

State of Hawaii
Department of Health
Adult Mental Health Division
Hawaii State Hospital

Request for Proposals

HTH 430-13-001 Laboratory Services for Hawaii State Hospital

November 21, 2012

Note: *It is the applicant's responsibility to check the public procurement notice website, the request for proposals website, or to contact the RFP point-of-contact identified in the RFP for any addenda issued to this RFP. The State shall not be responsible for any incomplete proposal submitted as a result of missing addenda, attachments or other information regarding the RFP.*

November 21, 2012

REQUEST FOR PROPOSALS

LABORATORY SERVICES

RFP No. HTH 430-13-001

The Department of Health, Adult Mental Health Division, Hawaii State Hospital Branch, is requesting proposals from qualified applicants to provide inpatient clinical laboratory services for seriously mentally ill adults. The contract term will be from May 1, 2013 through April 30, 2014.

Proposals shall be mailed, postmarked by the United States Postal Service on or before December 21, 2012, and received no later than 10 days from the submittal deadline. Hand delivered proposals shall be received no later than 4:30 p.m., Hawaii Standard Time (HST), on December 21, 2012, at the drop-off sites designated on the Proposal Mail-in and Delivery Information Sheet. Proposals postmarked or hand delivered after the submittal deadline shall be considered late and rejected. There are no exceptions to this requirement.

The Hawaii State Hospital will conduct an orientation on Thursday, November 29, 2012 from 10:00 a.m. to 12:00 noon HST, at the Clinical Director's Conference Room, Building A, 45-710 Kea'ahala Road, Kaneohe, Hawaii. All prospective applicants are encouraged to attend the orientation.

The deadline for submission of written questions is 4:30 p.m., HST, on December 6, 2012. All written questions will receive a written response from the State on or about December 14, 2012.

Any inquiries and requests regarding this RFP should be directed to the Hawaii State Hospital Business Manager, Mr. Anthony J. Fraiola, 45-710 Kea'ahala Road, Kaneohe, Hawaii 96744, telephone: (808) 236-8257, fax: (808) 236-8632, e-mail: anthony.fraiola@doh.hawaii.gov.

PROPOSAL MAIL-IN AND DELIVERY INFORMATION SHEET

NUMBER OF COPIES TO BE SUBMITTED: 3
THE 3 COPIES MUST INCLUDE ONE (1) SIGNED ORIGINAL AND ONE (1) SINGLE SIDED, UNBOUND COPY.

ALL MAIL-INS SHALL BE POSTMARKED BY THE UNITED STATES POSTAL SERVICE (USPS) NO LATER THAN **December 21, 2012** and received by the state purchasing agency no later than **10 days from the submittal deadline.**

All Mail-ins

Hawaii State Hospital
Business Office
45-710 Kealahala Road
Kaneohe, HI 96744

RFP COORDINATOR

Mr. Anthony J. Fraiola
Phone: (808) 236-8257
Fax: (808) 236-8632

ALL HAND DELIVERIES SHALL BE ACCEPTED AT THE FOLLOWING SITE UNTIL **4:30 P.M., Hawaii Standard Time (HST), December 21, 2012.** 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 21, 2012.

Drop-off Site

Hawaii State Hospital
Business Office
45-710 Kealahala Road
Kaneohe, HI 96744

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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.

1.1 Procurement Timetable

Note that the procurement timetable represents the State's best estimated schedule. If an activity on this schedule is delayed, the rest of the schedule will likely be shifted by the same number of days. 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)	11/21/12
Distribution of RFP	11/21/12
RFP orientation session	11/29/12
Closing date for submission of written questions for written responses	12/6/12
State purchasing agency's response to applicants' written questions	12/14/12
Discussions with applicant prior to proposal submittal deadline (optional)	TBD
Proposal submittal deadline	12/21/12
Discussions with applicant after proposal submittal deadline (optional)	TBD
Final revised proposals (optional)	TBD
Proposal evaluation period	1/2/13 - 1/11/13
Provider selection	1/18/13
Notice of statement of findings and decision	1/25/13
Contract start date	5/1/13

1.2 Website Reference

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

	For	Click on “Doing Business with the State” tab or
1	Procurement of Health and Human Services	http://hawaii.gov/spo/health-human-svcs/doing-business-with-the-state-to-provide-health-and-human-services
2	RFP website	http://hawaii.gov/spo/general/procurement-notice-for-solicitations
3	Hawaii Revised Statutes (HRS) and Hawaii Administrative Rules (HAR) for Purchases of Health and Human Services	http://hawaii.gov/spo/general/statutes-and-rules/procurement-statutes-and-administrative-rules
4	Forms	http://hawaii.gov/spo/statutes-and-rules/general/spo-forms
5	Cost Principles	http://hawaii.gov/spo/health-human-svcs/cost-principles-for-procurement-of-health-and-human-services
6	Standard Contract -General Conditions, AG103F13	http://hawaii.gov/spo/general/gen-cond/general-conditions-for-contracts
7	Protest Forms/Procedures	http://hawaii.gov/spo/health-human-svcs/protestsreqforreconsideration/protests-requests-for-reconsideration-for-private-providers

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	Hawaii Compliance Express (HCE)	https://vendors.ehawaii.gov/hce/splash/welcome.html
9	Department of Taxation	http://hawaii.gov/tax/
10	Wages and Labor Law Compliance, HRS §103-055	http://capitol.hawaii.gov/hrscurrent
11	Department of Commerce and Consumer Affairs, Business Registration	http://hawaii.gov/dcca click “Business Registration”
12	Campaign Spending Commission	http://hawaii.gov/campaign

1.3 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.

