type: none"> ▪ Each bullet identified and addressed clearly. ▪ Consistently exceeded required elements by clearly proposing additional services or strategies for implementation to achieve the RFP requirements.
4 – Above Average	<ul style="list-style-type: none"> ▪ Bullets addressed clearly in subheading under the appropriate numbered heading. ▪ .More than met expectations by providing additional details or specific examples of the services or strategies for implementation.
3 - Satisfactory	<ul style="list-style-type: none"> ▪ Competent; general description of “what we do” for all required elements. ▪ No additional details, specific examples, or additional services or strategies to achieve RFP.
2 – Marginally Adequate	<ul style="list-style-type: none"> ▪ Not all bullets or all components of a bullet were evident under the appropriate numbered heading of the RFP. ▪ Did not answer the question completely in terms of approach, strategies, services, or descriptions.

1 – Unsatisfactory	<ul style="list-style-type: none"> ▪ <i>Not all bullets or components of a bullet were addressed or evident in the proposal.</i> ▪ <i>Only reiterated the wording of RFP or other attached DOH materials.</i>
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Program Overview: No points are assigned to Program Overview. The intent is to give the applicant an opportunity orient evaluators as to the service(s) being offered.

1. Experience and Capability (30 Points)

The State will evaluate the applicant’s experience and capability relevant to the proposal contract, which shall include:

- | | | |
|-----------|---|---|
| A. | Necessary Skills | 10 |
| | <ul style="list-style-type: none"> • Demonstrated skills, abilities, and knowledge relating to the delivery of the proposed services. | <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> |
| B. | Experience | 10 |
| | <ul style="list-style-type: none"> • Demonstrated experience in proposed services. | <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> |
| C. | Quality Assurance and Evaluation | 5 |
| | <ul style="list-style-type: none"> • Sufficiency of quality assurance and evaluation plans for the proposed services, including methodology. | <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> |
| D. | Coordination of Services | 3 |
| | <ul style="list-style-type: none"> • Demonstrated capability to coordinate services with other agencies and resources in the community. | <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> |
| E. | Facilities | 2 |
| | <ul style="list-style-type: none"> • Adequacy of facilities relative to the proposed services. | <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> |

2. Project Organization and Staffing (15 Points)

The State will evaluate the applicant’s overall staffing approach to the service that shall include:

- | | | |
|-----------|--|----------------------------------|
| A. | <i>Staffing</i> | <u>10</u> |
| | <ul style="list-style-type: none"> • <u>Proposed Staffing:</u> That the proposed staffing pattern, client/staff ratio, and proposed caseload capacity is reasonable to insure viability of the services. • <u>Staff Qualifications:</u> Minimum qualifications (including experience) for staff assigned to the program. | <hr/>
<hr/>
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<hr/> |
| B. | <i>Project Organization</i> | <u>5</u> |
| | <ul style="list-style-type: none"> • Supervision: Demonstrated ability to provide administrative and fiscal supervision relative to the delivery of the proposed services. • Organization Chart: Approach and rationale for the structure, functions, and staffing for the overall service activity and tasks. | <hr/>
<hr/>
<hr/> |

3. *Service Delivery (45 Points)*

Evaluation criteria for this section will assess the applicant’s approach to the service activities and management requirements outlined in the Proposal Application.

- Adequacy of plan for providing on-site medical services to uninsured individuals and families. Does the plan delineate the type of medical services the applicant is intending to provide, and also include estimates of target population size and projected program capacity?

- Adequacy of plan for providing support services (e.g. psychosocial assessment, care coordination, information, referral, education and outreach services) to uninsured individuals and families. Does the plan describe the kinds of professional(s) responsible for providing these services?

