

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

## **Request for Proposals**

# **RFP No. HTH-560-CW-009 PERINATAL SUPPORT SERVICES**

Issued: September 22, 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 22, 2010**

**REQUEST FOR PROPOSALS**

**PERINATAL SUPPORT SERVICES TO HIGH RISK PREGNANT WOMEN  
RFP No. HTH-560-CW-009**

The Department of Health, Maternal and Child Health Branch (MCHB), is requesting proposals from qualified applicants to provide Perinatal Support Services (PSS) in the counties of Honolulu, Kauai, and Maui (including Molokai). Funding is available for a two (2) year contract term with the initial period to commence on July 1, 2011 or 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.

Implementation of PSS will assist MCHB with the State's goals to meet Healthy People 2010 and anticipated 2020 objectives and Title V priorities for increasing access to prenatal care in the first trimester pregnancy and decreasing the incidence of preterm births and low birth weight infants. Perinatal Support Services include, but are not limited to, these services: outreach and case finding; ongoing risk assessment and screening for high-risk behaviors; and case management/care coordination; health education and counseling. Incentives may be used to support continuous and adequate prenatal and six (6) months post-partum/interconception care activities.

The Maternal & Child Health Branch will conduct an orientation on October 19, 2010 from 1:00 p.m. to 4:00 p.m. HST at the Keoni Ana Building Video Conference Center (VCC) in Honolulu, Hawaii with VCC transmission to the islands of Kauai, Maui and Molokai. All prospective applicants are encouraged to attend the orientation at one of these VCC sites:

Oahu	Kauai	Maui
Keoni Ana Building	Lihue State Office Building	Wailuku Judiciary Building
1177 Alakea St., 3 <sup>rd</sup> Floor	3060 Eiwa Street	2145 Main Street
Honolulu, Hawaii	Lihue, Hawaii	Wailuku, Hawaii
Kahuhiwa Building		Molokai
601 Kamokila Blvd		Molokai State Office
Kapolei, Hawaii		DHO Conference Rm. 107
		Kaunakakai, HI

The deadline for submission of written questions is 4:30 p.m., HST, on November 17, 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, Ms. Candice Radner 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

## 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

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# **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)	September 22, 2010
Distribution of RFP	Sept. 22 – Dec. 22, 2010
RFP orientation session	October 19, 2010
Closing date for submission of written questions for written responses	November 17, 2010
State purchasing agency's response to applicants' written questions	November 24 -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)	January 3-14, 2011
Proposal evaluation period	January 3 -18, 2011
Provider selection	January 24 - 31, 2011
Notice of statement of findings and decision	February 1 - 8, 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.

#### IV. RFP Organization

This RFP is organized into five sections:

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

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

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

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

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

#### V. Contracting Office

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

Department of Health  
 Family Health Services Division  
 Maternal and Child Health Branch  
 741-A Sunset Avenue, Room 105  
 Honolulu, Hawai'i 96816  
 Phone: (808) 733-9048  
 Fax: (808) 733-9032

#### VI. Orientation

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

**Date:** October 19, 2010      **Time:** 1:00 p.m. to 4:00 p.m.  
**Location:** Keoni Ana Building Video Conference Center (VCC),  
 1177 Alakea Street, 3rd Floor, Honolulu, HI with VCC  
 transmission to Kauai, Maui, and Molokai

Applicants are encouraged to submit written questions prior to the orientation. Impromptu questions will be permitted at the orientation and spontaneous answers provided at the state purchasing agency's discretion. However,

answers provided at the orientation are only intended as general direction and may not represent the state purchasing agency's position. Formal official responses will be provided in writing. To ensure a written response, any oral questions should be submitted in writing following the close of the orientation, but no later than the submittal deadline for written questions indicated in the 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 17, 2010 **Time:** 4:30 p.m. HST

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

**Date:** November 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, email, 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 Street Honolulu, HI 96813
Business Address: 1250 Punchbowl Street Honolulu, HI 96813-3378	Business Address: 1250 Punchbowl Street 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

#### A. Overview, purpose or need

The Maternal and Child Health Branch (MCHB) is soliciting proposal applications for the purpose of providing support services for high-risk pregnant women and to follow them through six (6) months post-partum in the interconception period. It is necessary to develop a range of strategies and interventions both individual and systems based, which address at a minimum the social and economic conditions, and psychosocial and environmental stressors, to support healthy outcomes for women including birth outcomes.

Since 1992, the Perinatal Support Services (PSS) Program, serving high-risk pregnant women, has been implemented in the counties of Honolulu, Kauai, and Maui. The provision of PSS facilitates the State's efforts to achieve Healthy People 2010 and anticipated 2020 objectives. PSS includes but is not limited to increasing entry into prenatal care in the first trimester pregnancy, decreasing the incidence of preterm, low and very low birth weight infants, and improving the health of the participants.

High-risk factors that contribute to the incidence of preterm births, low and very low birth weight infants have been researched extensively. Research frequently shows there are numerous complex factors, environmental, psychosocial, behavioral and/or medical, affecting a high risk pregnancy. The intent of the PSS is to provide additional support to pregnant women with acute high risk-factor(s). These are often a combination of social, behavioral and medical risk factors that may also occur prior to pregnancy as well as behaviors or influences during a pregnancy.

Stress factors within one's environment and these complex interactions, also impact a women's health during her life and pregnancy. Multiple factors and social determinants that impact on health are not limited to home and neighborhood conditions, unhealthful 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. Multi-factorial determinants that can influence adverse perinatal, birth and women's health outcomes can begin early in one's life long before a pregnancy occurs. This is most often in the preconceptional and interconceptional periods and has the potential to determine an individual's overall health status during their life span.

The goal of the PSS is to provide services throughout the pregnancy and into the six (6) month post-partum/interconception period to complement the brief health education and counseling of medical providers and increase the likelihood of a good birth outcome. Addition of the interconception period provides more time for post-partum support, prevention of high risk behavior relapses, and promotion of broader women's health care needs.

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

**References:**

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://hawaii.gov/health/doc/pcna\\_2009\\_databook.pdf](http://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://hawaii.gov/health/doc/pramstrendreport2010.pdf>

### **Request for Information (RFI) Sessions:**

August 17, 2010 RFI Meeting from 1:30 p.m. to 3:30 p.m. through videoconference at the Keoni Ana Building to Kapolei and the islands of Kauai, Maui, and Molokai.

A written summary of RFI session and all related information is available upon request to Candice Calhoun through e-mail at [tamara-lee.kamai@doh.hawaii.gov](mailto:tamara-lee.kamai@doh.hawaii.gov).

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

The goals for Perinatal Support Services (PSS) are to provide supplementary services to support the following outcomes:

- 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 infant mortality rates;
- Decrease number of pregnant women using substance(s) in pregnancy (alcohol, cigarette smoking, and illicit drugs);

- Decrease post-partum relapse of smoking among women who quit smoking during pregnancy;
- Increase number of women breastfeeding their babies in the post-partum/interconception period;
- 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 number of pregnant women receiving oral care education during pregnancy;
- 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, as applicable.

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

The target population will be high-risk pregnant women with priority given to the uninsured and underinsured. A high risk pregnancy will be defined with one or more of these social risk factors: age >35 years old; age ≤ 18 years old; domestic violence, intimate partner violence or sexual coercion; inadequate housing (homeless); language assistance needed; lack of male support as parent; inadequate medical insurance; inadequate or late prenatal care; poor support system; lack of transportation for health services; and other conditions that may negatively impact positive health/birth outcomes. Additionally these medical risk factors are considered high risk: history of asthma; gestational diabetes; hypertension; depression, other mental health problems; chronic conditions, inadequate immunizations; poor nutrition; inadequate physical activity; poor oral health; human immunodeficiency virus/acquired immune deficiency syndrome ("HIV/AIDS"); and sexually transmitted infections; or substance abuse (alcohol, cigarette smoking, and illicit drug use).

**E. Geographic coverage of service**

Services are to be provided in the counties of Honolulu, Kauai, and Maui (including Molokai). Preference will be given to geographic areas that are medically underserved or determined as a medical professional shortage area as described in the Primary Care Needs Assessment Data Book 2009

(1/2010). The applicant(s) shall demonstrate capacity to provide the required services in the area for which it is applying.

