

State of Hawaii  
Department of Health  
Disease Outbreak Control Division

## **Request for Proposals**

**RFP No. HTH 131-DOCD-10-1**

# **NURSING SERVICES FOR INFLUENZA IMMUNIZATION CLINICS**

Date Issued: January 15, 2009

Proposal Submittal Deadline: February 25, 2009  
Orientation Session: January 27, 2009  
Orientation Time: 1:00 p.m. to 2:00 p.m., HST  
Orientation Location: Department of Health  
Disease Outbreak Control Division  
1132 Bishop Street, Suite 1900  
Honolulu, Hawaii 96813

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, an [RFP Interest form](#) may be downloaded to your computer, completed and e-mailed or mailed 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.

January 15, 2009

## **REQUEST FOR PROPOSALS**

### **Nursing Services for Influenza Immunization Clinics HTH 131-DOCD-10-1**

#### **NOTICE**

The Department of Health, Disease Outbreak Control Division is requesting proposals from qualified applicants to conduct consent form prescreen site visits and administer influenza vaccinations to children and occupationally exposed adults statewide.

#### **SUBMITTAL DEADLINE**

All proposals mailed by the United States Postal Service (USPS) shall be postmarked by February 25, 2009 to the mail-in address and received no later than ten days from the submittal deadline. Hand delivered proposals shall be received no later than February 25, 2009, 4:00 p.m., Hawaii Standard Time (HST) at the drop-off site.

Proposals postmarked or hand delivered after the designated deadline shall be considered late and rejected. Deliveries by private mail services such as FEDEX shall be considered hand deliveries and shall be rejected if received after the submittal deadline.

**MAIL-INS:**  
Department of Health  
Disease Outbreak Control Division  
1132 Bishop Street, Suite 1900  
Honolulu, Hawaii 96813

#### **HAND DELIVERIES (DROP-OFF SITE):**

Department of Health  
Disease Outbreak Control Division  
1132 Bishop Street, Suite 1900  
Honolulu, Hawaii 96813

**Applicants are encouraged to attend the Orientation Meeting. (See Section 1)**

#### **INQUIRIES**

Inquiries regarding this RFP should be directed to the RFP contact person:  
Mr. Carl Chu  
1132 Bishop Street, Suite 1900, Honolulu, Hawaii 96813  
Phone: (808) 586-8329  
Email: [carl.chu@doh.hawaii.gov](mailto:carl.chu@doh.hawaii.gov)

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MMWR2006;55(RR15)
- Exhibit B:** Prevention and Control of Influenza, Recommendations of the Advisory Committee on Immunization Practices.  
MMWR2008;57(RR7)

# Section 1

## Administrative Overview

### 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	Jan. 15, 2009
RFP orientation session	Jan. 27, 2009
Due date for written questions	Feb. 2, 2009
State purchasing agency's response to written questions	Feb. 9, 2009
Proposal submittal deadline	Feb. 25, 2009
Discussions with applicant after submittal deadline (if required)	Feb. 26, 2009 – March 4, 2009
Final revised proposals (optional)	March 13, 2009
Proposal evaluation period	March 13, 2009 – March 20, 2009
Provider selection	March 23, 2009
Notice of statement of findings and decision	March 24, 2009
Contract start date	Aug. 1, 2009

### II. Websites Referenced in this RFP

The State Procurement Office (SPO) website is [www.spo.hawaii.gov](http://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

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

(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](http://www.hawaii.gov))

### III. The Procurement Process

**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 application by a prospective applicant shall constitute admission of such knowledge on the part of such prospective applicant.

**RFP Organization.** This RFP is organized into 5 sections:

<b>Section 1</b>	Administrative Overview	Procurement process; requirements for awardees
<b>Section 2</b>	Service Specifications	Services to be delivered, applicant responsibilities, and requirements for the proposal application
<b>Section 3</b>	Proposal Application	Instructions and proposal application
<b>Section 4</b>	Proposal Evaluation	Method by which proposal applications will be evaluated
<b>Section 5</b>	Attachments	Provides applicants with information and forms necessary to complete the application

**RFP Orientation Session.** An orientation session to familiarize applicants with the procurement process and the requirements of the RFP shall be held. Applicants are encouraged to submit written questions prior to the orientation. Questions at the orientation are permitted, but oral questions should be submitted in writing by the date indicated in the Procurement Timetable to ensure an official written response.

