

State of Hawaii  
Department of Health  
Family Health Services Division  
Maternal and Child Health Branch  
Perinatal Health Program

## **Request for Proposals**

**RFP No. HTH-560-CW-008**

**To Enhance the Statewide Perinatal and Related Women's Health System of Care through Assessment and Advocacy; Pregnancy Resource, Referral, and Information; and, Perinatal Support Service Provider Education and Training**

Issued: September 21, 2010

Proposal Due Date: December 22, 2010

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 21, 2010

**REQUEST FOR PROPOSALS  
RFP No. HTH 560-CW-008**

**To Enhance the Statewide Perinatal and Related Women's Health System of Care Through Assessment and Advocacy; Pregnancy Resource, Referral, and Information; and Perinatal Support Service Provider Education and Training**

The Department of Health, Family Health Services Division, Maternal and Child Health Branch (MCHB), Perinatal Health Program is requesting proposals from qualified applicants to promote healthy birth outcomes for women statewide from preconception (prior to pregnancy) through the post-partum (after birth) and the interconception (between pregnancy) periods. Services are being sought to support and improve the Perinatal and Related Women's Health System of Care and related outcomes during the reproductive years for women in Hawaii. Research has shown that perinatal health does not occur in isolation but within the broader overall context of women's health. Services will address outcomes which promote perinatal health within this broader context but should not be limited to National and State performance measures to: improve access to care in the first trimester; reduce low and very-low birth weight; promote abstinence from alcohol, cigarette smoking, and illicit drug use, decrease post-partum relapse of smoking among women who quit smoking during pregnancy; increase breastfeeding; increase screening and referral for domestic violence, intimate partner violence, sexual coercion, and depression; improve use of contraception to prevent unintended pregnancy; increase preventive education and screening on oral health care and sexually transmitted infections. The contract term will be from July 1, 2011, or the State's Notice to Proceed, whichever is later, and end on June 30, 2013, with the option to extend up to an additional twenty-four (24) months and end no later than June 30, 2015. Services should be written within one proposal to design and implement the following system components:

- 1) Perinatal Assessment and Advocacy  
Activities will include completing needs assessment for the purpose of informing and educating the public, private partners, and communities on issues impacting perinatal health and subsequently promoting related discussion and actions.
- 2) Pregnancy Resource, Referral, and Information  
Activities will include implementing a statewide phone line and website for the purpose of assisting women and their families in accessing resources, referral, and information which promote healthy pregnancy and related positive women's health outcomes and decision making.
- 3) Perinatal Support Service (PSS) Provider Education and Training  
Activities will include provision of PSS education, training, and follow-up evaluation for the purpose of improving perinatal and women's health outcomes and service delivery in the areas of outreach, health assessment, education/counseling and case management/care coordination.

The MCHB will conduct an orientation on October 12, 2010 from 9:00 am to 11:30 am HST, at the Wilcox Building Conference Room 205A, 741-A Sunset Avenue, Honolulu, Hawai'i. All prospective applicants are encouraged to attend the orientation.

The deadline for submission of written questions is 4:30 p.m., HST, on November 9, 2010. All written questions will receive a written response from the State on or about November 29, 2010.

Inquiries regarding this RFP should be directed to the RFP contact person, Candice Calhoun at 741-A Sunset Avenue, Honolulu, Hawaii 96816, telephone: (808) 733-9050, fax: (808) 733-9032, e-mail: [tamara-lee.kamai@doh.hawaii.gov](mailto:tamara-lee.kamai@doh.hawaii.gov).

# PROPOSAL MAIL-IN AND DELIVERY INFORMATION SHEET

**NUMBER OF COPIES TO BE SUBMITTED: Three (3)**

ALL MAIL-INS SHALL BE POSTMARKED BY THE UNITED STATES POSTAL SERVICE (USPS) NO LATER THAN **December 22, 2010** and received by the state purchasing agency no later than **10 days from the submittal deadline.**

**All Mail-ins**

Department of Health  
Maternal and Child Health Branch  
Women’s Health Section  
741-A Sunset Avenue, Room 102  
Honolulu, Hawaii 96816

**DOH RFP COORDINATOR**

Candice Radner Calhoun  
For further info or inquiries  
Phone: (808) 733-9050  
Fax: (808) 733-9032  
E-mail: tamara-lee.kamai@doh.hawaii.gov

ALL HAND DELIVERIES SHALL BE ACCEPTED AT THE FOLLOWING SITES UNTIL **4:30 P.M., Hawaii Standard Time (HST), December 22, 2010.** 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., **December 22, 2010.**

**Drop-off Sites**

**For Applicants located on Oahu:**

Department of Health  
Maternal and Child Health Branch  
Women’s Health Section  
741-A Sunset Avenue, Room 102  
Honolulu, Hawai’i 96816

**For Applicants located on Maui**

Department of Health  
Maui District Health Office  
State Office Building, Room 301  
54 High Street  
Wailuku, Maui 96793-2198  
Attn: DOH Administrative Services Office

**For Applicants Located on Kauai**

Department of Health  
Kauai District Health Office  
Lihue Health Center  
3040 Umi Street  
Lihue, Kauai 96766  
Attn: DOH Administrative Services Office

# 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 ..... 1-3
- 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..... 1-7
- 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..... 1-8
- 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. General and Special Conditions of the Contract..... 1-10
- XXII. Cost Principles..... 1-10

## Section 2 - Service Specifications

- I. Introduction
  - A. Overview, Purpose or Need ..... 2-1
  - B. Planning activities conducted in preparation for this RFP..... 2-2
  - C. Description of the Goals of the Service ..... 2-4
  - D. Description of the Target Population to be Served..... 2-5
  - E. Geographic Coverage of Service ..... 2-6
  - F. Probable Funding Amounts, Source, and Period of Availability..... 2-6
- II. General Requirements..... 2-7
  - A. Specific Qualifications or Requirements ..... 2-7
  - B. Secondary Purchaser Participation ..... 2-7
  - C. Multiple or Alternate Proposals ..... 2-7
  - D. Single or Multiple Contracts to be Awarded ..... 2-7
  - E. Single or Multi-Term Contracts to be Awarded ..... 2-8
  - F. RFP Contact Person ..... 2-8

III. Scope of Work ..... 2-8  
     A. Service Activities ..... 2-8  
     B. Management Requirements ..... 2-12  
     C. Facilities ..... 2-17  
 IV. Compensation and Method of Payment ..... 2-18

**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 ..... 3-3  
 III. Project Organization and Staffing ..... 3-3  
     A. Staffing ..... 3-3  
     B. Project Organization ..... 3-3  
 IV. Service Delivery ..... 3-4  
 V. Financial ..... 3-7  
     A. Pricing Structure ..... 3-7  
     B. Other Financial Related Materials ..... 3-7  
 VI. Other ..... 3-7  
     A. Litigation ..... 3-7

**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 ..... 4-8

**Section 5 – Attachments**

- Attachment A. Competitive Proposal Application Checklist
- Attachment B. Sample Proposal Table of Contents
- Attachment C. Federal Certifications
- Attachment D. Intra-Departmental Directive No. 04-01 – Interpersonal Relationships  
     Between Staff and Clients/Patients
- Attachment E. Procurement Circular No. 2006-02 – Campaign Contributions by State and  
     County Contractors, Section 11-205.5, Hawaii Revised Statutes

# **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.**

<u>Activity</u>	<u>Scheduled Date</u>
Public notice announcing Request for Proposals (RFP)	Sept. 21 – Dec. 22, 2010
Distribution of RFP	September 21, 2010
RFP orientation session	October 12, 2010
Closing date for submission of written questions for written responses	November 10, 2010
State purchasing agency's response to applicants' written questions	November 22 -29, 2010
Discussions with applicant prior to proposal submittal deadline (optional)	
Proposal submittal deadline	December 22, 2010
Discussions with applicant after proposal submittal deadline (optional)	
Final revised proposals (optional)	
Proposal evaluation period	January 3 - 13, 2011
Provider selection	January 18 - 26, 2011
Notice of statement of findings and decision	January 27 – February 3, 2011
Contract start date	July 1, 2011

## II. Website Reference

The State Procurement Office (SPO) website is <http://hawaii.gov/spo/>

	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 "The RFP Website" (located under Quicklinks)
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 <http://hawaii.gov>)

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

## 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.



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 paragraph VII. Submission of Questions.