- Does the applicant specify whether on-site behavioral health care services will be provided to uninsured individuals and families? How adequate is the plan for implementing these services within the context of comprehensive primary care services? Does the plan

include estimates of target population size and projected program capacity? _____

- Does applicant specify whether on-site dental treatment services will be provided to uninsured individuals and families? Does the plan include estimates of target population size and projected program capacity? _____

- Does applicant specify whether they will be seeking reimbursement for pharmaceuticals as a covered entity under the federal 340B Drug Pricing Program? Does the applicant describe the process used for dispensing pharmaceuticals under the federal 340B Drug Pricing Program, e.g. in-house pharmacy versus private pharmacy? How sound is the applicant’s methodology for verification of filled prescriptions for fiscal accountability? _____

- If the applicant is not a covered entity under the federal 340B Drug Pricing Program, how realistic is the applicant’s plan for registering as a covered entity under the program? Does the applicant describe the process they plan to use for dispensing pharmaceuticals once they are registered under the federal 340B Drug Pricing Program, e.g. in-house pharmacy versus private pharmacy? How sound is the applicant’s methodology for verification of filled prescriptions for fiscal accountability? _____

4. Financial (10 Points)

Pricing structure based on fixed unit of service rate.

Is the applicant’s proposal budget reasonable, given program resources and operational capacity?

C. Phase 3 - Recommendation for Award

Each notice of award shall contain a statement of findings and decision for the award or non-award of the contract to each applicant.

Section 5

Attachments

- A. Competitive Proposal Application Checklist
- B. Sample Proposal Table of Contents
- C. Description of Support Services
- D. DOH Directive Number 04-01 dated May 3, 2004 related to Interpersonal Relationships Between Staff and Clients/Patients
- E. Cost Proposal
- F. Table A – Performance Measures

Proposal Application Checklist

Applicant: _____

RFP No.: _____

The applicant's proposal must contain the following components in the order shown below. **This checklist must be signed, dated and returned to the purchasing agency as part of the Proposal Application.** SPOH forms are on the SPO website. See Section 1, paragraph II Website Reference.*

Item	Reference in RFP	Format/Instructions Provided	Required by Purchasing Agency	Completed by Applicant
General:				
Proposal Application Identification Form (SPO-H-200)	Section 1, RFP	SPO Website*	X	
Proposal Application Checklist	Section 5, RFP	Attachment A	X	
Table of Contents	Section 5, RFP	Attachment B	X	
Proposal Application (SPO-H-200A)	Section 3, RFP	SPO Website*	X	
Tax Clearance Certificate (Form A-6)	Section 1, RFP	Dept. of Taxation Website (Link on SPO website)*		
Form C-3 - Performance Based Budget	Section 3, RFP	Section 5, RFP (Attachment E)	X	
SPO-H-205	Section 3, RFP	SPO Website*		
SPO-H-205A	Section 3, RFP	SPO Website* Special Instructions are in Section 5		
SPO-H-205B	Section 3, RFP,	SPO Website* Special Instructions are in Section 5		
SPO-H-206A	Section 3, RFP	SPO Website*		
SPO-H-206B	Section 3, RFP	SPO Website*		
SPO-H-206C	Section 3, RFP	SPO Website*		
SPO-H-206D	Section 3, RFP	SPO Website*		
SPO-H-206E	Section 3, RFP	SPO Website*		
SPO-H-206F	Section 3, RFP	SPO Website*		
SPO-H-206G	Section 3, RFP	SPO Website*		
SPO-H-206H	Section 3, RFP	SPO Website*		
SPO-H-206I	Section 3, RFP	SPO Website*		
SPO-H-206J	Section 3, RFP	SPO Website*		
Certifications:				
Federal Certifications				
Debarment & Suspension		Section 5, RFP		
Drug Free Workplace		Section 5, RFP		
Lobbying		Section 5, RFP		
Program Fraud Civil Remedies Act		Section 5, RFP		
Environmental Tobacco Smoke		Section 5, RFP		
Program Specific Requirements:				

