

State of Hawai‘i
Department of Health
Family Health Services Division
Maternal and Child Health Branch
Women’s Health Section

Request for Proposals

RFP No. HTH-560-CW-006 BIG ISLAND PERINATAL HEALTH DISPARITIES PROJECT

September 18, 2008

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 18, 2008

REQUEST FOR PROPOSALS

BIG ISLAND PERINATAL HEALTH DISPARITIES PROJECT RFP No. HTH-560-CW-006

The Department of Health, Family Health Services Division, Maternal and Child Health Branch, is requesting proposals to provide core services, including outreach aimed at participant recruitment and retention; culturally and linguistically appropriate support services and health education to participants, their partners and significant family members; identifying health and environmental protective and risk factors; and providing case management. The target group is Native Hawaiian, Other Pacific Islander, and Hispanic women and adolescent females through age eighteen (18), regardless of ethnicity, during pregnancy and through a two (2) year interconception period. Interconception is defined by the funding agency, the U.S. Department of Health and Human Services, Health Resources and Services Administration, as *the interval between birth and a subsequent pregnancy*. These services are designed to increase entry into first trimester prenatal care and to decrease the incidence of very low and low birth weight, pre-term birth and infant mortality. To address the factors contributing to these disparities and prevent relapses of risk behaviors that may impact a future pregnancy, the proposed scope of program services will cover both the pregnancy and interconception phases. Project participants and infants are to be followed through the infants' second year of life and/or two (2) years following delivery.

The initial contract will encompass the time period from the State's Notice to Proceed through May 31, 2011. A contract may be extended for up to thirty-six (36) additional months or not more than three (3) additional twelve (12) month periods. The possibility of contract extension will be based on availability of funding and continuation of need.

A single or multiple proposals may be submitted for service delivery for either the entire Hawai'i County or for services within one of two service areas which are defined in the specifications document. Multiple contracts may be awarded under this request for proposals. Probable funding amounts, contingent on federal grant award and based on availability of funding, are listed below:

Federal Fiscal Year 2009-2011: \$1,200,000.00 (over a 2-year period)
\$600,000.00 annually would be available for contract services to be used for supporting service delivery for the entire Hawai'i County.

The Family Health Services Division will conduct an orientation on September 29, 2008 from 9:30 a.m. to 12:00 noon HST, at the State Office Building, Conference Room B (first floor), 75 Aupuni Street Hilo, Hawai'i. All prospective applicants are encouraged to attend the orientation.

The deadline for submission of written questions is 4:30 p.m., HST, on October 3, 2008. All written questions will receive a written response from the State on or about October 9, 2008.

Inquiries regarding this RFP should be directed to the RFP contact person, Ms. Connie Brunn at 741-A Sunset Avenue, Honolulu, Hawai'i 96816, telephone: (808) 733-9024, fax: (808) 733-9032, e-mail: connie.brunn@doh.hawaii.gov.

PROPOSAL MAIL-IN AND DELIVERY INFORMATION SHEET

NUMBER OF COPIES TO BE SUBMITTED: Four (4)

ALL MAIL-INS SHALL BE POSTMARKED BY THE UNITED STATES POSTAL SERVICE (USPS) NO LATER THAN **OCTOBER 28, 2008** 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, Hawai'i 96801-3378

DOH RFP COORDINATOR

Connie Brunn
For further information or inquiries
Phone: 733-9024
Fax: 733-9032

ALL HAND DELIVERIES SHALL BE ACCEPTED AT THE FOLLOWING SITES UNTIL **4:30 P.M., Hawai'i Standard Time (HST), OCTOBER 28, 2008.** 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., **OCTOBER 28, 2008.**

Drop-off Sites

Oahu:

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

East Hawai'i:

Department of Health
Hawai'i District Health Office
State Office Building, Room 105
75 Aupuni Street
Attn: DOH Administrative Services Office

West Hawai'i:

Department of Health
Kealahou Business Plaza
81-980 Haleki'i Street
Kealahou, Hawai'i
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)	<u>September 18, 2008</u>
Distribution of RFP	<u>September 18, 2008</u>
RFP orientation session	<u>September 29, 2008</u>
Closing date for submission of written questions for written responses	<u>October 3, 2009</u>
State purchasing agency's response to applicants' written questions	<u>October 9, 2009</u>
Discussions with applicant prior to proposal submittal deadline (optional)	<u></u>
Proposal submittal deadline	<u>October 28, 2008</u>
Discussions with applicant after proposal submittal deadline (optional)	<u></u>
Final revised proposals (optional)	<u>November 2008</u>
Proposal evaluation period	<u>November 2008</u>
Provider selection	<u>November 2008</u>
Notice of statement of findings and decision	<u>November 2008</u>
Contract start date	<u>Notice to Proceed</u>

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	Hawai‘i 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 Hawai‘i website at <http://hawaii.gov>)

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

III. Authority

This RFP is issued under the provisions of the Hawai‘i 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

Department of Health

Family Health Services Division, Maternal and Child Health Branch

741-A Sunset Avenue, 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: September 29, 2008 **Time:** 9:30 a.m. – 12:00 noon

Location: State Office Building, Conference Room B (first floor)
75 Aupuni Street, Hilo HI

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: October 3, 2009 **Time:** 4:30 HST

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

Date: October 9, 2009

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 Hawai‘i 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 Hawai‘i 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. **Hawai‘i 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.

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 Hawai‘i 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 Hawai‘i Revised Statutes;
- (2) A state purchasing agency’s failure to follow any rule established by Chapter 103F of the Hawai‘i 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: Chiyome Leina’ala Fukino M.D.	Name: Loretta Fuddy, A.C.S.W., M.P.H.
Title: Director of Health	Title: Chief, Family Health Services Division
Mailing Address: P.O. Box 3378, Honolulu, HI 96801	Mailing Address: P.O. Box 3378, Honolulu, Hawai‘i 96801
Business Address: 1250 Punchbowl Street, Honolulu, HI 96813	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 Hawai‘i, 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 Hawai‘i Department of Health (DOH) is in the ninth year of funding under the U.S. Department of Health and Human Services (DHHS) Health Resources and Services Administration (HRSA) “Eliminating Disparities in Perinatal Health (Border, Alaska, and Hawai‘i)” grant. This current funding cycle is scheduled to end in 2009. The DOH, Maternal and Child Health Branch (MCHB) intends to submit a competitive application for continuation of this grant. Although a new grant application could be awarded for up to five (5) years, the DOH, MCHB would be required, if awarded this grant, to reapply annually through a non-competitive grant process. Any contract service award would be for a two (2) year timeframe, with a possibility of extension for not more than three (3) additional twelve (12) month periods.

The overall purpose of the Project funded under this grant, The Big Island Perinatal Health Disparities Project, is to decrease disparities in the perinatal outcomes of women residing in Hawai‘i County, by enhancing the capacity of the Big Island (Hawai‘i County) perinatal service system. The Project targets Native Hawaiian, Other Pacific Islander, and Hispanic women, and adolescent females through 18 years of age of all ethnicities, beginning with the first trimester of pregnancy and for two years after birth. The Project has two components.

These two components are:

- a *service delivery* component intended to provide case management and other support services to women from ethnic or age groups found to be at higher risk for poor birth outcomes; and
- a *core system* component intended to strengthen perinatal service delivery in Hawai‘i County.

The *service delivery* component relates to this Request for Proposals (RFP), which requests applications to provide these services. This component will be discussed at length below.

The second component, related to services to improve *core systems*, is not being sought through this RFP. The core systems component, which is being provided for under a separate contract, is intended to strengthen the service delivery system in Hawai‘i County, including those services being sought through this RFP. Among the core system efforts required by the funding agency are development of a Local Health System Action Plan (LHSAP) to be used as a basis for developing an

integrated service delivery system for targeted populations and establishment of a community-based consortia. The Project has such a consortium, the Big Island Disparities Consortium (BIDC), comprised of the Big Island Consortium (BIC) and the four (4) Local Area Consortia (LAC) located in Hilo, Kona, Hamakua and Ka'u geographic areas. The BIC and LAC together coordinate as advisory bodies to promote actions intended to improve the perinatal, infant, and related women's health system in Hawai'i County.

This RFP is for *direct service delivery* activities designed to decrease the disparity in birth outcomes among Native Hawaiian, Other Pacific Islander, Hispanic women and adolescent females through age eighteen (18) regardless of ethnicity residing in Hawai'i County. Direct service delivery activities include the following core services: outreach to support participant recruitment and retention; risk assessment and, when indicated, referral; case management; and health education provided in a comprehensive, holistic manner from Project entry until 24 months post delivery for both mother and infant. These services are intended, over the long term, to improve health outcomes by decreasing rates of low birth weight, preterm birth, other poor birth outcomes and infant mortality in Hawai'i County.

The *service delivery* component being sought under this RFP includes recruiting women into the Project; identifying a participant's health and environmental protective and risk factors, such as maternal age, high blood pressure or a history of preterm birth; providing culturally and linguistically appropriate support services and health education to participants, their partners and significant family members; and providing case management. Outreach efforts are intended to not only recruit women into the Project, but also to increase their entry into first trimester prenatal medical care and to retain their participation in both prenatal care and Project enrollment.

The remaining services listed above (support services, identification of health and environmental risks, health education, support services and case management) are all designed to assist in developing healthy adaptation to pregnancy, postpartum and early parenting by promoting and reinforcing healthy behaviors, social networking and attaining positive coping skills. Services shall include monitoring prenatal mental and physical wellness by conducting periodic screening for risk factors, such as depression, substance use or a poor support system, as well as guiding participants' monitoring of their health, including conditions such as hypertension, gestational diabetes, or history of premature labor.

To promote longer interconception periods (time between pregnancies) and prevent relapses of high risk behaviors, participants and their infants are to be followed through the infant's second year of life and/or two (2) years following delivery. Comprehensive service delivery shall begin in the first trimester of pregnancy and be a continuous period of nine (9) months of prenatal care, followed by two (2) years of interconception care, completing the continuity of care for the target groups at two (2) years from the time of birth of the infant.

B. Planning activities conducted in preparation for this RFP

A Request for Information (RFI) was conducted on August 29, 2008 at the Hunter Education Classroom, Department of Land and Natural Resources, 66-122OD Lalamilo Road, Kamuela, Hawai'i. Interested individuals and organizations were able to attend or respond to the RFI notice by e-mail, telephone or fax.

C. Description of the goals of the service

The overall purpose of this Project is to encourage positive pregnancy outcomes among the target populations. The goals of the service being sought include: increasing entry into first trimester prenatal care provided by a health care professional; decreasing incidence of poor birth outcomes and disparities in such outcomes between targeted groups and others residing in Hawai'i County; and increasing the incidence of adequate birth spacing (minimum two (2) years between deliveries) among participants.

The four (4) major service delivery outcomes expected include:

1. Increase entry into first trimester prenatal medical care (via outreach);
2. Improve perinatal outcomes by case managing high risk pregnancies (utilizing Care Plans);
3. Improve women's health by reducing identified psycho-social, medical and environmental medical risk factors, as appropriate (via risk assessment and health education); and
4. Enhance early and adequate prenatal care and interconception care (via direct delivery of support services, case management/care coordination).