## VII. Submission of Questions

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

Deadline for submission of written questions:

**Date:** November 10, 2010      **Time:** 4:30 pm HST

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

**Date:** November 22-29, 2010

## VIII. Submission of Proposals

A. **Forms/Formats** - Forms, with the exception of program specific requirements, may be found on the State Procurement Office website referred to in II. Website Reference. Refer to the Proposal Application Checklist for the location of program specific forms.

1. **Proposal Application Identification (Form SPO-H-200).** Provides applicant proposal identification.
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 address all of the proposal requirements contained in Section 3 of this RFP, including a cost proposal/budget if required.

- B. **Program Specific Requirements.** Program specific requirements are included in Sections 2, Service Specifications and Section 3, Proposal Application Instructions, as applicable. If required, Federal and/or State certifications 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. **Tax Clearance.** Pursuant to HRS Section 103-53, as a prerequisite to entering into contracts of \$25,000 or more, providers shall be required to submit a tax clearance certificate issued by the Hawaii State Department of Taxation (DOTAX) and the Internal Revenue Service (IRS). The certificate shall have an original green certified copy stamp and shall be valid for six (6) months from the most recent approval stamp date on the certificate. Tax clearance applications may be obtained from the Department of Taxation website. (Refer to this section’s part II. Website Reference.)
- E. **Wages and Labor Law Compliance.** If applicable, by submitting a proposal, the applicant certifies that the applicant is in compliance with HRS Section 103-55, Wages, hours, and working conditions of employees of contractors performing services. Refer to HRS Section 103-55, at the Hawaii State Legislature website. (See part II, Website Reference.)
- **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 part II, Website Reference.)
- F. **Hawaii Compliance Express (HCE).** Providers may register with HCE for online proof of DOTAX and IRS tax clearance Department of Labor and Industrial Relations (DLIR) labor law compliance, and DCCA good standing compliance. There is a nominal annual fee for the service. The “Certificate of Vendor Compliance” issued online through HCE provides

the registered provider's current compliance status as of the issuance date, and is accepted for both contracting and final payment purposes. Refer to this section's part II. Website Reference for HCE's website address.

- G. **Campaign Contributions by State and County Contractors.** Contractors are hereby notified of the applicability of HRS Section 11-205.5, 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, FAQs are available at the Campaign Spending Commission webpage. (See part II, Website Reference.)
- H. **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.*

- I. **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.

- Proposal submitted through electronic means such as fax, e-mail, diskette/CD and other similar electronic formats will not be 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 HAR Section 3-143-403.

## **X. Opening of Proposals**

Upon receipt of a 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 RFP 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 RFP, 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 HAR Sections 3-142-202 and 3-142-203.

**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:

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

**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.

<b>Head of State Purchasing Agency</b>	<b>Procurement Officer</b>
Name: Chiyome Leinaala Fukino, M.D.	Name: Loretta J. Fuddy
Title: Director of Health	Title: Chief, Family Health Services Division
Mailing Address: P.O. Box 3378 Honolulu, HI 96801-3378	Mailing Address: 1250 Punchbowl Honolulu, HI 96813
Business Address: 1250 Punchbowl Street Honolulu, HI 96813-3378	Business Address: 1250 Punchbowl Honolulu, HI 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 HRS Chapter 37, and subject to the availability of State and/or Federal funds.

**XXI. 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.

**XXII. Cost Principles**

In order to promote uniform purchasing practices among state purchasing agencies procuring health and human services under HRS Chapter 103F, 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

The Hawaii State Department of Health, Family Health Services Division, Maternal and Child Health Branch, Perinatal Health Program is requesting proposals from qualified applicants to promote healthy birth outcomes for women statewide from preconception (prior to pregnancy) through the post-partum (after birth) and the interconception (between pregnancy) period. Services are being sought are to support and improve the Perinatal and Related Women's Health System of Care and related outcomes during the reproductive years for women in Hawaii. Research has shown that perinatal health does not occur in isolation but within the broader context of women's overall health. Services will address outcomes not limited to those focused upon through National (Healthy People 2010 and anticipated Health People 2020 Objectives) and State (Title V Maternal and Child Health, MCH) performance measures to: improve access to care in the first trimester; reduce low and very low birth weight; promote abstinence from alcohol, cigarette smoking, and illicit drug use; decrease post-partum relapse of smoking among women who quit during pregnancy; increase breastfeeding; increase screening and referral for domestic violence, intimate partner violence, sexual coercion, and depression; improve use of contraception to prevent unintended pregnancy; increase preventive education and screening on oral health care and sexually transmitted infections.

#### A. Overview, purpose or need

To reduce disparities in adverse pregnancy outcomes for women and their children, the existing Perinatal and Related Women's Health System of Care needs to expand the time frame for addressing high risk factors and behaviors during the reproductive years. This includes addressing multi-factorial determinants that can influence perinatal, birth and women's health outcomes which begin early in one's life long before a pregnancy occurs. This is most often in the preconceptional and interconceptional periods where a woman spends the majority of her reproductive life, and has the potential to determine an individual's overall health status during their life span.

Research and recommendations are now promoting a higher awareness of addressing the risk and protective factors related to childbearing and promotion of a reproductive life plan (e.g. whether or when women wish to have children and how they will maintain their reproductive health).

Increasing access to resources and services during periods of Preconception (prior to pregnancy) -through the Post-partum (after birth) and - Interconception (between pregnancy) is important to supporting positive maternal and child health and women's health issues and related outcomes across the lifespan.

Services through this Request for Proposal have been developed to assist in improving the Perinatal and Related Women's Health System of Care in the broader context of women's health. This system of services is focused on the prevention or minimization of health problems for pregnant women and their infants before, during, and after pregnancy. This will require increasing public awareness and education about the importance of a life course perspective that influences women's and perinatal health and pregnancy outcomes. It will also require advocating for systems change that address health equity and the social determinants of health. Multiple factors and social determinants which interact and can impact health are not limited to home and neighborhood conditions, food security, unhealthy living conditions, effects of domestic or personal violence, racism, occupation or work-related effects and stress, low socio-economic status, pregnancy intendedness and stressful life events.

Ensuring resources and actions for ongoing assessment and related State and community based advocacy to address these needs; having an information and referral system for pregnant women, and their families which will support positive women's health outcomes and decision making; and, providing for education and training of State Perinatal Support Service Providers in serving high risk pregnant and post-partum/interconception women will strengthen and improve upon the existing Hawaii Perinatal System of Care and broader women's health care.

## **B. Planning activities conducted in preparation for this RFP**

### **References:**

Shobino D, Granson H, Minkovitz C. Charting a course for the Future of Women's Health in the United States: concepts, findings and recommendations. *Social Science & Medicine*. 2002; 54; 839 - 848.

U.S. Department of Health & Human Services, Public Health Service, Health Resources & Services Administration (HRSA), Maternal & Child Health Bureau. Grason H, Hutchins J, and Silver G, Editors, March 1999. Charting a Course for the Future of Women's and Perinatal Health, Vol. 1: Concepts, Findings and Recommendations; Vol.2: Reviews of Key Issues

Institute of Medicine Committee on Understanding Premature Birth and Assuring Healthy Outcomes, Based on Health Sciences Policy, Behrman, R.E., and Butler, A.S. (eds). *Preterm Birth: Causes, Consequences, and Prevention*. Washington, DC. The National Academies Press, 2006.

American College of Obstetricians and Gynecologists (ACOG), Psychosocial Risk Factors: Perinatal Screening and Intervention, ACOG Committee Opinion, number 343, August 2006.

Perinatal Depression: Prevalence, Screening Accurately and Screening Outcomes Evidence Report/Technology Assessment: Number 119 Agency for Healthcare Research and Quality, U.S., Department of Health and Human Services, 2005.