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

Area	Estimated Amount Year 1 July 1, 2011 – June 30, 2012	Estimated Amount Year 2 July 1, 2012 – June 30, 2013	Total
Kauai County (Census tracts 401-409)	\$20,000.00	\$20,000.00	\$40,000.00*
Maui Island (Census tracts 301-305)	\$98,200.00	\$98,200.00	\$196,400.00*
Molokai Island (Census tracts 317-318))	\$40,000.00	\$40,000.00	\$80,000.00*
Waianae-Ewa (Census tracts 96-98 Waianae and 73-89 Ewa)	\$98,123.00	\$98,123.00	\$196,246.00*
Waialua-Wahiawa (Census tracts 99-100 and 90- 95)	\$50,000.00	\$50,000.00	\$100,000.00*
Koolauloa (Census tracts 101-102)	\$24,500.00	\$24,500.00	\$49,000.00*
Koolaupoko (Census tracts 103-113)	\$29,500.00	\$29,500.00	\$59,000.00*
West Honolulu (Census tracts 46-72) Two sites will be funded			
Kalihi Palama inclusive of Census tracts 51-56;	\$92,300.00 (Kalihi Palama)	\$92,300.00 (Kalihi Palama)	\$184,600.00*
Kalihi Valley inclusive of Census tracts 61-66	\$79,400.00 (Kalihi Valley)	\$79,400.00 (Kalihi Valley)	\$158,800.00*

\* There will be approximately \$1,400.00 for incentives per site and this funding is included in the total amount of annual funding.

July 1, 2013 – June 30, 2015: Funding subject to appropriation and allotment of State funds.

Probable funding is subject to the appropriation and allotment of state funds. If state 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

PSS will require medical professional oversight for the program by direct supervision or a memorandum of agreement for medical consultation for possible obstetric problems encountered. Medical professionals such as Registered Nurses, Certified Nurse Midwives, Obstetricians, Family Practice Physician, and Nurse Practitioners are required to have valid licenses for the respective profession to practice in the State. The applicant shall have licenses and certificates, as applicable, in accordance with federal, state, and county regulations, and comply with all applicable Hawaii Administrative Rules. Additionally, Provider(s) will be required to follow the Health Insurance Portability and Accountability Act (HIPAA) and provide notice to program participants on use of personal medical information and their rights under the new privacy regulations. Program participants are to be informed that health information disclosure for this contract will be used to monitor and improve public health.

### 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:

Single and multiple awards may be awarded for one (1) or more geographic areas of any island. A maximum of two (2) contract awards will be made per Applicant. Applicant(s) shall identify geographic areas by name of location, corresponding census tracts, and specify the number of participants they intend to serve in each specific geographic area in which PSS will be provided in the Proposal. Allocation of funding is for these geographical areas:

Kauai County - Census tracts 401-409  
 Maui County - Census tracts 301-315  
 Molokai Island - Census tracts 317-318  
 Waianae-Ewa - Inclusive of Census tracts 96-98 (Waianae) and Census tracts  
 73-89 (Ewa)  
 Wahiawa-Waialua - Inclusive of Census tracts 99-100 and Census tracts 90-95  
 Koolauloa - Inclusive of Census tracts 101-102  
 Koolaupoko - Inclusive of Census tracts 103-113  
 West Honolulu - Census tracts 46-72 (two sites will be funded); Kalihi-  
 Palama area inclusive of Census tracts 51-56; Kalihi Valley  
 area inclusive of Census tracts 61-66

(Source: State of Hawaii Primary Care Needs Assessment Data Book)

**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 to June 30, 2013

Length of each extension: Up to twenty-four (24) months

Number of possible extensions: One (1)

Maximum length of contract: Up to forty-eight (48) months

The initial period shall commence on the contract start date or State Notice to Proceed date, whichever is later. Conditions for extension must be executed prior to the expiration of the initial term of contracts for continuation of services. Any additional funding, changes in contract language, or changes in service specifications will be agreed upon in writing.

**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.

Candice Radner Calhoun, Women's Health Section Supervisor  
 Maternal and Child Health Branch  
 741-A Sunset Avenue, Room 105  
 Honolulu, Hawaii 96816  
 Phone: (808) 733-9050  
 E-mail: [tamara-lee.kamai@doh.hawaii.gov](mailto: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)

Perinatal Support Services shall be provided for pregnant women that meet one or more high-risk pregnancy criteria. PSS should be reserved for pregnant women as participants with the highest number of risk factors requiring care coordination among multiple medical providers and needing case management for a positive birth outcome. PSS participants will require an individualized Care Plan as part of case management that is separate from the medical provider care plan or the often used American College of Obstetricians & Gynecologists (ACOG) antepartum record. PSS activities shall be implemented by a Provider's designated staff or team members responsible for PSS. These are the PSS activities that shall be performed:

1. Providing outreach to high-risk pregnant women in community settings to increase 1<sup>st</sup> trimester entry into prenatal care.
  - a. Outreach should include a variety of practices which operationally support the identification and referral of high risk pregnant women into perinatal support services, with a focus on entry into early prenatal care and the subsequent perinatal support services through six (6) months post-partum/interconception.
  - b. Outreach strategies may include, but not be limited to: coordination with community based agencies and providers; utilization of outreach workers reflecting populations to be served; and, consideration for engaging various cultural backgrounds, life stages, or linguistic needs as appropriate in each respective community.
2. Assessing for risk factors including screening in each pregnancy trimester, and into the six (6) months post-partum/interconception period, for health, psycho-social behaviors, and/or conditions placing the woman and her fetus at greater risk for poor birth outcomes to include, but not limited to:
  - a. Substance use (alcohol, cigarette smoking, and illicit drugs);
  - b. Depression;
  - c. Domestic violence, intimate partner violence (IPV), or sexual coercion;
  - d. Nutrition;

- e. Oral health,
  - f. Chronic disease and/or symptoms that affect chronic medical conditions (e.g. diabetes, hypertension); and
  - g. Using screening questions or tools in assessment.
3. Providing motivational interviewing, counseling, brief intervention and related health education in each pregnancy trimester and into the six (6) month post-partum/interconception period.
- a. Substance use (alcohol, cigarette smoking, and illicit drugs);
  - b. Depression;
  - c. Social risk factors (e.g. domestic violence, IPV, or sexual coercion);
  - d. Poor nutrition including obesity and/or poor intake of essential nutrients (e.g. folic acid);
  - e. Oral health; and,
  - f. Family planning.
4. Providing individual or group health education counseling and/or activities with the use of an incentive system to promote health messages, group health education classes, and enabling service vouchers to assist participants access care of specialty services. Individual or group counseling and/or activity topics would not be limited to:
- a. Breastfeeding;
  - b. Future pregnancy planning and contraceptive use;
  - c. Preparation for labor and delivery;
  - d. Partner engagement and support;
  - e. Good health habits during pregnancy;
  - f. Self care in the post-partum and interconception period; and,
  - g. Other pertinent topics deemed important to address during a high-risk pregnancy to include any of the social determinants that impact negatively on health/birth outcomes.
5. Utilizing a Care Plan as a document in a participant chart/file which would include documentation of all risk assessment and progress notes on established goals, objectives, and activities performed to meet participant needs including health education provided, brief intervention counseling, referrals, care coordination and case conferencing with other agencies and/or programs, and outcome(s) achieved including birth outcomes.

The Care Plan would be used to retain participants throughout pregnancy and during the six (6) month post-partum/interconception period.

The Care Plan will address and monitor outcomes for improvement of conditions identified such as depression, substance use (alcohol, cigarette smoking, and illicit drugs) including post-partum relapse of smoking among women who quit smoking during pregnancy, oral health, nutrition, and family planning. Provider(s) will work with the Department of Health, Maternal and Child Health Branch in development of related information to assist with these measurements.

6. Participating in DOH, MCHB sponsored training, technical assistance, and monitoring:
  - a. Participation in one (1) day trainings/provider meetings three (3) times annually on Oahu which will be developed to support program outcomes.
  - b. Participation in DOH, MCHB onsite monitoring and provide PSS charts that include Care Plans with related data/billing forms for review as requested. Participate in any independent fiscal monitoring reviews scheduled by DOH.
7. Other Provider Requirements

As applicable Provider(s) shall assist with improving participant service delivery by:

- a. Collaborating and forming partnerships with other stakeholders to support improvement of the statewide perinatal and interconception health care system.
- b. Participating as needed in discussion or work groups to:
  - (1) Develop or improve upon criteria for service delivery to measure outcomes of high risk conditions for: depression or other mental health conditions; domestic violence, intimate partner violence, or sexual coercion; family planning; nutrition, oral health, and substance abuse (cigarette smoking, alcohol, and illicit drug use) issues or problems.
  - (2) Develop, use or revise as required Provider data quality protocols for collection and processing of participant service information.

**B. Management Requirements (Minimum and/or mandatory requirements)****1. Personnel**

Professional personnel such as bachelors or masters prepared Registered Nurses and/or Social Workers are to provide overall supervision and implementation of service activities.