1.4 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.

1.5 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:

Mr. Anthony J. Fraiola
Hawaii State Hospital
45-710 Kea'ahala Road
Kaneohe, Hawaii 96744
Phone: (808) 236-8257 Fax: (808) 236-8632

1.6 RFP Contact Person

From the release date of this RFP until the selection of the successful provider(s), any inquiries and requests shall be directed to the sole point-of-contact identified below.

Mr. Anthony J. Fraiola
Hawaii State Hospital
45-710 Kea'ahala Road
Kaneohe, Hawaii 96744
Phone: (808) 236-8257
anthony.fraiola@doh.hawaii.gov

1.7 Orientation

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

Date: November 29, 2012 **Time:** 10:00 a.m.
Location: Clinical Director's Conference Room, Bldg. A
45-710 Kea'ahala Road, Kaneohe, Hawaii 96744

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 subsection 1.8, Submission of Questions.

1.8 Submission of Questions

Applicants may submit questions to the RFP Contact Person identified in Section 1.6. Written questions should be received by the date and time specified in Section 1.1 Procurement Timetable. The purchasing agency will respond to written questions by way of an addendum to the RFP.

Deadline for submission of written questions:

Date: December 6, 2012 **Time:** 4:30 p.m. HST

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

Date: December 14, 2012

1.9 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 subsection 1.2, Website Reference. Refer to the Section 5, Proposal Application Checklist for the location of program specific forms.

1. **Proposal Application Identification (Form SPOH-200)**. Provides applicant proposal identification.
2. **Proposal Application Checklist**. The checklist provides applicants specific program requirements, reference and location of required RFP proposal forms, and the order in which all proposal components should be collated 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 SPOH-200A).** Applicant shall submit comprehensive narratives that address all proposal requirements specified in Section 3, Proposal Application Instructions, including a cost proposal/budget, if required.
- B. **Program Specific Requirements.** Program specific requirements are included in Sections 2 and 3, as applicable. Required Federal and/or State certifications are listed on the Proposal Application Checklist in Section 5.
- C. **Multiple or Alternate Proposals.** Multiple or alternate proposals shall not be accepted unless specifically provided for in Section 2. 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. **Hawaii Compliance Express (HCE).** All providers shall comply with all laws governing entities doing business in the State. Providers shall register with HCE for online compliance verification from the Hawaii State Department of Taxation (DOTAX), Internal Revenue Service (IRS), Department of Labor and Industrial Relations (DLIR), and Department of Commerce and Consumer Affairs (DCCA). There is a nominal annual registration fee (currently \$12) for the service. The HCE's online "Certificate of Vendor Compliance" 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 **subsection 1.2, Website Reference**, for HCE's website address.
- **Tax Clearance.** Pursuant to HRS §103-53, as a prerequisite to entering into contracts of \$25,000 or more, providers are required to have a tax clearance from DOTAX and the IRS. (See subsection 1.2, Website Reference for DOTAX and IRS website address.)
 - **Labor Law Compliance.** Pursuant to HRS §103-55, providers shall be in compliance with all applicable laws of the federal and state governments relating to workers' compensation, unemployment compensation, payment of wages, and safety. (See subsection 1.2, Website Reference for DLIR website address.)
 - **DCCA Business Registration.** 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 shall be registered and in good standing with the DCCA, Business Registration Division. Foreign insurance companies must register with DCCA, Insurance Division. More information is on the DCCA website. (See subsection 1.2, Website Reference for DCCA website address.)

- E. **Wages Law Compliance.** If applicable, by submitting a proposal, the applicant certifies that the applicant is in compliance with HRS §103-55, Wages, hours, and working conditions of employees of contractors performing services. Refer to HRS §103-55, at the Hawaii State Legislature website. (See subsection 1.2, Website Reference for DLIR website address.)
- F. **Campaign Contributions by State and County Contractors.** HRS §11-355 prohibits campaign contributions from certain State or county government contractors during the term of the contract if the contractors are paid with funds appropriated by a legislative body. Refer to HRS §11-355. (See subsection 1.2, Website Reference for Campaign Spending Commission website address.)
- G. **Confidential Information.** If an applicant believes any portion of a proposal contains information that should be withheld as confidential, the applicant shall request in writing nondisclosure of designated proprietary data to be confidential and provide justification to support confidentiality. Such data shall accompany the proposal, be clearly marked, and shall be readily separable from the proposal to facilitate eventual public inspection of the non-confidential sections of the proposal.

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

- H. **Proposal Submittal.** All mail-ins shall be postmarked by the United States Postal System (USPS) and received by the State purchasing agency no later than the submittal deadline indicated on the attached Proposal Mail-in and Delivery Information Sheet, or as amended. 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, or as amended. Proposals shall be rejected when:
1. Postmarked after the designated date; or
 2. Postmarked by the designated date but not received within 10 days from the submittal deadline; or
 3. 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.

1.10 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 with HAR §3-143-403.

1.11 Opening of Proposals

Upon the state purchasing agency's receipt of a proposal 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.