Authorized Signature

Date

Sample Proposal Application Table of Contents

I.	Program Overview.....	1
II.	Experience and Capability	1
	A. Necessary Skills	2
	B. Experience.....	4
	C. Quality Assurance and Evaluation.....	5
	D. Coordination of Services.....	6
	E. Facilities.....	6
III.	Project Organization and Staffing	7
	A. Staffing.....	7
	1. Proposed Staffing.....	7
	2. Staff Qualifications	9
	B. Project Organization	10
	1. Supervision	10
	2. Organization Chart	
	(See Attachments for Organization Chart)	
IV.	Service Delivery.....	12
V.	Financial.....	20
	See Attachments for Cost Proposal	
VI.	Litigation.....	20
VII.	Attachments	
	A. Form C-3 – Performance Based Budget	
	B. Organization Chart	
	Program	
	Organization-wide	
	C. Performance Measurement Tables	
	Table A (as applicable)	

DESCRIPTION OF SUPPORT SERVICES

- Individual client needs assessment which include a plan of care developed in collaboration with the client and/or family. This plan of care shall specify outcomes to be achieved, timelines, linkages to appropriate resources, and follow-up services as necessary.
- Care coordination, under the direction of an identified care coordinator, to clients who are determined to be at high risk for poor medical outcomes by established protocols. Services shall be outcome-based, coordinated, and planned with clients and/or families, and shall include individual and/or family counseling and support services, linkage to appropriate resources, and monitoring of clients' progress toward planned outcomes.
- Assistance to clients in securing and/or maintaining a health care home which provides continuity in well, acute, and chronic health care.
- Information and referral services regarding appropriate resources and needed services. Referrals shall be timely and include, but not be limited to referrals to family support and home visitor programs, QUEST, Women, Infants and Children nutrition program, dental services, and other health and social agencies.
- Individual outreach and educational services which are integrated with appropriate health services and specific to the individual's identified needs, which shall include, but not be limited to health promotion, immunization, family planning, and prenatal care.



STATE OF HAWAII
DEPARTMENT OF HEALTH
P. O. BOX 3378
HONOLULU, HI 96801-3378

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.

**PERFORMANCE BASED BUDGET
(FISCAL YEAR 2007)**

RFP# HTH 595-07-03

Page 2 of 4

Applicant/Provider _____

(a)	(b)	(c)	(d)	(e)	(f)
Modality/Unit of Service to be Provided	Number of Unduplicated, Uninsured Clients	Frequency (Estimated Number of ¹ Service Units per Client per Fiscal Year)	² Total Service Units (b x c)	Unit Cost	Total FY 2007 (d x e)
Medical Visit				95.00	\$
Dental Treatment Visit				95.00	\$
Behavioral Health Care Visits Psychiatrists, Psychologists				95.00	\$
Behavioral Health Care Visits LCSW				50.00	\$
Pharmaceuticals				10.00	\$
				Less:	
				Revenues	
				Used to	
				Provide	
				Services	
				To the	
				Uninsured	
				Identify	
				Sources:	
				_____	< >
				_____	< >
				_____	< >
				Amount Requested	\$

¹ A service unit is defined as the quantitative measurement of the service being purchased. This quantitative measure could be in units of time, e.g. bed-day or a counseling hour, or in units of tangible services. For comprehensive primary care services, the service unit is defined as an uninsured medical, dental treatment, or behavioral health care visit. For pharmaceuticals, the service unit is defined as a filled prescription.

² Total service units should be based on a reasonable annual operating capacity for the program. Operating capacity is defined as adequate, planned and budgeted space, equipment and staff.

**PERFORMANCE BASED BUDGET
(FISCAL YEAR 2008)**

**RFP# HTH 595-07-03
Page 3 of 4**

Applicant/Provider _____

(a)	(b)	(c)	(d)	(e)	(f)
Modality/Unit of Service to be Provided	Number of Unduplicated, Uninsured Clients	Frequency (Estimated Number of ³ Service Units per Client per Fiscal Year)	⁴ Total Service Units (b x c)	Unit Cost	Total FY 2008 (d x e)
Medical Visit				95.00	\$
Dental Treatment Visit				95.00	\$
Behavioral Health Care Visits Psychiatrists, Psychologists				95.00	\$
Behavioral Health Care Visits LCSW				50.00	\$
Pharmaceuticals				10.00	\$
				Less:	
				Revenues	
				Used to	
				Provide	
				Services	
				To the	
				Uninsured	
				Identify	
				Sources:	
				_____	< >
				_____	< >
				_____	< >
				Amount Requested	\$

³ A service unit is defined as the quantitative measurement of the service being purchased. This quantitative measure could be in units of time, e.g. bed-day or a counseling hour, or in units of tangible services. For comprehensive primary care services, the service unit is defined as an uninsured medical, dental treatment, or behavioral health care visit. For pharmaceuticals, the service unit is defined as a filled prescription.