[www.ahrq.gov/downloads/pub/evidence/pdf/peridepr/perdep.pdf](http://www.ahrq.gov/downloads/pub/evidence/pdf/peridepr/perdep.pdf)

Improving Access To Perinatal Oral Health Care: Strategies & Considerations For Health Plans, Issue Brief July 2010.

[www.cdhp.org/system/files/NICHM-OralHealth-Final.pdf](http://www.cdhp.org/system/files/NICHM-OralHealth-Final.pdf)

CDC, MMWR. Recommendations to Improve Preconception Health and Health Care. Johnson K, Posner S, Bierman J, Cordero J, Atrash H. et. al. April 2006. 19 May 2006.

<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5506a1.htm>

Lu M, Halfon N. “Racial and Ethnic Disparities in Birth Outcomes: A Life-Course Perspective.” *Maternal and Child Health Journal*. 2003; 7(1); 13-30.

Mirsa D, Guyer B, Allston A. “*Integrated Perinatal Health Framework A Multiple Determinants Model with a Life Span Approach.*” *American Journal of Preventive Medicine*. 2003. 25(1); 65-75.

Hobel C, Culhane J. “Role of Psychosocial and Nutritional Stress on Poor Pregnancy Outcome.” *The Journal of Nutrition*. 2003. 1709S-1717S.

United States Department of Health & Human Services, Healthy People 2010. 19 May 2006, <http://www.healthypeople.gov>

[www.healthypeople.gov/hp2020/](http://www.healthypeople.gov/hp2020/)

Family Health Services Division, Hawai‘i Department of Health, State of Hawai‘i, Primary Care Needs Assessment Data Book, 2009, January 2010.

[http://www.hawaii.gov/health/doc/pcna\\_2009\\_databook.pdf](http://www.hawaii.gov/health/doc/pcna_2009_databook.pdf)

Family Health Services Division Profiles 2009, Department of Health State of Hawai‘i.

Hawai‘i PRAMS. Hawai‘i *PRAMS Trend Report 2000-2008*. Honolulu, HI. Hawai‘i Department of Health. Family Health Services Division. August 2010.

<http://www.hawaii.gov/health/doc/pramstrendreport2010.pdf>

Family Health Services Division, Department of Health, State of Hawai‘i, Maternal and Child Health Needs Assessment, July 2010. Available through the Title V Information System website in November 2010 at:

<https://www.perfdata.hrsa.gov/MCHB/TVIS/Reports/default.aspx>

**Request for Information (RFI):**

A RFI was conducted via electronic mail format on August 25, 2010. Interested individuals and organizations responded to the RFI notice by e-mail, telephone, and/or fax.

**C. Description of the goals of the service**

The overarching goals for these services are to improve the State Performance measures in maternal and child health, including broader women's health care needs. Services provided broaden the current statewide perinatal system of care including that which supports women's health. This is inclusive of the State Perinatal Support Service Providers service, and with this expansion promotes positive MCH and women's health outcomes such as Healthy People 2010 and anticipated 2020 objectives and Title V Maternal and Child Health priorities. Overarching goals are described below:

- Reduction in unintended pregnancy;
- Increase first trimester prenatal care for pregnant women (excluding those arriving in the State of Hawaii after the first trimester);
- Decrease number of low and very low birth weight infants;
- Decrease number of pregnant women using substance(s) in pregnancy and assure appropriate referral for services;
- Decrease post-partum relapse of smoking among women who quit smoking during pregnancy and assure appropriate referral for services;
- Increase screening for domestic violence, intimate partner violence, or sexual coercion and utilization of appropriate referrals and interventions during pregnancy and in the post-partum/interconception period;
- Increase screening for depression or other mental health problems during pregnancy and the post-partum/interconception period with appropriate service referral;
- Increase prenatal education for sexually transmitted infection (STI) prevention and related referrals for STI follow-up as required; and,
- Increase subsequent pregnancy planning in the post-partum/interconception period.

Therefore overarching service delivery for perinatal assessment and advocacy; pregnancy resource, referral and information; perinatal support service provider education and training – will enhance the above outcomes through:

- Increased assessment and advocacy activities which inform and educate perinatal and women health pregnancy outcomes. This will require addressing systems change that includes issues of health equity and the social determinants of health which interact and impact health such as but not limited to home and neighborhood conditions, food security, unhealthy living conditions, effects of domestic or personal violence, racism, occupation or work-related effects and stress, low socio-economic status, pregnancy intendedness and stressful life events.
- Increased discussion and actions to improve identified needs (via Perinatal Assessment and Advocacy).
- Increased access and utilization to pregnancy resources, referral, and information for women and their families in Hawaii.
- Increased access to information to promote both a healthy pregnancy and positive general women's health outcomes and decision making (via Pregnancy, Resource, Referral, and Information).
- Improved perinatal and women's health outcomes.
- Improved service delivery in the areas of outreach, health assessment, education/counseling, and case management/care coordination (via Perinatal Support Service Provider Education and Training).

**D. Description of the target population to be served**

1. For Perinatal Assessment and Advocacy, the target populations are perinatal and women's health stakeholders such as public, private, and community leaders and other individuals directly involved in improving the health status of women during their lifespan with a focus on those interrelated to the reproductive years and that support optimum birth outcomes in Hawaii.
2. For Pregnancy Resource, Referral, Information, Phone Line and Website, the target population is primarily for statewide pregnant women and their families and other individuals seeking and planning for pregnancy (preconception period) and following pregnancy (interconception period) to support healthy birth and women's health outcomes with related resources, referrals, and information.
3. For Perinatal Support Service (PSS) Provider Education and Training, the target populations are high-risk pregnant women served by the statewide PSS providers on the island of Oahu, Kauai, Lanai, Maui, Molokai and Hawaii.

**E. Geographic coverage of service**

Statewide

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

Up to one hundred sixty-one thousand, eight hundred eighty dollars (\$161,880.00) will be allocated for these services based on availability of State and Federal funds in each fiscal year (FY). The first (1<sup>st</sup>) FY begins on July 1, 2011 and ends on June 30, 2012 and the second (2<sup>nd</sup>) FY begins on July 1, 2012 and ends on June 30, 2013. The total amount will be separated up to these amounts for each service component:

## 1. Perinatal Assessment and Advocacy

FY 2012: \$61,000.00 State fundsFY 2013: \$61,000.00 State funds

## 2. Pregnancy Resource, Referral, and Information

FY 2012: \$68,000.00\$45,299.00 State funds\$22,701.00 Federal fundsFY 2013: \$68,000.00\$45,299.00 State funds\$22,701.00 Federal funds

## 3. Perinatal Support Service Provider Education and Training

FY 2012: \$32,880.00 State fundsFY 2013: \$32,880.00 State funds

July 1, 2013 – June 30, 2015: Probable funding is subject to appropriation and allotment of State and federal funds. If funding is appropriated and allotted in the subsequent biennium budget, the contract period may be extended for an additional twenty-four (24) months with an execution of a supplemental agreement. Provider(s) must perform the current contract in a satisfactory manner prior to any supplemental agreements, as determined by program and fiscal monitoring and audits.

## II. General Requirements

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

Applicant(s) must comply with all applicable federal, state, and county laws, ordinances, codes, rules, and regulations to manage the required services in this RFP, including but not limited to, written policies, procedures, and/or practices maintained for a:

- Smoking Policy
- Drug Free Workplace
- Persons with Disabilities
- Nondiscrimination
- Confidentiality

Applicant(s) should be able to comply with all applicable requirements as stated in the Hawaii Administrative Rules (HAR) for recordkeeping and accounting.

### B. Secondary purchaser participation

(Refer to HAR Section 3-143-608)

After-the-fact secondary purchases - Will be allowed.

Planned secondary purchases - None

### C. Multiple or alternate proposals

(Refer to HAR Section 3-143-605)

Allowed                       Unallowed

### D. Single or multiple contracts to be awarded

(Refer to HAR Section 3-143-206)

Single                       Multiple                       Single & Multiple

Criteria for multiple awards:

Applicant must submit one (1) proposal for all services described in this RFP.