1.12 Additional Materials and Documentation

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

1.13 RFP Amendments

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

1.14 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 final revised proposal. *The applicant shall submit **only** the section(s) of the proposal that are amended, along with the Proposal Application Identification Form (SPOH-200).* After final revised proposals are received, final evaluations will be conducted for an award.

1.15 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 interest of the State.

1.16 Costs for Proposal Preparation

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

1.17 Provider Participation in Planning

Provider(s), awarded a contract resulting from this RFP,

are required

are not required

to participate in the purchasing agency's future development of a service delivery plan pursuant to HRS §103F-203.

Provider participation in a state purchasing agency's efforts to plan for or to purchase health and human services prior to the release of a 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 §§3-142-202 and 3-142-203.

1.18 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 §3-141-201)
- (2) Rejection for inadequate accounting system. (HAR §3-141-202)
- (3) Late proposals (HAR §3-143-603)
- (4) Inadequate response to request for proposals (HAR §3-143-609)
- (5) Proposal not responsive (HAR §3-143-610(a)(1))
- (6) Applicant not responsible (HAR §3-143-610(a)(2))

1.19 Notice of Award

A statement of findings and decision shall be provided to each responsive and responsible applicant 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 provider(s) awarded a contract prior to the contract commencement date. The State of Hawaii is not liable for any costs incurred prior to the official starting date.

1.20 Protests

Pursuant to HRS §103F-501 and HAR Chapter 148, an applicant aggrieved by an award of a contract may file a protest. The Notice of Protest form, SPOH-801, and related forms are available on the SPO website. (See subsection 1.2, Website Reference for website address.) Only the following matters may be protested:

- (1) A state purchasing agency's failure to follow procedures established by Chapter 103F of the Hawaii Revised Statutes;

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

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

Head of State Purchasing Agency	Procurement Officer
Name: Loretta J. Fuddy, A.C.S.W., M.P.H.	Name: Amy Yamaguchi
Title: Director of Health	Title: Administrative Officer, Adult Mental Health Division
Mailing Address: PO Box 3378 Honolulu, HI 96801-3378	Mailing Address: PO Box 3378 Honolulu, HI 96801-3378
Business Address: 1250 Punchbowl St. Honolulu, HI 96813	Business Address: 1250 Punchbowl St. Honolulu, HI 96813

1.21 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.

1.22 General and Special Conditions of Contract

The general conditions that will be imposed contractually are on the SPO website. (See subsection 1.2, Website Reference for website address.) Special conditions may also be imposed contractually by the state purchasing agency, as deemed necessary.

1.23 Cost Principles

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 SPOH-201, which is available on the SPO website. (See subsection 1.2 Website Reference for website address.) 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

2.1 Introduction

A. Overview, purpose or need

Hawaii State Hospital (HSH) is a 190-bed mental hospital operated under the jurisdiction of the Department of Health (DOH). HSH serves adult mentally-ill and/or dually diagnosed patients (i.e. medical, substance abuse, and developmental disabilities, etc.). Almost all patients are committed by either Civil or Penal Code commitment, the latter being in the majority. There are seven (7) treatment units, two of which are admission/acute units. Additionally, there is an inpatient Treatment Mall, with a medication room, operated during weekdays, Monday through Friday. The hospital also operates a specialized outpatient residential facility on the hospital grounds. There is no partial hospitalization or day treatment. The majority of patients are in need of some type of drug therapy and substance abuse treatment.

A wide range of diversified medical laboratory services is required by HSH to ensure optimal safe and effective medical treatments of HSH patients, to assure compliance with all State and Federal laws, rules and regulations, and to assist HSH in maintaining The Joint Commission (TJC) accreditation and meeting Centers for Medicare & Medicaid Services (CMS) certification standards.

The laboratory provides objective data to help physicians diagnose, treat, and monitor medical and psychiatric parameters in the treatment of the mentally ill.

B. Planning activities conducted in preparation for this RFP

Internal meetings to discuss the development of this RFP were convened (among various HSH disciplines). A Request for Information was conducted on May 15, 2012 to provide all interested parties an opportunity to pose questions and to collect perspectives on the proposed services included in this RFP.

C. Description of the service goals

To provide quality laboratory services and management in order to optimize the therapeutic environment of HSH by reducing the impact of physical diseases on mental health. Provided services also support infection control related activities designed to minimize the impact of communicable disease on the healthcare environment.

To provide channels of communication between the medical laboratory services, HSH departments and outside services for the efficient and regular transfer of information, testing, and patient results.

To establish and maintain standards of optimal delivery and outcomes for the patients at HSH.

To provide accurate and timely laboratory services as requested on a Monday through Friday schedule, as well as emergency twenty-four (24) hour coverage, including weekends and holidays as support to an on-call, stand by HSH Medical Technologist, and Medical Laboratory Technicians.

D. Description of the target population to be served

Adult mentally-ill and/or dually diagnosed patients (i.e. medical, substance abuse, developmental disabilities, etc.) at the Hawaii State Hospital.

E. Geographic coverage of service

The prospective provider will provide and manage clinical laboratory services referred out by the HSH laboratory at location sites designated by the provider in Section III. Scope of Work. All designated sites shall be in compliance with all State and Federal laws, rules and regulations, and with all Joint Commission standards.

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

There is high probability for continued funding though out the contracted period. HSH will make final determination as to the specific amount of the award. The source of funding is general funds.