*Date and time:* January 27, 2009 1:00 p.m. to 2:00 p.m., HST

*Location:* Department of Health  
Disease Outbreak Control Division  
1132 Bishop Street, Suite 1900  
Honolulu, Hawaii 96813

**Submission of Questions.** Applicants may submit written questions to the RFP Contact Person identified in the Notice. The written response by the State purchasing agency will be available to all applicants and placed on the RFP website.

*Deadline for submission of questions:* February 2, 2009, 4:00 p.m. HST

**Discussions with Applicants.** Prior to the submittal deadline, discussions may be conducted with potential applicants to promote understanding of the purchasing agency's requirements. Discussions may also 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.

**Multiple or Alternate Proposals -** Multiple/alternate proposals are not applicable to this RFP.

**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.

**Confidentiality of Personal Information.** Act 10 relating to personal information was enacted in the 2008 special legislative session. As a result, the Attorney General's General Conditions of Form AG Form 103F, *Confidentiality of Personal Information*, has been amended to include Section 8 regarding protection of the use and disclosure of personal information administered by the agencies and given to third parties.

**Opening of Proposals.** Upon receipt by a state purchasing agency at the designated location(s), proposal applications shall be date-stamped, and when possible, time-stamped, held in a secure place and not examined for evaluation purposes until the submittal deadline.

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

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

**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 best and final offer/proposal.

**Cancellation of Request for Proposals.** The request for proposals may be canceled when it is determined to be in the best interests of the State in accordance with section 3-143-613, HAR.

**Costs for Proposal Preparation.** Any costs incurred by applicants in preparing or submitting a proposal are the applicants' sole responsibility.

**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 release of a request for proposals, shall not disqualify providers from submitting proposals if conducted in accordance with sections 3-142-202, 3-142-203, HAR.

**Rejection of Proposals.** A proposal offering a set of terms and conditions contradictory to those included in this RFP may be rejected. A proposal may be rejected for any of the following reasons: 1) Failure to cooperate or deal in good faith (Section 3-141-201, HAR); 2) 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).

**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.

**Protests.** Any applicant may file a protest against the awarding of a contract. The Notice of Protest form, SPO-H-801, all other forms and a detailed description of procedures are on the SPO website. Only the following matters may be protested:

- (1) A state purchasing agency's failure to follow procedures established by Chapter 103F, HRS;
- (2) A state purchasing agency's failure to follow any rule established by Chapter 103F, HRS; 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 mailed by USPS or hand delivered to the head of the state purchasing agency conducting the protested procurement and the procurement officer 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.

<b>Head of State Purchasing Agency</b>	<b>Procurement Officer</b>
Chiyome Leinaala Fukino, M.D.	Sharon S. Abe
Director of Health	Chief, Administrative Services Office
Department of Health	Department of Health
P.O. Box 3378 Honolulu, Hawaii 96801	P.O. Box 3378 Honolulu, Hawaii 96801

**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.

#### **IV. Requirements for Awardees**

**Tax Clearance.** If awarded, 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 upon notice of award.

**Wages and Labor Law Compliance.** Prior to contract execution for 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.”

**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 registered 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.)

**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.)

**Monitoring and Evaluation.** Criteria by which contracts will be monitored and evaluated is in Section 2.

**General and Special Conditions of Contract.** The general conditions that will be imposed contractually are on the SPO website. Special conditions may also be imposed contractually by the state purchasing agency, as deemed necessary.