Personnel providing direct PSS should have experience working with a high-risk population providing outreach, risk assessment screening, preventive health education and counseling, case management/care coordination to improve perinatal and women's health and/or similar social conditions.

Personnel with the above recommended experience shall have a minimum of:

- a. Five (5) years experience with a high-school diploma or equivalency; or
- b. Two (2) years experience for certified medical assistant and/or other types of para-professional certifications; or
- c. Six (6) months experience for personnel with a bachelor's degree in other related fields.

At least one full time equivalent (1.0 FTE) qualified personnel should be assigned if the Provider plans to deliver PSS to thirty (30) or more high-risk pregnant women per month.

**2. Administrative**

Provider(s) 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.

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>.

**No subcontracting for services reimbursed under the fixed unit rate will be allowed.**

Below are specific requirements for the data/billing forms and records that shall be established for the purposes of PSS.

- a. Authorization for PSS and data/billing form submittal will be the Provider's responsibility. Incomplete data/billing forms will be returned to the Provider for correction and re-submittal. Monthly batches of data/billing forms shall have an attached invoice and sent to the Oahu MCHB office for data entry and Provider payment for PSS. Monthly batched forms should correspond to invoice amount and will require the signature of Provider's fiscal officer authorizing submission for payment.
- b. Upon receiving the Initial Prenatal Form (Form 1) from the Provider, MCHB will assign each PSS participant a MCHB number. Provider(s) will use the MCHB number on subsequent forms submitted to MCHB for the PSS participant or forms will be deemed incomplete.
- c. Provider(s) shall report all required information when PSS are terminated or participants transferred to another PSS Provider within twenty (20) business days of occurrence.
- d. Provider(s) shall comply with all MCHB developed data/billing format, timelines for submittal of forms, appropriate documentation of PSS activities, and reporting requirements.
- e. Provider(s) own determination and compliance efforts in regards to the Federal Health Insurance Portability Act of 1996 ("HIPAA")

### 3. Quality assurance and evaluation specifications

Provider(s) shall conform to established standards and guidelines of care and practice and shall have protocols that include quality assurance measures to evaluate its adherence to the standards and guidelines. The professional standards and guidelines shall include, but not be limited to: American College of Obstetricians and Gynecologist (“ACOG”); American College of Nurse Midwives (“ACNM”); and the Perinatal Care guidelines.

The PSS data/invoice forms will be utilized to select records of participants, for site review and monitoring. The Provider(s) will be evaluated for effectiveness in reducing program participant(s) risk factors, as measured by annual performance measure outcomes, and timeliness of follow-up and care coordination activities documented on Care Plans. Program quality will be determined by implementation of contractual agreements, adherence to PSS scope of services, program supervision, staffing, and accounting practices.

### 4. Output and performance/outcome measurements

The annual variance report shall be generated by the MCHB and sent to the Provider. The Provider shall then submit documentation of a variance to MCHB within sixty (60) calendar days after the end of each fiscal year.

Outcomes of PSS Program performance measures are to address and improve risk factors and birth outcomes with an allowance for a variance of (+/-) ten percent (10%). These are the performance measures and outcome goals:

<b>1</b>	90% of all pregnant women will receive PNC within the 1 <sup>st</sup> trimester (excluding those arriving in the State of Hawaii after 1 <sup>st</sup> trimester).
<b>2</b>	Reduce LBW to an incidence of no more than 5% of live births and VLBW to no more than 0.9%.
<b>3</b>	94% of all pregnant women will abstain from alcohol.
<b>4</b>	99% of all pregnant women will abstain from cigarette smoking.
<b>5</b>	100% of all pregnant women will abstain from illicit drugs.
<b>6</b>	Decrease the number of post-partum relapse of smoking among women who quit during pregnancy.
<b>7</b>	75% of mothers will breastfeed their babies in the post-partum period.
<b>8</b>	100% of all pregnant women will receive screening for domestic violence (DV), Intimate Partner Violence (IPV), and Sexual Coercion.

<b>9</b>	100% of all pregnant women who screen positive for DV, IPV or Sexual Coercion will receive an appropriate intervention from the PSS provider or referral/resource.
<b>10</b>	100% of all pregnant women will receive education on oral care during pregnancy.
<b>11</b>	100% of all women who screen positive for depression during pregnancy will receive services/referral.
<b>12</b>	100% of all women who screen positive for substance use/abuse during pregnancy will receive services/referral.
<b>13</b>	100% of all women who screen positive for depression postpartum will receive services/referral.
<b>14</b>	100% of women will select contraception at postpartum.
<b>15</b>	100% of pregnant women will receive sexually transmitted infection (STI) prevention and education.

## **5. Experience**

The Provider(s) should have established connection(s) with the community in which the PSS will be provided. The Provider(s) should demonstrate experience in achieving similar, and not duplicative, programmatic goals and interventions for improving perinatal and women's health conditions; working with various cultural groups and ethnicities; and providing community health resources.

## **6. Coordination of services**

The coordination of services should occur for participants requiring multiple medical and/or social agencies to lessen the effect of high-risk factor(s), incidence of a poor birth outcome and include services such as family planning and interconception care following delivery.

The coordination of services will be required documentation by completed referrals and related outcomes in the PSS Care Plan. Coordination of services would not be limited to:

- a. Assurance that referrals made on behalf of the participants are completed and the participant is receiving services as requested or needed.
- b. Case conferencing as applicable for participants that have multiple agencies involved to assure proper coordination of services.

MCHB will stipulate that coordination of services occur between other Department of Health managed programs. This will include the Family Planning Programs which can refer pregnant women during the

first trimester of pregnancy to a Perinatal Support Service Program and for which the PSS Program can refer a participant for family planning services including reproductive and interconception care. Other MCHB applicable programs include WIC and the (Ewa – Waianae area) Hawaii Healthy Start that may offer opportunities for additional coordination of services.

## 7. Reporting requirements for program and fiscal data

### a. Required Program Reports:

Quarterly and year-end reports shall be provided in a format specified by the Department in which the Provider(s) summarize major activities undertaken during the report period, as well as accomplishments, problems encountered, recommendations, and proposed future activities. Data to be reported usually includes, but are not limited to, the items on the data/billing forms (See Section 5, Attachments). The MCHB will provide the annual performance measure outcomes for the annual variance report information that Provider(s) are to complete. Other quarterly and annual reports may be required in a format determined by the MCHB.

### b. Required Provider Fiscal Reports:

Fiscal data will be reported on the data/billing forms that will be sent to Oahu MCHB in monthly batches with a cover letter and an invoice for payment.

Provider(s) will submit invoices in the format provided by the Department. Invoices and data/billing forms shall be legible, complete, accurate, and timely. Invoices and data/billing forms deemed incomplete and/or inaccurate by the Department shall be returned to the Provider for correction and re-submittal. Forms should be submitted within thirty (30) days of completion. Untimely invoices may be rejected for payment if the funding period has ended and the deadline to submit invoices has occurred.

Standardized data/billing collection forms will be provided for these activities:

- **Form 1 – Initial Prenatal** to be completed at the first visit to collect demographics and other pertinent information necessary for admission into PSS.
- **Form 2 - Prenatal Risk Assessment** to be completed at each trimester for psycho-social risk assessment and perinatal support services provided and referred.

- **Form 3 – Post-Partum (Pregnancy Outcome)** to be completed at the first post-partum visit to collect birth outcome data and an assessment of maternal health and ongoing support needed.
- **Form 4 – Interconception Risk Assessment** to be completed in the interconception period or second post-partum visit to assess risk factors in this period and provide support services and referrals.

These forms will be used to aggregate all data, measure performance measures, and for billing. The Department of Health MCHB on Oahu will oversee data entry and analysis. The Provider(s) will file all data/billing forms within the charts for monitoring and audit review. The Provider(s) will receive training and technical assistance in the use of the data/billing collection forms. MCHB will supply the Provider(s) with a Perinatal Data Dictionary to assist with completion of these forms, and it will contain other related service delivery resources.

Analysis of annual data and performance measure outcomes will be shared with Provider(s) and other perinatal stakeholders to assist with program improvements and/or addressing other related perinatal and women's health issues.

The Provider shall also submit quarterly incentive system invoices. This is to be used to receive quarterly payments for an incentive system the Provider implements to encourage ongoing prenatal care, conduct group pregnancy and interconception health related education classes, and/or provide enabling service vouchers such as bus pass or gas coupon for participant(s) to access medical care and/or specialty services outside the community area.

### C. Facilities

Facilities shall be adequate relative to the proposed services and be accessible to all women and families seeking services and meet ADA requirements.