Provider shall bill for laboratory services of HSH patients who are covered by Medicare/Medicaid or third-party payer and those patients who are serviced upon discharge. Revenue collected shall be applied and credited to HSH monthly charges.

2.2 Contract Monitoring and Evaluation

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

- (1) Performance/Outcome Measures
- (2) Output Measures
- (3) Quality of Care/Quality of Services
- (4) Financial Management
- (5) Administrative Requirements

2.3 General Requirements

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

Services shall be performed in a laboratory currently certified and licensed by Medicare. The laboratory shall also be currently certified and licensed by the College of American Pathologists (CAP) or The Joint Commission (TJC).

The laboratory shall, at all times, be under the direct personal supervision of a laboratory director currently licensed by the State of Hawaii. (Laboratory services shall be performed by licensed medical technologists and/or by laboratory technicians performing under the direct supervision of licensed personnel).

The provider shall provide in the Proposal Form the following information relative to certification and accreditation:

1. Medicare Identification Number.
2. Clinical Laboratory Improvement Amendments (CLIA) Identification Number.
3. License Number and names of accreditation agencies along with copies of such accreditation/licenses.
4. Name of Laboratory Director and State of Hawaii License Number.

At the time of proposal submittal, the provider is not required to have an office located on the island of Oahu. However, at the time of proposal submittal, provider must meet all required qualifications and must have employees who meet all required qualifications and who are available to provide services specified herein at the contract start date of April 1, 2013.

The provider shall comply with all current and applicable Joint Commission standards.

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

After-the-fact secondary purchases will be allowed.

Planned secondary purchases None

C. Multiple or alternate proposals

(Refer to HAR §3-143-605)

Allowed Unallowed

D. Single or multiple contracts to be awarded

(Refer to HAR §3-143-206)

Single Multiple Single & Multiple

Criteria for multiple awards:

E. Single or multi-term contracts to be awarded

(Refer to HAR §3-149-302)

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

Contract terms:

Initial term of contract: 1 year

Length of each extension: 12 months

Number of possible extensions: 5

Maximum length of contract: 6 years

The initial period shall commence on the contract start date or Notice to Proceed whichever is later.

Conditions for extensions: Mutual agreement must be made in writing 60 days prior to expiration of the existing contract and the execution of a supplemental agreement.

2.4 Scope of Work

The scope of work encompasses the following tasks and responsibilities:

A. Service Activities

(Minimum and/or mandatory tasks and responsibilities)

The provider shall provide clinical laboratory services referred by the HSH Laboratory for a twelve month period beginning May 1, 2013. Testing locations (where testing is done) shall be provided. When test location, methodology, or specimen requirements change, notification shall be provided.

Clinical Laboratory Services:

1. The provider shall make recommendations for improving the quality of life of HSH patients by reducing the impact of physical diseases on mental health through the provision of quality clinical laboratory services of referred tests made by the HSH attending psychiatrist or ordering physician. For purposes of this RFP, “referred tests” are laboratory tests that are not done on site, but rather are sent to an outside lab to be completed. The recommendations shall include, but are not limited to, tests on the monitoring of drug therapies and effects.
2. The provider shall provide training to HSH staff who include, but are not limited to, para-medical assistants, registered professional nurses, and licensed practical nurses, on therapeutic or drug testing (urine) specimen collection procedures including, but not limited to, completing requisition forms and specimen labels, use of proper specimen collection container, and adherence to the appropriate route of communication.
3. The provider shall maintain ongoing collaboration and consultation with the HSH laboratory to determine appropriate test methodologies and requirements. The provider shall not be reimbursed for any costs incurred for unauthorized specimen handling and test methodologies.
4. The provider shall provide “correlation” studies at no additional cost. For purposes of this RFP, “correlation” studies is defined as the analysis of the same specimen sample at both the HSH facility and the provider’s clinical laboratories to determine the reliability of the statistical data.
5. The provider shall provide free internet access of computerized lab reports for Hawaii State Hospital physicians.
6. The provider’s software will electronically interface using current connectivity methodologies with HSH’s Electronic Medical Records (EMR) to transmit laboratory results to the hospital and receive orders electronically in real time. This may be through a direct interface with Netsmart’s Avatar EMR, through a third party laboratory service or Health Information Exchange. The provider shall assume all costs for interfacing.

Critical Services:

The provider shall provide critical services twenty-four (24) hours a day, seven (7) days a week. Services shall be provided as necessary when requested by authorized HSH laboratory personnel. The provider shall make necessary arrangements to provide laboratory testing for critical services when determined by the HSH officer-of-the-day or administrator-of-the-day. The turn-around time for critical tests shall

be based on standard outpatient and hospital emergency room criteria. Notification of the critical test results shall be provided via telephone within two (2) hours of receipt of a specimen. The provider shall provide critical test services as requested, at no additional cost to HSH.

Pickups and Deliveries:

7. The provider shall provide two (2) daily pickup and delivery services, in the morning and the afternoon, except on weekends and State and Federal holidays. Other pickup and delivery services shall be provided as necessary, upon request by authorized HSH laboratory personnel.
8. The provider shall provide transportation, at no additional cost, including pickup and delivery of specimens and supplies.

Repeat Tests:

9. If, in the opinion of the attending physician or the physician's duly authorized representative, any original test result does not correlate with the patient's clinical condition and therefore is regarded as unacceptable, the provider shall perform, at no additional cost to HSH, one additional repeat test conforming to the requirements of this Contract. The repeat test shall be completed within the given turn-around time specified and as requested by the ordering physician.