The eight (8) major activities related to the delivery outcomes include:

1. Identify women at risk for poor pregnancy outcomes from the target populations (via outreach activities).
2. Engage women at risk for poor pregnancy outcomes from the target populations in first trimester prenatal care (via recruitment activities).
3. Retain women at risk for poor pregnancy outcomes from the target populations in support services until two (2) years from delivery (via retention activities).

4. Provide support services in culturally appropriate and creative ways which support mental wellness and include members of the women's social support system.
5. Provide assessments, interventions, counseling, education, and referrals to assure improved care as part of the Hawai'i County perinatal health system.
6. Complete case management Care Plans to include the most recent risk assessment, completed referrals, and related outcomes to ensure that women and their infants/toddlers receive appropriate medical and social services.
7. Participate as a partner in one of the LAC.
8. Participate as a partner in the Oahu-based perinatal provider meetings, held three (3) times annually, supporting collaboration, technical assistance, and training.

D. Description of the target population to be served

Target populations include Native Hawaiian (which includes full and part-Hawaiian women), Other Pacific Islander, and Hispanic women, and adolescents through age eighteen (18), regardless of ethnicity, residing in Hawai'i County who are pregnant or who, within the past twelve (12) months, have experienced:

- a spontaneous abortion (miscarriage before the 20th week of pregnancy)
- an intentional termination of pregnancy due to a nonviable fetus (medically indicated termination or fetal death)
- a fetal death (death of a fetus during or after the 20th week of pregnancy)
- an infant death, including SIDS
- a high risk pregnancy (i.e., low birth weight infant)

Target populations must meet several criteria identified by the Federal funding agency. Periodically, target population data is reviewed by the DOH vis-à-vis these criteria. As a result of such reviews, additional target populations may be identified or currently identified populations may be withdrawn.

E. Geographic Coverage of Service

This Project is to cover the entirety of Hawai'i County. For the purpose of this Project, the DOH has divided the County into two geographic areas:

1. East/South Hawai'i, including the following Districts:
 - Hilo (census tracts 201-209)
 - Puna (census tracts 210-211)
 - Ka'u (census tract 212)

2. West/North Hawai‘i, including the following Districts
 - South Kona (census tracts 213-214)
 - North Kona (census tracts 215-216)
 - South Kohala (census tract 217)
 - North Kohala (census tract 218)
 - Hamakua (census tracts 219-221)

(Districts were determined using the State of Hawai‘i, Primary Care Needs Assessment Databook, 2005.)

Proposals can address service delivery for all Hawai‘i County geographic areas or can be limited to either the East/South or West/North areas.

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

This Project is currently funded through a federal grant received by the DOH, MCHB. The current funding cycle for this grant is scheduled to end in 2009. The DOH, MCHB intends to submit a competitive application for continuation of this grant. Although a new grant application could be awarded for up to five (5) years, the DOH, MCHB would be required, if awarded this grant, to reapply annually through a non-competitive grant. Available funds would come from this grant which is applied for and awarded on a year by year basis (2009-2010, 2010-2011, 2011-2012, 2012-2013, 2013-2014) and would be based on a program period which the MCHB would apply for from June 1, 2009 to May 31, 2014. Funds are contingent on federal award and are based on availability of funding and a continuation of need.

The contract term will be from the State’s Notice to Proceed through May 31, 2011, with a possibility of extension for not more than three (3) additional twelve (12) month periods.

Proposals may be submitted and may be awarded as either a:

1. Single proposal - with one provider covering the entire County; or
2. Multiple proposals - with different providers covering each of the two previously defined areas, i.e., East/South Hawai‘i (census tracts 201-212) or West/North Hawai‘i (census tracts 213-221).

The probable funding amount for the contract period 2009-2010 and 2010-2011 is as follows:

1. six-hundred thousand dollars (\$600,000.00) for 2009-2010 – to begin with the State’s Notice to Proceed through May 31, 2010, estimated to be twelve (12) months of federal funding; and
2. six-hundred thousand dollars (\$600,000.00) for 2010-2011.

There will be maximum limits to funding which can be applied for to provide service within each of the two defined geographic areas, as follows:

1. East/South Hawai‘i (census tracts 201-212).
The maximum funding amount per year would be three-hundred thousand dollars (\$300,000.00).
2. West/North Hawai‘i (census tracts 213-221).
The maximum funding amount per year would be three-hundred thousand dollars (\$300,000.00).

A single proposal for the entire Hawai‘i County can be submitted for up to six hundred thousand dollars (\$600,000.00); however, any single proposal submitted to cover the entire County shall include two (2) budgets, detailing a maximum funding amount of:

1. three-hundred thousand dollars (\$300,000.00) for East/South Hawai‘i (census tracts 201-212); and
2. three-hundred thousand dollars (\$300,000.00) for West/North Hawai‘i (census tracts 213-221)

Any extension of contract terms or dates would be based on contract performance and dependent on federal grant funding award and availability of federal grant monies. Any contract service award extension would be for not more than three (3) additional twelve (12) month periods.

A combination of two pricing structures, cost reimbursement and fixed rate, shall be used as means of payment for any contract coming from this RFP. The following table illustrates the maximum amounts that would be available under each pricing structure for each of the two geographic areas for which separate budgets are requested. Additional information on pricing structure is found in this section, *Item H. Pricing structure or pricing methodology to be used*. In addition, a copy of the “*Family Health Services Division Policy on Budget Revisions for Cost Reimbursement Contracts*” (effective September 1, 2008) is attached in Section 5 for the Applicant’s general information.

The DOH reserves the right to transfer or move funds from unit cost and cost reimbursement or cost reimbursement and unit cost as needs dictate for service delivery.

Maximum Budget Allocations by Geographic Area and Pricing Structure

Geographic Area	Fixed Rate	Cost Reimbursement	TOTALS
East/South Hawai‘i	168,750.00	131,250.00	300,000.00
West/North Hawai‘i	168,750.00	131,250.00	300,000.00
TOTALS	337,500.00	262,500.00	600,000.00

II. General Requirements

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

The Applicant shall comply with chapter 103F, Hawai‘i Revised Statutes (HRS) Cost Principles for Purchases of Health and Human Services identified in SPO-H-201, which can be found on the SPO website (www.spo.hawaii.gov).

Registered nurses and physicians providing services must have unencumbered licenses to practice in the State of Hawai‘i.

The Applicant shall be HIPAA compliant.

The Applicant shall comply with OSHA Blood Borne Pathogens requirements and CLIA requirements.

B. Secondary purchaser participation

(Refer to HAR Section 3-143-608)

After-the-fact secondary purchases: will be allowed.

Planned secondary purchases: none will be allowed

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:

A single or multiple awards for Hawai‘i County may be made.

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:

The anticipated term of the contract is from the State's Notice to Proceed date through May 31, 2011, with the option to extend an additional three (3) years (from July 1, 2011 to May 31, 2014). Extensions must be in writing and must be executed prior to the expiration date of May 31, 2011.

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 Applicant(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.

Connie Brunn
 Maternal and Child Health Branch
 Women's Health Section
 741-A Sunset Avenue
 Honolulu, Hawai'i 96816
 Phone: (808) 733-9024
 E-mail: connie.brunn@doh.hawaii.gov

III. Scope of Work

A. Service of Activities

(Minimum and/or mandatory task and responsibilities)

The scope of work encompasses the following tasks and responsibilities:

The Applicant shall provide not less than 55% of described core service activities in-house. The Applicant shall include descriptions of any planned subcontracts (not to exceed 45% of core service activities) within this proposal. If accepted, upon execution of any contract, the proposal will serve as the subcontracting plan by the DOH. All data reporting and billing requirements shall be the responsibility of the Applicant. All applicable sections of Hawai'i Administrative Rules (HAR) shall be fully employed by the Applicant and enforced by the DOH.

The scope of work encompasses the following components:

- providing outreach services intended to increase participant recruitment and retention;
- providing culturally and linguistically appropriate support services and health education to participants, their partners and significant family members;
- identifying health and environmental protective and risk factors; and
- providing case management.

The Applicant shall *promote positive pregnancy outcomes* among the target populations by providing the following service activities:

1. Increasing entry into first trimester prenatal medical care and project services and retention of participants through two (2) years after delivery of their infant through:
 - a. Utilizing best practices as well as promising practices that include and emphasize creative outreach, engagement, and retention from first trimester pregnancy through the two (2) year interconception period of the target populations;
 - b. Utilizing Neighborhood Women (local women who have an understanding of the target groups and culturally appropriate ways to support participant engagement in Project services) to support the process of outreach and recruitment;
 - c. Promoting the resiliency of women and their families by utilizing approaches to enhance communication, socialization, decision-making, coping, parenting skills, and positive child development within the family constellation; and
 - d. Utilizing culturally appropriate health education materials and approaches to service delivery acceptable to the target populations being served.
2. Providing case management and coordinating health care and enabling services intended to reduce risk behaviors and/or risk factors which can negatively impact women's and perinatal health outcomes through:
 - a. Conducting and/or assuring completion of risk assessments for health, psycho-social behaviors and/or conditions placing the woman and her fetus at greater risk for poor birth outcomes, with emphasis on screening for substance use (smoking, alcohol, illicit drug use), chronic health conditions or medical factors that increase risk (e.g. hypertension, diabetes or history of a previous poor birth outcome), domestic violence, perinatal depression and other mental health problems, nutrition and physical activity, oral health, and family planning (birth control or reproductive health) needs. Risk assessments shall be used to establish goals, referrals, and birth and service outcomes.
 - b. Utilizing criteria to determine the severity of risk of each participant. At a minimum, participants who have any medical risk factor, such as hypertension, gestational diabetes, or a history of a poor birth outcome, or any risks such as depression, substance use, or environmental situations of risk not limited to domestic violence shall be placed at the highest level of

risk. These cases shall be case managed by the Registered Nurse or Masters level professional or related professional bachelors degree and experience in this field.

- c. Providing visit standards based on the severity of risk assessment. Visit standards should include a description of physical and psycho-social risks and frequency of visits for a minimum of three (3) categories. The three (3) categories shall include 1) high, 2) medium, and 3) low risk definitions and related visit scheduling. Related policies and procedures shall also be in place and implemented accordingly.
 - d. Utilizing Care Plans for all women served, to include risk assessments, established goals, referrals, and birth and service outcomes. Care Plan protocols shall include an opportunity for participants to set their own goals in consultation with their case manager, based on their individual needs.
 - e. Providing home visits and face-to-face visits as the primary service delivery method for completing risk assessments, health education, counseling and family engagement. When these methods of service delivery are not appropriate this shall be documented in the participant's Care Plan. The completion of home visiting and face-to-face services shall be monitored on an ongoing basis.
3. Supporting and assisting women and their infants/toddlers in utilizing a medical home and a dental home to ensure wellness and sick care. (Note: a medical or dental "home" is commonly defined as a health care setting that facilitates partnerships between individual patients and their personal physicians, and when appropriate, the patient's family.)
 4. Ensure follow-up with pregnant women who have delivered to provide appropriate support services from first trimester pregnancy through two (2) years of interconception period.
 5. Promote family planning information/services and women's health care.
 6. Conduct and or promote engagement of participants in annual satisfaction surveys to assure service appropriateness and relevancy.
 7. Provide a variety of health education/awareness activities utilizing group sessions, individual health counseling, and in partnership related media approaches/strategies, with required topics including but not limited to:
 - a. Smoking Cessation
 - b. Perinatal Depression and Stress
 - c. Prevention, Early Identification, Testing and Treatment for HIV and STDs/STIs, such as Chlamydia and Syphilis

- d. Preterm Labor
- e. Folate (Folic Acid)
- f. Family Violence
- g. Information on Back-to-Sleep/Safe Sleep
- h. Substance Abuse Prevention
- i. Oral Health
- j. Family Planning
- k. Environmental Exposures/Common Household Exposures
- l. Breastfeeding
- m. Medical Home
- n. Immunizations
- o. Nutrition, Weight, and Exercise
- p. Self Care, including social support and male partner involvement

Appropriate documentation of any health counseling and education or related activity must be filed in the participant's chart.