**E. Single or multi-term contracts to be awarded**

(Refer to HAR Section 3-149-302)

Single term (2 years or less)                       Multi-term (more than 2 years)

Contract terms:

Initial term of contract: July 1, 2011 or the State's Notice to Proceed whichever is later to June 30, 2013Length of each extension: Up to twenty-four (24) monthsNumber of possible extensions: one (1)Maximum length of contract: Up to forty-eight (48) monthsThe initial period shall commence on July 1, 2011 or the State's Notice to Proceed, whichever is later.Conditions for extension: Must be in writing and executed prior to expiration of contract date. Option for extension shall be based on the Provider(s) satisfactory performance of the contracted service(s) and availability of funds.**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(s). Written questions should be submitted to the RFP contact person and received by the day and time specified in Section 1, paragraph I (Procurement Timetable) of this RFP.

Name: Candice Radner Calhoun, Women's Health Section SupervisorTelephone: (808) 733-9050Fax: (808) 733-9032E-mail: tamara-lee.kamai@doh.hawaii.gov**III. Scope of Work**

The scope of work encompasses the following tasks and responsibilities:

**A. Service Activities**

(Minimum and/or mandatory tasks and responsibilities)

1. Perinatal Assessment and Advocacy

Assessment and advocacy activities will be designed and implemented to first inform and educate the perinatal stakeholders, public and private partners, and communities on issues impacting perinatal health and related women's health including the post-partum/interconception period; and, secondly, promote related discussion and actions to improve identified needs. More specific annual activities will include:

- a. Promoting through facilitation, advocacy for improvement and/or changes to perinatal health including the post-partum/interconception period and this system of care in the broader context of women's health and MCHB issues. This will include always taking into consideration the multiple factors and social determinants of health which interact and can impact overall health. This process should also include efforts which address Health People 2010 and anticipated 2020 Objectives (presented in 2. C Descriptions of Goals of the Service) and MCHB issues.
- b. Completing two (2) perinatal and women's health focused (preconception and interconception issues) assessments. Assessments should include Family Health Services Division, Maternal and Child Health Branch priorities resulting from the 2009 Maternal and Child Health Needs Assessment and/or emerging perinatal and related women's health issues. Written assessments would include quantitative and qualitative analysis and not exceed ten (10) pages. Following discussions with stakeholders and best practice review assessments would also include future recommendations, outcomes, and actions.
- c. Planning and facilitating a minimum of three (3) perinatal stakeholder two (2) hour meetings. These meetings may be through video conference centers (VCC) or face-to-face. The Department of Health, Maternal and Child Health Branch will provide logistic support by reserving VCC sites. Each meeting will include opportunity to offer feedback into assessments and provide recommendations for further actions.
- d. Coordinating and collaborating with the Maternal and Child Health Branch, Perinatal Health Program, Women's Health Section and other essential stakeholders in obtaining input into all assessments and related recommendations.
- e. Collaborating with the Maternal and Child Health Branch, including the Perinatal Health Program, Women's Health Section in review of all assessments and recommendations prior to completion.
- f. Developing and implementing strategies (e.g. legislative tracking) to ensure perinatal and other essential stakeholders and communities statewide are informed of issues and policies impacting the statewide perinatal and related women's health system of care.
- g. Completing quarterly and an annual report including assessment and advocacy activities using a report format developed by the Maternal and Child Health Branch (MCHB), Perinatal Health Program (PHP).

2) Pregnancy Resource, Referral, and Information

Pregnancy resource, referral, and information activities will be designed and implemented to provide through a phone line and website access to pregnancy resources, referral, and information for women and their families in Hawaii. This service will provide information which promotes both a healthy pregnancy and related positive women's health outcomes and decision making. The Awardee will be provided with related information and material previously developed to support the implementation process. More specific activities include:

- a. Developing and implementing a phone line and website which at a minimum include the availability of information and related resources in areas for: access to prenatal care; Medicaid providers; family planning services; services which address substance use; domestic violence, intimate partner violence and sexual coercion services and shelters, mental health counseling; breastfeeding support services; dental care during pregnancy; and, promote health behaviors prior to pregnancy (preconception), in pregnancy to decrease the incidence of preterm and low or very low birth weight infants, and following pregnancy in the post-partum/interconception period to support continued women's health and infant needs to include safe sleep and other prevention initiatives.
- b. Development of training and products (e.g. brochures) to increase statewide awareness of the phone line and website. All material developed shall acknowledge the Department of Health, Maternal and Child Health Branch and include wording to that effect with the DOH Logo. Plans for developing material shall incorporate timelines for the DOH approval process.
- c. Implementing one (1) dedicated phone line and one (1) additional toll free phone line for women and families to call for statewide access to pregnancy resources, referrals, and information.
- d. Implementing the dedicated phone line and additional toll free phone line which is operational Monday through Friday during regular business hours with a detailed plan for answering calls after hours. The phone line shall be staffed to answer calls during operational hours.
- e. Developing and implementing a website which provides access to pregnancy resources, referrals, and information to promote positive general women's health outcomes and decision making. The website shall have electronic mail capability for users to submit questions and receive answers.
- f. Providing telephone and website personnel training and ongoing supervision to answer calls or website questions received, and

appropriate referrals. Phone line and website staff should have knowledge of perinatal and post-partum/inconception care health issues, resources, and be able to recognize an emergency situation for appropriate referrals.

- g. Completing data collection and quarterly reports not limited to user demographics by County and zip code (e.g., gender, age, race, education, marital status, insurance status); time/day of calls or website hits; the means by which the caller learned of the phone line and/or website; and, specific user service or information request/referrals and service needs. Reporting would also include the discussion of activities promoting awareness of the phone line and website.
- h. Developing and implementation of ongoing strategies to expand awareness and increase phone line and website use statewide.

3) Perinatal Support Service (PSS) Provider Education and Training

To plan and facilitate training and education for the State funded PSS Providers to improve perinatal and women's health outcomes and service delivery in the areas of outreach, health assessment, education/counseling, and case management/care coordination. More specific activities shall include:

- a. Developing three (3) Perinatal Support Services (PSS) Provider education/trainings for 4 (four) hours on the same day as the PSS Provider meetings. Plans may include sub-contracting for services. The Awardee would provide not less than 55 % of described core activities. If the applicant is planning to subcontract any of its duties, obligations, or interests for any of the core activities, the approach for these arrangements, including work assignments/responsibilities and the budget for the subcontractor and related education materials, shall be described.
- b. Developing three (3) annual PSS education/trainings to include the following service delivery focus: 1) Outreach; 2) Health assessment, education/counseling; and, 3) Case management/care coordination. Each developed training exercise will focus on priority health areas not limited to increasing health promotion, education, screening for depression; screening of domestic violence, intimate partner violence, sexual coercion; abstinence from alcohol, cigarette smoking, and illicit drug use; and, support reproductive health planning for women to decrease the incidence of unintended pregnancies.
- c. Developing and implementing method(s) to evaluate the three (3) education/trainings with a focus on the impact on the PSS

Providers in quality of day-to-day service delivery and data collection, as well as the promotion of healthy perinatal and related positive women's health outcomes and decision making. Evaluation methods may include, but are not limited to, surveys or site visits.

- d. Completing written evaluation reports for each education/training for inclusion in the applicable Maternal and Child Health quarterly report with a discussion of training objectives, implementation challenges, and future recommendations.
- e. Organizing the logistics and budgeting for payment of the three (3) PSS Provider annual four (4) hour education/training(s) and three (3) hour meetings for twenty-five to twenty-eight (25-28) participants.
- f. Organizing the logistics and budgeting for approximately eight (8) neighbor island participants airline travel to attend meetings and trainings three (3) times a year.

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

### **1. Personnel**

All personnel required to perform the services in this RFP are to be secured at the Applicant's own expense, unless otherwise provided for in the proposal budget. The Applicant shall ensure that the employees or agents are experienced and fully qualified to engage in the activities and perform the services required under this RFP, and that all applicable licensing and operating requirements imposed or required under federal, state, or county law, and all applicable accreditation and other standards of quality generally accepted in the field of activities of such employees and agents are complied with and satisfied.