Reports:

10. The provider's services shall include delivery of three (3) completed copies of written laboratory test results within the specified turn-around times per test.
11. When test results are provided via telephone to HSH, the provider shall appropriately document this action on completed written reports.
12. The provider shall be responsible for all costs associated with the database link use in the transmittal of laboratory requisitions and reports.
13. The provider shall provide free internet access of computerized lab reports for HSH physicians.
14. The provider's software will interface with HSH's EMR to transmit laboratory results to the hospital and receive orders electronically in real time. This may be through a direct interface with Netsmart's Avatar EMR, through a third party laboratory service or Health Information Exchange. The provider shall assume all costs for interfacing.

Supplies and Equipment:

15. The provider shall provide, at no additional cost, supplies as required per individual tests, including, but not limited to, the following: containers for tissue studies with appropriate preservative solution, serum vials with screw caps, slides with holders and fixatives for cytology, specimen collecting tubes with and without additives, transport and blood culture media, urine containers with screw caps, twenty-four (24) hour urine containers with and without preservatives, screw cap stool collection containers with and without preservative solution, specimen labels, viral and bacterial swabs, transport bags, requisition forms, and any miscellaneous items needed to collect and process specimens for patients.

Confidentiality of Patients' Records:

16. The provider shall maintain confidential records of laboratory tests performed on each patient pursuant to section 334-5, Hawaii Revised Statutes, 42 U.S.C. sections 290 dd-3 and 290 ee-3 and the implementing federal regulations, 42 C.F.R. Part 2, if applicable, and any other applicable confidentiality statute or rule. The records shall be made available to HSH upon request.

Billing for Third Party Payor:

17. The provider shall bill patients' insurance for laboratory services provided to HSH patients who are covered by Medicaid, Medicare or any other third party payor and those patients who are serviced upon discharge. Every attempt should be made to utilize 3rd party benefit coverage when known to obtain reimbursement. HSH will make available any known benefit provider information to the provider to facilitate this process. Quarterly reports will be furnished showing amounts billed and received by the provider. Revenue collected shall be applied and credited to the provider's monthly charges to HSH. HSH will not be responsible for unauthorized or unrequested specimens and test methodologies.

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

1. Personnel

At the time of the proposal submittal and throughout the contact period, the provider or provider's personnel performing the services specified herein shall throughout the contract period, maintain current licenses as described in Section 2,II.A.

The provider shall provide and maintain sufficient personnel to assure adequate and uninterrupted referral laboratory services as required by this RFP.

The provider shall provide twenty four (24) hours a day, seven (7) days a week referral laboratory services to the HSH laboratory personnel, including an on-call stand-by laboratory technologist.

The provider shall have a management office and staff on Oahu who directly reports to HSH Laboratory Services Unit and shall resolve conflicts and concerns relating to the delivery of contracted services and billings.

The provider shall have appropriate IT personnel (Project Manager/Interface Coordinator) to coordinate EMR connectivity and communication.

The provider shall provide an account representative for clinical, technical, and consultative assistance.

2. Administrative

- a. Hawaii General Excise Tax License. Provider shall submit his current Hawaii General Excise Tax I.D. number in the space provided on the Proposal Form.
- b. Tax Liability. Services to be performed under this RFP is a business activity taxable under Chapter 237 Hawaii Revised Statutes (HRS) and Chapter 238 HRS as applicable. Both out-of-state vendors and Hawaii vendors are advised that the gross receipts derived from this proposal are subject to the 4% general excise tax and ½% user tax where applicable.
- c. Insurance. Provider shall provide insurance information as requested on the Proposal Form.
 - Professional Liability Insurance
 - Comprehensive General Liability Insurance
 - Automotive Liability Insurance

A copy of the insurance certificate shall be provided before contract is executed.

- d. **References.** Provider shall provide on the Proposal Form at least two hospitals and/or established clinical institutions in the State of Hawaii to where pharmaceutical services similar to those requested herein, have been provided or currently being provided. The purchasing agency reserves the right to contact the references listed to inquire about the services provided by the provider.
- e. **Wage Certificate.** Provider shall complete and submit the Wage Certificate by which provider certifies that the services required will be performed pursuant to Section 103-55 (HRS).
- f. **W-9 Form.** Provider shall complete and submit a W-9 Form.
- g. **Turn Around Time.** Turnaround time (expressed in hours) is the time allowed for completion of each given test(s). The provider or duly authorized representative if needed shall contact the authorized HSH laboratory personnel to request additional time and at the discretion of the attending physician or his duly authorized representative the extension may be given

The provider shall fax reports to HSH on a daily basis at 0600 and 1000. The provider shall be responsible for activation costs of the current fax line at HSH during the term of the contract. All costs associated with the fax machine shall be the responsibility of the provider.

- h. **Insurance Policies.** In addition to the provisions of the General Conditions No. 1.4, the provider, at its sole cost and expense, shall procure and maintain policies of professional liability insurance and other insurance necessary to insure the provider and its employees against any claim or claims for damages arising by reason of personal injuries or death occasioned directly or indirectly in connection with the performance of this contract. Subcontractors and contractors shall also be bound by this requirement and it is the responsibility of the provider to ensure compliance with this requirement.

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

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 not less than TWO MILLION AND NO/100 DOLLARS (\$2,000,000.00) in the aggregate annually.

