

State of Hawaii
Department of Health
Family Health Services Division
Maternal & Child Health Branch
Perinatal Health Program
Baby S.A.F.E. (Substance Abuse Free Environment)

Request for Proposals

RFP No. HTH-560-CW-005

Perinatal Support Service & Triage

October 14, 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.

October 14, 2008

REQUEST FOR PROPOSALS

Perinatal Support Services & Triage RFP No. HTH-560-CW-005

The Department of Health, Family Health Services Division, Maternal and Child Health Branch, is requesting proposals from qualified applicants to provide perinatal support services and triage for pregnant women through the six (6) months post-partum period, as they are identified for alcohol, tobacco, and/or illicit drug use. Services may include, but are not limited to: establishing a community resource to triage substance-using pregnant women, performing outreach and follow-up and providing substance abuse screening, assessment, counseling and referral to substance abuse treatment facilities. The contract term will be from July 1, 2009 through June 30, 2011. Multiple contracts will be awarded under this request for proposals.

Proposals should be postmarked by the United States Postal Service on or before January 9, 2009, and received no later than 10 days from the submittal deadline. Hand delivered proposals shall be received no later than 4:30 p.m., Hawaii Standard Time (HST), on January 9, 2009, at the drop-off sites designated on the Proposal Mail-in and Delivery Information Sheet. Proposals postmarked or hand delivered after the submittal deadline shall be considered late and rejected. There are no exceptions to this requirement.

The Maternal and Child Health Branch will conduct an orientation on November 7, 2008 from 1:00 to 3:00 p.m. HST, at the Keoni Ana Video Conference Center (VCC), on 888 Alakea St. 3rd Floor, Honolulu, Hawaii. All prospective applicants are encouraged to attend the orientation.

The deadline for submission of written questions is 4:30 p.m., HST, on November 12, 2008. All written questions will receive a written response from the State on or about November 25, 2007.

Inquiries regarding this RFP should be directed to the RFP contact person, Ms. Sharon Sirling at 741-A Sunset Avenue, Honolulu, Hawaii 96816, telephone: (808) 733-9023, fax: (808) 733-9032, e-mail: sharon.sirling@doh.hawaii.gov.

PROPOSAL MAIL-IN AND DELIVERY INFORMATION SHEET

NUMBER OF COPIES TO BE SUBMITTED: Three [3]

ALL MAIL-INS SHALL BE POSTMARKED BY THE UNITED STATES POSTAL SERVICE (USPS) NO LATER THAN **January 9, 2009** and received by the state purchasing agency no later than **10 days from the submittal deadline.**

All Mail-ins

**Maternal & Child Health Branch
Women's Health Section Perinatal
Health Program
741-A Sunset Avenue, Room 104
Honolulu, Hawaii 96816**

DOH RFP COORDINATOR

**Sharon Sirling, RN
Perinatal Program Manager
(808) 733-9023
(808) 733-9032
sharon.sirling@doh.hawaii.gov**

ALL HAND DELIVERIES SHALL BE ACCEPTED AT THE FOLLOWING SITE UNTIL **4:30 P.M., Hawaii Standard Time (HST), January 9, 2009.** 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., January 9, 2009.

Drop-off Site

**Maternal & Child Health Branch
741-A Sunset Avenue, Lobby
Honolulu, Hawaii 96816**

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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)	10/14/2008
Distribution of RFP	10/14/2008
RFP orientation session	11/07/2008
Closing date for submission of written questions for written responses	11/12/2008
State purchasing agency's response to applicants' written questions	11/17-25/2008
Discussions with applicant prior to proposal submittal deadline (optional)	12/8-12/2008
Proposal submittal deadline	01/09/2009
Discussions with applicant after proposal submittal deadline (optional)	01/12-16/2009
Final revised proposals (optional)	01/19-23/2009
Proposal evaluation period	01/26-30/09
Provider selection	1/30 - 2/03/2009
Notice of statement of findings and decision	02/06-13/2009
Contract start date	07/01/2009

II. Website Reference

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

	For	Click
1	Procurement of Health and Human Services	“Health and Human Services, Chapter 103F, HRS...”
2	RFP website	“Health and Human Services, Ch. 103F...” and “The RFP Website” (located under Quicklinks)
3	Hawaii Administrative Rules (HAR) for Procurement of Health and Human Services	“Statutes and Rules” and “Procurement of Health and Human Services”
4	Forms	“Health and Human Services, Ch. 103F...” and “For Private Providers” and “Forms”
5	Cost Principles	“Health and Human Services, Ch. 103F...” and “For Private Providers” and “Cost Principles”
6	Standard Contract -General Conditions	“Health and Human Services, Ch. 103F...” “For Private Providers” and “Contract Template – General Conditions”
7	Protest Forms/Procedures	“Health and Human Services, Ch. 103F...” and “For Private Providers” and “Protests”

Non-SPO websites

(Please note: website addresses may change from time to time. If a link is not active, try the State of Hawaii website at <http://hawaii.gov>)

	For	Go to
8	Tax Clearance Forms (Department of Taxation Website)	http://hawaii.gov/tax/ click “Forms”
9	Wages and Labor Law Compliance, Section 103-055, HRS, (Hawaii 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 Hawaii Revised Statutes (HRS) Chapter 103F and its administrative rules. All prospective applicants are charged with presumptive knowledge of all requirements of the cited authorities. Submission of a valid executed proposal by any prospective applicant shall constitute admission of such knowledge on the part of such prospective applicant.

IV. RFP Organization

This RFP is organized into five sections:

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

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

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

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

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

V. Contracting Office

The Contracting Office is responsible for overseeing the contract(s) resulting from this RFP, including system operations, fiscal agent operations, and monitoring and assessing provider performance. The Contracting Office is: *Department of Health, Family Health Services Division, Maternal and Child Health Branch, Women's Health Section, Perinatal Health Programs* address: 741-A Sunset Avenue, Honolulu, HI 96816, phone: (808) 733-9023, fax: (808) 733-9032 and email: <sharon.sirling@doh.hawaii.gov>

VI. Orientation

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

Date: November 7, 2008 **Time:** 1:00 – 3:00 p.m.
Location: Video Conference Centers on:
Oahu - Kahuhihewa Building, 601 Kamokila Blvd. , Kapolei
Oahu - Keoni Ana Building, 1177 Alakea St., Honolulu
Kauai - Lihue State Office Building, 3060 Eiwa Street
Kona - Kona Community Health Center, 79-1015 Haukapila St.
Maui - Wailuku Judiciary Building, 2145 Main Street

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

answers provided at the orientation are only intended as general direction and may not represent the state purchasing agency's position. Formal official responses will be provided in writing. To ensure a written response, any oral questions should be submitted in writing following the close of the orientation, but no later than the submittal deadline for written questions indicated in the paragraph VII. Submission of Questions.