Offer group activities as a means to facilitate service delivery to target participants. Such activities should be developed based on target population needs, as ascertained through risk assessments, and on the Project's performance measures. The development and implementation of any group activities shall have as a primary outcome the provision of case management and care coordination services, as well as peer support between participants. Groups shall be developed with unique and culturally competent characteristics to address service diversity in cultural practices and needs and shall include multiple sessions.

8. Ensure, as applicable, that all printed materials developed and published under this Project shall include the following wording: *“Supported in part by project H67MCH04801 from the U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau (Title V, Social Security Act).”* (Note: project number may change.)
9. Attend the Oahu-based state perinatal provider meetings which would provide opportunities for expanding collaborations, receiving training and technical assistance.
10. Complete quarterly and annual reporting documents in a format determined by the MCHB which will demonstrate completion of scope of work and related activities.

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

1. Personnel

It is required that, at a minimum, the professional program staff shall include the following personnel:

- a. Registered Nurse (RN) with a Bachelors of Science in Nursing (BSN), a current Hawai'i RN license, and basic first aid & CPR certification. The RN shall be qualified to complete duties of a community public health nurse, including assessment and education, support and counseling. The RN shall also provide consultation to non-nursing staff regarding health conditions that may have an adverse effect on pregnancy, childbirth, infants and young children, or on a woman's health and/or health decision making during pregnancy and/or the interconception period.

The RN personnel shall also be able to:

- conduct basic nursing assessment and documentation, such as weight, vital signs, gross physical examinations, identify primary concern(s), monitor signs and symptoms of health condition(s);
 - evaluate emotional/psychological status;
 - create care plans to address health & social issues/concerns; engage with clients to identify risk factors and/or concerns, develop goals and strategies to address issues, monitor action plan and document outcomes.
 - monitor depression screening;
 - case manage medically fragile participants, such as, but not limited to, those with preeclampsia, or pre-pregnancy hypertension; pre-chronic conditions such as asthma, diabetes, obesity; history of miscarriage; history of pre-term delivery;
 - teach administration of insulin (diabetes counseling/management including gestational diabetes counseling), as needed;
 - collaborate with physicians for referrals or high-risk participants;
 - serve as a nursing consultant to staff; and
 - conduct joint health education, counseling, information and referral (i.e. breastfeeding/nutrition/family planning).
- b. Master of Social Work (MSW) or a masters' level professional with a degree in a related social services/humanities field, including (but not limited to) family therapy or counseling, is preferred. At a minimum a social service professional must have a four (4) year bachelors' degree and a minimum of three (3) years related work experience.

- c. Other staffing: Employ Neighborhood Women who shall be engaged in project activities to assist with outreach to the target population and support, and as applicable, professional staff with some case management activities.

For the entire Hawai‘i County Project there shall be a minimum of two (2) FTE RNs and three (3) FTE social service professionals, as described above. At least two (2) senior-level Neighborhood Women, able to provide case management services for low-risk participants with limited supervision by the RN or Social Service Professional shall also be hired. *(Additional Neighborhood Women shall be hired to provide outreach and other supportive services to Project participants and to assist professional staff as necessary to maintain Project services. These staff shall not be required to maintain a case load or to be responsible for case management/care coordination of individual participants.)*

All case management staff, based on FTE discussed in a. and b. above, will have a case load equal to forty-five (45) cases per one (1) FTE. This would equal the required annual participant case load of three-hundred fifteen (315) participants or seven total (7) FTE with a forty-five (45) participant case load.

Staffing patterns will vary, based on the actual funding awarded, but at a minimum should include FTE as shown below, which has been calculated based on the percentage of the funding which will be allocated for services in 1) East/South Hawai‘i and 2) West/North Hawai‘i. The table below shows how this would be implemented.

Geographic Staffing Patterns and Participants to be Served

Hawai‘i County		East/South Hawai‘i		West/North Hawai‘i		
Required Staffing		Participants to be served	Staffing (FTE)	Participants to be Served	Staffing (FTE)	Participants to be Served
Position	FTE					
RN	2	90	1.0	45	1.0	45
Social Service Professionals	3	135	1.5	68	1.5	67
Neighborhood Women	2	90	1.0	45	1.0	45
Total	7	315	3.5	158	3.5	157

2. Administration

The Family Health Services Division Chief, in partnership with the Hawai‘i County Program Manager and the Oahu based Project Epidemiologist, provides primary direction to the contract Program administrator and staff. Additional MCHB administrative staff who may offer guidance include the Women’s Health Section Supervisor, and the Hawai‘i District Health Office Administrative Liaison, West Hawai‘i Liaison and East Hawai‘i Liaison.

The Applicant shall comply with all MCHB evaluation measures and data collection standards, data entry requirements, reporting obligations, formats, timeliness, and related data management issues.

The Applicant shall comply with all Hawai'i Department of Health standards and guidelines for implementation, forms, quality improvement system efforts, monitoring, reporting and billing requirements.

3. Quality assurance and evaluation specifications

Quality assurance will be overseen and monitored by the DOH staff through a variety of methods:

- a. Monthly and/or weekly meetings (face to face/telephone/email) with key Program staff;
- b. Monthly data review and reporting with appropriate technical assistance and support, as required;
- c. Data quality control protocols;
- d. Quarterly record reviews; and/or
- e. Annual program monitoring.

4. Output and performance/outcome measurements

The performance measures shown below are based on and linked to state and federal maternal and child health objectives. These measures detail goals the DOH is striving to attain with respect to this Project. Applicants shall consider these performance measures when proposing strategies and interventions to be implemented in response to this RFP to improve perinatal and interconceptional health of target populations.

Performance/Outcome Measures:

1	85% of all pregnant women receive PNC within the 1 st trimester.
2	Reduce LBW to an incidence of no more than 5% of live singleton births and VLBW to no more than 0.9% of all births.
3	100% of all women served will be screened for risk assessment, including symptoms of depression.
4	100% of all pregnant women screened as at risk for poly-substance use (alcohol, cigarette smoking, and illicit drug use) will receive consistent interventions/education/counseling/completed referrals to reduce risk.
5	95% of all women served will co-develop a Care Plan.
6	95% of all women with identified risk receive a completed referral.
7	100% of women will select contraception at the postpartum visit.
8	75% of mothers will be breastfeeding their babies at six (6) months into the interconception period.
9	95% of pregnant women will continue to receive support services until the end of the two (2) year interconception period.

10	90% of women served through the two (2) year interconception period will not have a subsequent pregnancy.
11	80% of those women found to be at risk for poly-substance use (alcohol, cigarette smoking and/or illicit drug use) during pregnancy will be risk-free for poly-substance use at six (6) months postpartum.
12	100% of women and children will have a medical home.
13	90% of children will be current with well-baby check-ups and immunizations.

The Applicant shall have responsibility for reporting program data necessary to assess the status of each measure. This information will be collected through periodic submission of required data forms (Form 1 - Initial Prenatal, Form 2 - Prenatal Risk Assessment, Form 3 - Pregnancy Outcome, Form 4 - Initial Interconception, Form 5 - Interconception Risk Assessment, Form 6 - Infant/Toddler Risk Assessment and Form 7 - Discharge.)

Annual variance reports, showing the difference between the current status of Project participants and the targeted percentages for each measure, shall be generated by MCHB. The Applicant shall be responsible for reporting on progress towards achieving performance and outcome measures. (See Section 3 for more details and Section 5 for blank forms to be completed by applicants.)

5. Experience

The Applicant shall have documented service provision experience with Native Hawaiian, Other Pacific Islander, Hispanics, and adolescent females though age eighteen (18). The Applicant shall have demonstrated experience in achieving required outcomes measures and/or indicators of success, including but not limited to: outreach, recruitment, and retention; health education; risk assessment and follow-up; case management services; providing general health screening; working at the community level with community members; and, active participation on community coalitions/consortium.

6. Coordination and collaboration of services

The Applicant shall coordinate, collaborate and form partnerships with other stakeholders to support activities to improve the perinatal health system in the County of Hawai'i. This will include providing with any proposal submitted copies of active collaborative agreements with other service providers which demonstrate there is an actual active relationship between the Applicant and service providers.

At a minimum, such agreements shall include provisions for referral and treatment to the following types of providers throughout Hawai'i County:

- Obstetrician/Gynecologists and Community Health Center providers - to support case management for participants with high risk medical factors,

such as hypertension and diabetes, as well as prenatal and interconception care;

- family planning providers;
- mental health providers;
- substance abuse treatment providers;
- domestic violence/intimate partner violence providers; and
- Pediatricians.

7. Reporting requirements for program and fiscal data

a. Required Project Reports:

Quarterly and year end reports shall be provided in a format specified by the DOH in which the Applicant summarizes major activities and projects undertaken during the program reporting period, as well as accomplishments, problems encountered, recommendations and proposed future activities. Data to be reported usually includes, but may not be limited to, the items on the attached Table A. [See Section 5]

Specific data forms that will be required to be submitted to the Oahu, MCHB statistics clerk for program and grant assessment include: Form 1 - Initial Prenatal, Form 2 - Prenatal Risk Assessment, Form 3 - Pregnancy Outcome, Form 4 - Initial Interconception, Form 5 - Interconception Risk Assessment, Form 6 - Infant/Toddler Risk Assessment and Form 7 - Discharge. Data forms shall be submitted as they are completed for timely entry of data by statistics clerk. Draft copies of each of these forms (except for Form 7 which is still in development) are included in Section 5.

For the first year from the State's Notice to Proceed (estimated):

Quarter 1: June 1, 2009 – August 31, 2009

Report due September 30, 2009

Quarter 2: September 1, 2009 – November 30, 2009

Report due December 31, 2009

Quarter 3: December 1, 2009 – February 28, 2010

Report due March 31, 2010

Quarter 4: March 1, 2010 – May 31, 2010

Report due June 30, 2010

For the second year from June 1, 2010 to May 31, 2011

Quarter 1: June 1, 2010 – August 31, 2010

Report due September 30, 2010

Quarter 2: September 1, 2010 – November 30, 2010

Report due December 31, 2010

Quarter 3: December 1, 2010– February 28, 2011

Report due March 31, 2011
 Quarter 4: March 1, 2011 – May 31, 2011
 Report due June 30, 2011

b. Required Fiscal Reports:

Applicants shall submit invoices in the format provided by the DOH, MCHB. Invoices and expenditures shall be legible, complete, accurate, and timely. Invoices deemed incomplete, inaccurate, or not timely by the DOH shall be returned to the Applicant for correction and resubmittal. Untimely invoices may be rejected for payment if the funding period has ended and the deadline to submit invoices has occurred.