Professional Liability insurance issued by an insurance company in the amount of at least ONE MILLION AND NO/100 DOLLARS (\$1,000,000.00) for liability arising out of each occurrence and not less than FIVE MILLION AND NO/100 DOLLARS (\$5,000,000.00) in the aggregate annually

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

All policies shall be made by occurrence and not on a claims-made basis.

The insurance shall be obtained from a company authorized by the law to issue such insurance in the State of Hawaii (or meet Section 431:8-301, Hawaii Revised Statutes, if utilizing an insurance company not licensed by the State of Hawaii).

The provider shall name the State of Hawaii as an additional insured on all such policies, except on professional liability insurance coverage. The provider shall provide certificates of insurance to the DIVISION for all policies required under this contract.

The provider shall ensure that the above policy limits are in place throughout the duration of the contract period. The provider shall also immediately provide written notice to the contracting department or agency should any of the insurance policies evidenced on its Certificate of Insurance form be canceled, limited in scope, or not renewed upon expiration.

- i. Liquidated Damages. Liquidated damages shall be paid per day for each time the provider fails to perform in whole or in part any of its obligations herein. Liquidated damages are fixed at the sum of \$800 per day and may be deducted from any payments due to or become due to the provider.

3. Quality assurance and evaluation specifications

The provider shall have quality assurance programs to monitor the level of laboratory services and evaluation and improvement plans for proposed services.

The provider shall submit a copy of their Quality Management Plan and any non-confidential documentation that demonstrates its organizational commitment to process improvement.

The provider shall provide a mechanism for receiving, documenting and responding to consumer grievances.

The provider shall meet the College of American Pathologists (CAP), The Joint Commission (TJC), State licensure and Federal standards.

4. Output and performance/outcome measurements

The provider shall provide written documentation relating to event reports of errors and incidents to the Quality Improvement department at HSH. The provider shall work with the HSH staff to insure that medication events are minimized.

5. Experience

The provider shall demonstrate past experience relating to the delivery of the proposed services including, but not limited to previous and current contract performance with HSH Laboratory and other laboratories.

6. Coordination of services

The provider shall demonstrate capability to coordinate services with the Laboratory Services Unit staff, as well as other appropriate staff within the Hawaii State Hospital.

7. Reporting requirements for program and fiscal data

The provider shall provide a publication of specimen and preservation requirements and methodology. The provider shall provide notification of changes and updates.

The provider shall provide a monthly billing invoice in triplicate. The invoice shall be accurate and correct. If errors occur, the invoice will be returned for correction.

Payments shall be made based on the actual number of tests performed at the contracted unit price per test. For this purpose a quarterly Purchase Order shall be issued.

8. Units of service and unit rate

Not applicable to this RFP.

C. Facilities

The provider will maintain appropriate facilities on Oahu to receive, analyze and report specimens received or make arrangements for other providers to perform required testing not available locally.

2.5 COMPENSATION AND METHOD OF PAYMENT

A. Pricing structure or pricing methodology to be use

HSH cannot precisely predict the medical needs of its patients during the contract period, therefore the provider will bill for actual laboratory services provided based on current Medicare/Medicaid allowable rate plus/ or minus a proposed percentage (%).

The proposed rate per test shall include all labor, administrative cost, lab supplies, applicable taxes, transportation charges (including pick-up and delivery) and any other expenses necessary to perform the services specified herein. Budget forms as appropriate shall be submitted to determine the competitiveness and reasonableness of the proposed rate.

For evaluation purposes, the provider shall provide and include on the Proposal Form a sample listing of laboratory tests with the proposed rate using the current Medicare/Medicaid allowable rates.

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 (SPOH-200A) is available on the SPO website (see 1.2 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 is comprised of the following sections:

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

3.1 Program Overview

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

3.2 Experience and Capability

A. Necessary Skills

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

B. Experience

The applicant shall demonstrate past experience relating to the delivery of the proposed services including, but not limited to previous and current contract performance with HSH Laboratory and other clinical facilities.

The applicant shall provide a description of projects/contracts pertinent to the proposed services with other comparable clinical facilities in the service area.

C. Quality Assurance and Evaluation

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

D. Coordination of Services

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

E. Facilities

The Provider will maintain appropriate facilities on Oahu to receive, analyze and report on specimens received or make arrangements for other providers to perform required testing not available locally.

3.3 Project Organization and Staffing

A. Staffing

1. Proposed Staffing

The applicant shall describe the proposed staffing pattern, client/staff ratio and

proposed caseload capacity appropriate for the viability of the services. (Refer to the personnel requirements in the Service Specifications, as applicable.)

2. Staff Qualifications

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

B. Project Organization

1. Supervision 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.

3.4 Service Delivery

Applicant shall include a detailed discussion of the applicant’s approach to applicable service activities and management requirements from Section 2, Item 2.1, Scope of Work, including (if indicated) a work plan of all service activities and tasks to be completed, related work assignments/responsibilities and timelines/schedules.

- A.** A detailed description of the service which the applicant is proposing to provide including:

The applicant’s software will electronically interface using current connectivity methodologies with HSH’s EMR to transmit laboratory results to the hospital and receive orders electronically in real time. This may be through a direct interface with Netsmart’s Avatar EMR, through a third party laboratory service or Health Information Exchange. The applicant shall assume all costs for interfacing.