VII. Submission of Questions

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

Deadline for submission of written questions:

Date: November 12, 2008 **Time:** 4:30 P.M. HST

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

Date: November 17-25, 2008

VIII. Submission of Proposals

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

1. **Proposal Application Identification (Form SPO-H-200).** Provides applicant proposal identification.
2. **Proposal Application Checklist.** Provides applicants with information on where to obtain the required forms; information on program specific requirements; which forms are required and the order in which all components should be assembled and submitted to the state purchasing agency.
3. **Table of Contents.** A sample table of contents for proposals is located in Section 5, Attachments. This is a sample and meant as a guide. The table of contents may vary depending on the RFP.
4. **Proposal Application (Form SPO-H-200A).** Applicant shall submit comprehensive narratives that address all of the proposal requirements contained in Section 3 of this RFP, including a cost proposal/budget if required.

- B. **Program Specific Requirements.** Program specific requirements are included in Sections 2, Service Specifications and Section 3, Proposal Application Instructions, as applicable. If required, Federal and/or State certifications are listed on the Proposal Application Checklist located in Section 5.
- C. **Multiple or Alternate Proposals.** Multiple or alternate proposals shall not be accepted unless specifically provided for in Section 2 of this RFP. In the event alternate proposals are not accepted and an applicant submits alternate proposals, but clearly indicates a primary proposal, it shall be considered for award as though it were the only proposal submitted by the applicant.
- D. **Tax Clearance.** Pursuant to HRS Section 103-53, as a prerequisite to entering into contracts of \$25,000 or more, providers shall be required to submit a tax clearance certificate issued by the Hawaii State Department of Taxation (DOTAX) and the Internal Revenue Service (IRS). The certificate shall have an original green certified copy stamp and shall be valid for six (6) months from the most recent approval stamp date on the certificate. Tax clearance applications may be obtained from the Department of Taxation website. (Refer to this section's part II, Website Reference.)
- E. **Wages and Labor Law Compliance.** If applicable, by submitting a proposal, the applicant certifies that the applicant is in compliance with HRS Section 103-55, Wages, hours, and working conditions of employees of contractors performing services. Refer to HRS Section 103-55, at the Hawaii State Legislature website. (See part II, Website Reference.)
- **Compliance with all Applicable State Business and Employment Laws.** All providers shall comply with all laws governing entities doing business in the State. Prior to contracting, owners of all forms of business doing business in the state except sole proprietorships, charitable organizations unincorporated associations and foreign insurance companies be registered and in good standing with the Department of Commerce and Consumer Affairs (DCCA), Business Registration Division. Foreign insurance companies must register with DCCA, Insurance Division. More information is on the DCCA website. (See part II, Website Reference.)
- F. **Hawaii Compliance Express (HCE).** Providers may register with HCE for online proof of DOTAX and IRS tax clearance Department of Labor and Industrial Relations (DLIR) labor law compliance, and DCCA good standing compliance. There is a nominal annual fee for

the service. The “Certificate of Vendor Compliance” issued online through HCE provides the registered provider’s current compliance status as of the issuance date, and is accepted for both contracting and final payment purposes. Refer to this section’s part II. Website Reference for HCE’s website address.

- G. **Campaign Contributions by State and County Contractors.** Contractors are hereby notified of the applicability of HRS Section 11-205.5, which states that campaign contributions are prohibited from specified State or county government contractors during the term of the contract if the contractors are paid with funds appropriated by a legislative body. For more information, FAQs are available at the Campaign Spending Commission webpage. (See part II, Website Reference.)
- H. **Confidential Information.** If an applicant believes any portion of a proposal contains information that should be withheld as confidential, the applicant shall request in writing nondisclosure of designated proprietary data to be confidential and provide justification to support confidentiality. Such data shall accompany the proposal, be clearly marked, and shall be readily separable from the proposal to facilitate eventual public inspection of the non-confidential sections of the proposal.

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

- I. **Confidentiality of Personal Information.** Act 10 relating to personal information was enacted in the 2008 special legislative session. As a result, the Attorney General’s Conditions of Form AG Form 103F, *Confidentiality of Personal Information*, has been amended to include Section 8 regarding protection of the use and disclosure of personal information administered by the agencies and given to third parties.
- J. **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. Submission of proposal via electronic means (fax, email, CD or website) is not permitted.

IX. Discussions with Applicants

- A. Prior to Submittal Deadline.** Discussions may be conducted with potential applicants to promote understanding of the purchasing agency's requirements.
- B. After Proposal Submittal Deadline -** Discussions may be conducted with applicants whose proposals are determined to be reasonably susceptible of being selected for award, but proposals may be accepted without discussions, in accordance HAR Section 3-143-403.

X. Opening of Proposals

Upon receipt of a proposal by a state purchasing agency at a designated location, proposals, modifications to proposals, and withdrawals of proposals shall be date-stamped, and when possible, time-stamped. All documents so received shall be held in a secure place by the state purchasing agency and not examined for evaluation purposes until the submittal deadline.

Procurement files shall be open to public inspection after a contract has been awarded and executed by all parties.

XI. Additional Materials and Documentation

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

XII. RFP Amendments

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

XIII. Final Revised Proposals

If requested, final revised proposals shall be submitted in the manner, and by the date and time specified by the state purchasing agency. If a final revised proposal is not submitted, the previous submittal shall be construed as the applicant's best and final offer/proposal. *The applicant shall submit **only** the*

section(s) of the proposal that are amended, along with the Proposal Application Identification Form (SPO-H-200). After final revised proposals are received, final evaluations will be conducted for an award.

XIV. Cancellation of Request for Proposal

The RFP may be canceled and any or all proposals may be rejected in whole or in part, when it is determined to be in the best interests of the State.

XV. Costs for Proposal Preparation

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

XVI. Provider Participation in Planning

Provider participation in a state purchasing agency's efforts to plan for or to purchase health and human services prior to the state purchasing agency's release of a RFP, including the sharing of information on community needs, best practices, and providers' resources, shall not disqualify providers from submitting proposals if conducted in accordance with HAR Sections 3-142-202 and 3-142-203.

XVII. Rejection of Proposals

The State reserves the right to consider as acceptable only those proposals submitted in accordance with all requirements set forth in this RFP and which demonstrate an understanding of the problems involved and comply with the service specifications. Any proposal offering any other set of terms and conditions contradictory to those included in this RFP may be rejected without further notice.

A proposal may be automatically rejected for any one or more of the following reasons:

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

XVIII. Notice of Award

A statement of findings and decision shall be provided to all applicants by mail upon completion of the evaluation of competitive purchase of service proposals.

Any agreement arising out of this solicitation is subject to the approval of the Department of the Attorney General as to form, and to all further approvals, including the approval of the Governor, required by statute, regulation, rule, order or other directive.

No work is to be undertaken by the awardee prior to the contract commencement date. The State of Hawaii is not liable for any costs incurred prior to the official starting date.