## Section 2

# Service Specifications

### I. Overview, Purpose or Need and Goals of Service

The State of Hawaii, Department of Health is responsible for protecting the public from, and mitigating the consequences of, the hazards associated with Public Health Emergencies, including the necessity for a properly integrated response in the event of such an incident. With this responsibility in mind, the Department of Health, Disease Outbreak Control Division (“DOCD”) has developed policies and procedures in an effort to prevent pandemic influenza by conducting influenza immunization clinics to protect Hawaii’s children and occupationally exposed adults statewide.

The DOCD shall Supply all influenza vaccines, medical and clinic supplies, and emergency response kits for this project.

Types of services required:

#### A. Immunization Clinic Prescreen

1. Coordinate and schedule with each participating school’s liaison the date and time of prescreening visit.
2. Coordinate and ensure appropriate staffing for prescreening visit at each participating school in accordance to timeline schedule set forth by the DOCD.
3. Train personnel to properly screen consent forms for contraindications and completeness.
4. Conduct site visit to each participating school to screen consent forms for contraindications and completeness.

#### B. Influenza Immunization Clinic

1. Provide trained and licensed personnel to administer influenza vaccinations to participating children and adults statewide.

2. Provide administrative personnel to coordinate scheduling of vaccination clinics.
3. Provide trained personnel (e.g. medical assistant or certified nursing assistant) to screen participants prior to receiving vaccination (i.e. temperature check, review of consent forms for contraindications/precautions to vaccination, etc.)
4. Provide trained and licensed personnel to respond to acute medical adverse events following vaccine administration.
5. Provide trained personnel to properly store and transport vaccines, medications, and medical supplies according to manufacturers' recommended specifications.

Goals of Service:

1. Coordinate scheduling and provide staffing for prescreening of consent forms and influenza immunization clinics statewide.
2. Administer influenza vaccinations to children and adults in a non-traditional medical setting.
3. Effectively respond to and manage any adverse medical events following vaccine administration.
4. Properly store, transport, and maintain vaccines, medicines, and medical supplies.

## **II. Planning Activities**

On December 24, 2008, the DOCD issued a Request for Information for nursing services. The deadline for inquiries or comments was January 12, 2009 and passed with no inquiries or comments received.

General Recommendations on Immunization, Recommendations of the Advisory Committee on Immunization Practices. MMWR2006;55(RR15);1-47 (Exhibit A)

Prevention and Control of Influenza, Recommendations of the Advisory Committee on Immunization Practices. MMWR2008;57(RR7);1-64 (Exhibit B)

### III. Demographics and Funding

Target population to be served:	Children (with parental/guardian consent in participating schools) and occupationally exposed adults statewide.
<b>Geographic coverage of service:</b>	State of Hawaii a. Oahu b. Kauai c. Maui d. Lanai e. Hawaii f. Molokai

Probable funding amounts, source, and period of availability:

The funds for this contract will be from private grants and or federal funds. Estimated funding will not exceed \$275,000. Period of availability: August 1, 2009 through June 30, 2010.

Single or multiple contracts to be awarded  **Single**  **Multiple**  **Single & Multiple**

(Refer to §3-143-206, HAR)

Criteria for multiple awards:

A single Contractor may or may not be able to provide a 100% fill rate for all geographical locations. Therefore, this Request for Proposal will result in the award of one or more contracts.

**Term of Contract(s)**

Initial term:	<u><b>11 months</b></u>
Length of each extension:	<u><b>12 months</b></u>
Number of possible extensions	<u><b>5</b></u>
Maximum length of contract:	<u><b>5 years 11 months</b></u>

The initial contract term shall commence on the contract start date or the State's Notice to Proceed, whichever is later.

Conditions for Extension:

Extensions must be requested in writing 60 days prior to expiration of the existing contract and a supplemental agreement must be executed. Extensions are subject to availability of funds.