In addition to submitted invoices, Form 1 - Initial Prenatal, Form 3 - Pregnancy Outcome, Form 4 – Initial Interconception and Form 7 - Discharge will be used to calculate fixed rate funding payments. (Drafts of Forms 1, 3 and 4 are attached in Section 5. Form 7 is still in development.)

Expenditure reports shall be certified by the Applicant to contain expenditures actually incurred for the services provided under the contract. MCHB shall perform an annual fiscal monitoring of the Applicant to ensure that billed services have been provided and documented. The fiscal monitoring shall include, but is not limited to, the review of financial statements, invoices, receipts, payroll registers, cancelled checks, and other documents requested by the monitor.

c. Penalties for Late Reporting

Unless otherwise specified in the Contract, quarterly program reports are due thirty (30) days after the end of the quarter. Payment for invoices submitted after the end of the quarter will not be authorized until all reports are submitted. If quarterly reports due are not submitted by the end of the federal fiscal year (May 31st), funding will lapse and the Applicant will become ineligible for payment. The Applicant will still be required to maintain the capacity to provide the contracted level of services in spite of lost funding.

C. Facilities

Facilities should be adequate to accommodate the activities and services as required by this RFP and meet the Americans with Disabilities Act (ADA) requirements.

IV. COMPENSATION AND METHOD OF PAYMENT

A. Pricing structure or pricing methodology to be used

A combination of two pricing structures will be used by the DOH. These are:

Cost Reimbursement	The State pays the contractor for budgeted costs that are actually incurred in delivering the services specified in the Contract, up to a stated maximum contract amount.
Unit Rate	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.

Funding allocated to Cost Reimbursement shall be set at a total of two hundred sixty-two thousand five hundred dollars (\$262,500.00), with one hundred thirty-one thousand two hundred fifty dollars (\$131,250.00) allocated to the each of service areas, i.e., the East/South Hawai'i service area and the West/North Hawai'i service area.

Similarly, funding allocated to Unit Rate would be set at a total of three hundred thirty-seven thousand five hundred dollars (\$337,500.00), with one hundred sixty-seven thousand seven hundred fifty dollars (\$167,750.00) allocated to each service area, i.e., the East/South Hawai'i service area and the West/North Hawai'i service area.

To receive payment, invoices will be required for both pricing structures. The DOH will supply invoice formats for both pricing structures. For Cost Reimbursement allocations, invoices will be based on reimbursable expenditures required to maintain services. For Fixed Rate allocations, invoices will be based on data collection forms submitted to the DOH. Required data collection forms, used to document services provided are described in greater detail below. All invoices are to be submitted to the MCHB office in Honolulu on a monthly basis. Late submissions may result in delay of payment.

B. Units of service and unit rate

A unit of service shall be defined as a completed set of case management/core coordination services (including risk assessment, development/implementation of individualized care plans, completion of appropriate referrals, and the provision of linguistically and culturally appropriate health education and counseling as indicated) provided to pregnant and postpartum Project participants.

Required data collection forms and the payments associated with each are listed in the table below. Ideally, Project participants are enrolled in the first trimester of their pregnancy and continue to receive services for two (2) years after delivery. The payment structure is designed to promote enrollment during the first trimester

of pregnancy and to continue to provide services throughout the full two (2) years after delivery. Payment for services provided for the full 31 months of services (first trimester enrollment through 24 months of interconception care) will be \$2600.00. The minimum payment for a pregnant participant would be \$400, in the case of a participant enrolling during the third trimester and dropping out of the Project prior to delivery or loss of a pregnancy. The minimum payment for an interconception care participant would be \$600, in the case of a participant enrolled after delivery or a pregnancy loss and dropping out of the Project prior to graduation.

For pregnant participants, payments shall be made in two installments, the first upon submission of Form 1 – Initial Prenatal, documenting participant enrollment, and the second upon submission of Form 3 – Pregnancy Outcome. Total payments per pregnant participant will vary from \$1400.00 for women enrolled during the first trimester of pregnancy to \$800.00 for women enrolled during the third trimester of pregnancy. An additional payment of \$1200 will be paid per participant upon successful graduation from the Project (completion of the 24 months of interconception services). In addition, a payment of \$600 will be made for those participants initially enrolling in the Project during the interconception period.

The Applicant shall be required to continue submitting all data forms and continue all service delivery even if the Unit Rate funding is exhausted.

Required Forms and Payment Schedule

Form	Form Name	Duration of services	Number of Forms per Participant	Additional Criteria for Payment	Payment per Form
1	Initial Prenatal	na	1	1st trimester entry	\$700.00
				2nd trimester entry	\$600.00
				3rd trimester entry	\$400.00
2	Prenatal Risk Assessment	7-8 months	varies	na	na
3	Pregnancy Outcome	na	1	1st trimester entry	\$700.00
				2nd trimester entry	\$600.00
				3rd trimester entry	\$400.00
4	Initial Interconception *	na	1	na	\$600.00
5	Interconception Risk Assessment	24 months	varies	na	na
6	Infant/Toddler Risk Assessment	24 months	varies	na	na
7	Discharge	na	1	Graduation	\$1200.00

* This form is only submitted when a women is enrolled for interconception care services after a pregnancy or birth without having been enrolled during her pregnancy. Specific criteria for such admission apply. See Section 2 Item I.D. (page 2-4) above for a listing of these criteria.

The Project is expected to serve a minimum of three-hundred fifteen women in the first contract period from the State's Notice to Proceed to May 31, 2010 and three-

hundred fifteen women in the second contract period from June 1, 2011 to May 31, 2012. Any contract service award extension would be for not more than two (2) additional twelve (12) month periods and include for each of these years a minimum of three-hundred fifteen (315) women who would be serviced annually. Applicants applying to service the entire County would be expected to serve the entire three-hundred fifteen women; while Applicants applying to serve East/South Hawai'i only would be expected to serve approximately one-hundred and fifty-eight (158) women and Applicants applying to serve West/North Hawai'i only would be expected to serve approximately one-hundred and fifty-seven (157) women.

Transfer of currently enrolled Project participants may occur depending on award(s) made and geographical area in which the participant resides.

C. Method of compensation and payment

Payments to the Contractor will occur monthly upon submission of an invoice and expenditure report, in a format prescribed by the State. An initial payment of one twenty-fourth (1/24) may be made to the Contractor. The Contractor should have an accounting system that allows for monthly billing.

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 within the system of care in Hawai'i County.

B. Experience

The Applicant shall demonstrate successful, related experience in administration of comparable services and achievement of stated performance/outcome measures pertinent to the proposed services, including those within integrated systems of care. Applicant shall include points of contact, addresses, and e-mail/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. The Applicant shall explain how this system will successfully interact with the State system in order to achieve stated federal outcomes.

D. Coordination of Services

The Applicant shall demonstrate the capability (ability and willingness) to coordinate services within and without their own agency to include their local community, Hawai'i County, and the State perinatal system of care.

Letters of agreement are required to demonstrate coordination within Hawai'i County. This shall include plans for the after-the-fact secondary purchases of core services. At a minimum, such agreements shall include provisions for referral and treatment to the following types of providers throughout Hawai'i County:

- Obstetrician/Gynecologists and Community Health Center providers - to support case management for participants with high risk medical factors, such as hypertension and diabetes, as well as prenatal and interconception care;
- family planning providers;

- mental health providers;
- substance abuse treatment providers;
- domestic violence/intimate partner violence providers; and
- Pediatricians.

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 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.

The Applicant shall include a diagram, chart or similar graphic description showing the relationships between the Applicant and potential referral programs/agencies/organizations, both within the Applicant agency or organization and external to it.

IV. Service Delivery

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 a work plan incorporating all service activities and tasks to be completed, related work assignments/responsibilities and timelines/schedules. Linkages with other service providers and means of integration of services within the perinatal system of care in Hawai'i County shall also be included in this discussion.

The following specific items are to be addressed in this section of the proposal:

1. Applicants shall specify the geographic area to be served, with an emphasis on the demographics, service needs, and unique characteristics of each identified area. While this Project is to cover the entirety of Hawai'i County, Applicants can apply to provide services island-wide or for one of two designated geographic areas of the islands. These two geographic areas are defined as follows.
 - A. East/South Hawai'i, including the following Districts:
 - Hilo (census tracts 201-209)
 - Puna (census tracts 210-211)
 - Ka'u (census tract 212)
 - B. West/North Hawai'i, including the following Districts
 - South Kona (census tracts 213-214)
 - North Kona (census tracts 215-216)
 - South Kohala (census tract 217)
 - North Kohala (census tract 218)
 - Hamakua (census tracts 219-221)
2. Applicants shall address each of the following with respect to service delivery:
 - A. Identify and describe best practices and/or promising practices to be utilized in the provision of outreach, recruitment, and retention.
 - i. Applicant shall completely explain how the proposed interventions, strategies, and plans will increase entry into first trimester care, promote positive pregnancy outcomes and continue to engage the participant throughout the 24-month interconception period.
 - ii. Applicant shall describe the approach (including staffing) that will be used to incorporate Neighborhood Women in efforts to reach pregnant

or interconception women not currently enrolled in the Project, with an emphasis on reaching the target populations, and to assist with follow-up to facilitate program services in a community-based and culturally appropriate manner.

- iii. Applicant shall describe how family resiliency will be promoted and supported through strategies of enhancing communication, socialization, decision-making, coping, parenting skills, and positive child development. Applicant shall further explain how the proposed strategies, interventions and plans will improve perinatal and interconceptional women's health outcomes.
 - iv. Applicant shall describe how culturally appropriate health education and approaches to service delivery acceptable to the target populations being served will be developed and utilized.
- B. Describe the approach being proposed to case managing, coordinating health care, and enabling services to reduce risk behaviors and/or risk factors which can negatively impact women's and perinatal health outcomes. Describe how the proposed approach will utilize best practices or promising practices. Protocols for risk assessment, including determination of risk category; visit standards; and care plan development and implementation shall be attached.
- i. Applicant shall describe how risk assessments will be regularly scheduled, conducted, documented and utilized to identify, address, and improve health and psych-social behaviors (including perinatal depression) and/or conditions placing the pregnant woman and her fetus at greater risk for poor outcomes, such as preterm delivery, low birth weight, and/or infant mortality, with particular emphasis on poly-substance use involving smoking and legal/illegal substances (alcohol, over the counter and prescription medications, and illegal drugs);
 - ii. Applicant shall describe the criteria to be used to determine the severity of risk of individual participants, using a minimum of three (3) risk categories: high, medium and low. This description shall address medical and psycho-social risks that constitute
 - iii. Applicant shall describe the visit standards to be used with respect to each of the risk categories listed in item b. above. This description shall include the proposed visit schedule (frequency of visits) for each risk category.
 - iv. Applicant shall describe how Care Plans will be developed, documented, and fully utilized for all pregnant and interconceptional women served, including the most recent risk assessment, established

- goals, completed referrals, and related birth and service outcomes. Care Plan protocols shall include an opportunity for participants to set their own goals in consultation with their case manager, based on their individual needs.
- v. Describe the approach proposed to providing home visits and face-to-face visits as the primary service delivery method for completing risk assessments, health education, counseling and family engagement.
- C. Describe the approach proposed for supporting pregnant participants and those receiving interconceptional care services and their infants/toddlers in utilizing a medical home and a dental home to ensure wellness and sick care. (Note: a medical or dental “home” is commonly defined as a health care setting that facilitates partnerships between individual patients and their personal physicians, and when appropriate, the patient’s family.)
 - D. Describe the plan for ensuring follow-up with participants after delivery or loss of pregnancy to provide appropriate support services from first trimester pregnancy through two (2) years of interconception period.
 - E. Describe the plan for assuring family planning and women’s health care, including interconceptional services, are provided appropriately.
 - F. Describe the plan for conducting and/or promoting the engagement of participants in annual satisfaction surveys to assure service appropriateness and relevancy.
 - G. Describe the proposed approach to providing health education/awareness activities utilizing group sessions, individual counseling, and related media approaches/strategies as related to the requirements described in Section 2, Item III.A.8.
 - H. Describe current or past participation in the Consortia activities and planned actions to support the Perinatal Health System on the Big Island.
 - I. Explain how the proposed strategies/interventions/plans will improve perinatal and interconceptional women’s health in relation to the performance measures presented below.