XIX. Protests

Any applicant may file a protest against the awarding of the contract. The Notice of Protest form, SPO-H-801, is available on the SPO website. (See paragraph II, Website Reference.) Only the following matters may be protested:

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

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

Head of State Purchasing Agency
Name: Chiyome Leina'ala Fukino, M.D.
Title: Director of Health
Mailing Address: P.O. Box 3378, Honolulu, Hawaii 96801
Business Address: 1250 Punchbowl St., Honolulu, Hawaii

Procurement Officer
Name: Lori Kamemoto, M.D.
Title: Acting Branch Chief, Maternal and Child Health Branch
Mailing Address: 741-A Sunset Avenue, Honolulu, Hawaii 96816
Business Address: 741-A Sunset Avenue, Honolulu, Hawaii 96816

XX. Availability of Funds

The award of a contract and any allowed renewal or extension thereof, is subject to allotments made by the Director of Finance, State of Hawaii, pursuant to HRS Chapter 37, and subject to the availability of State and/or Federal funds.

XXI. General and Special Conditions of Contract

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

XXII. Cost Principles

In order to promote uniform purchasing practices among state purchasing agencies procuring health and human services under HRS Chapter 103F, state purchasing agencies will utilize standard cost principles outlined in Form SPO-H-201, which is available on the SPO website (see paragraph II, Website Reference). Nothing in this section shall be construed to create an exemption from any cost principle arising under federal law.

Section 2

Service Specifications

Section 2

Service Specifications

I. Introduction

A. Overview, purpose or need

Substance abuse, before, during and after pregnancy (defined as the perinatal period) is often associated with poor health and psycho-social problems for the infant, mother and family. Infants with in-utero exposure to alcohol, tobacco and illicit drugs are known to experience a higher incidence of low birth-weight, poor cognitive and developmental growth, and to be subject to child abuse and neglect. Maternal substance abuse is often associated with post-partum depression, domestic violence, behavior health problems, and poor parenting skills. The Maternal and Child Health Branch (MCHB) under the Family Health Services Division of the Department of Health, has been contracting for the Baby Substance Abuse Free Environment (Baby S.A.F.E.) Program services since 1990 to address the problems of substance abuse in pregnancy.

Although there is an increased focus on the need for treatment of substance use during pregnancy, many pregnant women with drug problems do not obtain the help they need. Reasons for not receiving support and treatment are numerous and not limited to lack of awareness, poverty, unavailable services and fear of prosecution which may lead addicted women to conceal their drug use from medical and social service agencies (Charting a Course for the Future of Women's and Perinatal Health, May 1999).

The current Baby S.A.F.E. Program contracts in the geographic areas of Waianae on the island of Oahu, and the islands of Maui and Hawaii, conduct community outreach and screening, health education, and pre-treatment counseling to substance-using pregnant women to help them to accept referral for drug treatment services.

This RFP seeks to build upon the current Baby S.A.F.E. strategies and improve service delivery to the targeted population by incorporating nationally recognized best practices, such as motivational interviewing techniques, goal setting and planning for behavioral change. An additional goal is to establish a triage system that can be accessed by community, private and public health organizations and individuals to refer substance-using pregnant and post-partum women for substance abuse assessment, counseling, follow-up, case-finding, care coordination and case management. The contract services for this RFP will also change from the Baby S.A.F.E. Program to Perinatal Support Services and Triage (PSST).

B. Planning activities conducted in preparation for this RFP

Planning for this RFP included:

1. Researching literature for substance use in pregnancy in the following publications:
Howell, E.M. & Chasnoff, I. J. (January 5, 1998). Perinatal Substance Abuse Treatment.
Waugh, R. (2007). Treatment update: increasing motivation. Substance Abuse and Mental Health Services Administration (SAMHSA News, 15(2), 13.
Baker, Victoria L. CNM, MSPH (May 2008). The Nurse Practitioner: The American Journal of Primary Care, 33(5), pages 42-46.
2. Perusing information on websites, i.e.,
<http://kap.samhsa.gov/products/tools/cl-guides/pdfs/QGC_35.pdf>
<www.healthtrends.org>
<<http://www.nursingcenter.com/library/static.asp?pageid=805147>>
3. Conducting Baby S.A.F.E. Program monitoring in March 2008.
4. Conducting two (2) RFI meetings – via the Keoni Ana Video-Conferencing Center with links to Maui, Kauai, Kapolei, Hilo and Kona.
July 14, 2008 from 12:30 – 3:00 P.M.
August 26, 2008 from 12:30 – 2:30 P.M
5. Attending conferences.
The Nature of Nurture: Drugs, Alcohol, Pregnancy, and Parenting, Ira J. Chasnoff, MD, July 10, 2008
The National Association of Perinatal Social Workers 30th Annual Conference, April 19-22, 2006

C. Description of the goals of the service

The overarching goals of these services are to meet the National Healthy People 2010 objectives and Title V Maternal and Child Health priorities. Current maternal and child health priorities in reference to this RFP are:

1. Increase abstinence from alcohol use during pregnancy;
2. Increase abstinence from smoking during pregnancy;
3. Increase abstinence from illicit drug use among pregnant females aged 15 to 44 years old;
4. Reduce the rate of adolescent Chlamydia; and
5. Reduce the rate of unintended pregnancy.

These performance measures shall be used to report and measure program achievements in meeting the STATE health objectives and priorities:

1. 96% of all pregnant women will abstain from alcohol;
2. 99% of all pregnant women that smoke will report not smoking in the last three months pregnancy;
3. 100% of all pregnant women will abstain from illicit drug use;
4. 100% of all pregnant women will be screened for domestic violence (DV);
5. 100% of all pregnant women who screen positive for depression during pregnancy will be referred for professional consult;
6. 100% of pregnant women will receive sexually transmitted infection (STI) prevention and education;
7. 100% of pregnant women will receive contraceptive health education; and
8. The incidence of low birth weight (LBW) and very low birth weight (VLBW) infants will be no more than 5% and 0.9% of all live births.

D. Description of the target population to be served

Pregnant women through the six (6) months post-partum period that are identified or screened positive for abuse of alcohol, tobacco, and illicit drug use are the targeted population group.

E. Geographic coverage of service

Multiple contracts will be awarded statewide. The designated geographic location shall be given the full range of contracted services. The specific geographic area in which PSST services will be provided shall be described by census tract as described in the 2007 State of Hawaii Primary Care Needs Assessment Data Book.

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

STATE funding not to exceed six hundred thirty-three thousand dollars (\$633,000.00) will be allocated for these services based on availability of STATE funds in each fiscal year (FY). Funding shall be awarded through multiple contracts to serve at a minimum four different geographical locations. The first (1st) FY begins on July 1, 2009 and ends on June 30, 2010 and the second (2nd) FY begins on July 1, 2010 and ends on June 30, 2011.

The funding amount for:

1. Cost reimbursement of actual incurred cost to deliver PSST services

FY 2010	\$600,000.00	State Funds
FY 2011	\$600,000.00	State Funds

2. Unit rate reimbursement of twenty-five dollars (\$25.00) for units of service provided;

FY 2010	\$33,000.00	State Funds
FY 2011	\$33,000.00	State Funds

Contract services may be extended beyond the two (2) year term with the availability of STATE funds.

II. General Requirements

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

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

1. Administration of program services including organization charts, accounting, human resources, and business systems;
2. Licensure of personnel in conducting substance abuse counseling;
3. Confidentiality of client information and records regarding substance abuse history;
4. Training and orientation of personnel providing direct services;
5. Triage and referral system of substance using pregnant women through the six (6) months post-partum period; and
6. Collaborating and/or networking with other community agencies or organizations in the designated geographical location to provide program services.