#### IV. COMPENSATION AND METHOD OF PAYMENT

Two pricing structures will be used for this RFP:

<b>Cost Reimbursement</b>	The State pays the contractor for budgeted costs that are actually incurred for an incentive stem that can include group health education classes and enabling service vouchers (e.g. taxi fees) specified in the contract, up to a stated maximum contract amount.
<b>Fixed Unit Rate</b>	The State pays the contractor a set rate for a defined unit of service up to a stated maximum contract amount. The State and the contractor agree on the number of units of service to be delivered for the stated contract amount.

**No subcontracting for services reimbursed under the fixed unit rate will be allowed.**

The pricing methodology may be revised by mutual agreement throughout the term of the contract.

**See Table I and II below:**

**Table I**

<b>Pricing Methodology</b>		
<b>Contract Period</b>	<b>Cost Reimbursement</b>	<b>Fixed Rate via Defined Service Unit</b>
First twelve (12) months commencing on July 1, 2011 and ending June 30, 2012.	\$1,400.00 is an approximate amount available for each specified geographic area for an incentive system that may include group health education classes and enabling service vouchers.	Data Collection/Billing Forms: 1. Initial Prenatal 2. Prenatal Risk Assessment 3. Post-partum Information 4. Interconception Risk Assessment
Second twelve (12) months commencing on July 1, 2012 and ending June 30, 2013.	\$1,400.00 is an approximate amount available for each specified geographic area for an incentive system that may include group health education classes and enabling service vouchers.	Data Collection/Billing Forms: 1. Initial Prenatal 2. Prenatal Risk Assessment 3. Post-partum Information 4. Interconception Risk Assessment

Table II

<b>Maximum Amounts Available in Cost Reimbursement</b>		
<b>Contract Period</b>	<b>Cost Reimbursement</b>	<b>Description</b>
First twelve (12) months commencing July 1, 2011 and ending June 30, 2012.	\$1,400.00 is an approximate amount available for all activities related to an incentive system.	<p>An <b><i>Incentive System</i></b> can include group health education classes and enabling service vouchers.</p> <p><b><i>Incentives</i></b> to encourage early and continuous prenatal and post-partum/interconception care will be purchased at the discretion of the Provider(s) with consideration for cost, storage, and usefulness to population being served.</p> <p><b><i>Group health education</i></b> topics should address the high-risk factors listed in the RFP and help to achieve performance measure outcomes. Funds can be expended for childcare, food, materials, transportation, trainer/speaker, and incentive for attendance.</p> <p><b><i>Enabling service vouchers</i></b> should be used to assist participants in accessing specialty services not found in the community. (e.g., gas coupon to travel to Honolulu to keep Fetal Diagnostic Service appointment).</p> <p>Provider(s) can choose one or a combination of above services for an incentive system.</p>
Second twelve (12) months commencing July 1, 2012 and ending June 30, 2013.	\$1,400.00 approximate amount available for all activities related to an incentive system.	<b><i>(See above descriptions)</i></b>

### Units of Service and Unit Rate

See Table III for units of service and unit rate. Provider(s) will use the unit of service and unit rate as shown below:

**Table III Rates for Units of Service**

Units of Service →	Initial Prenatal	Prenatal Risk Assessment			Post-partum Information	Interconception Risk Assessment
		Pregnancy Trimester			1-3 months Post-Partum	4-6 months Post-Partum
		First	Second	Third		
<b>Unit Rates</b>	-----Forms to Complete-----					
	<b>1</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>3</b>	<b>4</b>
1 <sup>st</sup> trimester	\$100.00	\$100.00				
2 <sup>nd</sup> trimester	\$50.00	\$100.00				
3 <sup>rd</sup> trimester	\$50.00	\$100.00				
Post-partum					\$100.00	
Interconception						\$100.00

Notes:

- 1) PSS entry in the first trimester pregnancy (Form 1) only, will be reimbursed at \$100.00.
- 2) Provider(s) will be reimbursed at the unit rate only once for each unit of service per participant. A maximum reimbursement of \$600.00 per participant is allowable if PSS activities occur from the first trimester up to the interconception period.
- 3) Provider(s) should provide PSS activities throughout the pregnancy and the post-partum/interconception period to achieve program goals.

**Method of Compensation and Payment**

- a. Fixed Unit of Service Rate pricing structure will be used for the major service activities of this RFP. The fixed unit rate pricing structure reflects a purchase arrangement in which the State pays the Provider a fixed rate for each unit of service. The units of service and unit rates are described in Table III, page 2-19. The State will not consider contracting for services with negotiated rates per unit of service or a fixed price rate.

**No subcontracting for services reimbursed under the fixed unit rate will be allowed.**

- b. Cost Reimbursement pricing structure will be used for an incentive system that the Provider(s) will develop. Budgeted costs that are actually incurred for purchasing incentives, facilitating group health education groups, purchasing enabling vouchers (e.g., bus passes, and taxi vouchers) will be reimbursed up to

the approximate stated amount. The approximate available cost reimbursement amounts are described in Table II, page 2-18.

c. Conditions for Payment

The Department will approve payment after obtaining reliable and valid data and then forward for payment processing. Billing/data collection forms will be submitted with a cover page and billing invoice; format and content to be determined by the Department. Provider(s) should expect payment within thirty (30) days after approval by the Department. Timeliness of payment will be contingent on receipt of invoices. Provider(s) shall have quality control protocols in place for complete and accurate data/billing forms submitted with the invoices to the Department for payment to ensure monthly funding allocation.

Provider(s) with contracts for similar program activities shall have an accounting system to ensure double billing does not occur for the provision of the same service (e.g., contraceptive counseling for Family Planning and PSS).

d. Contract Modifications

If funds are not being drawn down as projected by the Department, the Department reserves the right to exercise contract modifications in order to adjust monies accordingly.

## **Section 3**

# **Proposal Application Instructions**

## Section 3

# Proposal Application Instructions

### General instructions for completing applications:

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

### The Proposal Application comprises the following sections:

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

#### **I. Program Overview**

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

## **II. Experience and Capability**

### **A. Necessary Skills**

The applicant shall demonstrate that it has the necessary skills, abilities, and knowledge relating to the delivery of the proposed services. The applicant should demonstrate abilities in working with various population groups such as, immigrants, uninsured and underinsured pregnant women and families, adolescents, and the homeless. The applicant should demonstrate the abilities in working with pregnant and post-partum women who use substances (alcohol, tobacco, illicit drugs), experience depression, and IPV, DV, or sexual coercion. The applicant shall also demonstrate the ability to incorporate cultural competency in service delivery requirements.

### **B. Experience**

The applicant shall describe projects/contracts within the past five (5) years that are pertinent to the proposed services that are detailed in Section 2, III. A. Service Activities. The description shall include number of participants served and working with various cultural groups and ethnicities. The applicant shall also demonstrate experience in achieving similar programmatic goals and interventions for improving perinatal and women's health conditions through coordination and in non-duplicative efforts. (Applicant shall include points of contact, addresses, e-mail, and phone numbers.) The State reserves the right to contact references to verify experience.

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

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

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

1. Conforming to established standards and guidelines of care and practice with protocols for quality assurance measures to evaluate adherence to standards and guidelines. (Refer to Section 2, 3. Quality Assurance and Guidelines.)
2. Accurate and complete data/billing forms are submitted to MCHB with monthly invoices for timely processing of payments to the Provider.
3. Management and supervision of personnel performing PSS and documentation of activities.
4. PSS Program objectives are being implemented to meet performance measure outcomes.
5. Adherence to PSS scope of services, program supervision, staffing, and that accounting system practices are followed.

**D. Coordination of Services**

The applicant shall describe coordination of services that currently occur or will be developed for PSS participants to ensure multiple medical and/or social services are coordinated to lessen the incidence of high risk factors, poor birth outcomes, and support interconception care. Describe a process for referral follow-up completion and, as appropriate, case conferencing activities to be conducted for PSS participants with multiple agencies and/or services. Describe referral criteria, guidelines, and protocols that facilitate links with supportive specialists, community programs, and support agencies.

Applicant should describe any coordination of service that occurs or will occur between other DOH managed programs such as the WIC, Family Planning, and Healthy Start (Waianae-Ewa area) Programs (as applicable).

**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 perform PSS 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 (No more than 30 pages)**

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

The Applicant shall emphasize the demographics, service needs, and unique characteristics of the specific geographic area to provide PSS.

The detailed discussion should also include the applicant approach for achieving these performance measures in Section 5 of Performance Measures Table A, Columns B, C(a) and D(a). Note: Performance measures 8 and 9, Columns C and D will include separate reporting for (1), (2), and (3) as shown in Column B for FY 2010.

