

Section 2

Service Specifications

Elderly Effective Medication Management

I. Introduction

A. Background

The mission of the Alcohol and Drug Abuse Division (ADAD) is to provide the leadership necessary for the development and delivery of quality substance abuse prevention, intervention and treatment services for the residents of the State of Hawaii. The Division plans, coordinates, provides technical assistance, conducts needs assessments, and establishes mechanisms for training, data collection, research and evaluation to ensure that statewide substance abuse resources are utilized in the most effective and efficient manner possible.

Substance abuse services are mandated by Chapter 321, HRS which charges the Department of Health with the responsibility of coordinating all substance abuse programs including rehabilitation, treatment, education, research and prevention activities and Chapter 334, HRS which requires that the State provide a “comprehensive mental health system utilizing public and private resources to reduce the incidence of mental or emotional disorders and substance abuse....”

ADAD’s goal is to prevent or reduce the severity and disabling effects related to alcohol and other drug use, abuse and dependence by assuring an effective, accessible public and private community-based system of prevention strategies and treatment services designed to empower individuals and communities to make health enhancing choices regarding the use of alcohol and other drugs.

ADAD is also the designated single state agency to apply for and expend federal substance abuse funds administered under P.L. 102-321, the federal Substance Abuse Prevention and Treatment Block Grant.

B. Purpose or Need

Planning activities related to this RFP included analysis of the following needs assessment surveys: 1) The Hawaii 1995 Adult Household Survey; 2) The 1996 Hawaii Student Alcohol and Drug Use Survey; 3) The 1996 Blind Study Of Substance Abuse And Need For Treatment Among Women Of Childbearing Age In Hawaii; and 4) The 1996 Hawaii Study Of Substance Abuse And Need For Treatment Among New Arrestees, and ongoing monthly discussions with substance abuse non-profit providers.

The State of Hawaii has one of the nation's fastest growing populations over the age of 65. The 1990 Census estimates that approximately 169,553 persons over the age of 60 reside in the State of Hawaii. Maui County now has approximately 20,000 citizens over the age of 60 as compared to 15,539 in 1990.

In 1992, the Congressional House Committee on Aging released a report which indicates that the most widespread problem among senior adults is the mixture of alcohol and medications. The use of anti-anxiety drugs, sedatives, and sedating anti-depressants doubles the risk of falls and fractures among the elderly and the use of sedating anti-depressants more than doubles a mature adult's chances of having a car crash. Twenty-five percent of all hospital admissions and 25 percent of all nursing home admissions result from older adults not taking medications properly.

This RFP is designed to address potential prescription misuse in Hawaii's older adults.

C. Description of the goals/outcomes of the service

ADAD is committed to the following goal/outcome: Reduction of the possibility of mismanagement of prescription and over-the-counter medications by older adults which can result in unnecessary hospitalization or nursing home admission.

ADAD is emphasizing an outcome-focused framework. ADAD is seeking qualified applicants who can contribute to the outcome of lowering the possibility of unnecessary hospitalization, and/or nursing home admission, due to prescription and over-the-counter medication mismanagement by achieving performance targets in the areas of:

- Increasing knowledge of the safe use of multiple medications
- Achieving a measurable increase in positive health status

- Achieving a measurable increase in healthy lifestyle habits

The APPLICANT shall accomplish the outcomes by providing culturally appropriate problem identification and referral, information dissemination, and educational strategies to older adults.

Risk and protective factors are outlined in Section 5, Attachment E-2. The strategies are defined in Section 5, Attachment E-3.

D. Description of the target population to be served

Persons 60 years of age and over, and/or their caregivers.

E. Geographic coverage of service

The service area for this request for proposal encompasses Maui County, including the islands of Lanai and Molokai.

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

Total Funding: *FY 2000: \$60,000 of Federal funds.

*FY 2001: \$60,000 of Federal funds.

*FY 2002: \$60,000 of Federal funds.

*FY 2003: \$60,000 of Federal funds.

*Pending availability of Federal funds. The source of Federal funds is the Substance Abuse Prevention and Treatment Block Grant.

Only nonprofit organizations are eligible for Federal funds.

For each contract year, the Federal set-aside requirements for the service area are as follows:

\$60,000 of the Federal funds shall be spent for drug-related services.

NOTE:

1. It is permitted to count the Federal dollar more than once.
2. ADAD reserves the right to reallocate the above amounts to other ADAD-contracted agencies if, at any time after three (3) months into each fiscal year, there is either a monthly pattern of poor or low performance, or underutilization of funds such that it appears the provider will not be able to expend all allocated funds by the end of each fiscal year. The criteria used for the reallocation of funds shall be the same as the basis for the initial allocation of funds as specified in the RFP packet, Section 4, Proposal Evaluation.
3. A maximum of \$25,000 may be advanced for start-up costs for new programs.
4. If an APPLICANT materially fails to comply with the terms and conditions of the contract, ADAD may, as appropriate under the circumstances:
 - a. Temporarily withhold payments pending correction of a deficiency or a non-submission of a report by the APPLICANT.
 - b. Disallow all or part of the invoice submitted by the APPLICANT.
 - c. Suspend or terminate the contract.
5. The APPLICANT can submit to ADAD proposals for requested contract amendments or any changes affecting the scope of services, target population, time of performance, and total funds, but this must be approved in writing before changes can be made. Proposals shall be submitted no later than four (4) months prior to the end of the contract year, unless prior approval is given by ADAD.
6. In the event that additional funds become available for similar services, the DEPARTMENT reserves the right to increase funding amounts.