It will be required that Staff performing direct services are trained to utilize motivational interviewing techniques (Attachment C).

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

After-the-fact secondary purchases will be allowed.

Planned secondary purchases

None

C. Multiple or alternate proposals (Refer to HAR Section 3-143-605)

Allowed Unallowed

D. Single or multiple contracts to be awarded (Refer to HAR Section 3-143-206)

Single Multiple Single & Multiple

Criteria for multiple awards:

Multiple awards will be awarded to cover different geographical areas.

E. Single or multi-term contracts to be awarded

(Refer to HAR Section 3-149-302)

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

Contract terms:

Initial term of contract: July 1, 2009 or the State's Notice to Proceed (whichever is later) to June 30, 2011

Length of each extension: Twelve (12) months

Number of possible extensions: Two (2)

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

The initial period shall commence on July 1, 2009 or the State's Notice to Proceed, whichever is later.

Conditions for extension: Must be in writing and executed prior to the June 30, 2011 expiration date. Option for extension shall be granted upon satisfactory performance of the contracted service and availability of State funds.

F. RFP contact person

The individual listed below is the sole point of contact from the date of release of this RFP until the selection of the successful provider(s). Written questions should be submitted to the RFP contact person and received by the day and time specified in Section 1, paragraph I (Procurement Timetable) of this RFP.

Sharon Sirling, Perinatal Program Manager

Phone: (808) 733-9023

E-mail address: sharon.sirling@doh.hawaii.gov

III. Scope of Work

The scope of work encompasses the following tasks and responsibilities:

A. Service Activities

The goal of this RFP is to provide support services to pregnant women who are identified to have a substance abuse problem. The Pregnancy Support Services & Triage (PSST) will utilize motivational techniques and strategies to assist pregnant women in their efforts to abstain from alcohol, tobacco and illicit drug use during pregnancy and through the six (6) months post-partum period.

An additional goal is to establish a triage system that can be accessed by community, private and public health organizations, and individuals to refer substance-using pregnant women through the six (6) months post-partum period for substance abuse assessment, counseling, follow-up, case-finding, care coordination, and case management.

The APPLICANT shall:

1. Screen, assess, counsel and refer pregnant women through the six (6) months post-partum period for substance abuse (SA), domestic violence (DV) and depression, including but not limited to:

- a. Conducting SA, DV and depression screens of the target population utilizing standardized tools or questions to screen for the frequency, quantity, and onset of SA, DV and depression in the year before becoming pregnant;
- b. Assessing substance-using pregnant women's readiness to change by utilizing the Brief Intervention (BI) assessment method;
- c. Providing SA counseling using motivational interviewing techniques to encourage behavior change by developing a Behavioral Change Plan with the client, scheduling counseling sessions, offering strategies to change risk behavior and tracking client progress towards SA abstinence;
- d. Providing DV counseling to clients, that includes developing a safe plan for the DV victim and assistance obtaining DV resources and referrals for legal counsel, temporary restraining orders (TRO), Family Therapy and other Behavioral Health Specialist as necessary;
- e. Providing referral to clients screened positive for depression to Behavioral Health specialist or other mental health professional for further assessment and services;
- f. Conducting pregnancy health education sessions that advocates for healthful behaviors during pregnancy and preparing for an infant; and
- g. Providing referrals to clients for appropriate SA treatment services.

2. Accept referrals from community, private and public health organizations, and individuals that identify pregnant women who screen positive for SA and conduct assessment, counseling, follow-up, case-finding, care coordination and case management, including but not limited to:

- a. Performing outreach activities to other community, private and public health organizations, and individuals to inform and advocate for the screening and identifying of pregnant women with SA problems and encourage referrals to the PSST service;
- b. Developing a memorandum or letter of agreement with other medical, healthcare and/or social service agency providers, that pregnant women with SA problems will be referred for PSST;
- c. Developing a consent or informed consent form that allows PSST staff to call upon their clients;

- d. Conducting case-finding and follow-up of pregnant women identified with SA problems by conducting home visits, telephone calls, or canvassing designated geographic area(s) to locate client;
- e. Providing care coordination for the client with different agencies and/or providers involved in her care (e.g. OB/GYN and Psychiatrist) including but not limited to: assisting the client in coordinating appointment dates and times and, ensuring that medical services are appropriate and timely (i.e. post-partum visits completed within recommended timeframe);
- f. Case managing client for and with other community, private and public organization or provider for SA treatment services including but not limited to: sharing pertinent information among health providers involved with the care of the client regarding SA treatment plans or Behavioral Change Plan developed with client; dates of client discharge; transition dates of client services (e.g. OB/GYN to other Primary Care Provider); and
- g. Developing policies and procedures to ensure protected health information transactions follow Privacy Rules as established by the Health Insurance Portability and Accountability Act (HIPAA).

3. Provide triage and refer pregnant women through the six (6) months post-partum period for substance abuse treatment services, including but not limited to:

- a. Establishing a telephone number for community, private and public organizations, and individuals to call for PSST services; and
- b. Developing triage guidelines and ensuring staff are trained for determining the most appropriate SA intervention and/or resource for a client.

4. Provide substance abuse treatment resources for pregnant women through the six (6) months post-partum period, for community, private and public health organizations and individuals within a designated geographic location(s), including but not limited to:

- a. Developing a SA resource directory or obtain a SA resource directory developed within the prior two (2) years for the designated geographic location(s) that PSST services are available;
- b. Disseminating SA resource information at health fairs or similar events and upon request from community, private and public organizations, and individuals.

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

1. Personnel

The APPLICANT shall ensure that key personnel assigned to conduct

direct service delivery of activities for this RFP are experienced and fully qualified to engage in the activities and to perform the services required under this RFP. Ensure that applicable licensing and operating requirements imposed or required under federal, state, or county law, and all applicable accreditation and other standards of quality generally accepted in the field of activities of such employees are complied with and satisfied.

Minimum requirements:

Personnel responsible for overall implementation of program services and providing supervision to direct service staff shall at the minimum possess a Bachelors of Science in Nursing, Masters in Social Work or other Masters level degree in the social/humanities field, including but not limited to, family therapy or behavioral health counselor with at least two (2) years experience in substance abuse or similar health and human services programs.

Mandatory requirements:

Personnel conducting outreach, screening and assessments shall possess a high school or general education diploma (GED) with at least five years of experience working in substance abuse programs or similar health and human services programs that required direct contact with clients. Those with some college education (highly recommended) shall be required to have at least two years of experience working in substance abuse or similar health and human services program that required direct contact with clients.