## IV. Service Activities

- A. The CONTRACTOR shall:
1. Provide administrative services, service delivery, and employ sufficient staff to conduct both prescreening visits and Influenza Immunization Clinics.
  2. Provide logistical planning and coordination of personnel to fulfill the staffing requirement for prescreening visits and vaccination clinics as determined by the DOCD. The DOCD shall coordinate scheduling clinic dates and determine the number of medical and non-medical staff requirements for each clinic.
  3. Follow protocols, procedures, and standing orders for vaccine administration developed by the DOCD, including the management of adverse events post vaccination.
  4. Ensure that all nursing staff are knowledgeable regarding the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices recommendations, indications, contraindications, precautions, and administration of influenza vaccines (TIV and LAIV), and have been trained in the management of anaphylactic shock and other adverse events associated with vaccine administration, including certification in cardiopulmonary resuscitation ("CPR").
  5. Nursing and non-nursing staff shall properly screen participants for vaccination eligibility as described on consent forms during the prescreen visit and at the clinic site prior to vaccination (i.e. no contraindications).
  6. Training/education materials will be provided by the DOCD. Any deviations or modifications of educational materials must be approved by the DOCD.
  7. Contractor shall be responsible for all training and education of contracted staff.
  8. Prescreening visits shall begin no sooner than September 7, 2009 and must be completed by October 5, 2009. Actual prescreening visit dates are subject to modifications.
    - a. The DOCD shall determine final prescreening schedule.
    - b. Locations of prescreening sites are statewide and are dependent upon geographical locations of participating schools.
    - c. Finalized staffing assignments shall be submitted to the DOCD no later than two (2) weeks prior to assigned visits.

- d. On site screening procedures to include contacting school personnel and making phone calls to parents or guardians for clarifications of incomplete forms.
  - e. Provide statistical prescreen results to the DOCD within twenty-four (24) hours of completion.
9. Vaccination clinics shall begin no sooner than October 5, 2009 and must be completed by December 31, 2009.
  - a. Actual clinic dates are subject to modifications. The DOCD shall determine final clinic schedules.
  - b. Locations of clinic sites are statewide and are dependent upon geographical locations of participating schools.
  - c. Finalized staffing assignments shall be submitted to the DOCD no later than two (2) weeks prior to assigned clinic dates.
10. Ensure screening of each consent form for contraindications and completeness prior to vaccine administration.
  - a. Ensure that each participant has a completed and signed consent form for the particular influenza vaccine to be received.
  - b. Influenza vaccine (TIV and/or LAIV) shall not be administered to individuals with a contraindication to the particular influenza vaccine or individuals with an incomplete consent form (i.e. missing signature of consenting parent/guardian).
11. Administer influenza vaccine (including trivalent inactivated influenza vaccine ["TIV"] by intramuscular injection and live, attenuated influenza vaccine ["LAIV"] by intranasal spray) to participants.
12. Ensure that nursing staff selects the appropriate product and presentation of influenza vaccine for administration.
13. Following each vaccine administration, complete documentation of vaccination record on participant's consent form according to the DOCD protocols.
14. Ensure distribution and collection of completed vaccination records according to the DOCD protocols.
15. Assign at least one (1) "lead/supervising" nurse at each immunization clinic. Supervising responsibilities shall include, at minimum:
  - a. Clinic set-up

- i. Organize furniture and supplies necessary for conducting a mass immunization clinic, including appropriate storage of vaccine.
  - ii. Pre-fill an appropriate number of TIV syringes for the population to be served, ensuring that no wastage occurs.
  - iii. Ensure proper waste disposal of biohazardous materials (biohazard sharps and waste containers will be supplied by the DOCD).
  - iv. Ensure hazardous materials are attended or monitored by staff and not accessible to non-clinic staff.
- b. Clinic personnel management
- i. Ensure clinic staff is knowledgeable of clinic activities and are assigned to appropriate responsibilities consistent with their specialty or positions deemed necessary for clinic function.
  - ii. Ensure clinic staff demonstrates professionalism in practices.
- c. Clinic clean-up
- i. Direct the return of furniture back to original school specifications.
  - ii. Ensure proper sanitization of furniture exposed to biohazardous materials.
  - iii. Direct the packing of equipment and supplies.
  - iv. Assign a clinic staff to return vaccines and clinic supplies to DOCD designated facility at conclusion of each clinic.