Performance/Outcome Measures:

1	85% of all pregnant women receive PNC within the 1 st trimester.
2	Reduce LBW to an incidence of no more than 5% of live singleton births and VLBW to no more than 0.9% of all births.
3	100% of all women served will be screened for risk assessment, including symptoms of depression.

4	100% of all pregnant women screened as at risk for poly-substance use (alcohol, cigarette smoking, and illicit drug use) will receive consistent interventions/education/counseling/completed referrals to reduce risk.
5	95% of all women served will co-develop a Care Plan.
6	95% of all women with identified risk receive a completed referral.
7	100% of women will select contraception at the postpartum visit.
8	75% of mothers will be breastfeeding their babies at six (6) months into the interconception period.
9	95% of pregnant women will continue to receive support services until the end of the two (2) year interconception period.
10	90% of women served through the two (2) year interconception period will not have a subsequent pregnancy.
11	80% of those women found to be at risk for poly-substance use (alcohol, cigarette smoking and/or illicit drug use) during pregnancy will be risk-free for poly-substance use at six (6) months postpartum.
12	100% of women and children will have a medical home.
13	90% of children will be current with well-baby check-ups and immunizations.

3. Applicants are to include the following items related to service delivery with their proposals:
- Letters of Agreement, indicating coordination with other organizations/agencies/projects/programs in Hawai'i County to enhance service delivery;
 - a timeline or schedule of activities, indicating significant implementation events;
 - a Work Plan indicating tasks/responsibilities
 - job descriptions for essential staff;
 - service delivery protocols; and
 - a copy of Table A – Performance Measures, with Columns B-E completed. Forms to be completed are found as an attachment in Section 5. Please note that the DOH will *not* provide baseline data; however applicants providing similar services are encouraged to include baseline data from previous experience.
 - a copy of certification by the Council on Accreditation (COA), if certified by this organization certification.

V. Financial

A. Pricing Structure

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

The pricing structure selected for this proposal is a combination of unit cost and cost reimbursement.

- Under *unit cost*, 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.
- The *cost reimbursement* pricing structure reflects a purchase arrangement in which the State pays the contractor for budgeted costs that are actually incurred in delivering the services specified in the contract up to a stated maximum obligation.

To determine the overall cost of the propose service, please complete one (1) set of budget forms for each period of funding (June 1, 2009 through May 31, 2010 and June 1, 2010 through May 31, 2011) for the full dollar amount that is being requested (either \$300,000 or \$600,000). Line item costs to be allocated to the unit cost portion of the budget during contract negotiations. All budget forms, instructions, and samples are located on the SPO website (see Section 1, II. Website Reference referred to in this RFP).

The following budget form(s) shall be submitted with the Proposal Application, as appropriate:

Form Number	Form Title
SPO-H-205*	<i>Budget</i>
SPO-H-206A*	<i>Personnel - Salary and Wages</i>
SPO-H-206B*	<i>Personnel - Payroll Taxes, Assessments, Fringe Benefits</i>
SPO-H 206C	Travel - Inter-Island
SPO-H 206D	Travel - Out of State
SPO-H 206E	Contractual Services - Administrative
SPO-H 206F	Contractual Services - Sub-contracts
SPO-H 206H*	Program Activities

*Forms listed in *italics* are required. Other forms are to be included only if such items appear in the proposal.

In addition to the budget forms, the Applicant shall attach a budget narrative, explaining details and/or justifications of all budget line items requested.

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 (must be attached).

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	60 points
Financial	5 Points
 TOTAL POSSIBLE POINTS	 100 Points

III. Evaluation Criteria

A. Phase 1 - Evaluation of Proposal Requirements

1. Administrative Requirements

If certified by the Council on Accreditation (COA), a copy of this certification must be attached.

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)

A five (5) – point rating scale will be used to rate this 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 Informational Skills Rating Scale developed by the Oak Harbor Schools and Jamie McKenzie.

Place Value 1 2 3 4 5
 Unsatisfactory I ----- I ----- I ----- I ----- I **Outstanding**
 marginally adequate satisfactory above average

5 – Outstanding	<ul style="list-style-type: none"> ▪ Each bullet identified and addressed clearly. ▪ Consistently exceeded required elements by clearly proposing additional services or strategies for implementation to achieve the RFP requirements.
4 – Above Average	<ul style="list-style-type: none"> ▪ Bullets addressed clearly in subheading under the appropriate numbered heading. ▪ More than met expectations by providing additional details or specific examples of the services or strategies for implementation.
3 – Satisfactory	<ul style="list-style-type: none"> ▪ Competent; general description of “what we do” for all required elements. ▪ No additional details, specific example, or additional services or strategies to achieve RFP.

2 – Marginally Adequate	<ul style="list-style-type: none"> ▪ Not all bullets or all components of a bullet were evident under the appropriate numbered heading of the RFP. ▪ Did not answer the question completely in terms of approach, strategies, services, or descriptions.
1 - Unsatisfactory	<ul style="list-style-type: none"> ▪ Not all bullets or components of a bullet were addressed or evident in the proposal. ▪ Only reiterated the wording of RFP or other attached DOH materials.

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 (20 Points)

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

- | | | |
|-----------|--|----------|
| A. | Necessary Skills | 6 |
| | <ul style="list-style-type: none"> • Demonstrated skills, abilities, and knowledge relating to the delivery of the proposed services within the system of care in Hawai‘i County. • Demonstrated understanding of the project purpose, core service delivery elements and philosophy, and stated outcomes. | |
| B. | Experience | 6 |
| | <ul style="list-style-type: none"> • Demonstrated successful related experience in administration of comparable services and achievement of stated performance/outcome measures. • Points of contact are included to verify experience. | |
| C. | Quality Assurance and Evaluation | 4 |
| | <ul style="list-style-type: none"> • Sufficiency of quality assurance and evaluation plans for the proposed services, including methodology. • Demonstrated integration of QA and Evaluation with the State system in order to achieve stated federal outcomes. | |
| D. | Coordination of Services | 3 |
| | <ul style="list-style-type: none"> • Demonstrated capability (ability and willingness) to coordinate services with other agencies and resources in the community. • Collaborative agreements with other service providers in Hawai‘i County in place. | |

- E. Facilities** 1
- Adequacy of facilities relative to the proposed services.

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** 8
- Proposed Staffing: That the proposed staffing pattern, client/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 conform to RFP requirements.
 - Cultural competency of staff is demonstrated.
 - Job descriptions for key personnel are attached.

- B. Project Organization** 7
- 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.
 - Diagrams, charts or similar graphic depictions of relationships between the Applicant and potential referral programs/agencies/organizations both within the Applicant agency/organization and external to it.

3. Service Delivery (60 Points)

Evaluation criteria for this section will assess the Applicant's approach to the service activities and management requirements outlined in the Proposal Application.

- General Planning** **8**
- Demonstrated knowledge and understanding of the geographical area to be served.
 - Adequacy of Applicant's explanation of how the strategies/interventions/plans described for the service

activities will improve perinatal and interconceptional women's health in relationship to the performance measures presented in Section 3: Proposal Application Instructions.

Outreach, Recruitment and Retention

20

- Description of how interventions, strategies, and plans will increase entry into first trimester care and promote positive pregnancy outcomes.
- Description of the approach proposed for integrating Neighborhood Women to reach women not currently enrolled or engaged in the Project. Degree of emphasis on reaching the target populations and assisting with follow-up to facilitate program services in a community-based and culturally appropriate manner.
- Description of the Applicant's approach to promoting and supporting family resiliency through strategies of enhancing communication, socialization, decision-making, coping, parenting skills, and positive child development and determination of how well the approach will improve perinatal and interconceptional women's health outcomes.
- Adequacy of Applicant's plan to develop and utilize culturally appropriate health education and approaches to service delivery acceptable to the target populations being served.

Case Management/Care Coordination

25

- Adequacy of Applicant's plan to schedule, conduct, and utilize regular risk assessments to identify, address, and improve health and psych-social behaviors (including perinatal depression) and/or conditions placing pregnant women and her fetus at greater risk for poor outcomes such as pre-term delivery, low birth weight, and/or infant mortality, with particular emphasis on poly-substance use involving smoking and legal/illegal substances (alcohol, over the counter and prescription medications, and illegal drugs).
- Appropriateness/adequacy of criteria proposed to determine severity of risk.
- Appropriateness and adequacy of proposed visit standards.
- Adequacy of Applicant's plan to develop, document, and fully utilize Care Plans for all pregnant and interconceptional women served, including the most recent risk assessment, completed referrals, and related outcomes.
- Adequacy of approach to providing home visits and

face-to-face visits as the primary service delivery method for completing risk assessments, providing health education, counseling and family engagement.

Collaboration Efforts

7

- Adequacy of Applicant’s plan for supporting pregnant and interconceptional women and their infants/toddlers in utilizing a medical home and a dental home to ensure wellness and sick care.
- Adequacy of Applicant’s plan for assuring family planning and women’s health care, including interconceptional services, are provided appropriately.
- Adequacy of Applicant’s described participation in the Consortia activities and planned actions to support the Perinatal Health System on the Big Island.
- Adequacy of Applicant’s approach to incorporating health education/awareness activities utilizing group sessions, individual counseling, and related media approaches/strategies.

5. *Financial (5 Points)*

5

- Personnel costs are reasonable and comparable to similar positions in the local community. Non-personnel costs are reasonable and adequately justified. The budget fully supports the scope of service and requirements of the Request for Proposal.
- Adequacy of accounting system and compliance with stated billing requirements.