- B.** Documented experience working with hospital laboratory services.
- C.** How to integrate best practices and/or evidence based practices into the treatment.
- D.** Ability to meet service deadlines.

- E. Applicants involvement in decisions regarding provision of services.
- F. A statement by the applicant that it is ready, able, and willing to provide services throughout the time of the contract period.
- G. A statement by the applicant that it has read and understands the Request for Proposal and will comply with the DIVISION requirements.
- H. How the Provider will coordinate timely pick up of specimens, turn around results in a timely manner in format of the hospitals choosing.
- I. Communicate critical values to the ordering practitioner or designer with documentation of the communication on the lab result.

3.5 Financial

A. Pricing Structure

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

1. The cost proposal (unit Price) per test for the services to be provided as described on the "Scope of Work", Section 2.III.A, the applicant shall indicate on the Proposal Form the current Medicare/Medicaid allowable rate plus proposed percentage (%).
2. To review the cost proposal the applicant shall submit with the Proposal Application the following budget forms:
 - SPO-H-205
 - SPO-H-206A
 - SPO-H-206B
 - SPO-H-206C*
 - SPO-H-206D*
 - SPO-H-206E*
 - SPO-H-206F*
 - SPO-H-206G*
 - SPO-H-206H*
 - SPO-H-206I*
 - SPO-H-206J*

*These forms are to be submitted only if cost items are included in the proposed budget (Example: if you included Inter-Island Travel as a budgeted item, submit Form SPO-H-206C).

All budget forms, instructions and samples are located on the SPO website. (See subsection 1.2, Websites References for website address.) The following budget form(s) shall be submitted with the Proposal Application:

B. Other Financial Related Materials

1. Accounting System

To determine the adequacy of the applicant's accounting system as described under the administrative rules, the following documents are requested as part of the Proposal Application (may be attached):

- a) The applicant shall submit a cost allocation plan showing how cost is allocated across different funding sources.
- b) Also, the applicant shall submit a copy of its most recent audited or compiled financial statements.

3.6 Other

A. Litigation

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

Section 4

Proposal Evaluation

Section 4 Proposal Evaluation

4.1 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.

4.2 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	30 points
Project Organization and Staffing	15 points
Service Delivery	30 points
Financial	25 Points
TOTAL POSSIBLE POINTS	100 Points

4.3 Evaluation Criteria

A. Phase 1 - Evaluation of Proposal Requirements

1. Administrative Requirements

- Application Checklist
- Registration (if not pre-registered with the State Procurement Office)
- Wage Certificate
- Proposal Forms

2. Proposal Application Requirements

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

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

Program Overview: No points are assigned to Program Overview. The intent is to give the applicant an opportunity orient evaluators as to the service(s) being offered.

1. Experience and Capability (30 Points)

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

A. Necessary Skills

- Demonstrated skills, abilities, and knowledge relating to the delivery of the proposed services.

7 pts.

B. Experience

- Demonstrated past experience relating to the delivery of the proposed services including, but not limited to previous and current contract performance with HSH Laboratory and other clinical facilities.

6 pts.**C. Quality Assurance and Evaluation**

- Sufficiency of quality assurance and evaluation plans for the proposed services, including methodology.

6 pts.**D. Coordination of Services**

- Demonstrated capability to coordinate services with other agencies and resources in the community.
- Ability to electronically interface with the hospital's EMR.

5 pts.5 pts.**E. Facilities**

- The Provider will maintain appropriate facilities on Oahu to receive, analyze and report specimens received or make arrangements for other providers to perform required testing not available locally.

1 pt.**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

- Proposed Staffing: That the proposed staffing pattern, client/staff ratio, and proposed caseload capacity is reasonable to insure viability of the services.
- Staffing Qualifications: Minimum qualifications (including experience) for staff assigned to the program.
- Appropriate IT personnel to coordinate EMR Connectivity and communication.

4 pts.4 pts.5 pts.

B. Project Organization

- Supervision and Training: Demonstrated ability to supervise, train and provide administrative direction to staff relative to the delivery of the proposed services. 1 pts.
- Organization Chart: Approach and rationale for the structure, functions, and staffing of the proposed organization for the overall service activity and tasks. 1 pts.

3. Service Delivery (30 Points)

- The evaluation criteria may also include an assessment of the logic of the work plan for the major service activities and tasks to be completed, including clarity in work assignments and responsibilities, and the realism of the timelines and schedules, as applicable. 15 pts.
- Timely pick up of specimens (scheduled and as needed). 6 pts.
- Results received back in a timely manner – in format of hospitals choosing (electronic/fax/EMR integration). 5 pts.
- Critical values called to the ordering practitioner or designee with documentation of the communication on the lab result. 4 pts.

4. Financial (25 Points)

Pricing structure based on Medicare/Medicaid rate plus/minus % per test:

- a. Test costs are reasonable and competitive.
- b. Non-personnel costs are reasonable and adequately justified based on the services provided.
- c. The extent the budget supports the scope of service and requirements of the Request for Proposal.
- d. Adequacy of accounting system.

C. Phase 3 - Recommendation for Award

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

Section 5

Attachments

- A. Proposal Application Checklist
- B. Sample Table of Contents
- C. Wage Certificate
- D. Proposal Forms

Proposal Application Checklist

Applicant: _____ RFP No.: _____

The applicant's proposal must contain the following components in the order shown below. Return this checklist to the purchasing agency as part of the Proposal Application. SPOH forms are on the SPO website.