16. Fulfill the following staffing requirements:

- a. Designate one (1) Project Coordinator, who shall be the designated contact person responsible for the supervision and oversight of project implementation and maintain collaboration, at a minimum, weekly with the DOCD to coordinate the assignment of appropriate personnel for prescreen visits and immunization clinics. The Project Coordinator shall be authorized to interact with the designated DOCD and school personnel to ensure that the project schedules and deliverables are being met.

- b. Ensure that a licensed registered nurse is physically present at each clinic site for the entirety of the clinic.
  - c. Ensure continuity of staff performance and provision of substitute staff in the event of any personnel absence. Substitute staff must meet all criteria listed in this scope.
  - d. Ensure all nursing staff is licensed in the State of Hawaii.
  - e. Ensure all staff are working under the medical supervision of a physician licensed in the State of Hawaii.
17. Maintain documentation of professional licensing and CPR certification for all licensed medical staff and make this documentation available for review by the DOCD upon request.
18. Maintain documentation of hepatitis B vaccination (or documentation of hepatitis B vaccination refusal) for Contractor's staff with potential occupational exposure to blood or other potentially infectious material and make this documentation available for review by the DOCD upon request.

## V. Qualifications

### A. Experience

Applicant must have previous experience in:

- 1. Vaccine administration **to young children and adults**
- 2. Planning and scheduling vaccination clinics
- 3. CPR and responding to medical adverse reactions

#### *Requirements for the Proposal Application*

- 1. The applicant shall provide a description of experience/projects/contracts pertinent to the proposed services:
  - a. List of experience as an agency providing vaccine administration services
  - b. List of experience as an agency conducting large scale vaccination clinics
  - c. List of experience as an agency in planning, scheduling, and staffing clinics

- d. List of experience as an agency providing CPR and responding to medical adverse events
2. Applicant shall provide a list of at least two (2) professional references that includes points of contact, addresses, e-mail/phone numbers. The State reserves the right to contact references to verify experiences.

**B. Organization**

1. Applicant must be licensed to conduct business in the State of Hawaii.
2. Applicant shall obtain a minimum of ONE MILLION AND NO/100 DOLLARS (\$1,000,000.00) per occurrence and TWO MILLION AND NO/100 DOLLARS (\$2,000,000.00) in the aggregate of general liability insurance and ONE MILLION AND NO/100 DOLLARS (\$1,000,000.00) per accident in automobile insurance. If awarded the contract, the Contractor shall maintain in effect the insurance coverage until the STATE certifies that the Contract has been completed satisfactorily.
3. Applicant shall maintain a “Bloodborne Pathogen Exposure Control Plan and Procedure Manual” for contracted staff to follow in the case of an occupational exposure to blood or other potentially infectious materials.
4. Applicant shall have an office located in Hawaii at the time of proposal submittal.

***Requirements for the Proposal Application***

Applicant shall demonstrate its capabilities in providing the proposed services:

1. Licenses/certifications/accreditations of personnel
2. Proof of general liability and automobile insurance
3. Organizational Chart illustrating key management team with brief description of work experience for each key management team member

**C. Personnel**

1. Ensure that personnel are capable of assessing health of participants; competent in performing temperature checks to screen for febrile illness in children and adults using an oral and/or tympanic (ear) thermometer.
2. Medical Staff:
  - a. Must have proper professional licensure and accreditation to practice in the State of Hawaii

- b. Trained in the management of anaphylactic shock and other adverse events associated with vaccine administration
- c. Knowledge and proficiency regarding the indications for, contraindications and precautions against, and administration of influenza vaccines (both TIV and LAIV)
- d. Evidence of one of the following:
  - i. Proper immunization documentation of three (3) valid hepatitis B vaccine doses
  - ii. Documentation of hepatitis B immunity by serological testing (i.e. laboratory evidence of immunity to hepatitis B)
  - iii. Documentation of refusal of hepatitis B vaccination

***Requirements for the Proposal Application***

- 1. List the number of specialty personnel currently available for the proposed services: Registered Nurse, Licensed Practical Nurse, Certified Nurse Assistant, Medical Assistant, specifying average years of experience in the profession.
- 2. Provide the Applicant's best estimate of the number of specialty personnel available for the proposed services from August 1, 2009 to December 31, 2009: Registered Nurse, Licensed Practical Nurse, Certified Nurse Assistant, and Medical Assistant.
- 3. Provide methodology Applicant uses to screen personnel for appropriate license or certification and evidence of required immunization records.