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 Data Collection Forms**
- D. Table A: Performance Measures**
- E. Family Health Services Division Policy on Budget Revisions for Cost Reimbursement Contracts**
- F. Intra-Departmental Directive No. 04-01 – Interpersonal Relationships Between Staff and Clients/Patients**
- G. Certifications**

Proposal Application Checklist

Applicant: _____

RFP No.: _____

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
General:				
Proposal Application Identification Form (SPO-H-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 (SPO-H-200A)	Section 3, RFP	SPO Website*	X	
Tax Clearance Certificate (Form A-6)	Section 1, RFP	Dept. of Taxation Website (Link on SPO website)*		
Cost Proposal (Budget)				
SPO-H-205	Section 3, RFP	SPO Website*		
SPO-H-205A	Section 3, RFP	SPO Website* Special Instructions are in Section 5		
SPO-H-205B	Section 3, RFP,	SPO Website* Special Instructions are in Section 5		
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*		
SPO-H-206I	Section 3, RFP	SPO Website*		
SPO-H-206J	Section 3, RFP	SPO Website*		
Certifications:				
Federal Certifications		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:				

Authorized Signature

Date

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	SPO-H-206C Budget Justification - Travel: Interisland	
	SPO-H-206E Budget Justification - Contractual Services – Administrative	
	B. Other Financial Related Materials	
	Financial Audit for fiscal year ended June 30, 1996	
	C. Organization Chart	
	Program	
	Organization-wide	
	D. Performance and Output Measurement Tables	
	Table A	
	Table B	
	Table C	
	E. Program Specific Requirement	

draft

INITIAL PRENATAL

FORM 1

1. REFERRED BY: <input type="text"/>		STAFF INITIALS: _____	
2. PARTICIPANT ID: <input type="text"/>		3. Expected Due Date: <input type="text"/> / <input type="text"/> / <input type="text"/>	
Participant ID: First two letters of first name, first two letters of maiden name, and date of birth in the format: YYMMDD. Example: Jane Smith 12/2/80 = JASM801202. First-time enrollment in Program code as NEW . Women enrolled in Program for a prior pregnancy code as REPEAT .			
4. INITIAL VISIT DATE: <input type="text"/> / <input type="text"/> / <input type="text"/>		5. DOB: <input type="text"/> / <input type="text"/> / <input type="text"/>	
6. ZIP CODE: <input type="text"/>			
7. HIGHEST GRADE COMPLETED <input type="radio"/> Less than 12 Yrs <input type="radio"/> 12 Yrs(GED/HS Grad) <input type="radio"/> More than 12 Yrs		8. EMPLOYED? <input type="radio"/> YES <input type="radio"/> NO	
9. RELATIONSHIP STATUS <input type="radio"/> Married <input type="radio"/> Single <input type="radio"/> Separated <input type="radio"/> Widowed <input type="radio"/> Divorced		10. COHABITATION <input type="radio"/> YES <input type="radio"/> NO	
11. CITIZEN STATUS <input type="radio"/> U.S. Citizen <input type="radio"/> Immigrant <input type="radio"/> Compact States <input type="radio"/> Student Visa <input type="radio"/> Tourist Visa <input type="radio"/> Other		12. INCOME LEVEL <input type="radio"/> <100% <input type="radio"/> 100-125% <input type="radio"/> 126-150% <input type="radio"/> 151-185% <input type="radio"/> 186-200% <input type="radio"/> 201-250% <input type="radio"/> >250% <input type="radio"/> Refused	
13. MEDICAL INSURANCE STATUS <input type="radio"/> Uninsured <input type="radio"/> Private <input type="radio"/> Medicaid <input type="radio"/> Unknown <input type="radio"/> QUEST <input type="radio"/> IHI <input type="radio"/> Military			
14. HISPANIC/ LATINO ORIGIN <input type="radio"/> YES <input type="radio"/> NO		15. ETHNIC GROUP: (Select one or more) <input type="radio"/> Hawaiian <input type="radio"/> Samoan <input type="radio"/> African American <input type="radio"/> Chinese <input type="radio"/> Korean <input type="radio"/> Other Asian <input type="radio"/> Marshallese <input type="radio"/> Other Pac Isle <input type="radio"/> Am. Ind/Nat. Alas. <input type="radio"/> Filipino <input type="radio"/> Portuguese <input type="radio"/> Other <input type="radio"/> Micronesian <input type="radio"/> Caucasian <input type="radio"/> Japanese <input type="radio"/> Vietnamese <input type="radio"/> Refused	
16. Gravida <input type="text"/>		17. Para <input type="text"/>	
18. Pre-Pregnancy BMI <input type="text"/>			
19. PREVIOUS PREGNANCY? <input type="radio"/> YES <input type="radio"/> NO If Q19 is YES, answer Q19-Q21 20. Last Pregnancy Outcome Date <input type="text"/> / <input type="text"/>		23. TYPE OF PROVIDER <input type="radio"/> OB <input type="radio"/> CNM <input type="radio"/> Other	
21. Gestational Diabetes? <input type="radio"/> YES <input type="radio"/> NO		24. DATE PRENATAL CARE STARTED <input type="text"/> / <input type="text"/> / <input type="text"/>	
22. Preterm L/D? <input type="radio"/> YES <input type="radio"/> NO		25. Reason for Late Prenatal Care <input type="text"/>	
		26. TRIMESTER ENROLLED <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	
		27. Reason for Late Enrollment <input type="text"/>	
28. Was pregnancy planned? <input type="radio"/> YES <input type="radio"/> NO		29. Was pregnancy mistimed? <input type="radio"/> YES <input type="radio"/> NO	
30. Was pregnancy accepted by participant? <input type="radio"/> YES <input type="radio"/> NO		31. Is partner supportive of pregnancy? <input type="radio"/> YES <input type="radio"/> NO	
32. Used Alcohol/Tobacco in the 3 months prior to becoming pregnant? <input type="radio"/> YES <input type="radio"/> NO		33. Used an illicit drug in the month prior to becoming pregnant? <input type="radio"/> YES <input type="radio"/> NO	
34. AGE <input type="text"/>		35. HIGHEST GRADE COMPLETED <input type="radio"/> Less than 12 YRS <input type="radio"/> 12 Years (GED/HS Grad) <input type="radio"/> More than 12 Years	
36. HISPANIC/LATINO ORIGIN <input type="radio"/> YES <input type="radio"/> NO		37. ETHNIC GROUP: (Select one or more) <input type="radio"/> Hawaiian <input type="radio"/> Samoan <input type="radio"/> African American <input type="radio"/> Chinese <input type="radio"/> Korean <input type="radio"/> Other Asian <input type="radio"/> Marshallese <input type="radio"/> Other Pac Isle <input type="radio"/> Am. Ind/Nat. Alas. <input type="radio"/> Filipino <input type="radio"/> Portuguese <input type="radio"/> Other <input type="radio"/> Micronesian <input type="radio"/> Caucasian <input type="radio"/> Japanese <input type="radio"/> Vietnamese <input type="radio"/> Refused	

7051218149

Do not write in these boxes.

PRENATAL RISK ASSESSMENT

PARTICIPANT ID:

FORM 2

TRIMESTER: FIRST SECOND THIRD

STAFF INITIALS: _____

Service Date:
M M D D Y Y

Visit Site: Home Project Office Other
Visit Type: Face-to-Face Phone Other

RISK FACTORS	AT RISK			ACTION TAKEN				REFERRAL COMPLETION		
	Yes	No	NA	Education / Counseling	Ref-W/in Program	R-W/in Agency	Ref - Outside	REF CODE	DATE (MM/DD/YY)	OUTCOME
1. Age, Over Age 35										
2. Age, Age 18 & Under										
3. Child Care Services										
4. Domestic Violence										
5. Homeless										
6. Job/Job Training										
7. Language Assistance										
8. Male Support										
9. Medical Insurance, Lack of										
10. PNC, Non-Continuous										
11. Support System, Poor										
12. Transportation, Lack of										
MEDICAL RISK FACTORS	13. Asthma									
	14. Breast Cancer									
	15. Depression									
	16. Gestational Diabetes									
	17. GBS or BV									
	18. HIV/AIDS									
	19. Hypertension									
	20. Immunizations									
	21. Nutrition									
	22. Oral Health									
	23. Oth Mental Hlth Problems									
	24. Other STIs									
	25. Physical Activity									
26. Sub Abuse: Alcohol										
27. Sub Abuse: Cigarettes										
28. Sub Abuse: Illicit Drug(s)										
29. Other Risk Factor(s)										

SUBSTANCE USE AMOUNTS: # Cigarettes per Day # Drinks per Week Illicit Drug Used Most:

Provider ID Number:

INTERCONCEPTION RISK ASSESSMENT

PARTICIPANT ID:

FORM 5

TIME PERIOD: < 3 Months 3-6 Months 6-9 Months 9-12 Months 12-18 Months 18-24 Months STAFF INITIALS: _____

Service Date:
M M D D Y Y

Visit Site: Home Project Office Other
Visit Type: Face-to-Face Phone Other

RISK FACTORS	AT RISK			ACTION TAKEN				REFERRAL COMPLETION		
	Yes	No	NA	Education / Counseling	Ref-W/in Program	R-W/in Agency	Ref - Outside	REF CODE	DATE (MM/DD/YY)	OUTCOME
1. Age, Age 18 & Under										
2. Child Care Services										
3. Domestic Violence										
4. Homeless										
5. Job/Job Training										
6. Language Assistance										
7. Male Support										
8. Medical Insurance, Lack of										
9. Support System, Poor										
10. Transportation, Lack of										
MEDICAL RISK FACTORS	11. Asthma									
	12. Breast Cancer									
	13. Cholesterol									
	14. Depression									
	15. Diabetes									
	16. Family Planning									
	17. Fecal Occult Blood Test									
	18. GBS or BV									
	19. HIV/AIDS									
	20. Hypertension									
	21. Immunizations									
	22. Nutrition									
	23. Oral Health									
	24. Oth Mental Hith Problems									
25. Other STIs										
26. Physical Activity, Lack of										
27. Sub Abuse: Alcohol										
28. Sub Abuse: Cigarettes										
29. Sub Abuse: Illicit Drug(s)										

SUBSTANCE USE AMOUNTS: # Cigarettes per Day # Drinks per Week Illicit Drug Used Most:

Provider ID Number:

INFANT/TODDLER RISK ASSESSMENT

FORM 6

PARTICIPANT ID:

INFANT ID:

Service Date:
M M D D Y Y

TIME PERIOD:

< 3 Months 3-6 Months

6-9 Months 9-12 Months

12-18 Months 18-24 Months

STAFF INITIALS: _____

Visit Site:	Visit Type:
<input type="checkbox"/> Home	<input type="checkbox"/> Face-to-Face
<input type="checkbox"/> Project Office	<input type="checkbox"/> Phone
<input type="checkbox"/> Other	<input type="checkbox"/> Other

Does infant have a pediatrician? Yes No

Number of Immunizations Received:

RISK FACTORS	AT RISK			ACTION TAKEN			REFERRAL COMPLETION			
	Yes	No	NA	Education / Counseling	Ref-W/in Program	R-W/in Agency	Ref - Outside	REF CODE	DATE (MM/DD/YY)	OUTCOME
1. Asthma										
2. Breastfeeding Problems										
3. Developmental Delay										
4. Family Violence										
5. HIV/AIDS										
6. Homeless										
7. Immunizations										
8. Lack of Medical Insurance										
9. Mental Health Problems										
10. Not Attaining App. Growth										
11. Nutrition										
12. Other Spec Health Care Needs										
13. Prenatal Alcohol Exposure										
14. Prenatal Drug Exposure										
15. Poor Support System										
16. Lack of Well Baby Check-ups										

