

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

Addendum 1

December 12, 2008

To

Request for Proposals

HTH-560-CW-005
Perinatal Support Services and Triage
October 14, 2008

December 12, 2008

ADDENDUM NO. 1

To

**REQUEST FOR PROPOSALS
Perinatal Support Services & Triage
HTH-560-CW-005**

The Department of Health, Family Health Services Division, Maternal and Child Health Branch/Women's Health Section/Perinatal Health Programs is issuing this addendum to RFP Number HTH-560-CW-005, Perinatal Support Services & Triage for the purposes of:

- Responding to questions that arose at the orientation meeting of 11/07/2008 and written questions subsequently submitted in accordance with Section 1-V, of the RFP.
- Amending the RFP.
- Final Revised Proposals

The proposal submittal deadline:

- is amended to <new date>.
- is not amended.
- for Final Revised Proposals is <date>.

Attached is (are):

- A summary of the questions raised and responses for purposes of clarification of the RFP requirements.
- Amendments to the RFP.
- Details of the request for final revised proposals.

If you have any questions, contact:

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Responses to Question Raised by Applicants
For HTH-560-CW-005, Perinatal Support Services & Triage

1. Question: We would have to collaborate with Private doctors? Clients would come to our facility?

Response: Yes, the RFP requires that PSST staff collaborate with medical providers in the community to provide substance abuse (SA) screening and assessments at their site or for the medical providers to provide referrals to the Perinatal Support Services & Triage (PSST) site.

2. Question: What if the medical provider is a General Practice doctor with a pregnant patient?

Response: All medical providers in the community that may see pregnant women should be aware of PSST. Obstetricians (OB) may not be available in some communities and instead General Practice (GP) or Family Practice (FP) medical doctors provide prenatal care.

3. What if a midwife or doula calls for PSST services is the \$25 unit rate reimbursable?

Response: Reimbursement of the \$25.00 unit rate is not for referrals from a lay midwife, doula, health center or other community agency only for private medical providers.

4. How will we manage outcomes for someone who is seeing a private medical doctor?

Response: PSST staff should collaborate and coordinate care with the private medical provider to address the substance abuse issue and outcome.

5. Is there a minimum or maximum number of sessions per client?

Response: There is no minimum or maximum number of sessions per client but documentation of efforts to screen, assess and counsel substance using pregnant women will be mandatory.

6. Question: Is it permitted to have Certified Substance Abuse Counselor (CSAC) supervision?

Response: CSAC supervision for PSST staff is preferable but not a requirement in the RFP.

7. What if a client referred from a doctor is willing to go to a residential facility?

Response: If the client enrolls in an inpatient SA treatment facility, PSST involvement would end. Pregnant women attending outpatient SA treatment should still be followed to monitor for progress and prevent relapse.

8. Will there be funds for advertising?

Response: Budget proposals should include costs for advertising and promoting PSST services. Any advertisement or print material developed with State funding shall acknowledge the State of Hawaii with language specified and approved by the State and include the State logo.

9. Will there be similar screening tools to unify PSST sites?

Response: Agencies submitting proposals should specify what screening tools would be used for PSST clients. Based on Provider input there may be standardized screening tool(s) recommended for use when the contracts are executed.