⁴ Total service units should be based on a reasonable annual operating capacity for the program. Operating capacity is defined as adequate, planned and budgeted space, equipment and staff.

**PERFORMANCE BASED BUDGET
(FISCAL YEAR 2009)**

RFP# HTH 595-07-03

Page 4 of 4

Applicant/Provider _____

(a)	(b)	(c)	(d)	(e)	(f)
Modality/Unit of Service to be Provided	Number of Unduplicated, Uninsured Clients	Frequency (Estimated Number of ⁵ Service Units per Client per Fiscal Year)	⁶ Total Service Units (b x c)	Unit Cost	Total FY 2009 (d x e)
Medical Visit				95.00	\$
Dental Treatment Visit				95.00	\$
Behavioral Health Care Visits Psychiatrists, Psychologists				95.00	\$
Behavioral Health Care Visits LCSW				50.00	\$
Pharmaceuticals				10.00	\$
				Less:	
				Revenues	
				Used to	
				Provide	
				Services	
				To the	
				Uninsured	
				Identify	
				Sources:	
				_____	< >
				_____	< >
				_____	< >
				Amount Requested	\$

⁵ A service unit is defined as the quantitative measurement of the service being purchased. This quantitative measure could be in units of time, e.g. bed-day or a counseling hour, or in units of tangible services. For comprehensive primary care services, the service unit is defined as an uninsured medical, dental treatment, or behavioral health care visit. For pharmaceuticals, the service unit is defined as a filled prescription.

⁶ Total service units should be based on a reasonable annual operating capacity for the program. Operating capacity is defined as adequate, planned and budgeted space, equipment and staff.

Table A – Performance Measures

Applicant Organization _____
RFP No. _____

Column A	Column B	Column D	Column E	Column F	Column G
Performance Measure	Baseline for Fiscal Year 2006	Annual Performance Objective for Fiscal Year 2007	Annual Performance Objective for Fiscal Year 2008	Annual Performance Objective for Fiscal Year 2009	Applicant's approach in meeting the performance objectives, including the methodology proposed for data collection and reporting. (Attach additional sheets as necessary).
<p>1. At least 95% of children will have the basic immunization series (4 DTaP, 3 Polio, 1 MMR, 3 HIB, and 3 Hep B) completed at age 2 years.</p>	<p>a) Number of children under age 2 receiving services was _____.</p> <p>b) Number of children who received their basic immunization series (4 DTaP, 3 Polio, 1 MMR, 3 HIB, and 3 Hep B) completed at age 2 years was _____.</p> <p>c) The percentage of children who received their basic immunization series (4 DTaP, 3 Polio, 1 MMR, 3 HIB, and 3 Hep B) completed at age 2 years was _____.</p> <p>(b divided by a)</p>	<p>a) The estimated proportion of children who will have received their basic immunization series (4 DTaP, 3 Polio, 1 MMR, 3 HIB, and 3 Hep B) completed at age 2 is ____%.</p>	<p>a) The estimated proportion of children who will have received their basic immunization series (4 DTaP, 3 Polio, 1 MMR, 3 HIB, and 3 Hep B) completed at age 2 is ____%.</p>	<p>a) The estimated proportion of children who will have received their basic immunization series (4 DTaP, 3 Polio, 1 MMR, 3 HIB, and 3 Hep B) completed at age 2 is ____%.</p>	