Provider ID Number:

Table A – Performance Measures Big Island Perinatal Disparities Program

Applicant Org. _____

RFP No. _____

Column A	Column B	Column C	Column D	Column E
Performance Measure	Baseline for FY 2008-2009	Annual Performance Objective for Fiscal Year 2009-2010	Annual Performance Objective for Fiscal Year 2010-2011	Applicant's approach in meeting the performance objectives, including the methodology proposed for data collection and reporting. (Attach additional sheets as necessary.)
1. 85% of all pregnant women receive prenatal care within the 1 st trimester.	<p>a) Number of pregnant women receiving services in FY 2008-2009: _____.</p> <p>b) Number of pregnant women receiving prenatal care within the 1st trimester of pregnancy: _____.</p> <p>c) Percentage of all pregnant women receiving prenatal care within the 1st trimester of pregnancy: _____ (%) (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 singleton births and very low birth weight to no more than 0.9% of all live births.	<p>a.1) Number of live singleton births occurring in FY 2008-2009 to women receiving pregnancy services: _____.</p> <p>b.1) Number of low birth weight (<2500 g) babies: _____.</p> <p>c.1) The percentage of low birth weight babies among singleton births: _____%. (b.1 divided by a.1)</p> <hr/> <p>a.2) Number of all live births (singleton and multiple) occurring in FY 2008-2009 to women receiving pregnancy services: _____.</p> <p>b.2) Number of very low birth weight (<1500 g) babies: _____.</p> <p>c.2) The percentage of very low birth weight babies: _____%. (b.2 divided by a.2)</p>	<p>a.1) The estimated percentage of very low birth weight babies is _____%.</p> <p>a.2) The percentage of very low birth weight babies is _____%.</p>	<p>a.1) The estimated percentage of very low birth weight babies is _____%.</p> <p>a.2) The percentage of very low birth weight babies is _____%.</p>	

Table A – Performance Measures Big Island Perinatal Disparities Program

Applicant Org. _____

RFP No. _____

Column A	Column B	Column C	Column D	Column E
Performance Measure	Baseline for FY 2008-2009	Annual Performance Objective for Fiscal Year 2009-2010	Annual Performance Objective for Fiscal Year 2010-2011	Applicant's approach in meeting the performance objectives, including the methodology proposed for data collection and reporting. (Attach additional sheets as necessary.)
3. 100% of all women served will be screened for risk assessment, including symptoms of perinatal depression.	<p>a) Total number of pregnant and interconception care women (unduplicated count) receiving services during FY 2008-2009; _____.</p> <p>b) Total number of pregnant and interconception care women receiving services who were screened for risk assessment, including symptoms of perinatal depression: _____.</p> <p>c) The percentage of women served who were screened for risk assessment, including symptoms of perinatal depression: _____% (b divided by a).</p>	a) The estimated percentage of women served who will be screened for risk assessment, including symptoms of perinatal depression is _____%.	a) The estimated percentage of women served who will be screened for risk assessment, including symptoms of perinatal depression is _____%.	
4. 100% of all pregnant women screened as at risk for poly-substance use (alcohol, cigarette smoking, and illicit drug use) will receive consistent interventions, education, counseling and completed referrals to reduce risk.	<p>a) Number of pregnant women receiving services in FY 2008-2009 _____.</p> <p>b) Number of pregnant women screened as at risk for poly-substance use received consistent interventions, education, counseling and completed referrals to reduce risk: _____.</p> <p>c) The percentage of pregnant women screened as at risk for poly-substance use received consistent interventions, education, counseling and completed referrals to reduce risk: _____% (b divided by a).</p>	a) The estimated percentage of pregnant women screened as at risk for poly-substance use that will receive consistent interventions/education/ counseling/ completed referrals to reduce risk is _____%.	a) The estimated percentage of pregnant women screened as at risk for poly-substance use that will receive consistent interventions/education/ counseling/ completed referrals to reduce risk is _____%.	

Table A – Performance Measures Big Island Perinatal Disparities Program

Applicant Org. _____

RFP No. _____

Column A	Column B	Column C	Column D	Column E
Performance Measure	Baseline for FY 2008-2009	Annual Performance Objective for Fiscal Year 2009-2010	Annual Performance Objective for Fiscal Year 2010-2011	Applicant's approach in meeting the performance objectives, including the methodology proposed for data collection and reporting. (Attach additional sheets as necessary.)
5. 95% of all women served will co-develop a Care Plan	a) Number of women (unduplicated count) receiving pregnancy and/or interconception care services: _____. b) Number of women who co-develop a Care Plan: _____. c) The percentage of women who co-develop a Care Plan: ____% (b divided by a).	c) The estimated percentage of women who co-develop a Care Plan is ____%.	c) The estimated percentage of women who co-develop a Care Plan is ____%.	
6. 95% of all women with identified risk receive a completed referral.	a) Number of women receiving pregnancy and/or interconception care services (unduplicated count) who were found to have a need for which a referral was made for services: _____. b) Number of women with identified risk receiving a completed referral: _____. c) The percentage of women with identified risk receiving a completed referral: ____% (b divided by a).	a) The estimated percentage of women with identified risk receiving a completed referral is ____%.	a) The estimated percentage of women with identified risk receiving a completed referral is ____%.	
7. 100% of women will select contraception at the postpartum visit.	a) Number of women who had a postpartum visit in FY 2008-2009: _____. b) Number of women who select contraception at the postpartum visit: _____. c) The percentage of women who select contraception at the postpartum visit: ____% (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 ____%.	

Table A – Performance Measures Big Island Perinatal Disparities Program

Applicant Org. _____

RFP No. _____

Column A	Column B	Column C	Column D	Column E
Performance Measure	Baseline for FY 2008-2009	Annual Performance Objective for Fiscal Year 2009-2010	Annual Performance Objective for Fiscal Year 2010-2011	Applicant's approach in meeting the performance objectives, including the methodology proposed for data collection and reporting. (Attach additional sheets as necessary.)
8. 75% of mothers will be breastfeeding their babies at six (6) months into the interconception period.	<p>a) Number of mothers delivering an infant during the last 6 months of FY 2007-2008 through the first six months of FY 2008-2009: _____.</p> <p>b) Number of these mothers breastfeeding their babies at six (6) months into the interconception period: _____.</p> <p>c) The percentage of mothers breastfeeding their babies at six (6) months into the interconception period: _____% (b divided by a).</p>	<p>a) The estimated percentage of mothers breastfeeding their babies at six (6) months into the interconception period is _____%.</p>	<p>a) The estimated percentage of mothers breastfeeding their babies at six (6) months into the interconception period is _____%.</p>	
9. 94% of pregnant women will continue to receive support services until the end of the two (2) year interconception period.	<p>a) Number of pregnant women receiving services during FY 2007-2008: _____.</p> <p>b) Number of these women who continue to receive support services until the end of the two (2) year interconception period: _____.</p> <p>c) The percentage of pregnant women who continued to receive support services until the end of the two (2) year interconception period: _____% (b divided by a).</p>	<p>a) The percentage of pregnant women who continued to receive support services until the end of the two (2) year interconception period was _____%.</p>	<p>a) The percentage of pregnant women who continued to receive support services until the end of the two (2) year interconception period was _____%.</p>	

Table A – Performance Measures Big Island Perinatal Disparities Program

Applicant Org. _____

RFP No. _____

Column A	Column B	Column C	Column D	Column E
Performance Measure	Baseline for FY 2008-2009	Annual Performance Objective for Fiscal Year 2009-2010	Annual Performance Objective for Fiscal Year 2010-2011	Applicant's approach in meeting the performance objectives, including the methodology proposed for data collection and reporting. (Attach additional sheets as necessary.)
10. 90% of women served through the two (2) year interconception period will not have a subsequent pregnancy.	<p>a) Number of women served through the two (2) year interconception period: _____ . (See 9 b above)</p> <p>b) Number of women served through the two (2) year interconception period who did not have a subsequent pregnancy: _____ .</p> <p>c) The percentage of women served through the two (2) year interconception period who did not have a subsequent pregnancy: _____% (b divided by a).</p>	a) The estimated percentage of women served through the two (2) year interconception period who did not have a subsequent pregnancy is _____%.		
11. 80% of those women found to be at risk for poly-substance use (alcohol, cigarette smoking, and illicit drug use) during pregnancy will be risk free for poly-substance use at six (6) months postpartum.	<p>a) Number of women found to be at risk for poly-substance use during pregnancy who gave birth during the last 6 months of FY 2007-2008 or the first six months of 2008-2009: _____ .</p> <p>b) Number of women found to be at risk for poly-substance use during pregnancy that were risk free for poly-substance use at six (6) months postpartum: _____ .</p> <p>c) The percentage of women found to be at risk for poly-substance use during pregnancy who were risk free from poly-substance use at six (6) months postpartum: _____% (b divided by a).</p>	a) The estimated percentage of women found to be at risk for poly-substance use during pregnancy that were risk free from poly-substance use at six (6) months postpartum is _____%.	a) The estimated percentage of women found to be at risk for poly-substance use during pregnancy that were risk free from poly-substance use at six (6) months postpartum is _____%.	

Table A – Performance Measures Big Island Perinatal Disparities Program

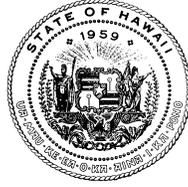
Applicant Org. _____

RFP No. _____

Column A	Column B	Column C	Column D	Column E
Performance Measure	Baseline for FY 2008-2009	Annual Performance Objective for Fiscal Year 2009-2010	Annual Performance Objective for Fiscal Year 2010-2011	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 women and children will have a medical home.	a) The number of women and children served in FY 2008-2009: _____. b) The number of these women and children served who had a medical home: _____. c) The percentage of women and children served with a medical home: _____% (b divided by a).	a) The estimated percentage of women and children served with a medical home is ____%.	a) The estimated percentage of women and children served with a medical home is ____%.	
13. 90% of children will be current with well-baby check-ups and immunizations.	a) The total number of children served in FY 2008-2009: _____. b) The total number of these children with current well-baby check-ups and immunizations: _____. c) The percentage of children with current well-baby check-ups and immunizations: _____% (b divided by a).	a) The estimated percentage of children with current well-baby check-ups and immunizations is ____%.	a) The estimated percentage of children with current well-baby check-ups and immunizations is ____%.	

Applicant Org. _____

RFP No. _____



STATE OF HAWAII
DEPARTMENT OF HEALTH
HEALTH RESOURCES ADMINISTRATION
FAMILY HEALTH SERVICES DIVISION
P. O. Box 3378
HONOLULU, HAWAII 96801-3378

**FAMILY HEALTH SERVICES DIVISION POLICY ON BUDGET
REVISIONS
FOR COST REIMBURSEMENT CONTRACTS
(Effective September 1, 2008)**

The Family Health Services Division (“FHSD”) has developed the following policies for budget revisions related to cost reimbursement contracts to promote consistency in its implementation and to ensure that program objectives are not adversely affected by major revisions.