2. Administrative

The APPLICANT shall be responsible for:

- a. Hiring and training personnel to conduct and perform scope of services in this RFP including but not limited to:
 - i. Establishing policies and procedures to ensure that staff assigned to perform any given service activity are capable and trained in Brief Intervention (BI) and Motivational Interviewing techniques and strategies (see attachment C).
- b. Accepting referrals and direct inquiries from community, private and public organizations, and individuals to assist substance using pregnant and parenting women.
- c. Developing policies and procedures to triage substance using pregnant women through the six (6) months post-partum period for SA intervention or treatment services, including but not limited to:
 - i. logging telephone calls and/or contacts;
 - ii. documenting of service provision;
 - iii. establishing of memorandum or service agreement with

- community medical providers and agencies to provide PSST services to their clients; and
- iv. conducting case-finding and follow-up activities with and for other community, private and public organizations, and individuals.
 - d. Ensuring that PSST staff attends scheduled meetings with MCHB staff for ongoing communication and discussion of service activities, procedural changes, and training.
 - e. Ensuring that PSST services do not overlap with other MCHB programs that may result in overpayment to APPLICANT for duplicative services.
 - f. Understanding and complying with the Hawaii Administrative Rules (HAR) Chapter 3-141 effective on January 23, 2006 (available on the website http://www4.hawaii.gov/spoh/HAR/ch3_141.htm), for an appropriate accounting system and record keeping.
 - g. Assume responsibility for its own determination and compliance efforts in regards to the federal Health Insurance Portability and Accountability Act of 1996 (“HIPAA”).
 - h. Have written policies, procedures, and guidelines to address violence prevention among the awardees target population, including child abuse and neglect, elder abuse, intimate partner violence, and sexual assault. The violence protocol shall address screening and assessment, intervention, documentation, and follow-up. The awardee shall also have written workplace violence guidelines to assure the safety of employees, clients, and visitors.
 - i. Acknowledge the DEPARTMENT and the MCHB as the awardees program sponsor. This acknowledgment shall appear on all printed materials for which the DEPARTMENT is a program sponsor.
 - j. Comply with the DEPARTMENT’s Directive Number 04-01 dated May 3, 2004 related to Interpersonal Relationships Between Staff and Clients/Patients. Please refer to Section 5, Attachment D of this RFP.
 - k. Comply with Section 11-205.5, H.R.S., 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.
 - l. Comply, as a covered entity, with the provisions of Hawaii Revised Statutes Chapter 371 Part II, Language Access. This requires that families be linked with interpreter services if English is not the family’s native or primary language.
 - m. Obtain a minimum of \$1 million per occurrence and \$2 million in the aggregate of general liability insurance and \$1 million per accident in automobile insurance. On a case by case basis, the State may require the per occurrence and aggregate amounts to be higher, depending on criteria set in the request for proposal or negotiation between the State and the awardee. The State may also allow for professional liability insurance or other types of insurance coverage, such as an umbrella policy which total \$1 million per occurrence and \$2 million in the

aggregate.

- n. Comply with the DEPARTMENT's provisions to protect the use and disclosure of personal information administered by the AWARDEE. These provisions will be incorporated into the General Conditions of the contract. For the specific language, go to <http://www4.hawaii.gov/StateForms/Internal/ShowInternal.cfm>, Form AG-103F, General Conditions.

3. Quality assurance and evaluation specifications

The APPLICANT shall describe its own plan for quality assurance and evaluation for the proposed services, including methodology. Quality assurance of program activities and services shall include a monitoring site visit by the STATE once per contract period, at the minimum, to evaluate administration and delivery of program services. In addition, PSST policies and procedures shall be developed and established to ensure that:

1. An annual participant survey is conducted to monitor client satisfaction with PSST services;
2. Accurate and complete data entry and billing forms (i.e. invoices, budgets, and expenditure reports) are submitted to the Maternal and Child Health Branch for timely processing of payments to the Provider;
3. PSST direct service staff receive adequate supervision and training to perform the activities in the PSST scope of services; and
4. PSST program activities of client contacts and collaboration with other community medical and/or social service agency providers are being documented and consistent

4. Output and performance/outcome measurements

The overall goals discussed in Section 2, C. Description of the goals of service, in relation to the MCHB and Healthy People 2010 Objectives and Title V Maternal and Child Health Priorities are to be measured by these specific performance /outcome measurements:

- a. 96% of all pregnant women will abstain from alcohol;
- b. 99% of all pregnant women that smoke will report not smoking in the last three months pregnancy;
- c. 100% of all pregnant women will abstain from illicit drug use;
- d. 100% of all pregnant women will be screened for domestic violence (DV);
- e. 100% of all pregnant women who screen positive for depression during pregnancy will receive referral for professional consult;
- f. 100% of pregnant women will receive sexually transmitted infection (STI) prevention and education;
- g. 100% of pregnant women will receive contraceptive health education;

and

- h. The incidence of low birth weight (LBW) and very low birth weight (VLBW) infants will be no more than 5% and 0.9% of all live births.

For programmatic goals the specific Output measures shall include but are not limited to:

- a. Number of pregnant women screened positive for alcohol use;
- b. Number of pregnant women screened positive for smoking tobacco;
- c. Number of pregnant women screened positive for illicit drug use;
- d. Number of community organizations, agencies, or individuals making referrals to the Triage system;
- e. Number of substance-using pregnant women completing a Behavior Change Plan;
- f. Number of substance-using pregnant women being referred and entering PSST services from another community organization, agency or individual referral;
- g. Number of PSST participants receiving prenatal care in the first (1st) pregnancy trimester
- h. Number of infant deaths of PSST clients that experienced a live birth; and
- i. Number of fetal deaths of enrolled participants in the PSST Program.

5. Experience

The APPLICANT shall have prior experience serving pregnant women and/or administration of substance abuse or behavioral health programs that included treatment for addiction and/or substance abuse. In addition, the APPLICANT shall demonstrate experience in achieving programmatic goals and interventions for improving the well being of substance using women and their families; working with various cultural groups and ethnicities; working with hard-to-reach populations, including establishing connections with other healthcare providers that provide medical, health and psychosocial services for pregnant women.

6. Coordination of services

Coordination of services shall occur for clients requiring multiple medical and/or social service agency involvement to lessen the effect of substance abuse and associated poor birth outcomes. Coordination of services shall include but are not limited to:

- a. documentation of service coordination in the client record;
- b. referral follow-up to confirm that participant received needed services;
- c. appropriate case conference or communication with multiple providers and/or services; and
- d. ongoing collaboration with multiple service providers on PSST

activities.

If the APPLICANT does not provide medical and/or healthcare services on site, memoranda or letters of agreement shall be required to confirm that pregnant women through the six months post-partum period continue to receive prenatal care and/or medical management of the pregnancy and collaboration with PSST is only to address the substance abuse problem.

7. Reporting requirements for program and fiscal data

Quarterly and year end reports shall be required in a format specified by MCHB with the fourth (4th) quarter combined with the year end report. The reports shall require that the APPLICANT summarize major activities undertaken during each quarter and fiscal year. Reports shall include but are not limited to: accomplishments, problems encountered, plans for improving services, proposed future activities, and data. Data reports shall include but are not limited to: the number of women served, point of entry into PSST services, number of smokers, alcohol and illicit drug use among target population, number of low-birth weight infants, and number of infant and fetal deaths.