The Applicant shall ensure that personnel who conduct activities are qualified and have:

- 1) For the Perinatal Assessment and Advocacy, educational requirements with a minimum of a Bachelor's degree; and experience in public health or similar programs.
- 2) For the Pregnancy Resource, Referral, and Information services, at a minimum staff shall have:
  - a) Knowledge of perinatal health issues, resources, and the competence to triage phone calls especially in an emergency situation for appropriate referrals;

- b) At a minimum a high school diploma or equivalent or higher education with two (2) years experience in public health, medical services, or social services; and
  - c) Supervision by personnel that possess a Bachelor's or higher degree with experience in public health, medical services, or social services.
- 3) For the Perinatal Support Service Provider Education and Training, educational requirements with a minimum of a Bachelor's degree; and experience in public health, medical and/or social services.

## 2. Administrative

Contractor will be responsible for understanding and complying with the Hawaii Administrative Rules (HAR) Chapter 3-141 effective on January 23, 2006 (available on the website [http://www4.hawaii.gov/spoh/HAR/ch3\\_141.htm](http://www4.hawaii.gov/spoh/HAR/ch3_141.htm)), for an appropriate accounting system and record keeping.

Plans may include subcontracting for services. The Provider shall perform not less than fifty-five percent (55%) of the core activities of the RFP and comply with the General Conditions for the Health and Human Services Contracts for subcontracts and assignments and shall describe subcontractor's work assignments, arrangements, responsibilities, budget and related education materials.

Required program activity quarterly and an annual report shall be submitted in a format designated by the MCHB and include data elements to measure all outcomes inclusive of all Perinatal and Related Women's Health System of Care activities.

The Awardee shall acknowledge the DEPARTMENT and the FHSD as the awardee's program sponsor. This acknowledgment shall appear on all printed materials for which the DEPARTMENT is a program sponsor.

The Awardee shall comply, as a covered entity, with the provisions of Hawaii Revised Statutes Chapter 371 Part II, Language Access. This requires that families be linked with interpreter services if English is not the family's native or primary language.

Insurance. The Provider shall obtain, maintain, and keep in force throughout the period of this Contract the following types of insurance:

- a) General liability insurance issued by an insurance company in the amount of at least ONE MILLION AND NO/100 DOLLARS (\$1,000,000.00) for bodily injury and property damage liability arising out of each occurrence and TWO MILLION AND NO/100 DOLLARS (\$2,000,000.00) aggregate.

- b) Automobile insurance issued by an insurance company in an amount of at least ONE MILLION AND NO/100 DOLLARS (\$1,000,000.00) per occurrence.

The Awardee shall comply with the DEPARTMENT's provisions to protect the use and disclosure of personal information administered by the AWARDEE. These provisions will be incorporated into the General Conditions of the contract. For the specific language, go to <http://www4.hawaii.gov/StateForms/Internal/ShowInternal.cfm>.

### 3. Quality assurance and evaluation specifications

The Applicant shall describe its own plan for quality assurance and evaluation of the proposed services, including methodology. At a minimum this shall include:

- 1) For Perinatal Assessment and Advocacy: ongoing coordination and collaboration that occurs in developing assessments for perinatal and women's health (preconception and interconception) issues and relationship to C. Description of Goals of Service; and documentation of services delivered as reported to MCHB with related invoices and required report documentation related to assessment, advocacy, and action outcome activities.
- 2) For Pregnancy, Resource, Referral, and Information services, operational protocols will ensure that information, referrals, and resources being shared with users are current and within the guidelines of American College of Obstetrics and Gynecology, American Academy of Pediatrics, State of Hawaii Department of Human Services, American College of Nurse Midwives, and/or other standards of preconception, pregnancy, post-partum and interconception care; and phone calls are answered by the second ring and electronic mail questions are answered within a day or by the next business day on weekends or holidays.
- 3) For PSS Provider Education and Training: number of PSS Providers participating in education and training that met learning objectives; and number of improvements and/or changes made to PSS service delivery to improve perinatal and women's health outcomes.

Quality assurance of program activities and services shall include MCHB site visits for evaluation of how services are: delivered, provided, and received by the specific population groups for this RFP; and, documented and reported for perinatal and related women's health system improvements and/or changes.

#### 4. Output and performance/outcome measurements

There are overarching goals discussed in Section 2, C. Description of the goals of the service. These performance measurements are to be measured as a broader statewide perinatal and related women's health system of care and services by MCH in relation to Healthy People 2010 and anticipated 2020 Objectives and Title V Maternal and Child Health priorities.

Specific output and performance/outcome measurements for these services will include:

##### a. Perinatal Assessment and Advocacy

- Number of assessment reports completed to promote perinatal and women's health focused (preconception and interconception issues) including overarching goals in Section 2, C. Description of the goals of the service.
- Number of assessment reports completed to promote emerging perinatal and women's health issues including overarching goals in Section 2, C. Description of the goals of the service.
- Number of activities to communicate and receive feedback on assessment information to perinatal stakeholders, public and private providers, and communities.
- Number of recommendations to promote action to address assessment outcomes from information obtained from perinatal stakeholders, public and private providers, and communities.
- Number of improvements/changes made to perinatal system of care as a result of the assessments and community based discussions and/or other strategies implemented to improve the perinatal and related women's health system of need and care.

##### b. Pregnancy Resource, Referral, and Information

- Number of strategies planned and implemented to increase awareness of phone line and website statewide.
- Monthly number of users statewide by County and zip code that use the phone line and website.
- Monthly demographics of users statewide not limited to (gender, age, race, education, marital status, insurance status) who use the phone line and website. This would include an assessment of time/day of calls or web site hits.

- Data collection which shows the means by which the callers learned of the phone line and/or website, specific service or information requests/referrals, and needs.
- Number of website hits and questions received and answered by e-mail.
- Number of categories for resource, referral, and information shared, and the most requested category.

c. **Perinatal Support Provider Education and Training**

- Number of written evaluation reports summarizing outcomes for each education/training, with a discussion of the training objectives, implementation changes, and related recommendations for future actions.
- Number of PSS Providers who incorporate education and training into improved service delivery and data collection in areas of outreach, health assessment, education/counseling, and case management/care coordination. Each developed training shall also focus on overarching goals in Section 2. C. Description of the goals of the service.
- Number of qualitative examples of how PSS Providers are improving service delivery and data collection following training in areas of outreach, health assessment, education/counseling, and case management/care coordination.
- Number of qualitative descriptions provided by PSS Providers in recommendations for continued educations/trainings.

**5. Experience**

Experiences in managing public health programs specifically for the maternal, infant and child population groups are preferred.

**6. Coordination of services**

The Applicant shall coordinate services and resources with other organizations and community agencies as related to program services/activities in this RFP.

## 7. Reporting requirements for program and fiscal data

### a. Required Program Reports:

The Provider shall submit, in the format specified by MCHB, quarterly and annual reports. Quarterly reports are due thirty (30) days after the end of the quarter. Year-end reports are due forty-five (45) days after the end of each fiscal year.

The Provider shall submit one (1) report per quarter and an annual report for all service activities. The timeline for quarterly and annual reports for contracts beginning July 1<sup>st</sup> are:

Quarter 1: July 1 – September 30	Report due October 31
Quarter 2: October 1 – December 31	Report due January 30
Quarter 3: January 1 – March 31	Report due April 30
Quarter 4: April 1 – June 30	Report due July 31
Annual: July 1 – June 30	Report due August 15

### b. Required Fiscal Reports:

The Provider shall submit monthly invoices accompanied by expenditure reports. The expenditure reports shall be certified by the Provider to contain expenditures actually incurred for the services provided under the Agreement.

MCHB will perform fiscal monitoring of the Provider to ensure that billed services have been provided and documented. The fiscal monitoring shall include, but is not limited to, the review of financial statements, invoices, receipts, payroll registers, cancelled checks, and other documents as requested by the monitors.

## C. Facilities

Facilities should be adequate to accommodate the activities and services as required by this RFP.

**IV. COMPENSATION AND METHOD OF PAYMENT****Pricing Structure or Pricing Methodology to be Used**

A Cost Reimbursement pricing structure for all services will be used.

**Cost Reimbursement:**

The cost reimbursement pricing structure reflects a purchase arrangement in which the purchasing agency pays the provider for budgeted agreed-upon costs that are actually incurred in delivering the services specified in the contract, up to a stated maximum obligation.