<b>1</b>	90% of all pregnant women will receive PNC within the 1 <sup>st</sup> trimester (excluding those arriving in the State of Hawaii after 1 <sup>st</sup> trimester).
<b>2</b>	Reduce LBW to an incidence of no more than 5% of live births and VLBW to no more than 0.9%.
<b>3</b>	94% of all pregnant women will abstain from alcohol.
<b>4</b>	99% of all pregnant women will abstain from cigarette smoking.
<b>5</b>	100% of all pregnant women will abstain from illicit drugs.
<b>6</b>	Decrease the number of post-partum relapse of smoking among women who quit during pregnancy.
<b>7</b>	75% of mothers will breastfeed their babies in the post-partum period.
<b>8</b>	100% of all pregnant women will receive screening for domestic violence (DV).
<b>9</b>	100% of all pregnant women who screen positive for DV will receive an appropriate intervention from the PSS provider or referral/resource.
<b>10</b>	100% of all pregnant women will receive education on oral care during pregnancy.
<b>11</b>	100% of all women who screen positive for depression during pregnancy will receive services/referral.

<b>12</b>	100% of all women who screen positive for substance use/abuse during pregnancy will receive services/referral.
<b>13</b>	100% of all women who screen positive for depression postpartum will receive services/referral.
<b>14</b>	100% of women will select contraception at postpartum.
<b>15</b>	100% of pregnant women will receive sexually transmitted infection (STI) prevention and education.

**A. Service Activities**

The applicant describes in detail, including any developed protocols, guidelines, best practices, tools, and/or plans or systems in place for:

1. Providing outreach to high-risk pregnant women in community settings to increase first trimester entry into prenatal care by describing:
  - a. Identifying and referring high-risk pregnant women into early prenatal care and PSS. Description should include follow-up protocols to ensure PSS is provided from the first trimester pregnancy to six (6) months post-partum/interconception.
  - b. Promoting information and public awareness on the importance of early prenatal care and the availability of PSS in the community. These descriptions should include culturally relevant approaches for the respective community.
2. Providing assessment of risk factors including screening to prevent potential poor birth outcomes in each pregnancy trimester, and into the six (6) months post-partum and interconception period for health, psycho-social behaviors, and/or conditions of, but not limited to:
  - a. Substance use (alcohol, cigarette smoking, and illicit drugs);
  - b. Depression;
  - c. Domestic violence or intimate partner violence (IPV) or sexual coercion;
  - d. Nutrition;
  - e. Oral health; and,
  - f. Chronic disease and/or symptoms that exacerbate chronic medical conditions (e.g. diabetes, hypertension); and
  - g. Using screening guidelines or tools in assessment.
3. Providing motivational interviewing, counseling, brief intervention, and related health education during each pregnancy trimester, into the six (6) months post-partum/interconception period to have an effect on behavioral change of, but not limited to:

- a. Substance use (alcohol, cigarette smoking, and illicit drugs);
  - b. Depression;
  - c. Social risk factors (e.g., domestic violence, IPV, or sexual coercion);
  - d. Poor nutrition including obesity and/or poor intake of essential nutrients (e.g., folic acid);
  - e. Oral health; and,
  - f. Family planning.
4. Providing individual or group health education counseling and/or activities with the use of an incentive system to promote health messages, group health education classes. Individual or group counseling and/or activity topics would not be limited to:
- a. Breastfeeding;
  - b. Future pregnancy planning and contraceptive use;
  - c. Preparation for labor and delivery;
  - d. Partner engagement and support;
  - e. Good health habits during pregnancy;
  - f. Self-care in the post-partum/interconception period; and,
  - g. Other pertinent topics to address a high-risk pregnancy to include any of the social determinants that impact negatively on health/birth outcomes.
5. Utilization of a Care Plan as a document in a PSS participant chart/file which shall include documentation of all PSS risk assessment and progress notes on established goals, objectives, and activities performed to meet participant needs including coordination and case management with other agencies and/or programs, and outcome(s) achieved including birth outcomes.
- Also, demonstrating how the Care Plan will be used to address and monitor outcomes for improvement of conditions such as those related to depression; domestic violence, IPV, sexual coercion; substance use (alcohol, cigarette smoking, and illicit drugs) including relapse of smoking among women who quit smoking during pregnancy; oral health, nutrition, and family planning.
6. Participating in DOH, MHC B sponsored one (1) day trainings/provider meetings and technical assistance that will occur three (3) times a year and annual onsite monitoring. Each training/provider meeting will allow for two (2) attendees from contracted services to attend. For neighbor island participants, funding for travel is not to be budgeted for in this RFP. Travel will be covered for participation in these activities.

## 7. Other Provider Requirements

As applicable Provider(s) shall assist with improving participant service delivery by:

- a. Collaborating and forming partnerships with other stakeholders to support improvement of the statewide perinatal and interconception health care system.
- b. Participating as needed in discussion or work groups to:
  - (1) Develop or improve upon criteria for service delivery to measure outcomes of high risk conditions for: depression or other mental health conditions; domestic violence, intimate partner violence, or sexual coercion; family planning; nutrition, oral health, and substance abuse (cigarette smoking, alcohol, and illicit drug use) issues or problems.
  - 2) Develop, use or revise as required Provider data quality protocols for collection and processing of participant service information.

## V. Financial

### A. Pricing Structure

Applicant shall submit a cost proposal utilizing the fixed unit of service rate pricing structure. The units of service are grouped by the data/billing forms with a designated unit rate as described in (Section 2, Table III, page 2-19). The cost proposal shall be attached to the Proposal Application. Applicant shall submit a separate cost proposal utilizing the cost reimbursement pricing structure as described in (Section 2, Table II, page 2-18) for an incentive system.

All budget forms, instructions, and samples are located on the SPO website (see Section 1, paragraph II Websites referred to in this RFP). For both pricing structures (See Section 5, D. Budget Forms). The following budget form(s) shall be submitted with the Proposal Application: Submit with the application Performance Based Budget sheets (fiscal year 2012 and 2013) and Performance Based (Summary sheet) in Section 5 Attachments shown as Form C-3. Also submit forms SPO-H-205 and SPO-H-206H, a sample is shown in Section 5, D. Budget Forms.

### B. Other Financial Related Materials

#### 1. Accounting System

In order to determine the adequacy of the applicant's 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

- Application Checklist
- Required Licenses/Certificates

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

**A. Necessary Skills**

5

- Demonstrated skills, abilities, and knowledge relating to the delivery of the proposed services.
- Demonstrated ability to work with various population groups such as immigrants, uninsured and underinsured pregnant women and families, adolescents, and the homeless.
- Demonstrated ability to work with pregnant and post-partum women who use substances (tobacco, alcohol, illicit drugs), experience depression, IPV, domestic violence, and sexual coercion.
- Demonstrated ability to incorporate cultural competency in the service delivery requirements.

<b>B.</b>	<b>Experience</b>	<b><u>5</u></b>
	<ul style="list-style-type: none"> <li>• Possesses relevant skills, abilities, knowledge of, and experience relating to the delivery of the proposed services.</li> <li>• Demonstrated experience in similar women’s health projects/contracts within the past five (5) years.</li> </ul>	
<b>C.</b>	<b>Quality Assurance and Evaluation</b>	<b><u>5</u></b>
	<ul style="list-style-type: none"> <li>• Sufficiency of quality assurance and evaluation plans for the proposed services, including methodology.</li> <li>• Sufficiently described quality assurance plans that include the following: data/billing forms and submission of invoices; PSS staff supervision; meeting performance measures; (inclusion of Table A Performance Measures for Columns B, C(a), D(a)) and adherence to accounting systems.</li> </ul>	
<b>D.</b>	<b>Coordination of Services</b>	<b><u>3</u></b>
	<ul style="list-style-type: none"> <li>• Demonstrated capability to coordinate services with other agencies and resources in the community for PSS participants including a process for referral follow-up and, as applicable, case-conferencing with multiple agencies.</li> <li>• Demonstrated ability to coordinate multiple services, agencies, and DOH managed programs such as Family Planning Programs.</li> </ul>	
<b>E.</b>	<b>Facilities</b>	<b><u>2</u></b>
	<ul style="list-style-type: none"> <li>• Adequacy of facilities relative to the proposed services meeting ADA requirements. Includes plans for prospective locations in proposed geographic area if facility is not yet secured.</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:

**A. Staffing**7

- Proposed Staffing: That the proposed staffing pattern, participant/staff ratio, and proposed caseload capacity is reasonable to insure viability of the services.
- Staff Qualifications: Minimum qualifications (including experience) for staff assigned to the program comply with applicable requirements in RFP.