For contracts beginning July 1, 2009 or the date of the STATE’S notice to proceed:

FY 2010

Quarterly Reports	Dates	Report Due
1 st	July 1 – September 30, 2009	October 31, 2009
2 nd	October 1 – December 31, 2009	January 31, 2010
3 rd	January 1 – March 31, 2010	July 31, 2010
4 th	April 1 – June 30, 2010	August 15, 2010
Annual Report	July 1 – June 30, 2010	August 15, 2010

FY 2011

Quarterly Reports	Dates	Report Due
1 st	July 1 – September 30, 2010	October 31, 2010
2 nd	October 1 – December 31, 2010	January 30, 2011
3 rd	January 1 – March 31, 2011	July 31, 2011
4 th	April 1 – June 30, 2011	August 15, 2011
Annual Report	July 1 – June 30, 2011	August 15, 2011

C. Facilities

Facilities are required to be sufficient for programmatic activities including but not limited to: counseling space that ensures privacy and confidentiality and adequate space for holding health education or counseling group sessions. Building shall also meet all federal, state and county safety codes and requirements for operating a business in Hawaii, and meet Americans with Disabilities Act (ADA) access requirements.

IV. COMPENSATION AND METHOD OF PAYMENT

Compensation

Monthly compensation and reimbursement for PSST services shall be done utilizing the:

Cost reimbursement structure for costs that are actually incurred in delivering the services specified in this RFP. APPLICANTS shall be awarded a stated maximum amount to perform PSST activities

Unit rate pricing of twenty-five dollars (\$25.00) shall be the reimbursement rate for a service unit. A service unit is defined as a service that at a minimum is thirty (30) minutes in duration to conduct: brief intervention assessments motivational

interviewing and counseling; case-finding; care coordination; case management; and developing a Behavioral Change Plan, for a medical provider from another organization. Data shall be entered into a web-based data software program developed by the MCHB and a monthly billing invoice shall be mailed to MCHB. The billed invoice amount shall be confirmed with the monthly data inputs for PSST services provided to an external medical provider.

Payments

One month advanced payment shall be made at the beginning of the first contract year with monthly invoices paid thereafter. Unit rate billing shall be paid with monthly invoices accompanied by a data format developed by MCHB.

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 to the agency's programs/services offered that address substance abuse and related behavioral health issues with a focus on women during the childbearing years.

II. Experience and Capability

A. Necessary Skills

The applicant shall demonstrate that it has the necessary skills, abilities, and knowledge relating to the delivery of the proposed services. The applicant shall demonstrate abilities working within and with other community agencies and organizations of a designated geographic location. The applicant shall also demonstrate the ability to incorporate cultural competency in working with various population groups, such as persons that are: immigrants; homeless; limited in English proficiency; disabled; and, adolescents.

B. Experience

The applicant shall describe verifiable experiences of similar projects or contracts in the most recent five years that are pertinent to the proposed services. The applicant shall include points of contact, addresses, email, and phone numbers. The description should include the number of participants and ethnic groups served. The applicant shall also demonstrate experiences in achieving similar programmatic goals and interventions for pregnant women with substance abuse and/or behavioral health problems. The State reserves the right to contact references and other community stakeholders to verify experience.

C. Quality Assurance and Evaluation

The APPLICANT shall describe its own plan for quality assurance and evaluation for the proposed services, including methodology. The APPLICANT shall also describe any protocols, policies and procedures that are in development or that will be established for:

1. An annual customer survey
2. A site and monitoring visit by MCHB staff
3. Completion of data entry and billing forms (i.e. invoices, budgets, and expenditure reports) and submitting to the Maternal and Child Health Branch for timely processing of payments to the Provider;
4. Supervision and training of PSST direct service staff to perform the activities in the PSST scope of services; and
5. Consistent documentation of PSST client contacts, program activities and collaboration with other community medical and/or social service agency providers.

D. Coordination of Services

The APPLICANT shall demonstrate how coordination of services shall occur for clients requiring multiple medical and/or social service agency involvement to lessen the effect of substance abuse and associated poor birth outcomes. Description for coordination of services shall include but are not limited to:

1. documentation of service coordination as part of a Behavior Change Plan;
2. referral follow-up to confirm that participant received needed services;

3. appropriate case conference or communication with multiple providers and/or services; and
4. continuing collaboration with multiple providers and/or services during pregnancy and through the six months post-partum period.

APPLICANT'S that do not provide medical services on site, shall attach developed memorandums or letters of agreement with medical providers to confirm understanding that PSST is to specifically address SA in pregnancy and all medical and obstetrical problems will be referred back to the medical provider.

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. If facilities are shared, describe amount of square footage to be allotted for PSST staff and activities. Also describe how the facilities will provide private counseling space to maintain client confidentiality and meet ADA requirements.

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) and attach resumes to the proposal. Resumes must show employment history, all relevant and related experience, education and degrees (including specific date, name of employers, and educational institutions). If the staff position is not yet filled, provide a position description.

B. Project Organization

1. Supervision and Training

The applicant shall describe its ability to supervise, train and provide administrative direction relative to the delivery of the proposed services.

2. Organization Chart

The applicant shall reflect the position of each staff and line of responsibility/supervision. (Include position title, name and full time equivalency) Both the “Organization-wide” and “Program” organization charts shall be attached to the Proposal Application.

IV. Service Delivery

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

A. Service Activities

The APPLICANT shall describe in detail, including any developed protocols, guidelines, best practices, tools and/or systems in place to:

1. **Screen, assess, counsel and refer pregnant women through the six (6) months post-partum period for substance abuse (SA), domestic violence (DV) and depression, including but not limited to:**
 - a. Conducting SA, DV and depression screens of the target population utilizing standardized tools or questions to screen for the frequency, quantity, and onset of SA, DV and depression in the year before becoming pregnant;
 - b. Assessing substance-using pregnant women’s readiness to change by utilizing the Brief Intervention (BI) assessment method;
 - c. Providing SA counseling using motivational interviewing techniques to encourage behavior change and developing a Behavior Change Plan with the client, scheduling counseling sessions, offering strategies to change risk behavior and tracking client progress towards SA abstinence;
 - d. Providing DV counseling to clients, that includes developing a safe plan for the DV victim and assistance obtaining DV resources and referrals for legal counsel, temporary restraining orders (TRO), Family Therapy and other Behavioral Health Specialist as necessary;
 - e. Providing referral to positive depression screened clients for Behavioral Health specialist or other mental health professional for further assessment;
 - f. Conducting pregnancy health education classes that advocates for healthful behaviors during pregnancy and preparing for an infant; and
 - g. Providing clients referrals for appropriate SA treatment services.