**D. Facilities**

Not applicable to this RFP.

***Evaluation Criteria for Qualifications (65 points)***

- 1. Experience <30 points>
  - a. Vaccine administration <15 points>
  - b. Conducting large scale vaccination clinics <2 points>
  - c. Planning, scheduling, and staffing vaccination clinics <12 points>

- d. CPR and responding to medical adverse events <1 point>
2. Organization <10 points>
  - a. Demonstrated capabilities in providing the proposed services <6 points>
  - b. Experience of Applicant's management team <4 points>
3. Personnel <25 points>
  - a. Availability of personnel and personnel experience <23 points>
  - b. Applicant's methodology in screening personnel for appropriate licensure or certification and evidence of required immunization records <2 points>

## **VI. Pricing Structure**

- A. Negotiated unit of service rate
  1. Consent form prescreening visit hours shall be billed based on actual hours worked at each school with guaranteed two (2) hours minimum charge per day.
  2. Each immunization clinic shall be, at minimum, two (2) hours in length. Set-up and clean-up time is included in each two (2) hour clinic period.
  3. Influenza immunization clinic hours shall be billed based on actual hours worked at each clinic with guaranteed two (2) hours minimum charge per clinic.
  4. Contractor may bill for two (2) hours minimum charge for prescreening or clinic cancellation made by the DOCD within twenty-four (24) hours of the prescreen visit or immunization clinic start time.
  5. Contractor shall be responsible for all travel costs related to the proposed services. A flat one-time transportation fee per clinic is allowed for return of clinic supplies to DOH designated location.
  6. Staffing at each clinic will be dependent upon participation rates. The DOCD will make the final determination for minimum staffing requirements per clinic.
  7. Contractor will be compensated for services rendered (i.e. number of RN hours multiplied by negotiated unit of service rate).

8. Five (5) different negotiated unit service rates requested from Applicant
  - a. Registered Nurse (RN)
  - b. Licensed Practical Nurse (LPN)
  - c. Certified Nursing Assistant (CNA)
  - d. Medical Assistant (MA)
  - e. Flat one-time transportation fee per clinic for return of clinic supplies to DOH designated location.

***Requirements for the Proposal Application***

1. Provide Applicant's hourly rates for the four (4) different levels of service:
  - a. Registered Nurse (RN)
  - b. Licensed Practical Nurse (LPN)
  - c. Certified Nursing Assistant (CNA)
  - d. Medical Assistant (MA)
2. Provide Applicant's flat one-time transportation fee per clinic for return of clinic supplies to DOH designated location.

***Evaluation Criteria for Pricing (35 points)***

1. Hourly Rate for RN <22 points>
2. Hourly Rate for LPN <1 point>
3. Hourly Rate for CNA <4 points>
4. Hourly Rate for MA <4 points>
5. Transportation Fee Per Clinic (Return of Supplies) <4 points>

**VII. Other**

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.

*Statements regarding litigation will not carry any point value but are required.*

### **VIII. Reporting Requirements for Program and Fiscal Data**

- A. Written report regarding the total number of participants vaccinated per clinic, provided within one (1) business day of each scheduled clinic.
- B. Written report regarding any discrepancies between number of doses administered and number of consent forms collected, provided within two (2) business days of each scheduled clinic.
- C. Telephone report regarding any serious adverse events occurring at any vaccination clinic site, within two (2) hours of event. Written report with description of any adverse event occurring at vaccination clinic site and response/actions taken to follow within one (1) day of the event.
- D. Written report itemizing the total number and type (e.g. RN) of contracted staff present at clinics and time period worked within one (1) business day.

