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

Addendum No. 1

November 24, 2010

To

Request for Proposals

HTH-560-CW-009
Perinatal Support Services

Issued: September 22, 2010

November 24, 2010

ADDENDUM NO. 1

To

REQUEST FOR PROPOSALS
Perinatal Support Services
HTH-560-CW-009

The Department of Health, Family Health Services Division, Maternal and Child Health Branch is issuing this addendum to HTH-560-CW-009, Perinatal Support Services, for the purposes of:

- ☒ Responding to questions that arose at the orientation meeting of October 19, 2010 and written questions subsequently submitted in accordance with Section 1-V, of the RFP.
- ☐ Amending the RFP.
- ☐ Final Revised Proposals

The proposal submittal deadline:

- ☐ is amended to <new date>.
- ☒ is not amended. Deadline 12/22/10.
- ☐ for Final Revised Proposals is <date>.

Attached is (are):

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

If you have any questions, contact:
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Responses to Questions Raised by Applicants
For HTH-560-CW-009
Perinatal Support Services

1. **Question: Can a Nurse Practitioner who provided the medical/OB care for a client also bill for supportive services using these grant funds?**
   Response: Yes. A proposal should be specific on what staff roles will be to meet the scope of work. See Section 2, Service Specifications, III Scope of Work, pages 2-8 to 2-10 and B. Management Requirements 1. Personnel page 2-11.

2. **Question: Is there a format for the submittal of the quarterly report?**
   Response: This format will be provided to Awardees' if required. This discussion is in the Request for Proposal (RFP) in Section 2, Service Specifications, III, Scope of Work, page 2-15 in 7. Reporting requirements for program and fiscal data, a. Required Program Reports: (last sentence) "Other quarterly and annual reports may be required in a format determined by the MCHB."

3. **Question: On page 2-13 performance measure and outcome goals – regarding behavioral risk factors, is it self report i.e. smoking, alcohol use, etc.?**
   Response: Refer to the RFP Section 2, Service Specifications, III. Scope of Work, A. Service Activities numbers 2,3,4,5, on pages 2-8 to 2-10 which includes details on how services should be provided to clients and use of screening questions or tools in assessment. This would most frequently occur by self-report.

4. **Question: On page 2-13, #7 does the breastfeeding measurement on Form 3 mean breastfeeding any time post-partum?**
   Response: Yes

5. **Questions: On page 2-14, #9, please define appropriate intervention? Does appropriate intervention mean a referral was made or is it acceptance/completion of a referral?**
   Responses: This is based on the provider assessment and clients needs and willingness or ability to safely seek and obtain services. Providers should have related training and have knowledge of other available resources in their communities and within the State. The details of the intervention and what actually occurred is documented in the clients Care Plan and should correspond to the data form with case management follow-up as needed to assess outcomes.

6. **Questions: On page 2-14, #14, it is unrealistic for 100% of women to select contraception at postpartum. Can that percentage be changed? Should this measure be 100% of women will receive education of contraception at postpartum? Will we need to capture the reason why no contraceptive option chosen?**
Responses: Addition of the interconception period in these services is to also promote broader women's health care needs and recommendations such as 2010 and anticipated 2020 for birth spacing and pregnancy planning. 100% is the overall goal for this measurement. Contraceptive education would not be the performance measure but should be provided as part of the service delivery. See in the RFP, Section 2, Service Specifications, 4., Output and performance/outcome measurements. Any variance (+/- 10%) in the performance measures and outcome goals can be explained in the Table A – Performance Measures (Column E), in the RFP Section 5.

7. **Question: DV, IPV and sexual coercion are separated in the outcome measure. Will these be added in the forms 2 and 4 risk factor or would this be captured under the other risk factor?**
Response: These will be separated on the data forms 2 and 4 that will be used. In Section 5 F. Performance Measures – Table A performance measure #9 pages 5 to 6 has listed in Column B these separately for 1b) (DV), b2) (IPV) and b3) (sexual coercion) and for c1) (DV), c2) (IPV), c3) (sexual coercion) for data that will be collected and reported.

8. **Question: Is there an acronym table in the RFP (referring to acronyms related to the RFP such as SPO which is State Procurement Office)?**
Response: An acronym list has been developed and is shown for reference below.

9. **Question: May we have a copy of the data dictionary?**
Response: All Awardees will receive a copy of the data dictionary, which will be updated prior to July 1, 2011. See RFP, Section 2, Service Specifications, 7. Reporting requirements for program and fiscal data, page 2-15 b. Required Provider Fiscal Reports: (in third full paragraph) "MCHB will supply the Provider(s) with a Perinatal Data Dictionary to assist with completion of these forms, and it will contain the related service delivery resources."

10. **Question: Is the decision made by a committee?**
Response: Yes there is an evaluation committee which will review the proposals. Refer to RFP Section 4, Proposal Evaluation, for more information on proposal evaluation.

11. Question: Is the allocation of funds dependent on data like federal poverty levels? In addition to having a well written grant, should we also have some data that follows this?

Response: Description of the target population to be served, geographic coverage of service, relationship to medically underserved, and determination as a medical professional shortage area are all described in the Primary Care Needs Assessment Data Book 2009. Probable funding amounts are described in Section 2, Service Specifications pages 2-4 to 2-5. Section 3, Proposal Application instructions should be followed. In item IV Service Delivery page 3-4, second paragraph, it states, "Applicant shall emphasize the demographics, service needs, and unique characteristics of the specific geographic area to provide PSS."

INDEX OF ACRONYMS

ACNM – American College of Nurse Midwives
ACOG – American College of Obstetrics and Gynecology
ADA – American Disabilities Act
CFR – Code of Federal Regulations
DAG – Hawaii State Department of the Attorney General
DAGS – Hawaii State Department of Accounting and General Services
DCCA – Hawaii State Department of Commerce and Consumer Affairs
DHHS – United States Department of Health and Human Services
DLIR – Hawaii State Department of Labor and Industrial Relations
DOH – Hawaii State Department of Health
DOTAX – Hawaii State Department of Taxation
DV – Domestic Violence
FEDEX – Federal Express
FHSD – Family Health Services Division
HAR- Hawaii Administrative Rules
HCE – Hawaii Compliance Express
HIPAA – Health Insurance Portability and Accountability Act
HIV/AIDS – Human Immunodeficiency Virus / Acquired Immune Deficiency Syndrome
HRS – Hawaii Revised Statutes
HRSA – United States Health Resources and Services Administration
HST –Hawaii Standard Time
IPV – Intimate Partner Violence
IRS – United States Internal Revenue Service
MCHB – Maternal and Child Health Branch
MD – Medical Doctor
OPA – Office of Population Affairs
OPHS – Office of Public Health and Science
PFCRA – Program Fraud Civil Remedies Act
PHP – Perinatal Health Program
PRAMS – Pregnancy Risk Assessment Monitoring System
PSS – Perinatal Support Services
RFI – Request for Information
RFP – Request for Proposals
SPO – State Procurement Office
STI – Sexually Transmitted Infection
USPS – United States Postal Service
VCC – Video Conference Center
WHS – Women’s Health Section
WIC – Women, Infants, and Children