II. General Requirements

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

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1. If the APPLICANT is federally funded for \$300,000 or more, the APPLICANT shall perform financial and compliance audits in accordance with "Government OMB Circular A-133" and submit the audits to the DEPARTMENT as directed.
2. The APPLICANT shall comply with Chapter 103F, HRS, Cost Principles for Purchases of Health and Human Services identified in SPO-H-201 (Effective 10/1/98), which can be found in the POS Manual.
3. The APPLICANT receiving advanced payment for services shall reconcile the amount of the advance by November 1 of the first year of the contract.
4. The APPLICANT shall institute a written policy stating that the federal funds awarded for this RFP cannot be used to support the distribution of sterile needles for the hypodermic injection of any illegal drug or the distribution of bleach for the purpose of cleansing needles for such hypodermic injection.
5. All substance abuse records shall be confidential pursuant to 42 Code of Federal Regulations (42CFR), Part 2, Confidentiality of Alcohol and Drug Abuse Patient Records, and if necessary the APPLICANT shall resist in judicial proceedings any efforts to obtain access to participant records except as permitted by such regulations.
6. The APPLICANT shall adopt and implement a policy regarding Acquired Immune Deficiency Syndrome (AIDS) which states that it:
 - a. Does not discriminate against persons who have positive tests for antibodies against Human Immunodeficiency Virus (HIV) or with AIDS.
 - b. Assures staff education on HIV and AIDS at least once a year.
 - c. Maintains the confidentiality of any results of HIV antibody testing pursuant to Sec. 325-101, HRS.
 - d. Assures that any pre-test and post-test counseling shall be done only in accordance with the DEPARTMENT'S HIV Counseling and Testing Guidelines.
 - e. Provides for AIDS education as appropriate.

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7. The APPLICANT shall adopt a policy regarding tuberculosis (TB) which states that it provides for TB education as appropriate.
8. The APPLICANT shall develop and maintain fiscal, statistical, and administrative records pertaining to services as specified by the DEPARTMENT.
9. **YEAR 2000 COMPLIANCE: The APPLICANT shall have Year 2000 compatible hardware, software, and firmware able to accurately process date data from, into, and between the twentieth and twenty-first centuries.**
10. The APPLICANT shall make an acknowledgment of the DEPARTMENT and ADAD as the APPLICANT'S program sponsor which shall appear on all printed materials through the use of the DEPARTMENT'S logo. The source of funds shall be identified as the Federal Substance Abuse Prevention and Treatment Block Grant.
11. The APPLICANT shall have a minimum of one year experience in the provision of substance abuse services.
12. The APPLICANT shall complete and submit the Federal Certificates in Section 5, Attachment D.

B. Secondary Purchaser participation

1. ADAD does not plan to have any secondary purchases.
2. ADAD will allow after-the-fact secondary purchases.

C. Multiple or alternate proposals

Allowed Unallowed

D. Single or multiple contracts to be awarded

Single Multiple Single & Multiple

E. Single or multi-term contracts to be awarded

- Single term (< 2 yrs.) Multi-term (>2 yrs.)

Single-term contracts will be renewable on a yearly basis up to two years on satisfactory performance of one year and pending availability of funds. Multi-term contracts will be renewable after year the first term for an additional year or two upon satisfactory performance after the first term, pending availability of 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 winning provider or providers. Written questions should be submitted to the RFP contact person and received on or before the day and time specified in Section I, Item IV (Procurement Timetable) of this RFP.

Contact Person: Virginia Jackson at (808) 586-3966.

III. Scope of Work

The service specifications encompass the following tasks and responsibilities:

A. Service Activities

In each contract year, the APPLICANT shall:

1. Provide medication misuse/mismanagement prevention sessions to adults at least 60 years of age and/or their caregivers. These sessions shall include: (a) assessments of older adults' and/or their caregiver's current knowledge of medications, both prescribed and over the counter; (b) provision of information regarding the possible harmful interactions with other medications and alcohol; (c) provision of information regarding good medication management; (d) provision of possible drug utilization review(s) with a pharmacist; and (e) provision of possible consultations and follow-ups with clients' physician(s) and (f) provision of group information dissemination sessions at older adults' activity centers, health fairs or other public events.
2. Advertise, countywide, the existence and availability of these service(s).