Table A – Performance Measures

Applicant Organization _____
RFP No. _____

Column A	Column B	Column D	Column E	Column F	Column G
Performance Measure	Baseline for Fiscal Year 2006	Annual Performance Objective for Fiscal Year 2007	Annual Performance Objective for Fiscal Year 2008	Annual Performance Objective for Fiscal Year 2009	Applicant's approach in meeting the performance objectives, including the methodology proposed for data collection and reporting. (Attach additional sheets as necessary).
<p>2. At least 80% of all children five years old and under will have received a developmental screening with a standardized tool.</p>	<p>a) Number of children five years old and under receiving services was ____.</p> <p>b) Number of children five years old and under who received a developmental screening with a standardized tool was ____.</p> <p>c) Percentage of all children five years old and under who received a developmental screening with a standardized tool was ____%.</p> <p>(b divided by a)</p>	<p>a) The estimated proportion of all children five years old and under who will receive a developmental screening with a standardized tool is ____%.</p>	<p>a) The estimated proportion of all children five years old and under who will receive a developmental screening with a standardized tool is ____%.</p>	<p>a) The estimated proportion of all children five years old and under who will receive a developmental screening with a standardized tool is ____%.</p>	

Table A – Performance Measures

Applicant Organization _____
RFP No. _____

Column A	Column B	Column D	Column E	Column F	Column G
Performance Measure	Baseline for Fiscal Year 2006	Annual Performance Objective for Fiscal Year 2007	Annual Performance Objective for Fiscal Year 2008	Annual Performance Objective for Fiscal Year 2009	Applicant's approach in meeting the performance objectives, including the methodology proposed for data collection and reporting. (Attach additional sheets as necessary).
<p>3. At least 90% of all children will have received an oral health assessment.</p>	<p>a) Number of children receiving services was ____.</p> <p>b) Number of children who received an oral health assessment was ____.</p> <p>c) Percentage of all children who received an oral health assessment was ____%</p> <p>(b divided by a)</p>	<p>a) The estimated proportion of all children who will receive an oral health assessment is ____%.</p>	<p>a) The estimated proportion of all children who will receive an oral health assessment is ____%.</p>	<p>a) The estimated proportion of all children who will receive an oral health assessment is ____%.</p>	

Table A – Performance Measures

Applicant Organization _____
RFP No. _____

Column A	Column B	Column D	Column E	Column F	Column G
Performance Measure	Baseline for Fiscal Year 2006	Annual Performance Objective for Fiscal Year 2007	Annual Performance Objective for Fiscal Year 2008	Annual Performance Objective for Fiscal Year 2009	Applicant's approach in meeting the performance objectives, including the methodology proposed for data collection and reporting. (Attach additional sheets as necessary).
<p>4. At least 80% of all children receiving services will be assessed for risk of being overweight.</p>	<p>a) Number of children receiving services was ____.</p> <p>b) Number of children assessed for risk of being overweight was ____.</p> <p>c) Percentage of all children receiving services who were assessed for risk of being overweight was ____%.</p> <p>(b divided by a)</p>	<p>a) The estimated proportion of all children receiving services who will be assessed for risk of being overweight is ____%.</p>	<p>a) The estimated proportion of all children receiving services who will be assessed for risk of being overweight is ____%.</p>	<p>a) The estimated proportion of all children receiving services who will be assessed for risk of being overweight is ____%.</p>	

Table A – Performance Measures

Applicant Organization _____
RFP No. _____

Column A	Column B	Column D	Column E	Column F	Column G
Performance Measure	Baseline for Fiscal Year 2006	Annual Performance Objective for Fiscal Year 2007	Annual Performance Objective for Fiscal Year 2008	Annual Performance Objective for Fiscal Year 2009	Applicant's approach in meeting the performance objectives, including the methodology proposed for data collection and reporting. (Attach additional sheets as necessary).
<p>5. At least 80% of all children below 6 years old receiving services will have at least one Child Lead Risk Screening Questionnaire completed.</p>	<p>a) Number of children below 6 years old receiving services was _____.</p> <p>b) The number of children below 6 years old receiving services who had at least one Child Lead Risk Screening Questionnaire completed was _____.</p> <p>c) The percentage of all children below 6 years old receiving services who had at least one Child Lead Risk Screening Questionnaire completed was _____%.</p> <p>(b divided by a)</p>	<p>a) The estimated proportion of all children below 6 years old receiving services who will have at least one Child Lead Risk Screening Questionnaire completed is _____%.</p>	<p>a) The estimated proportion of all children below 6 years old receiving services who will have at least one Child Lead Risk Screening Questionnaire completed is _____%.</p>	<p>a) The estimated proportion of all children below 6 years old receiving services who will have at least one Child Lead Risk Screening Questionnaire completed is _____%.</p>	