**B. Project Organization**8

- Supervision and Training: Demonstrated ability to supervise, train, and provide administrative direction to staff relative to the delivery of the proposed services.
- Organization Chart: Approach and rationale for the structure, functions, and staffing of the proposed organization for the overall service activity and tasks.
- Applicable submission of evidence for licenses and certifications as required by the State

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

Evaluation criteria for this section will assess the applicant's 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 as written in Section 3, IV, including clarity in work assignments and responsibilities, and the realism of the timelines and schedules as applicable. There should also be inclusion and reference to Table A Performance Measures for Columns B, C(a), D(a). Note: Performance measures 8 and 9, Columns C and D will include separate reporting for (1), (2), and (3) as shown in Column B for FY 2010.

- Providing outreach to high-risk pregnant women in community settings with a focus on entry into early prenatal care and PSS from the first trimester pregnancy.
- Assessing for risk factors including screening in each pregnancy trimester, into the six (6) months post-partum, and interconception period for health, psycho-social behaviors, and/or conditions placing the women and her fetus at greater risk of poor birth outcomes.
- Providing motivational interviewing, counseling, brief intervention, and related health education in each trimester of pregnancy and into the six (6) months post-partum/interconception period.
- Providing individual or group health education, counseling, and/or activities incorporating the use of an incentive system.
- Utilizing a Care Plan for case management of PSS participants and documentation of service activities including risk assessments, goal setting, referral, including birth outcomes and case conferencing with other agencies and/or programs.
- Participating in DOH, MCHB sponsored trainings, meetings, and monitoring visits.

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

#### **Pricing structure based on fixed unit of service rate**

- Applicant's proposal budget is reasonable, given program resources and operational capacity. A cost allocation plan clearly describes a system to prevent double billing for similar program activities (when appropriate).
- The submission of a copy of the most recent audit report.

Adequacy of accounting system and compliance with stated billing requirements.

**Pricing structure based on cost reimbursement**

- Non-personnel costs are reasonable and adequately justified. The budget fully supports the scope of service and requirements of the Request for Proposal.
- Budget details describe the use of incentives.

**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. Draft PSS Data/Billing Forms
- D. Performance Based Budget Forms C-3
- E. Sample Budget Forms – SPO-H-205  
SPO-H-206H
- F. Performance Measures – Table A
- G. Intra-Departmental Directive No. 04-01 - Interpersonal Relationships Between Staff and Clients/Patients
- H. 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.: HTH-560-CW-009

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*	<b>X</b>	
SPO-H-205A	Section 3, RFP	SPO Website* Special Instructions are in Section 5		
SPO-H-205B	Section 3, RFP,	SPO Website* Special Instructions are in Section 5		
SPO-H-206A	Section 3, RFP	SPO Website*		
SPO-H-206B	Section 3, RFP	SPO Website*		
SPO-H-206C	Section 3, RFP	SPO Website*		
SPO-H-206D	Section 3, RFP	SPO Website*		
SPO-H-206E	Section 3, RFP	SPO Website*		
SPO-H-206F	Section 3, RFP	SPO Website*		
SPO-H-206G	Section 3, RFP	SPO Website*		
SPO-H-206H	Section 3, RFP	SPO Website*	<b>X</b>	
SPO-H-206I	Section 3, RFP	SPO Website*		
SPO-H-206J	Section 3, RFP	SPO Website*		
<b>Certifications:</b>				
<b>Federal Certifications</b>		Section 5, RFP		
Debarment & Suspension		Section 5, RFP		
Drug Free Workplace		Section 5, RFP		
Lobbying		Section 5, RFP		
Program Fraud Civil Remedies Act		Section 5, RFP		
Environmental Tobacco Smoke		Section 5, RFP		
<b>Program Specific Requirements:</b>				
Budget Forms C-3			<b>X</b>	
Financial Audit Most Recent			<b>X</b>	
Table A			<b>X</b>	

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date









Draft

Organization: \_\_\_\_\_  
RFP No: HTH-560-CW-009

**FORM 4**  
**INTERCONCEPTION RISK ASSESSMENT**

TIME PERIOD:  < 3 Months  3-6 Months  
Does Participant have a PCP?  YES  NO

STAFF INITIALS: \_\_\_\_\_

PARTICIPANT ID: \_\_\_\_\_

RISK FACTORS	AT RISK			SERVICE DATE-1			SERVICE DATE-2			REFERRAL COMPLETION DATE-1			REFERRAL COMPLETION DATE-2									
	Y	N		Y	M	D	Y	M	D	Y	M	D	Y	M	D	Y	M	D	Y	M	D	
1. Age 18 & Under	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
2. Child Care Services	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
3. Domestic Violence	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
4. Homeless	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
5. Job/Job Training	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
6. Language Assistance	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
7. Male Support	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
8. Medical Ins. Lack of	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
9. Support System, Poor	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
10. Transportation, Lack of	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
11. Asthma	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
12. Depression	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
13. Diabetes	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
14. Family Planning	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
15. Hypertension	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
16. Immunizations	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
17. Nutrition	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
18. Oral Health	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
19. Oth Mental Hlth Problems	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
20. Physical Activity	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
21. STIs	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
22. Sub Abuse: Alcohol	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
23. Sub Abuse: Cigarettes	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
24. Sub Abuse: Illicit Drugs	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
25. Other Risk Factor(s)	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						

MEDICAL RISK FACTORS

DO NOT WRITE IN THESE BOXES  
 SERVICES\*  REFERRALS\*  CLINIC

# Cigarettes per Day  # Drinks per Week  Illicit Drug Used Most:

1 67 4 30 9 4 6 0

White - Original      Yellow - Record Copy



**PERFORMANCE BASED BUDGET  
(FISCAL YEAR 2012)**

**RFP# HTH 560-CW-009**

**Applicant/Provider** \_\_\_\_\_

**Page 2 of 3**

(a)	(b)	(c)	(d)
Unit of Service to be Provided	Number of Unduplicated Clients	Unit Cost	Total FY 2012 (b x c)
Initial Prenatal (First trimester)		100.00	\$
Initial Prenatal (second or third trimester)		50.00	\$
Prenatal Risk Assessment			
First trimester		100.00	\$
Second trimester		100.00	\$
Third trimester		100.00	\$
Post-partum		100.00	\$
Interconception		100.00	\$
		_____	
		_____	
		_____	
	<b>Total no. of Unduplicated Clients</b>		<b>Amount Requested</b>
			\$

1 A service unit is defined as the quantitative measurement of the service being purchased. This quantitative measure could be in units of time, e.g. bed-day or a counseling hour, or in units of tangible service. The unit of services for the Perinatal Support Services are the completion of the data/billing collection forms defined as Initial Prenatal; Prenatal Risk Assessment (1<sup>st</sup> -3<sup>rd</sup> pregnancy trimester); Post-partum; and Interconception forms .

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

**PERFORMANCE BASED BUDGET  
 (FISCAL YEAR 2013)**

**RFP# HTH 560-CW-009**

**Applicant/Provider** \_\_\_\_\_

**Page 3 of 3**

(a)	(b)	(c)	(d)
Unit of Service to be Provided	Number of Unduplicated Clients	Unit Cost	Total FY 2013 (b x c)
Initial Prenatal (First trimester)		100.00	\$
Initial Prenatal (second or third trimester)		50.00	\$
Prenatal Risk Assessment			
First trimester		100.00	\$
Second trimester		100.00	\$
Third trimester		100.00	\$
Post-partum		100.00	\$
Interconception		100.00	\$
		_____	
		_____	
		_____	
	<b>Total no. of Unduplicated Clients</b>		<b>Amount Requested</b>
			\$

1 A service unit is defined as the quantitative measurement of the service being purchased. This quantitative measure could be in units of time, e.g. bed-day or a counseling hour, or in units of tangible service. The unit of services for the Perinatal Support Services are the completion of the data/billing collection forms defined as Initial Prenatal; Prenatal Risk Assessment (1<sup>st</sup> -3<sup>rd</sup> pregnancy trimester); Post-partum; and Interconception forms .