- 2. Accept referrals from community, private and public health organizations, and individuals that identify and/or positively screen pregnant women for SA and conduct assessment, counseling, follow-up, case-finding, care coordination and case management, including but not limited to:**
 - a. Performing outreach activities to other community, private and public health organizations, and individuals to inform and advocate for the screening and identifying of pregnant women with SA problems and encourage referrals to the PSST service;
 - b. Developing service or memorandum of agreement with other medical, healthcare and/or social service agency provider;
 - c. Developing a consent or informed consent form that is used by medical, healthcare and social service agency providers that allows PSST staff to call upon clients referred to PSST services;
 - d. Conducting case-finding and follow-up of identified clients by conducting home visits, telephone calls, or canvassing designated geographic area(s) to locate client;
 - e. Providing care coordination for a client that has different agencies and/or providers involved in her care (e.g. OB/GYN and Psychiatrist) assist the client to coordinate and schedule appointment date and times and, ensuring that medical services are appropriate and timely (i.e. post-partum visits completed within recommended timeframe);
 - f. Case managing client for and with other community, private and public organization or provider for SA treatment services, sharing pertinent information among health providers involved with the care of the client regarding SA treatment plans or Behavior Change Plan developed with client, dates of client discharge and transition dates of client services (e.g. OB/GYN to other Primary Care Provider); and
 - g. Developing policies and procedures to ensure protected health information transactions follow Privacy Rules as established by the Health Insurance Portability and Accountability Act (HIPAA).

- 3. Provide triage and refer pregnant women through the six (6) months post-partum period for substance abuse treatment services, including but not limited to:**
 - a. Establishing a telephone number for community, private and public organizations, and individuals to call for PSST services; and
 - b. Developing triage guidelines and ensuring staff are trained for determining the most appropriate SA intervention and/or resource for a client.

- 4. Provide substance abuse treatment resources for pregnant and parenting women, for community, private and public health organizations, and individuals within a designated geographic location, including but not limited to:**
 - a. Developing a SA resource directory for the designated geographic

location or obtaining a SA resource directory developed within the recent two (2) years for the designated geographic location that PSST services are available; and

- b. Disseminating SA resource information at health fairs or similar events and upon request from community, private and public organizations, and individuals.

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 Proposed Application using the following budget form(s):

Form No.	Form Title
SPO-H-205	Budget
SPO-H-206A	Budget Justification-Personnel: Salaries & Wages
SPO-H-206B	Budget Justification-Personnel: Payroll Taxes, Assessments and Fringe Benefits
SPO-H-206C	Budget Justification-Travel: Inter-Island
SPO-H-206E	Budget Justification-Contractual: Administrative
SPO-H-206F	Budget Justification-Contractual: Subcontracts
SPO-H-206H	Program Activities

All budget forms, instructions and samples are located on the SPO website, < http://www.spo.hawaii.gov/spoh/for-private-providers/forms-and-instructions-for-private-providers-applicants/Bud_Instr_SmpleAll.pdf>

The APPLICANT shall follow the Chapter 103F, Hawaii Revised Statutes – Cost Principles established by the STATE Procurement Office for purchases of Health and Human Services in developing a cost proposal.

1. The following costs are unallowable for PSST:
 - a. Indirect costs based on a rate that has not been negotiated with the Federal government. (A valid copy of the written agreement with the Federal agency for the negotiated rate must be provided to the State).
 - b. Depreciation – Assets acquired through the State or Federal government
 - c. Travel – Out of State
 - d. Rent – rental costs that are not calculated by price per square footage allotted for program staff and activities
2. Use SPO-H-206H Program Activities to estimate and develop costs for the unit of service by the unit rate of twenty-five dollars (\$25.00). Unit of service unit rate cost proposal should show a practical amount

of units of service that can be accomplished in each fiscal year by the unit rate amount. For example, a hundred (100) brief intervention assessments conducted for an external medical provider or healthcare agency will be achieved and invoiced for reimbursement at a total cost of two thousand five hundred dollars (\$2,500.00).

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 to be attached as part of the Proposal Application.

VI. Other

A. Litigation

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

Section 4

Proposal Evaluation

Section 4

Proposal Evaluation

I. Introduction

The evaluation of proposals received in response to the RFP will be conducted comprehensively, fairly and impartially. Structural, quantitative scoring techniques will be utilized to maximize the objectivity of the evaluation.

II. Evaluation Process

The procurement officer or an evaluation committee of designated reviewers selected by the head of the state purchasing agency or procurement officer shall review and evaluate proposals. When an evaluation committee is utilized, the committee will be comprised of individuals with experience in, knowledge of, and program responsibility for program service and financing.

The evaluation will be conducted in three phases as follows:

- Phase 1 - Evaluation of Proposal Requirements
- Phase 2 - Evaluation of Proposal Application
- Phase 3 - Recommendation for Award

Evaluation Categories and Thresholds

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

<p>A. Necessary Skills</p> <ul style="list-style-type: none"> • Demonstrates skills, abilities, and knowledge relating to the delivery of the proposed services. • Demonstrates capability to implement a triage system for high-risk women. 	<p><u>5</u></p>
<p>B. Experience</p> <ul style="list-style-type: none"> • APPLICANT demonstrates experience working with high-risk pregnant women. 	<p><u>5</u></p>
<p>C. Quality Assurance and Evaluation</p> <ul style="list-style-type: none"> • Sufficiency of quality assurance and evaluation plans for the proposed services, including methodology. • Quality assurance and evaluation methodology includes specific details to ensure: <ul style="list-style-type: none"> - Accurate and complete data entry, billing forms and reports are submitted timely to MCHB. - Management and supervision of personnel performing PSST scope of services - PSST objectives are implemented to meet performance measure outcomes - Customer satisfaction 	<p><u>5</u></p>
<p>D. Coordination of Services</p> <ul style="list-style-type: none"> • Demonstrates capability to coordinate services with other agencies and resources in the community. • Memorandum or letters of agreement with other agencies to implement program objectives. 	<p><u>3</u></p>
<p>E. Facilities</p> <ul style="list-style-type: none"> • Facilities relative to the proposed services are adequately determined by measuring square footage of space allocated for program staff and services. 	<p><u>2</u></p>

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.
 - Resumes and/or position descriptions are attached.
 - Proof of licensure and/or certificates attached to resumes.

- 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 organization for the proposed service activity and tasks.
 - Organization based in community for which PSST will be implemented.

3. Service Delivery (55 Points)

Evaluation criteria for this section will assess the applicant’s approach to the service activities and management requirements outlined in the Proposal Application. Scope of Work, including (if indicated) a work plan of all service activities and tasks to be completed, related work assignments/responsibilities and timelines/schedules.

The APPLICANT shall describe in detail, including any developed protocols, guidelines, best practices, tools and/or systems in place to:

- Screen, assess, counsel and refer pregnant women through the six (6) months post-partum period for substance abuse (SA), domestic violence (DV) and depression; **15**
- Accept referrals from community, private and public health organizations, and individuals that identify and/or

positively screen pregnant women for SA and conduct assessment, counseling, follow-up, case-finding, care coordination and case management; **15**

- Provide triage and refer pregnant women through the six (6) months post-partum period for substance abuse treatment services; **15**

- Provide substance abuse treatment resources for pregnant and parenting women, for community, private and public health organizations, and individuals within a designated geographic location. **10**

5. Financial (10 Points)

- Pricing structure based on cost reimbursement
Personnel costs are reasonable and comparable to positions in the community. Non-personnel costs are reasonable and adequately justified. The budget fully supports the scope of service and requirements of the Request for Proposal.
- Pricing structure based on fixed unit of service rate
Applicant's proposal budget is reasonable, given program resources and operational capacity.
- Adequacy of accounting system.