Plans may include subcontracting for services. The Provider shall perform not less than fifty-five percent (55%) of the core activities of the RFP and comply with the General Conditions for the Health and Human Services Contracts for subcontracts and assignments and shall describe subcontractor's work assignments, arrangements, responsibilities, budget and related education materials.

**Units of Service and Unit Rate**

"Not applicable"

**Method of Compensation and Payment**

Payments to the contractor will occur monthly upon submission of an invoice and expenditure report, in a format prescribed by the State. Applicant should have an accounting system that allows for monthly billing and compensation.

**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. The applicant should describe established community connection(s) in which the services will be provided.

## **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. The applicant should include demonstrated abilities in working with various populations such as pregnant women, families, other agency and community providers and in incorporating cultural competency.

### **B. Experience**

The applicant shall provide a description of projects/contracts within the past five (5) years that are pertinent to the proposed services that are detailed in Section 2, and provide highlights of maternal, infant, and child public health programs experience. The State reserves the right to contact references to verify experience. Applicant(s) shall include points of contact, addresses, e-mail/phone numbers.

### **C. Quality Assurance and Evaluation**

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

Quality assurance plans shall be in the proposal, but are not limited to assuring:

1. Adherence to scope of services, program supervision, staffing, and accounting practices. Also see Section 2.3 Quality Assurance and Service Specifications for a minimum of what this shall include for services provided.
2. Activities are being implemented to meet output measures in the scope of services.
3. Accurate invoices are submitted to the MCHB.

### **D. Coordination of Services**

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

**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 Section 2 III B. Personnel.)

**2. Staff Qualifications**

The applicant shall provide the minimum qualifications (including experience) for staff assigned to the program. (Refer to the qualifications in Section 2 III B. Personnel.)

The Applicant shall submit position descriptions of qualified personnel to be hired and/or of staff assigned to provide overall program supervision and those to provide program activities.

**B. Project Organization****1. Supervision and Training**

The applicant shall describe its ability to supervise, train and provide administrative direction 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. (Include position title, name and full time equivalency) Both the "Organization-wide" and "Program" organization charts shall be attached to the Proposal Application.

## IV. Service Delivery

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

### A. Service Activities

1. Providing Perinatal Assessment and Advocacy by describing:
  - a. Promoting through facilitation, advocacy for improvement and/or changes to perinatal health including the post-partum/interconception period and this system of care in the broader context of women's health and MCHB issues. This will include always taking into consideration the multiple factors and social determinants of health which interact and can impact overall health. This process should also include efforts which address Health People 2010 and anticipated 2020 Objectives (presented in 2. C Description of Goals of Service) and MCHB issues.
  - b. Development and completion of two (2) perinatal and women's health focused (preconception and interconception) assessments. This will include Family Health Services Division, Maternal and Child Health Branch priorities resulting from the 2009 Maternal and Child Health Needs Assessment and/or emerging perinatal and related women's health issues.
  - c. Planning and facilitation of a minimum of three (3) perinatal stakeholder two (2) hour meetings providing an opportunity for perinatal stakeholders, public and private providers and communities to offer feedback into assessments and recommendations for further actions.
  - d. Coordinating and collaborating with the Maternal and Child Health Branch, Perinatal Health Program, Women's Health Section and other essential stakeholders in obtaining input into all assessments and related recommendations.
  - e. Development and implementation of strategies to ensure there is a system in place for review by the Maternal and Child Health Branch, Perinatal Health Program, Women's Health Section in review of all assessments and recommendations prior to completion.
  - f. Development and implementation of strategies to disseminate assessment and emerging perinatal health issue information collaborating with MCH, perinatal and other essential stakeholders in this process.

- g. Development and implementation of strategies (e.g. legislative tracking) to ensure perinatal and other essential stakeholders and communities statewide are informed of issues and policies impacting the statewide perinatal and related women's health system of care.
2. Providing Pregnancy Resource, Referral, and Information by describing:
- a. Development of a phone line and website which at a minimum includes the availability of information and related resource areas for access to prenatal care; Medicaid providers; family planning services; services which address substance use; domestic violence shelters; mental health counseling; breastfeeding support services; dental care during pregnancy; and, promote health behaviors prior to pregnancy (preconception) in pregnancy to decrease the incidence of preterm and low or very low birth weight infants, and following pregnancy in the post-partum/interconception period to support continued women's health and infant needs.
  - b. Providing training and development of products (e.g., brochures), and strategies to increase statewide awareness of the phone line and web site. This would include a timeline for development and DOH approval process of any printed material.
  - c. Development of a phone line system with one (1) dedicated phone line and one (1) additional toll free phone line for women and families to call for statewide access to pregnancy resources, referrals, and information including hours of operation (which for the phone line should be operational Monday through Friday during regular business hours with a detailed plan for answering calls after hours) and for the website electronic capability for users to submit questions and receive answers.
  - d. Development and implementation of procedures and trainings which will be provided to phone line and website staff which ensure callers or website inquiries needing immediate attention (e.g., medical or psycho-social situations) and those related to access to care and other requests (e.g., uninsured/underinsured) are appropriately serviced and referred. This would include ensuring that a dedicated phone line and additional toll free phone line is operational Monday through Friday during regular business hours with a detailed plan for answering calls after hours. At a minimum this would include incorporation of methods discussed in Section 2. B 3. Quality Assurance and Evaluation Specifications. The phone line should be staffed to answer calls during operational hours.
  - e. Documentation of data collection not limited to: demographics of users statewide by County and zip code (e.g., gender, age, race, education, marital status, insurance status); time/day of calls or

website hits; the means by which the caller learned of the phone line and/or website; and, specific user service or information request/referrals and service needs. Data collection discussion would also include approaches to evaluate effectiveness and public awareness of the phone line and website.

- f. Development and implementation of ongoing strategies to expand awareness and increase phone line and website use statewide.
3. Perinatal Support Service Provider Education and Training by describing:
- a. Development of three (3) Perinatal Support Service Provider education/trainings for 4 (four) hours on the same day as the PSS Provider meetings. The three (3) trainings shall be described to include the following service delivery focus: 1) Outreach; 2) Health assessment, education/counseling; and 3) Case management/care coordination. This description should include how the training exercise will focus on priority health areas not limited to increasing health promotion, education and screening for depression; abstinence from alcohol, cigarette smoking, and illicit drug use; and, support reproductive health planning for women to decrease the incidence of unintended pregnancies. This service may include subcontracting if not less than 55% of described core activities along with a budget for the subcontractor and related education materials.
  - b. Organization of the logistics for payment of three (3) PSS Provider annual four (4) hour education/training(s) and three (3) hour meetings for twenty-five to twenty-eight (25-28) participants. Submitting a budget for education/training sessions to occur three (3) times a year.
  - c. Organizing and budgeting for approximately eight (8) neighbor island participant's airline travel for three (3) meetings/trainings a year.
  - d. Development and implementation of method(s) to evaluate the three (3) education/training(s) with a focus on PSS Provider impact in quality of day-to-day service delivery and data collection; as well as the promotion of healthy perinatal and related positive women's health outcomes and decision making. Evaluation methods may include but are not limited to surveys or site visits.

**V. Financial**

**A. Pricing Structure**

Applicant shall submit a cost proposal utilizing the pricing structure designated by the state purchasing agency. The cost proposal shall be attached to the Proposal Application.

All budget forms, instructions and samples are located on the SPO website (see Section 1, paragraph II Websites referred to in this RFP). The following budget form(s) shall be submitted with the Proposal Application:

Budget Form	Description	Other instructions
SPO-H-205B	Organization wide by programs	Special instructions are located in Section 5
SPO-H-206A	Personnel: Salaries & Wages	For each program activity (1, 2 and/or 3)
SPO-H-206B	Personnel: payroll taxes, assessment & fringe benefits	“ “
SPO-H-206C	Travel-Inter-Island	“ “
SPO-H-206F	Contractual Services – subcontracts	Refer to Section 2, B IV Cost Reimbursement
SPO-H-206H	Program Activities	For each program activity (1, 2 and/or 3)
SPO-H-206I	Equipment Purchase	For program activity 2 only (phone line)

**B. Other Financial Related Materials**

**1. Accounting System**

In order to determine the adequacy of the applicant accounting system as described under the administrative rules, the most recent financial audit is requested as part of the proposal application.