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

# Sample

## BUDGET

(Period July 1, 2011 to June 30, 2013)

Applicant/Provider: Good Health Agency  
RFP No.: HTH-560-CW-009 Perinatal Support Services  
Contract No. (As Applicable): \_\_\_\_\_

BUDGET CATEGORIES	Total Budget Request (a)	Budget 2012 (b)	Budget 2013 (c)	(d)
A. PERSONNEL COST				
1. Salaries	0			
2. Payroll Taxes & Assessments	0			
3. Fringe Benefits	0			
TOTAL PERSONNEL COST	0			
B. OTHER CURRENT EXPENSES				
1. Airfare, Inter-Island	0			
2. Airfare, Out-of-State	0			
3. Audit Services	0			
4. Contractual Services - Administrative	0			
5. Contractual Services - Subcontracts	0			
6. Insurance	0			
7. Lease/Rental of Equipment	0			
8. Lease/Rental of Motor Vehicle	0			
9. Lease/Rental of Space	0			
10. Mileage	0			
11. Postage, Freight & Delivery	0			
12. Publication & Printing	0			
13. Repair & Maintenance	0			
14. Staff Training	0			
15. Substance/Per Diem	0			
16. Supplies	0			
17. Telecommunication	0			
18. Transportation	0			
19. Utilities	0			
20. Other : Unit Rate (Form C-3)	40,000	20,000	20,000	
21. Other: Incentive System	2,800	1,400	1,400	
22.				
23.				
TOTAL OTHER CURRENT EXPENSES	42,800	21,400	21,400	
C. EQUIPMENT PURCHASES				
D. MOTOR VEHICLE PURCHASES				
<b>TOTAL (A+B+C+D)</b>	<b>42,800</b>	<b>21,400</b>	<b>21,400</b>	
<b>SOURCES OF FUNDING</b>	(a) Budget Request	42,800	Budget Prepared By:	
	(b)		Name (Please type or print) _____ Phone _____	
	(c)		Signature of Authorized Official _____ Date _____	
	(d)		Pal U.R. Healthy, Exec Director _____ Name and Title (Please type or print)	
<b>TOTAL REVENUE</b>	<b>42,800</b>	For State Agency Use Only		
		Signature of Reviewer _____ Date _____		



**Table A – Performance Measures**  
**Perinatal Support Services**

Organization: \_\_\_\_\_  
 Contract Fiscal Year: \_\_\_\_\_

Column A	Column B	Column C	Column D	Column E
Performance Measure	Baseline for FY 2010	Annual Performance Objective for Fiscal Year 2012	Annual Performance Objective for Fiscal Year 2013	Applicant's approach in meeting the performance objectives, including the methodology proposed for data collection and reporting. (Attach additional sheets as necessary.)
1. 90% of all pregnant women will receive PNC within the 1st trimester (excluding those arriving in State of Hawaii after 1st trimester).	<p>a) Number of pregnant women receiving services was _____.</p> <p>b) Number of pregnant receiving prenatal care within the 1<sup>st</sup> trimester of pregnancy was _____.</p> <p>c) Percentage of all pregnant women receiving prenatal care within the 1<sup>st</sup> trimester of pregnancy was _____ (%) (b divided by a).</p>	a) The estimated proportion of all pregnant women who will receive prenatal care within the first trimester of pregnancy is ____%.	a) The estimated proportion of all pregnant women who will receive prenatal care within the first trimester of pregnancy is ____%.	
2. Reduce low birth weight to an incidence of no more than 5% of live births and very low birth weight to no more than 0.9%.	<p>a) Number of babies (live births) receiving services was _____.</p> <p>b) Number of low birth weight babies was _____.          Number of very low birth weight babies was _____.</p> <p>c) The percentage of low birth weight babies was ____%.          The percentage of very low birth weight babies was ____%. (b divided by a)</p>	a) The estimated percentage of low birth weight babies is ____%. The percentage of very low birth weight babies is ____%.	a) The estimated percentage of low birth weight babies is ____%. The percentage of very low birth weight babies is ____%.	

Organization: \_\_\_\_\_  
Contract Fiscal Year: \_\_\_\_\_

**Table A – Performance Measures**  
**Perinatal Support Services**

Column A	Column B	Column C	Column D	Column E
Performance Measure	Baseline for FY 2010	Annual Performance Objective for Fiscal Year 2012	Annual Performance Objective for Fiscal Year 2013	Applicant's approach in meeting the performance objectives, including the methodology proposed for data collection and reporting. (Attach additional sheets as necessary.)
3. 94% of all pregnant women will abstain from alcohol.	<p>a) Number of pregnant women receiving services was _____.</p> <p>b) Number of pregnant women receiving services who abstained from alcohol was _____.</p> <p>c) The percentage of pregnant women served who abstained from alcohol was _____% (b divided by a).</p>	a) The estimated percentage of pregnant women served who will abstain from alcohol is _____%.	a) The estimated pregnant percentage of women served who will abstain from alcohol is _____%.	
4. 99% of all pregnant women will abstain from cigarette smoking.	<p>a) Number of pregnant women receiving services was _____.</p> <p>b) Number of pregnant women receiving services who abstained from cigarette smoking was _____.</p> <p>c) The percentage of pregnant women served who abstained from cigarette smoking was _____% (b divided by a).</p>	a) The estimated percentage of pregnant women served who will abstain from cigarette smoking is _____%.	a) The estimated percentage of pregnant women served who will abstain from cigarette smoking is _____%.	

**Table A – Performance Measures**  
**Perinatal Support Services**

Organization: \_\_\_\_\_  
Contract Fiscal Year: \_\_\_\_\_

Column A	Column B	Column C	Column D	Column E
Performance Measure	Baseline for FY 2010	Annual Performance Objective for Fiscal Year 2012	Annual Performance Objective for Fiscal Year 2013	Applicant's approach in meeting the performance objectives, including the methodology proposed for data collection and reporting. (Attach additional sheets as necessary.)
5. 100% of all pregnant women will abstain from illicit drugs.	a) Number of pregnant women receiving services was ____. b) Number of pregnant women receiving services who abstained from illicit drugs was ____. c) The percentage of pregnant women served who abstained from illicit drugs was ____% (b divided by a).	a) The estimated percentage of pregnant women served who will abstain from illicit drugs is ____%.	a) The estimated percentage of pregnant women served who will abstain from illicit drugs is ____%.	
6. Decrease the number of post-partum relapse of smoking among women who quit smoking during pregnancy.	a) Number of pregnant women served who quit smoking during pregnancy ____. b) Number of post-partum women who received services who quit smoking during pregnancy and had no smoking relapse ____. c) The percentage of post-partum women who quit smoking during pregnancy and did not smoke ____% (b divided by a).	a) The estimated percentage of post-partum women who quit smoking during pregnancy and had no smoking relapse is ____%.	a) The estimated percentage of post-partum women who quit smoking during pregnancy and had no smoking relapse is ____%.	

**Table A – Performance Measures**  
**Perinatal Support Services**

Organization: \_\_\_\_\_  
 Contract Fiscal Year: \_\_\_\_\_

Column A	Column B	Column C	Column D	Column E
Performance Measure	Baseline for FY 2010	Annual Performance Objective for Fiscal Year 2012	Annual Performance Objective for Fiscal Year 2013	Applicant's approach in meeting the performance objectives, including the methodology proposed for data collection and reporting. (Attach additional sheets as necessary.)
7. 75% of mothers will breastfeed their babies in the post-partum period.	a) Number of mothers receiving services was _____. b) Number of mothers who breastfed their babies in the postpartum period was _____. c) The percentage of mothers who breastfed their babies in the postpartum period was _____. (b divided by a).	a) The estimated percentage of mothers who will breastfeed their babies in the postpartum period is ____%.	a) The estimated percentage of mothers who will breastfeed their babies in the postpartum period is ____%.	
8. 100% of all pregnant women will receive screening for domestic violence (DV), intimate partner violence (IPV), and sexual coercion.	a) Number of pregnant women receiving services was _____. b1) Number of pregnant women who received screening for DV was _____. b2) Number of pregnant women who received screening IPV was _____. b3) Number of pregnant women who received screening for sexual coercion was _____. c1) The percentage of pregnant women who received screening for DV was ____% (b1 divided by a). c2) The percentage of pregnant women who received screening for IPV was ____% (b2 divided by a).	a) The estimated percentage of pregnant women who will receive screening for DV, IPV, and sexual coercion is ____%. * Final calculations will also follow the descriptions in Column B for FY 2012.	a) The estimated percentage of pregnant women who will receive screening for DV, IPV, and sexual coercion is ____%. * Final calculations will also follow the descriptions in Column B for FY 2013.	