C. Phase 3 - Recommendation for Award

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

Section 5

Attachments

- A. Proposal Application Checklist
- B. Sample Table of Contents
- C. Brief Intervention and Motivational Interviewing web resources.
- D. Performance and Output Measures Tables
Table A
Table B
- E. Template of web-based data collection system
- F. DOH Directive No. 04-01 dated May 3, 2004 --
Interpersonal Relationships between Staff and Clients/Patients
- G. Family Health Services Division Policy on Budget Revisions for
Cost Reimbursement Contracts

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)*	X	
Cost Proposal (Budget)				
SPO-H-205	Section 3, RFP	SPO Website*	X	
SPO-H-205A	Section 3, RFP	SPO Website* Special Instructions are in Section 5		
SPO-H-205B	Section 3, RFP,	SPO Website* Special Instructions are in Section 5		
SPO-H-206A	Section 3, RFP	SPO Website*	X	
SPO-H-206B	Section 3, RFP	SPO Website*	X	
SPO-H-206C	Section 3, RFP	SPO Website*	X	
SPO-H-206D	Section 3, RFP	SPO Website*		
SPO-H-206E	Section 3, RFP	SPO Website*	X	
SPO-H-206F	Section 3, RFP	SPO Website*	X	
SPO-H-206G	Section 3, RFP	SPO Website*		
SPO-H-206H	Section 3, RFP	SPO Website*	X	
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:				
Insurance			X	

Authorized Signature

Date

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	A. Cost Proposal	
	SPO-H-205 Proposal Budget	
	SPO-H-206A Budget Justification - Personnel: Salaries & Wages	
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	SPO-H-206C Budget Justification - Travel: Inter-island	
	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	
	E. Program Specific Requirements	

ATTACHMENT C

Brief Intervention and Motivational Interviewing techniques, definitions and training manuals can be accessed on the internet at these web addresses:

Screening, Brief Intervention, and Referral to Treatment, <http://sbirt.samhsa.gov/>, retrieved on October 2, 2008.

Brief Intervention in Substance Abuse Treatment, <http://www.ncbi.nlm.nih.gov/books/bv.fcgi?rid=hstat5.section.59525>, retrieved on October 2, 2008.

Motivational Interviewing, <http://www.motivationalinterview.org/index.shtml>, retrieved on October 2, 2008, (scroll down and click on Motivational Interviewing Assessment: Supervisory Tools for Enhancing Proficiency (MIA-STEP)).

Other substance abuse prevention resources and information can be accessed at < <http://www.samhsa.gov> >.

Organization: _____

RFP No: _____

ATTACHMENT D

**PERINATAL SUPPORT SERVICES & TRIAGE
TABLE A**

TITLE V AND HEALTHY PEOPLE 2010 PERFORMANCE MEASURE GOALS	MEASURES	ANNUAL PERFORMANCE OBJECTIVE FOR FISCAL YEAR 2010	EXPLANATION OF VARIANCE (>10%) FROM PERFORMANCE MEASURE
96% of pregnant women will abstain from alcohol during pregnancy.	a) Number of pregnant women receiving PSST services that reported alcohol use 1 month before becoming pregnant was _____. b) Number of pregnant women in (a) that report no alcohol use in the 24-36 weeks gestational period was _____.	a. The percentage of pregnant women abstaining from alcohol during pregnancy was ____%.	
99% of all pregnant women that smoke will report not smoking in the last three months pregnancy.	a) Number of pregnant women receiving PSST services that reportedly smoke at the initial visit was _____. b) Number of pregnant women in (a) that report not smoking at 24-36 weeks gestational period was _____.	a. The percentage of pregnant women that did not smoke in the last three months pregnancy was ____%.	
100% of all pregnant women will abstain from illicit drug use.	a) Number of pregnant women reporting illicit drug use 1 year before pregnancy was _____. b) Number of pregnant women in (a) that report no illicit drug use at the 24-36 weeks gestational period was _____.	a. The percentage of pregnant women that abstained from illicit drug use at the 24-36 weeks gestational period was ____%.	
100% of all pregnant women will be screened for domestic violence (DV).	a) Number of pregnant women receiving PSST services was _____. b) Number of pregnant women in (a) that was screened (+) for domestic violence was _____.	a. The percentage of pregnant women that were screened (+) for domestic violence was ____%.	

100% of all pregnant women who screen positive for depression during pregnancy will be referred for professional consult.	<p>a) Number of pregnant women seen for PSST services that screened (+) for depression was _____.</p> <p>b) Number of pregnant women in (a) that received professional consult or referral for depression was _____.</p>	a. The percentage of those pregnant women screened positive for depression that received a referral for professional consult was _____%.	
90% of pregnant women will begin prenatal care in the first trimester.	a) Number of pregnant women receiving PSST services before 14 weeks gestation was _____.	a. The percentage of pregnant women receiving prenatal care in the first trimester was _____%.	
Reduce the incidence of low birth weight (LBW) and very low birth weight (VLBW) to no more than 5% and 0.9% of all live births.	<p>a) The number of live births to women that received PSST services.</p> <p>b) The number of live births with a birth weight <2500 grams (5 lb 8 oz) was _____.</p> <p>c) The number of live births with a birth weight <1500 grams (3 lbs 4 oz) was _____.</p>	<p>a. The percentage of live births with birth weights <2500 grams was _____%.</p> <p>b. The percentage of live births with birth weights < 1500 grams was _____%.</p>	

Perinatal Support Services & Triage
Table B – Output Measures

Program Activity	Total Numbers	
	FY 2010	FY 2011
1. Total number of pregnant women screened positive for alcohol use one month before pregnancy.		
2. Total number of pregnant women screened positive for smoking tobacco.		
3. Total number of pregnant women screened positive for illicit drug use one year before pregnancy.		
4. Total number of community organizations, agencies, or individuals making referrals to the Triage System.		
5. Total number of substance-using pregnant women completing a Behavior Change Plan.		
6. Total number of substance-using pregnant women being referred and entering PSST services from another community organization, agency or individual referral.		
7. Total number of infant deaths of those PSST clients that experienced a live birth.		
8. Total number of fetal deaths of those participating in PSST services.		

Untitled Page - Windows Internet Explorer
http://localhost:1105/perinatal.aspx

File Edit View Favorites Tools Help

Perinatal Date / Time

Form1 Form2 Edit

1. Referred By:

2. Participant ID:

3. Initial Visit Date:

4. DOB: 5. Zipcode:

6. Highest Grade Completed: 7. Employed? New Repeat

Less than 12 Yrs Yes No

8. Relationship Status: 9. Cohabitation: Yes No

Married Yes No

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**

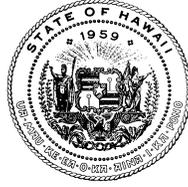
If there is a conflict between this policy and a collective bargaining agreement, the collective bargaining agreement shall prevail.

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.



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**

Please list REDUCTION(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 _____	\$ _____	\$ _____	\$ _____

TO

_____ **cost element**

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 _____	\$ _____	\$ _____	\$ _____

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