The applicant shall describe all other revenue from other funding sources to provide similar services and how the applicant will prevent billing more than one payer and submit overpayment to the Department. The applicant may not bill other payers for services already paid for by the Department or bill the Department for services eligible for payment by another payer.

**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

<u>Evaluation Categories</u>	<u>Possible Points</u>
<i>Administrative Requirements</i>	
 <i>Proposal Application</i>	
Program Overview	0 points
Experience and Capability	20 points
Project Organization and Staffing	15 points
Service Delivery	55 points
Financial	10 Points
 <b>TOTAL POSSIBLE POINTS</b>	 <b>100 Points</b>

### 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)

***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.

A five (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 five (5)-point rating scale. This scale is based on the semantic differential developed by William E. Arnold, James C. McCroskey, and Samuel V.O. Prichard of the University of Connecticut, as well as the Information Skills Rating Scale developed by the Oak Harbor Schools and Jamie McKenzie.

<b>5 - Outstanding</b>	<ul style="list-style-type: none"> <li>▪ <i>Each bullet identified and addressed clearly.</i></li> <li>▪ <i>Consistently exceeded required elements by clearly proposing additional services or strategies for implementation to achieve the RFP requirements.</i></li> </ul>
<b>4 – Above Average</b>	<ul style="list-style-type: none"> <li>▪ <i>Bullets addressed clearly in subheading under the appropriate numbered heading.</i></li> <li>▪ <i>.More than met expectations by providing additional details or specific examples of the services or strategies for implementation.</i></li> </ul>
<b>3 - Satisfactory</b>	<ul style="list-style-type: none"> <li>▪ <i>Competent; general description of “what we do” for all required elements.</i></li> <li>▪ <i>No additional details, specific examples, or additional services or strategies to achieve RFP.</i></li> </ul>
<b>2 – Marginally Adequate</b>	<ul style="list-style-type: none"> <li>▪ <i>Not all bullets or all components of a bullet were evident under the appropriate numbered heading of the RFP.</i></li> <li>▪ <i>Did not answer the question completely in terms of approach, strategies, services, or descriptions.</i></li> </ul>
<b>1 – Unsatisfactory</b>	<ul style="list-style-type: none"> <li>▪ <i>Not all bullets or components of a bullet were addressed or evident in the proposal.</i></li> <li>▪ <i>Only reiterated the wording of RFP or other attached DOH materials.</i></li> </ul>

**1. Experience and Capability (20 Points)**

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

- |           |  |          |
|-----------|--|----------|
| <b>A.</b> | <b>Necessary Skills</b>  | <b>5</b> |
|           | <ul style="list-style-type: none"> <li>• Demonstrated skills, abilities, and knowledge relating to the delivery of the proposed services.</li> <li>• Demonstrates ability for cultural competence in delivery of proposed services.</li> </ul>             |          |
| <b>B.</b> | <b>Experience</b>  | <b>5</b> |
|           | <ul style="list-style-type: none"> <li>• Demonstrates experience in public health specifically for the maternal, infant and child health population groups.</li> <li>• Demonstrates experience working with diverse cultural population groups.</li> </ul> |          |

- |  |                |
|--|----------------|
| <b>C. Quality Assurance and Evaluation</b>   | <b>5</b> <hr/> |
| <ul style="list-style-type: none"> <li>• Sufficiency of quality assurance and evaluation plans for the proposed services, including methodology for: adherence to scope of services and submission of invoices to MCHB.</li> </ul> |                |
| <b>D. Coordination of Services</b>   | <b>3</b> <hr/> |
| <ul style="list-style-type: none"> <li>• Demonstrated capability to coordinate services with other agencies and resources in the community as related to program resources/activities in this RFP.</li> </ul>                      |                |
| <b>E. Facilities</b>   | <b>2</b> <hr/> |
| <ul style="list-style-type: none"> <li>• Adequacy of facilities relative to the proposed services.</li> </ul>  |                |

**2. *Project Organization and Staffing (15 Points)***

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

- |   |                |
|---|----------------|
| <b>A. <i>Staffing</i></b>   | <b>6</b> <hr/> |
| <ul style="list-style-type: none"> <li>• <u>Proposed Staffing</u>: That the proposed staffing pattern, client/staff ratio, and proposed caseload capacity is reasonable to insure viability of the services.</li> <li>• <u>Staff Qualifications</u>: Minimum qualifications (including experience) for staff assigned to the program.</li> </ul>  |                |
| <b>B. <i>Project Organization</i></b>   | <b>9</b> <hr/> |
| <ul style="list-style-type: none"> <li>• <b>Supervision and Training</b>: Demonstrated ability to supervise, train and provide administrative direction to staff relative to the delivery of the proposed services.</li> <li>• <b>Organization Chart</b>: Approach and rationale for the structure, functions, and staffing of the proposed organization for the overall service activity and tasks.</li> </ul> |                |

### 3. *Service Delivery (55 Points)*

Evaluation criteria for this section will assess the applicants' approach to the service activities and management requirements outlined in the Proposal Application. The evaluation criteria may also include an assessment of the logic of the work plan for the major service activities and tasks to be completed, including clarity in work assignments and responsibilities, and the realism of the timelines and schedules, as applicable.

#### A. **Perinatal Assessment and Advocacy**

- Promoting through facilitation, advocacy for improvement and/or changes to perinatal health including the post-partum/interconception period and this system of care in the broader context of women's health and MCHB issues.
- Completing two (2) perinatal and women's health focused (preconception and interconception issues) written assessments including quantitative and qualitative analysis, including Family Health Services Division, Maternal and Child Health Branch priorities resulting from 2009 Maternal and Child Health Needs Assessment and/or emerging perinatal and related women's health issues.
- Planning and facilitating a minimum of three (3) perinatal stakeholder two (2) hour meetings. Each meeting will include the opportunity for perinatal stakeholders, public and private providers and communities to offer feedback into assessments and provide recommendations for further actions.
- Coordinating and collaborating with the Maternal and Child Health Branch, Perinatal Health Program, Women's Health Section and other essential stakeholders in obtaining input into all needs assessments and related recommendations.
- Collaborating with the Maternal and Child Health Branch, including the Perinatal Health Program, Women's Health Section in review of all assessments and recommendations prior to completion.

- Developing and implementing strategies (e.g., legislative tracking) to ensure perinatal and other essential stakeholders and communities are informed of issues and policies impacting the statewide perinatal and related women's health system of care.

**B. Pregnancy Resource, Referral, and Information**

- Development of a phone line and website which at a minimum includes the availability of information and related resource areas for access to prenatal care; Medicaid providers; family planning services; services which address substance use; domestic violence shelters; mental health counseling; breastfeeding support services; dental care during pregnancy; and, promote health behaviors prior to pregnancy (preconception), in pregnancy to decrease the incidence of preterm and low or very low birth weight, and following pregnancy during the post-partum/interconception period to support continued women's health and infant needs.
- Providing training, development of products (e.g., brochures), and strategies to increase statewide awareness of the phone line and website. A timeline should be provided for the development of any printed material which incorporates the DOH approval process.
- Development of phone line and website follows specifications for: one (1) dedicated phone line, one (1) toll-free phone line for women and families to call for statewide access to pregnancy resources, referrals, and information, which is accessible statewide, is operational Monday to Friday during regular business hours for the phone line with a detailed plan for answering calls for after hours; and, for the website electronic mail capability for users to submit questions and receive answers.
- Development and implementation of procedures and trainings and supervision for phone line and website staff which ensures callers or website inquiries needing immediate attention (e.g., medical or psycho-social situations) and those related to access to care and other requests (e.g., uninsured/underinsured) include appropriate service and referral.

- Documentation of data collection for the phone line and website not limited to: demographics of users statewide by County and zip code using the phone line and website (e.g., gender, age, race, education, marital status, insurance status); time/day of calls or website hits; the means by which the caller learned of the phone line and/or website; and, specific user service or information request/referrals and service needs. Data collection should also include a discussion of approaches to evaluate the effectiveness and public awareness of the phone line and website.
- Development and implementation of ongoing strategies to expand awareness and increase phone line and website use statewide.