**Table A – Performance Measures**  
**Perinatal Support Services**

Organization: \_\_\_\_\_  
Contract Fiscal Year: \_\_\_\_\_

Column A	Column B	Column C	Column D	Column E
Performance Measure	Baseline for FY 2010	Annual Performance Objective for Fiscal Year 2012	Annual Performance Objective for Fiscal Year 2013	Applicant's approach in meeting the performance objectives, including the methodology proposed for data collection and reporting. (Attach additional sheets as necessary.)
9. 100% of all pregnant women who screen positive for DV, IPV, and sexual coercion will receive an appropriate intervention from the PSS provider or referral/resource.	<p>Baseline for FY 2010</p> <p>c3) The percentage of pregnant women who received screening for sexual coercion was ____% (b3 divided by a).</p> <p>a) Number of pregnant women receiving services was ____.</p> <p>b1) Number of pregnant women who were screened positive for DV and received an appropriate intervention from PSS provider or referral/resource was ____.</p> <p>b2) Number of pregnant women who were screened positive for IPV and received an appropriate intervention from PSS provider or referral/resource was ____.</p> <p>b3) Number of pregnant women who were screened positive for sexual coercion and received an appropriate intervention from PSS provider or referral/resource was ____.</p> <p>c1) The percentage of pregnant women who screened positive for DV and received an appropriate intervention from the PSS provider or referral/resource was ____% (b1 divided by a).</p>	<p>Annual Performance Objective for Fiscal Year 2012</p> <p>a) The estimated percentage of pregnant women who will screen positive for DV, IPV, and sexual coercion and receive an appropriate intervention from the PSS provider or referral/resource is ____%.</p> <p>* Final calculations will also follow the descriptions in Column B for FY 2012.</p>	<p>Annual Performance Objective for Fiscal Year 2013</p> <p>a) The estimated percentage of pregnant women who will screen positive for DV, IPV, and sexual coercion and receive an appropriate intervention from the PSS provider or referral/resource is ____%.</p> <p>* Final calculations will also follow the descriptions in Column B for FY 2013.</p>	<p>Applicant's approach in meeting the performance objectives, including the methodology proposed for data collection and reporting. (Attach additional sheets as necessary.)</p>

**Table A – Performance Measures**  
**Perinatal Support Services**

Organization: \_\_\_\_\_  
 Contract Fiscal Year: \_\_\_\_\_

Column A	Column B	Column C	Column D	Column E
Performance Measure	Baseline for FY 2010  c2) The percentage of pregnant women who screened positive for IPV and received an appropriate intervention from the PSS provider or referral/resource _____% (b2 divided by a).  c3) The percentage of pregnant women who screened positive for sexual coercion and received an appropriate intervention from the PSS provider or referral/resource _____% (b3 divided by a).	Annual Performance Objective for Fiscal Year 2012	Annual Performance Objective for Fiscal Year 2013	Applicant's approach in meeting the performance objectives, including the methodology proposed for data collection and reporting. (Attach additional sheets as necessary.)

Organization: \_\_\_\_\_  
Contract Fiscal Year: \_\_\_\_\_

**Table A – Performance Measures**  
**Perinatal Support Services**

Column A	Column B	Column C	Column D	Column E
Performance Measure	Baseline for FY 2010	Annual Performance Objective for Fiscal Year 2012	Annual Performance Objective for Fiscal Year 2013 (Option to Extend)	Applicant's approach in meeting the performance objectives, including the methodology proposed for data collection and reporting. (Attach additional sheets as necessary.)
10. 100% of all pregnant women will receive education on oral care during pregnancy.	<p>a) Number of pregnant women receiving services was _____</p> <p>b) Number of pregnant women who received education on oral care during pregnancy was _____.</p> <p>c) The percentage pregnant women who received education on oral care during pregnancy was _____% (b divided by a).</p>	<p>a) The estimated percentage pregnant women who will receive education on oral care during pregnancy is _____%.</p>	<p>a) The estimated percentage pregnant women who will receive education on oral care during pregnancy is _____%.</p>	
11. 100% of all women who screen positive for depression during pregnancy will receive services/referral.	<p>a) Number of pregnant women who screened positive for depression was _____.</p> <p>b) Number of women who were screened positive for depression during pregnancy and received services/referral was _____.</p> <p>c) The percentage of women who screen positive for depression during pregnancy and received services/referral was _____% (b divided by a).</p>	<p>a) The estimated percentage of women who screen positive for depression during pregnancy and will receive services/referral is _____%.</p>	<p>a) The estimated percentage of women who screen positive for depression during pregnancy and will receive services/referral is _____%.</p>	<p>While we refer 100% of clients identified as having depression, only about half currently accept and follow-through</p>

**Table A – Performance Measures**  
**Perinatal Support Services**

Organization: \_\_\_\_\_  
Contract Fiscal Year: \_\_\_\_\_

Column A	Column B	Column C	Column D	Column E
Performance Measure	Baseline for FY 2010	Annual Performance Objective for Fiscal Year 2012	Annual Performance Objective for Fiscal Year 2013 (Option to Extend)	Applicant's approach in meeting the performance objectives, including the methodology proposed for data collection and reporting. (Attach additional sheets as necessary.)
12. 100% of all women who screen positive for substance use/abuse during pregnancy will receive services/referral.	<p>a) Number of pregnant women who screened positive for substance use/abuse was _____.</p> <p>b) Number of women who were screened positive for substance use/abuse during pregnancy and received services/referral was _____.</p> <p>c) The percentage of women who screened positive for substance use/abuse during pregnancy and received services/referral was _____% (b divided by a).</p>	<p>a) The estimated percentage of women who screen positive for substance use/abuse during pregnancy and will receive services/referral is _____%.</p>	<p>a) The estimated percentage of women who screen positive for substance use/abuse during pregnancy and will receive services/referral is _____%.</p>	
13. 100% of all women who screen positive for depression postpartum will receive services/referral.	<p>a) Number of postpartum women who screened positive for depression was _____.</p> <p>b) Number of women who were screened positive for depression during postpartum and received services/referral was _____.</p> <p>c) The percentage women who screen positive for depression during postpartum and received services/referral was _____% (b divided by a).</p>	<p>a) The estimated percentage of women who screen positive for depression during postpartum and will receive services/referral is _____%.</p>	<p>a) The estimated percentage of women who screen positive for depression during postpartum and will receive services/referral is _____%.</p>	

**Table A – Performance Measures**  
**Perinatal Support Services**

Organization: \_\_\_\_\_  
Contract Fiscal Year: \_\_\_\_\_

Column A	Column B	Column C	Column D	Column E
Performance Measure	Baseline for FY 2010	Annual Performance Objective for Fiscal Year 2012	Annual Performance Objective for Fiscal Year 2013 (Option to Extend)	Applicant's approach in meeting the performance objectives, including the methodology proposed for data collection and reporting. (Attach additional sheets as necessary.)
14. 100% of women will select contraception at postpartum.	a) Number of women receiving services was _____. b) Number of women who selected contraception at the postpartum visit was _____. c) The percentage of women who selected contraception at the postpartum visit was _____. % (b divided by a).	a) The estimated percentage of women who select contraception at the postpartum visit is ____%.	a) The estimated percentage of women who select contraception at the postpartum visit is ____%.	
15. 100% of pregnant women will receive sexually transmitted infection (STI) prevention and education.	a) Number of pregnant women receiving services was _____. b) Number of pregnant women who received sexually transmitted infection (STI) prevention and education was _____. c) The percentage pregnant women who received sexually transmitted infection (STI) prevention and education was _____. % (b divided by a).	a) The estimated percentage pregnant women who will receive sexually transmitted infection (STI) prevention and education is ____%.	a) The estimated percentage pregnant women who will receive sexually transmitted infection (STI) prevention and education is ____%.	

**Table A – Performance Measures**  
**Perinatal Support Services**

Organization: \_\_\_\_\_  
 Contract Fiscal Year: \_\_\_\_\_

Column A	Column B	Column C	Column D	Column E
Performance Measure	Baseline for FY 2010	Annual Performance Objective for Fiscal Year 2012	Annual Performance Objective for Fiscal Year 2013 (Option to Extend)	Applicant's approach in meeting the performance objectives, including the methodology proposed for data collection and reporting. (Attach additional sheets as necessary.)
16. 100% of pregnant women who screen positive for an STI will receive recommended follow-up.	<p>a) Number of pregnant women receiving services was _____.</p> <p>b) Number of pregnant women who screened positive for an STI and received recommended follow-up was _____.</p> <p>c) The percentage pregnant women who screened positive for an (STI) and received recommended follow-up was _____% (b divided by a).</p>	<p>a) The estimated percentage of pregnant women who screen positive for an (STI) and receive recommended follow-up is _____%.</p>	<p>a) The estimated percentage of pregnant women who screen positive for an (STI) and receive recommended follow-up is _____%.</p>	

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

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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.

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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.

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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. IING  
GREGORY L. KING  
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RUSS K. SAITO  
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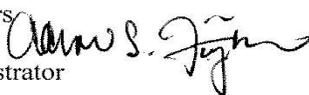
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February 22, 2006

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]