As a general rule, any proposed *transfer of funds* between Cost Elements (from the approved Contract Budget), e.g. “Personnel” to “Other Operating,” shall receive *prior* written approval by FHSD. To transfer funds between Cost Elements, please provide FHSD with the following forms as applicable:

1. **Budget Revision Justification Form (FHSD/BUDREV)**. In Section I. of the form, please document the amount of the proposed transfer between Cost Element(s). In Section II, please provide a detailed justification for the proposed transfer(s). If funds are being transferred from Personnel to another Cost Element, the justification shall include an explanation of the impact of such transfers in the attainment of planned outcome, output, and other performance objectives as described under the terms and conditions of the contract. Please attached additional sheets as necessary.
- 2.. **FHSDBud/Rev1& 2 Forms**. Please submit these Budget Revision forms if they are required by your FHSD Program Manager.
3. **SPO-H-206 A-J**. Please submit the appropriate budget justification forms as they relate to the specific budget revisions made to the expenditure categories. To obtain these forms online, please go to the Hawaii State Procurement Office website at: <http://hawaii.gov/spo/spoh/for-private-providers/forms-and-instructions-for-private-providers-applicants>.

In addition to policies related to transfer of funds between Cost Elements mentioned above, the following policies shall apply to proposed changes within existing Cost Elements in the approved Contract Budget:

1. Any proposed amendment(s) to the following Personnel categories: 1) full time equivalency (“FTE”; 2) percentage of time charged to the contract; and 3) budgeted salary (other than the FTE, percentage of time, and budgeted salary in the approved Contract Budget) shall receive prior written approval by FHSD before the changes are implemented.

The Contractor shall submit form SPO-H-206A as an e-mail attachment to their assigned FHSD Program Manager to justify the proposed changes. Please provide an explanation of the impact of such changes in the attainment of planned outcome, output, and other performance objectives as described under the terms and conditions of the contract. The FHSD Program Manger will respond to the Contractor via e-mail and will include an effective date for the changes, as warranted.

2. Any proposed addition(s) of a new expenditure cost category (other than the pre-authorized expenditure cost categories approved under the Contract Budget) shall receive prior written approval by the DOH before such new expenditure cost categories are added to the budget. To accomplish this, the Contractor shall send a written justification to the FHSD Program Manager via e-mail. The FHSD Program Manager will respond to the Contractor via e-mail and will include an effective date for the amendments, as warranted.
3. FHSD reserves the right to establish more stringent policies regarding the transfer of funds within the pre-authorized expenditure cost categories approved under the Contract Budget on a program by program basis as needed.

Should there be questions in reference to the above policy, please do not hesitate to contact the FHSD Program Manager assigned to your program.

Applicant: _____
 Service: _____

BUDGET REVISION (Personnel, Other Operating)
 Contract Period: _____

Date: _____
 ASO Log No: _____
 Page _____ of _____

CATEGORIES	STATE			FEDERAL -			OTHER -			TOTAL
	ORIGINAL A	CHANGES B	REVISED C	ORIGINAL D	CHANGES E	REVISED F	ORIGINAL G	CHANGES H	REVISED I	REVISED (C+F+I) = J
A PERSONNEL										
1 Salaries & Wages										
2 Payroll Taxes & Assess										
3 Fringe Benefits										
Personnel Total										
B OTHER OPERATING										
1 Airfare, Inter-Island										
2 Airfare, Out-of-State										
3 Audit Services										
4 Contractual Srvcs-Admin.										
5 Contractual Srvcs-Subcontracts										
6 Insurance										
7 Lease/Rental of Equipmt										
8 Lease/Rental of Motor Vehicle										
9 Lease/Rental of Space										
10 Mileage										
11 Postage, Freight & Delivery										
12 Publication & Printing										
13 Repair & Maintenance										
14 Staff Training										
15 Subsistence/Per Diem										
16 Supplies										
a. Office										
b. Medical										
c. Program										
d. Other										
17 Telecommunication										
18 Transportation										
19 Utilities										
20										
Operating Total										
Page Total										

BUDGET REVISION (Equipment, Motor Vehicle, Total)

Contract Period: _____

Date: _____
 ASO Log No: _____
 Page _____ of _____

Applicant: _____
 Service: _____

	STATE			FEDERAL -			OTHER -			TOTAL
	ORIGINAL A	CHANGES B	REVISED C	ORIGINAL D	CHANGES E	REVISED F	ORIGINAL G	CHANGES H	REVISED I	REVISED (C+F+I) = J
C EQUIPMENT (unit cost >\$250 and a useful life > 1 yr.)										

Equipment Total										
D MOTOR VEHICLE										

Motor Vehicle Total										
TOTAL (A + B + C + D)										

Note: Please transfer revised budget figures in column "F", "I", & "J" to POST 210/210A, "The Report of Expenditures," pursuant to the effective date reflected on the FHSD/BUDREV-JUSTIFICATION form.

BUDGET REVISIONS - JUSTIFICATION

Applicant: _____
 Service: _____

Contract Period: _____ to _____

Date: _____
 ASO Log No: _____
 Page _____ of _____

I. Amount being requested for transfer between Cost Elements by expenditure line item & source of funds.

FROM _____
cost element

TO _____
cost element

Please list REDUCTION(s) to budgeted expenditure line items as designated on the "Report of Expenditures" (POST 210/ 210A) column A:

Please list ADDITION(s) to budgeted expenditure line items as designated on the "Report of Expenditures" (POST 210/210A)column A:

DESCRIPTION	GENERAL		
	STATE	FEDERAL	OTHER
1 _____	\$ _____	\$ _____	\$ _____
2 _____	\$ _____	\$ _____	\$ _____
3 _____	\$ _____	\$ _____	\$ _____
4 _____	\$ _____	\$ _____	\$ _____
5 _____	\$ _____	\$ _____	\$ _____

DESCRIPTION	GENERAL		
	STATE	FEDERAL	OTHER
1 _____	\$ _____	\$ _____	\$ _____
2 _____	\$ _____	\$ _____	\$ _____
3 _____	\$ _____	\$ _____	\$ _____
4 _____	\$ _____	\$ _____	\$ _____
5 _____	\$ _____	\$ _____	\$ _____

II. JUSTIFICATION FOR PROPOSED TRANSFERS

- | |
|--|
| Cost Elements:
A. Personnel
B. Operating
C. Equipment
D. Motor Vehicle |
|--|

_____ Approved

_____ Section Head/Program Manager

_____ Date

_____ Disapprove The effective date of this approved budget revision is:

Month/Year

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.

- D. Staff are prohibited from engaging in sexual relationships with clients/patients' relatives or other individuals with whom clients/patients maintain close personal relationships, or to whom clients/patients are reliant upon. Staff are required to set clear, appropriate and culturally sensitive boundaries.
- E. Staff shall neither initiate, assume, nor maintain a treatment relationship to individuals with whom they have had prior sexual relationships. Staff shall inform their supervisor if there have been past relationships with potential clients/patients and arrange to have the care of such patients/clients provided by another qualified staff person.
- F. Staff shall not engage in physical contact with clients/patients when there is a possibility of psychological harm to the clients/patients as a result of the contact (such as cradling or caressing clients/patients). In providing services, staff who are required to have physical contact with clients/patients are responsible for setting clear, appropriate and culturally sensitive boundaries that govern such physical contact.
- G. Staff who anticipate the potential for sexual relationships with former clients/patients shall consult in depth with their supervisors, exploring the various risks and concerns.

04-1.3

SCOPE

This directive applies to all Department of Health employees, including volunteers, who provide treatment and/or services and individuals or agencies that are contracted to provide treatment and/or services on behalf of the Department of Health.

04-1.4

DEFINITIONS

- Clients/Patients: Persons under observation, care, treatment, or receiving services.
- Department: Department of Health
- Director: Director of Health

- Dual/multiple relationships: When an employee has, or has had, more than one relationship with a patient or client, either presently or in the past. These may include professional, business, social, or personal relationships. Dual/multiple relationships can occur simultaneously or consecutively.
- Staff: Department employees, including volunteers, and individuals or agencies that are contracted to provide services on behalf of the Department.
- Health: Includes physical and mental health.
- Providers: Any persons, public or private vendors, agencies, or business concerns authorized by the department to provide health care, services, or activities.
- Services: Appropriate assistance provided to a person with a medical illness, developmental disability, mental illness, substance abuse or dependency disorder, or mental retardation. These services include, but are not restricted to assessment, case management, care coordination, treatment, training, vocational support, testing, day treatment, dental treatment, residential treatment, hospital treatment, developmental support, respite care, domestic assistance, attendant care, habilitation, rehabilitation, speech therapy, physical therapy, occupational therapy, nursing counseling, family therapy or counseling, interpretation, transportation, psychotherapy, and counseling to the person and/or to the person's family, guardian or other appropriate representative.
- Treatment: The broad range of services and care, including diagnostic valuation, medical, psychiatric, psychological, and social service care, vocational rehabilitation, career counseling, and other special services which may be extended to a person in need or with a disabling condition.

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.

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.

CERTIFICATIONS

1. CERTIFICATION REGARDING DEBARMENT AND SUSPENSION

The undersigned (authorized official signing for the applicant organization) certifies to the best of his or her knowledge and belief, that the applicant, defined as the primary participant in accordance with 45 CFR Part 76, and its principals:

- (a) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal Department or agency;
- (b) have not within a 3-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- (c) are not presently indicted or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (b) of this certification; and
- (d) have not within a 3-year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause or default.

Should the applicant not be able to provide this certification, an explanation as to why should be placed after the assurances page in the application package.

The applicant agrees by submitting this proposal that it will include, without modification, the clause titled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion--Lower Tier Covered Transactions" in all lower tier covered transactions (i.e., transactions with sub-grantees and/or contractors) and in all solicitations for lower tier covered transactions in accordance with 45 CFR Part 76.

2. CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

The undersigned (authorized official signing for the applicant organization) certifies that the applicant will, or will continue to, provide a drug-free workplace in accordance with 45 CFR Part 76 by:

- (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
- (b) Establishing an ongoing drug-free awareness program to inform employees about--
 - (1) The dangers of drug abuse in the workplace;
 - (2) The grantee's policy of maintaining a drug-free workplace;
 - (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
 - (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- (c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a) above;
- (d) Notifying the employee in the statement required by paragraph (a), above, that, as a condition of employment under the grant, the employee will--
 - (1) Abide by the terms of the statement; and
 - (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
- (e) Notifying the agency in writing within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central

point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

- (f) Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d) (2), with respect to any employee who is so convicted--
 - (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 - (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- (g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

For purposes of paragraph (e) regarding agency notification of criminal drug convictions, the DHHS has designated the following central point for receipt of such notices:

Office of Grants and Acquisition Management
Office of Grants Management
Office of the Assistant Secretary for Management and Budget
Department of Health and Human Services
200 Independence Avenue, S.W., Room 517-D
Washington, D.C. 20201

3. CERTIFICATION REGARDING LOBBYING

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

The undersigned (authorized official signing for the applicant organization) certifies, to the best of his or her knowledge and belief, that:

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the under-

signed, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

- (2) If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. (If needed, Standard Form-LLL, "Disclosure of Lobbying Activities," its instructions, and continuation sheet are included at the end of this application form.)
- (3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

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

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

5. CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

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

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

By signing the certification, the undersigned certifies that the applicant organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.

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

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

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	TITLE	
APPLICANT ORGANIZATION		DATE SUBMITTED