### **C. Perinatal Provider Education/Training**

- Developing three (3) PSS education/trainings for four (4) hours on the same day as the PSS Provider meetings to include the following service delivery focus: 1) Outreach; 2) Health assessment, education/counseling; and, 3) Case management/care coordination.
- Describing how the training exercise(s) will focus on priority health areas described in the RFP.
- Describing any subcontracting of duties, obligations, or interests for any of the core activities and the approach for these arrangements, including work assignments/responsibilities and the budget including that for any related education materials. Not more than 55% of the core services shall be subcontracted.
- Describing methods to evaluate the three (3) education/trainings with a focus on the PSS Providers in quality of day-to-day service delivery and data collection; as well as the promotion of healthy perinatal and related positive women's health outcomes and decision making.
- Completing written evaluation reports for each education/training.

- Organization of logistics and budgeting for payment of three (3) PSS Provider education/training sessions for number of participants as required in RFP.

**4. *Financial (10 Points)***

- Pricing structure based on cost reimbursement  
Personnel costs are reasonable and comparable to positions in the community. Non-personnel costs are reasonable and adequately justified. The budget fully supports the scope of service and requirements of the RFP.
- Adequacy of accounting system.

**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. Proposal Application Checklist
- B. Sample Table of Contents
- C. Federal Certifications
- D. Intra-Departmental Directive No. 04-01 – Interpersonal Relationships Between Staff and Clients/Patients
- E. Procurement Circular No. 2006-02 - Campaign Contributions by State and County Contractors, Section 11-205.5, Hawaii Revised Statutes

## Proposal Application Checklist

Applicant: \_\_\_\_\_

RFP No.: 560-CW-008

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
<b>General:</b>				
Proposal Application Identification Form (SPO-H-200)	Section 1, RFP	SPO Website*	<b>X</b>	
Proposal Application Checklist	Section 1, RFP	Attachment A	<b>X</b>	
Table of Contents	Section 5, RFP	Section 5, RFP	<b>X</b>	
Proposal Application (SPO-H-200A)	Section 3, RFP	SPO Website*	<b>X</b>	
Tax Clearance Certificate (Form A-6)	Section 1, RFP	Dept. of Taxation Website (Link on SPO website)*		
Cost Proposal (Budget)				
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	<b>X</b>	
SPO-H-206A	Section 3, RFP	SPO Website*	<b>X</b>	
SPO-H-206B	Section 3, RFP	SPO Website*	<b>X</b>	
SPO-H-206C	Section 3, RFP	SPO Website*	<b>X</b>	
SPO-H-206D	Section 3, RFP	SPO Website*		
SPO-H-206E	Section 3, RFP	SPO Website*		
SPO-H-206F	Section 3, RFP	SPO Website*	<b>X</b>	
SPO-H-206G	Section 3, RFP	SPO Website*		
SPO-H-206H	Section 3, RFP	SPO Website*	<b>X</b>	
SPO-H-206I	Section 3, RFP	SPO Website*	<b>X</b>	
SPO-H-206J	Section 3, RFP	SPO Website*		
<b>Certifications:</b>				
<b>Federal Certifications</b>		Section 5, RFP		
Debarment & Suspension		Section 5, RFP	<b>X</b>	
Drug Free Workplace		Section 5, RFP	<b>X</b>	
Lobbying		Section 5, RFP	<b>X</b>	
Program Fraud Civil Remedies Act		Section 5, RFP	<b>X</b>	
Environmental Tobacco Smoke		Section 5, RFP	<b>X</b>	
<b>Program Specific Requirements:</b>				

\_\_\_\_\_

Authorized Signature

\_\_\_\_\_

Date

## Proposal Application Table of Contents

<b>I.</b>	<b>Program Overview.....</b>	<b>1</b>
<b>II.</b>	<b>Experience and Capability .....</b>	<b>1</b>
	A. Necessary Skills .....	2
	B. Experience.....	4
	C. Quality Assurance and Evaluation.....	5
	D. Coordination of Services.....	6
	E. Facilities.....	6
<b>III.</b>	<b>Project Organization and Staffing .....</b>	<b>7</b>
	A. Staffing.....	7
	1. Proposed Staffing.....	7
	2. Staff Qualifications .....	9
	B. Project Organization .....	10
	1. Supervision and Training.....	10
	2. Organization Chart (Program & Organization-wide) (See Attachments for Organization Charts)	
<b>IV.</b>	<b>Service Delivery.....</b>	<b>12</b>
<b>V.</b>	<b>Financial.....</b>	<b>20</b>
	See Attachments for Cost Proposal	
<b>VI.</b>	<b>Litigation.....</b>	<b>20</b>
<b>VII.</b>	<b>Attachments</b>	
	A. Cost Proposal	
	SPO-H-205 Proposal Budget	
	SPO-H-206A Budget Justification - Personnel: Salaries & Wages	
	SPO-H-206B Budget Justification - Personnel: Payroll Taxes and Assessments, and Fringe Benefits	
	SPO-H-206C Budget Justification - Travel: Interisland	
	SPO-H-206E Budget Justification - Contractual Services – Administrative	
	B. Other Financial Related Materials	
	Financial Audit for fiscal year ended June 30, 1996	
	C. Organization Chart	
	Program	
	Organization-wide	

## CERTIFICATIONS

### 1. CERTIFICATION REGARDING DEBARMENT AND SUSPENSION

By signing and submitting this application, the prospective primary participant as defined in 45 CFR Part 76 is providing certification regarding debarment and suspension as set out in Appendix A of 45 CFR Part 76. The applicant agrees that by submitting this application it will include, without modification, the clause in Appendix B of 45 CFR Part 76 in all lower tier covered transaction and in all solicitations for lower tier covered transactions in accordance with 45 CFR Part 76. Should the applicant not certify regarding debarment and suspension, an explanation as to why should be placed after the assurances page in the application package.

### 2. CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

By signing and submitting this application, the applicant is providing certification regarding drug-free workplace requirements as set out in Appendix C to 45 CFR Part 76. For purposes of notification of criminal drug convictions, the DHHS has designated the following central point for receipt of such notices:

Division of Grants Policy and Oversight  
Office of Management and Acquisition  
Department of Health and Human Services  
Room 517-D  
200 Independence Avenue, S.W.  
Washington, D.C. 20201

### 3. CERTIFICATION REGARDING LOBBYING

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

By signing and submitting this application, the applicant is providing certification set out in Appendix A to 45 CFR Part 93.

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

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

### 5. CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

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

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

The authorized official signing for the applicant organization certifies that the applicant organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the

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

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

LINDA LINGLE  
GOVERNOR OF HAWAII



**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.

Intra-Departmental Directive 04-01  
May 3, 2004 Page 2 of 5

- 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.

Intra-Departmental Directive 04-01  
May 3, 2004

Page 4 of 5

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.

Intra-Departmental Directive 04-01  
May 3, 2004 Page 5 of 5

04-1.7

**REFERENCES**

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

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

LINDA LINGLE  
GOVERNOR



PROCUREMENT POLICY BOARD  
GORDON K. T. ING  
GREGORY L. KING  
WINIFRED N. ODO  
RUSS K. SAITO  
MYRON L. TONG  
RICHARD G. TOTTEN

AARON S. FUJIOKA  
ADMINISTRATOR

**STATE OF HAWAII**  
**STATE PROCUREMENT OFFICE**  
P.O. Box 119  
Honolulu, Hawaii 96810-0119  
Tel: (808) 587-4700 Fax: (808) 587-4703  
www.spo.hawaii.gov

February 22, 2006

PROCUREMENT CIRCULAR NO. 2006-02

TO: Executive Department Heads  
Chief Procurement Officers  
FROM: Aaron S. Fujioka, Administrator  
SUBJECT: Campaign Contributions by State and County Contractors  
Section 11-205.5, Hawaii Revised Statutes

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

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

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

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

attachment

**§11-205.5 Campaign contributions by state and county**

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

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

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

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

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