Table A – Performance Measures

Applicant Organization _____
RFP No. _____

Column A	Column B	Column D	Column E	Column F	Column G
Performance Measure	Baseline for Fiscal Year 2006	Annual Performance Objective for Fiscal Year 2007	Annual Performance Objective for Fiscal Year 2008	Annual Performance Objective for Fiscal Year 2009	Applicant's approach in meeting the performance objectives, including the methodology proposed for data collection and reporting. (Attach additional sheets as necessary).
<p>6. At least 60% of people 65 years or older will have a pneumococcal immunization.</p>	<p>a) Number of clients aged 65 yrs. or older was ____.</p> <p>b) Number of clients aged 65 yrs. or older who received a pneumococcal immunization was ____.</p> <p>c) Percentage of clients aged 65 yrs. or older who received a pneumococcal immunization was ____%.</p> <p>(b divided by a)</p>	<p>a) The estimated proportion of clients aged 65 yrs. or older who will receive a pneumococcal immunization is ____%.</p>	<p>a) The estimated proportion of clients aged 65 yrs. or older who will receive a pneumococcal immunization is ____%.</p>	<p>a) The estimated proportion of clients aged 65 yrs. or older who will receive a pneumococcal immunization is ____%.</p>	

Table A – Performance Measures

Applicant Organization _____
RFP No. _____

Column A	Column B	Column D	Column E	Column F	Column G
Performance Measure	Baseline for Fiscal Year 2006	Annual Performance Objective for Fiscal Year 2007	Annual Performance Objective for Fiscal Year 2008	Annual Performance Objective for Fiscal Year 2009	Applicant's approach in meeting the performance objectives, including the methodology proposed for data collection and reporting. (Attach additional sheets as necessary).
<p>7. At least 60% of people 65 years or older will have an influenza immunization.</p>	<p>a) Number of clients aged 65 yrs. or older was ____.</p> <p>b) Number of clients aged 65 yrs. or older who received an influenza immunization was ____.</p> <p>c) Percentage of clients aged 65 yrs. or older who received an influenza immunization was ____%.</p> <p>(b divided by a)</p>	<p>a) The estimated proportion of clients aged 65 yrs. or older who will receive an influenza immunization is ____%.</p>	<p>a) The estimated proportion of clients aged 65 yrs. or older who will receive an influenza immunization is ____%.</p>	<p>a) The estimated proportion of clients aged 65 yrs. or older who will receive an influenza immunization is ____%.</p>	

Table A – Performance Measures

Applicant Organization _____
RFP No. _____

Column A	Column B	Column D	Column E	Column F	Column G
Performance Measure	Baseline for Fiscal Year 2006	Annual Performance Objective for Fiscal Year 2007	Annual Performance Objective for Fiscal Year 2008	Annual Performance Objective for Fiscal Year 2009	Applicant’s approach in meeting the performance objectives, including the methodology proposed for data collection and reporting. (Attach additional sheets as necessary).
<p>8. Increase to at least 50% the proportion of people with high blood pressure whose blood pressure is under control.</p>	<p>a) Number of clients with high blood pressure was ____.</p> <p>b) Number of clients with high blood pressure whose high blood pressure was under control was ____.</p> <p>c) Percentage of clients with high blood pressure, whose high blood pressure was under control was ____%.</p> <p>(b divided by a)</p>	<p>a) The estimated proportion of clients with high blood pressure, whose high blood pressure will be under control is ____%.</p>	<p>a) The estimated proportion of clients with high blood pressure, whose high blood pressure will be under control is ____%.</p>	<p>a) The estimated proportion of clients with high blood pressure, whose high blood pressure will be under control is ____%.</p>	