### **IX. Monitoring and Evaluation**

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

- A. Administrative Requirements
- B. Quality of Services
- C. Timely Submission of Reports and Correspondences
- D. Clinics are appropriately and sufficiently staffed
- E. Total number of participants vaccinated per clinic
- F. Number of vaccine doses administered matches number of consent forms collected

## Section 3

# Proposal Application

### I. Instructions for Completing the Proposal Application

- Proposal Applications shall be submitted to the State purchasing agency using the prescribed format outlined in this section and section 2.
- 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.
- A written response is required for **each** item unless indicated otherwise. Failure to answer any of the items will adversely impact an applicant's score.
- Applicants are **strongly** encouraged to review evaluation criteria when completing the proposal.

### II. Submission of Proposal Application Documents

The proposal application documents are as follows and shall be submitted in the following order:

- *Proposal Application Identification Form (SPO-H-200)* - Identifies the proposal application.
- *Table of Contents* - A listing of all documents included in the application.
- *Proposal Application Short-Form 1 (SPO-H-250)*
  - Qualifications
  - Pricing
  - Other – Litigation

The required format for the Proposal Application Short-Form 1 (SPO-H-250) follows. Note that the form is available on the SPO website (see Section 1, paragraph II, Website Reference). The form on the website will not include items specific to each RFP. If using the website form, the applicant must incorporate all items listed on the next page.

## **Proposal Application Short Form 1**

*Narratives not required.*

### **I. Qualifications**

#### **A. Experience**

#### **B. Organization**

#### **C. Personnel**

### **II. Pricing**

### **III. Other**

Litigation

## **Section 4**

# **Proposal Evaluation**

### **I. Evaluation Process**

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. 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 responsibility for program service and financing. Each applicant shall receive a notice of award/non-award, which shall contain a statement of findings and decision for the award or non-award of the contract to each applicant.

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 of Award

### **II. Evaluation Criteria**

On the next page is a sample of the evaluation sheet that will be used to evaluate proposal applications. Applicants will receive a report similar to this upon completion of the evaluation process.

Evaluation of  
 RFP No. HTH 131-DOCD-10-1  
 Nursing Services for Influenza Immunization Clinics  
 Issued January 15, 2009

**SAMPLE**

Applicant:  
 Proposal Application ID:

<i>Criterion</i>	<i>Total Possible Score</i>	<i>Score</i>
<b>Qualifications</b>	<b>65</b>	
<b>Experience</b>	30	
• Vaccine Administration	15	
• Conducting large scale vaccination clinics	2	
• Planning, scheduling, and staffing vaccination clinics	12	
• CPR and responding to medical adverse events	1	
<b>Comments:</b>		
<b>Organization</b>	10	
• Demonstrated capabilities in providing the proposed services	6	
• Experience of Applicant's management team	4	
<b>Comments:</b>		
<b>Personnel</b>	25	
• Availability of personnel and personnel experience	23	
• Applicant's methodology in screening personnel for appropriate licensure or certification and evidence of required immunization records	2	
<b>Comments:</b>		
<b>Pricing</b>	<b>35</b>	
• Hourly Rate for Registered Nurse (RN)	22	
• Hourly Rate for Licensed Practical Nurse (LPN)	1	
• Hourly Rate for Certified Nursing Assistant (CNA)	4	
• Hourly Rate for Medical Assistant (MA)	4	
• Transportation Fee Per Clinic (Return of Supplies)	4	
<b>Comments:</b>		
<b>TOTAL:</b>	<b>100</b>	

## **Section 5**

### **Attachments**

- Exhibit A. General Recommendations on Immunization,  
Recommendations of the Advisory Committee on Immunization Practices.  
MMWR2006;55(RR15)
  
- Exhibit B. Prevention and Control of Influenza,  
Recommendations of the Advisory Committee on Immunization Practices.  
MMWR2008;57(RR7)