Item	Reference in RFP	Format/Instructions Provided	Required by Purchasing Agency	Applicant to place "X" for items included in Proposal
General:				
Proposal Application Identification Form (SPOH-200)	Section 1, RFP	SPO Website*	X	
Proposal Application Checklist	Section 1, RFP	Attachment A	X	
Table of Contents	Section 5, RFP	Section 5, RFP	X	
Proposal Application (SPOH-200A)	Section 3, RFP	SPO Website*	X	
Hawaii Compliance Express Verification Certificate	Section 1, RFP	Hawaii Compliance Express SPO Website*	X	
Cost Proposal (Budget)				
SPO-H-205	Section 3, RFP	SPO Website*	X	
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*	X	
SPO-H-206B	Section 3, RFP	SPO Website*	X	
SPO-H-206C	Section 3, RFP	SPO Website*	X	
SPO-H-206D	Section 3, RFP	SPO Website*	X	
SPO-H-206E	Section 3, RFP	SPO Website*	X	
SPO-H-206F	Section 3, RFP	SPO Website*	X	
SPO-H-206G	Section 3, RFP	SPO Website*	X	
SPO-H-206H	Section 3, RFP	SPO Website*	X	
SPO-H-206I	Section 3, RFP	SPO Website*	X	
SPO-H-206J	Section 3, RFP	SPO Website*	X	
Certifications:				
<i>Federal Certifications</i>		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		
Program Specific Requirements:				
Wage Certificate	1 & 4, RFP	Section 5, RFP	X	
Evidence of Laboratory Licenses, Certificates, or Accreditation	Section 2, RFP	Section 5, RFP	X	
Evidence of Director and Laboratory Personnel Licenses	Section 2, RFP	Section 5, RFP	X	
Proposal Forms		Section 5, RFP	X	

*Refer to subsection 1.2, Website Reference for website address.

Proposal Application Table of Contents

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	SPO-H-205 Proposal Budget	
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	B. Other Financial Related Materials	
	Financial Audit for fiscal year ended June 30, 1996	
	C. Organization Chart	
	Program	
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	Table A	
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WAGE CERTIFICATE
(For Service Contracts)

Subject: RFP No.: _____

Title of RFP: _____

(To be completed by Applicant)

Pursuant to Section 103-55, Hawaii Revised Statutes (HRS), I hereby certify that if awarded the contract in excess of \$25,000, the services to be performed will be performed under the following conditions:

1. The services to be rendered shall be performed by employees paid at wages or salaries not less than the wages paid to public officers and employees for similar work; and
2. All applicable laws of the federal and state governments relating to workers' compensation, unemployment compensation, payment of wages, and safety will be fully complied with.

I understand that failure to comply with the above conditions during the period of the contract shall result in cancellation of the contract, unless such noncompliance is corrected within a reasonable period as determined by the procurement officer. Payment in the final settlement of the contract or the release of bonds, if applicable, or both shall not be made unless the procurement officer has determined that the noncompliance has been corrected; and

I further understand that all payments required by Federal and State laws to be made by employers for the benefit of their employees are to be paid in addition to the base wage required by section 103-55, HRS.

Applicant _____

Signature _____

Title _____

Date _____

Organization: _____
RFP No: _____

CLINICAL LABORATORY SERVICES FOR
DEPARTMENT OF HEALTH
HAWAII STATE HOSPITAL
RFP NO. HTH 430-13-001

Anthony J. Fraiola
RFP Contact Person
Hawaii State Hospital
45-710 Keaahala Road
Kaneohe, Hawaii 96744

Dear Sir:

The undersigned has carefully read and understands the general requirements and scope of work specified in the Service Specifications and hereby submits the following proposal to perform the services specified in this RFP, all in accordance with the true intent and meaning thereof:

Date: _____

Respectfully submitted,

Telephone No.: _____

Exact Legal Name of Applicant

Fax No.: _____

Authorized Signature (Original)

Payment address, if other than
Street address at right:

Title

Hawaii General Excise Tax Lic.
I.D. No.: _____

Street Address

Social Sec. or Federal I.D. No.:

City, State, Zip Code

If applicant shown above is a "dba" of "division" of a corporation, furnish the exact legal name of the corporation under which the contract, if awarded, will be executed:

Applicant is: ___ Individual ___ Partnership ___ Corporation ___ Joint Venture

State of incorporation: Hawaii ___ *Other _____

Organization: _____

*If "other", is corporate seal available in Hawaii? ___ Yes ___ No

Applicant shall provide the following information:

1. INSURANCE COVERAGE:

Comprehensive General Liability: _____

(Underwriter)

Professional Liability: _____

(Underwriter)

Automobile Liability: _____

Name of Agent: _____ Telephone: _____

2. Medicare Identification Number: _____

3. CLIA Identification Number: _____

4. Name of Laboratory Director: _____

5. Laboratory Director's State of Hawaii License Number: _____

6. References: Applicant shall list a minimum of four (4) names with Points of Contact and phone number(s) of:

1) Two established hospitals

Hospital: _____

Point of Contact: _____ Phone No. _____

Hospital: _____

Point of Contact: _____ Phone No. _____

2) Two established clinical institutions

Clinic: _____

Point of Contact: _____ Phone No. _____

Clinic: _____

Point of Contact: _____ Phone No. _____

Organization: _____

