State of Hawaii
Department of Health
Family Health Services Division
Maternal and Child Health Branch
Home Visiting Unit

Addendum 2

December 19, 2014

To

Request for Proposals

RFP No. HTH 560-CT-006

Home Visiting

Issued: December 1, 2014

December 19, 2014

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To

REQUEST FOR PROPOSALS
Home Visiting
RFP No. HTH 560-CT-006

The Department of Health, Family Health Services Division, Maternal and Child Health Branch, Home Visiting Program is issuing this addendum to RFP Number HTH 560-CT-006, Home Visiting for the purposes of:

- ☒ Responding to questions that arose at the orientation meeting of December 5, 2014 and written questions subsequently submitted in accordance with Section 1-V, of the RFP.
- ☐ Amending the RFP.
- ☐ Final Revised Proposals

The proposal submittal deadline:

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

Attached is (are):

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

If you have any questions, contact:

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Responses to Question Raised by Applicants
For RFP No. HTH-560-CT-006, Home Visiting

Just to clarify, on the RFP it is asking for 6 copies. Is that 1 original plus 6 copies = 7 total ; or 1 original plus 5 copies = 6 total?	A total of 6 identical copies of the proposal are required. One of the proposals will be left unmarked by DOH and retained as an "original" for documentation purposes.
Our agency is not going to apply for the RFP because another home visiting agency is going to apply and we agreed not to compete against them.	This is considered Collusion and is an Anti-Trust Law Violation. Collusion and Anti-Trust violations are: bid-rigging, price fixing, and market allocation which are economic crimes and are subject to criminal investigation, prosecution, and stiff penalties. Collusion/Anti-Trust Violation activity represents agreements amongst competitors that unreasonably restrains trade. The harm: By agreeing on the winning bidder, the bidders eliminate competition. Bid-rigging includes: 1) Bid rotation – competitors agree to rotate or take turns being the winning bidder and can be agreed on time, product, or geographic Area; 2) Bid Suppression – where a bidder agrees to NOT submit a bid when capable of doing the job; and 3) Complementary bidding – where bidders agree that one bidder will submit winning low bid, other bidders submit high bids. Certain acts are considered so harmful to competition that they are almost always illegal. These include arrangements among competing individuals or businesses to fix prices, divide markets, or rig bids. These acts are "per se" violations of the Sherman Act; in other words, no defense or justification is allowed. Even an informal agreement whereby one member agrees to stay out of another's “territory” will constitute a violation of antitrust laws. DOH is available to answer or provide further information upon request.

Are the proposal submission requirements going to be written in DOH's Q&A response?	No. Proposal submission requirements can be found in the RFP, before the table of contents in section "Proposal Mail-In and Delivery Information Sheet."
Can we still apply for the RFP(s) even though we don't have a current home visiting contract with the State?	Yes. All qualified applicants are encouraged to apply for the RFPs being solicited by the State. Agencies do **NOT** have to have a current home visiting contractual agreement with the State to be eligible to apply for any of the three (3) RFPs.
Referring to the RFI (Request for Information) notes from the RFI meeting on November 7, regarding the ETO data management system: will providers be required to use ETO for billing and invoicing?	Efforts to Outcomes (ETO) data management system is currently available for Healthy Families America (HFA) home visiting model programs only. While DOH has plans to expand ETO access to other home visiting model programs in the future, it is not a requirement at this time. DOH **does not require** the use of ETO for billing/invoicing. Providers may use their own systems to provide billing and invoice statements. ETO users may use ETO to provide DOH a print-out of hours of direct and indirect services. DOH **does require** HFA model program providers to use ETO for data collection.
Do we submit one original RFP and 6 copies? Or 1 original RFP and 5 copies?	A total of 6 identical copies of the proposal are required. One of the proposals will be left unmarked by DOH and retained as an "original" for documentation purposes.
Is it the expectation that after a family is referred to home visiting services, that the referral be deactivated after 5 days if the family has not declined or accepted services? The MCHB P&P reads: The HHVN program shall contact families by telephone or email to initiate home visiting services. Families then have five (5) business days to decline or accept services. If the offer of services is declined the referral shall be deactivated.	After the family has been **contacted** (not referred) by the home visiting program, the family has five (5) business days to decline or accept services. The HHVN home visiting programs shall use U.S. Postal Service and drop-in visits for families that cannot be contacted. Three (3) letters delivered via U.S. Postal Service and three (3) drop-in visits shall be conducted within 30 days of referral from EID. Families that do not schedule a first home visit within 30 days of referral shall be deactivated.

Please clarify the different scoring elements related to each of the following under Service Delivery Evaluation Criteria: 10 points - Plan for conducting home visits 10 points - Plan for conducting home visits according to model standards and practices	The RFP addendum clarifies that "Plan for conducting home visits" is removed and the score for "Plan for conducting home visits according to model standards and practices" has increased by 10 points to 20 points.
Based on the question above, what is the difference between the two, as the description of plan for conducting home visits would be written based on the proposed model.	RFP addendum No. 1 clarifies that "Plan for conducting home visits" is deleted and the score for "Plan for conducting home visits according to model standards and practices" has increased by 10 points to 20 points.
Currently total page limits of each section combined equal 59 pages. The proposal also states the total allowed pages of all sections should not exceed 70 pages. Can consideration be given to expanding page limits in service delivery and other sections?	Do not exceed section-specific page limits. Do not exceed 70 pages overall, excluding attachments.
There is no page limit identified for the financial section. Please clarify if there is a limit.	There is no section-specific page limit to 3.5 Financial because the referenced budget forms and the most recent financial audit report are to be submitted as attachments. Attachments are not included in the overall 70 page limit.
Attachment D of P&P, page IV-4, or page 174 of proposal packet: Please clarify if reference to ASQ-3 9 month interval is in error. It is our understanding it would be removed and not required.	The 9-month ASQ-3 interval remains required.

Attachment D of P&P, page IV-13 or page 183 of proposal packet: Please clarify that the intervals of the NCAST Teach are correct. The understanding is that it is done at 6 months and 18 months of age, although the P&P indicates it's due at enrollment and one year following enrollment.	The NCAST Teach should be conducted at enrollment (0 to 6 months). The second Teach should be conducted one year after the first NCAST Teach was conducted (12 to 18 months).
On 3-2 of proposal, it asks for point of contacts for project. Is this the contractor or provider?	The applicant shall provide the dates of operation and description of recent (within five (5) years) projects/contracts pertinent to home visiting services and include the points of contact for the project offerer.
Can the state provide guidance on calculating output measures?	When calculating output measures, agencies may consider factors to assure that the output measures submitted are achievable. Some factors to consider may include: • Experience providing services in the specified community and identified trends • The total number of families capable of serving given the program's capacity • Community demographics • Windows of opportunity (i.e., families that are enrolled in the last month of the contract may not be assessed within the timeframe the assessment permits) • Attrition level • Retention level • For agencies that currently provide services, carry-over families who have been previously reported • Program start-up (e.g., hiring, orientation, training, implementation, number of EID and other referrals, etc.)