3. Develop and implement a targeted information dissemination session or educational sessions for clients and/or their caregivers and presenting a minimum of two (2) per fiscal year. These shall focus on alcohol abuse by older adults and its consequences for the client and/or caregivers.
4. Develop and implement a targeted information dissemination session or educational sessions for clients and/or their caregivers and presenting a minimum of two (2) per fiscal year. These shall focus on tobacco use as a health hazard.
5. Coordinate the prevention services in this RFP with other prevention efforts in the designated community.
6. If the APPLICANT shall be using another entities' facility, equipment or resources in order to implement the proposed services, letters of agreement with such entity shall accompany the proposal.

B. Management Requirements (Minimum and/or mandatory tasks and responsibilities)

1. Personnel

- a. The APPLICANT shall provide services by pharmacists with a Ph.D. or M.A. in pharmacology, or by staff under the supervision of a pharmacist or by individuals possessing licensure such as a registered nurse, or who are medical doctors of osteopathic medicine.
- b. The APPLICANT shall conduct, at a minimum, a criminal history record check for any person who is employed or volunteers in an administrative or program position which necessitates close proximity to clients. For administrative and program staff working in a position which necessitates close proximity to children or adolescents, the criminal history check shall also include fingerprinting. A copy of the criminal history record check and fingerprinting check shall be placed in the employee's or volunteer's personnel file and shall be available for review.

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- c. The APPLICANT shall possess and document knowledge, capacity, skills and experience in working with the targeted population, as well as the community it proposes to serve.
- d. The APPLICANT, via a program coordinator, shall coordinate, plan and organize the delivery of services. The coordinator shall possess the knowledge, planning capacities, skills and experience in delivering curricula-based knowledge, working with the targeted population, as well as the community at large.
- e. The APPLICANT shall conduct an initial orientation for prevention personnel within 30 days of employment for all new employees and shall document such in the personnel record of the employee.
- f. The APPLICANT shall use the orientation for the purpose of acquainting staff with such information as its policies and procedures, expected codes of conduct, and expected practices for prevention staff including use of current prevention concepts and program strategies, theory, research, and best practices findings upon which prevention services and programs of the agency are based.
- g. The APPLICANT shall maintain and annually update a description of its agency staffing pattern, including an organization chart showing lines of authority for prevention services.
- h. The APPLICANT shall designate an individual responsible for the supervision of prevention professionals, paraprofessionals, volunteers and services.
- i. The APPLICANT shall provide documentation of its successful experience in providing substance abuse prevention services to minorities. The APPLICANT's staff and volunteers shall possess in-depth understanding of the culture(s) in the geographical region it proposes to serve.
- j. The APPLICANT shall attend ongoing prevention specialist training(s) offered by ADAD, including but not limited to the Prevention Generalist Training, Client Confidentiality Training, as well as an Overview of Substance Abuse.

- k. The APPLICANT shall abide by the Code of Ethical Conduct for Prevention Professionals as created by the National Association of Prevention Professionals and Advocates in Section 5, Attachment E-4.
- l. The APPLICANT shall attend substance abuse prevention providers' meetings as scheduled by ADAD.
- m. Volunteers, if used by the APPLICANT, shall be under the supervision of the program director or his or her designee and shall, accordingly, be trained in client confidentiality issues, program quality assurance requirements and shall adhere to the Code of Ethical Conduct for Prevention Professionals in Section 5, Attachment E-4.
- n. The APPLICANT shall have on the premises at least one person currently certified in First Aid and CPR.
- o. The APPLICANT shall maintain documentation for each employee of an initial and annual tuberculosis (TB) skin test or chest X-ray.
- p. The APPLICANT shall have a no-smoking policy.
- q. The APPLICANT shall assure at least 12 hours of relevant prevention training per year for each staff which shall include:
 - 1) Staff education on HIV and AIDS.
 - 2) Staff education on risk of TB for those abusing substances.

2. Administrative

- a. The APPLICANT shall establish and implement policies and procedures which clearly identify the target population for each type of prevention service, the program content, and methods of service delivery.
- b. The APPLICANT shall review all written and/or audio visual prevention material, at a minimum, biannually by staff and by an

- advisory board or ad hoc committee to assure that it is relevant, current, and age and culturally appropriate.
- c. The APPLICANT shall maintain a current data base of information and referral resources on alcohol, tobacco and other drug, substance abuse and related problem behaviors, prevention and treatment resources. Such information shall be made easily accessible to staff and program participants through such means as PREVline, mailings, flyers, public service announcements, and related activities.
 - d. The APPLICANT shall refund to the DEPARTMENT any funds unexpended or expended inappropriately.
 - e. The APPLICANT, under the actual expenditure method of reimbursement, shall assure that all equipment and unused supplies and materials purchased with funds paid to it shall become the property of the DEPARTMENT upon completion or termination of the contract.
 - f. The APPLICANT, under the actual performance method of reimbursement, shall assure that program income and/or surplus earned during the contract period shall be used to further the program objectives; otherwise the DEPARTMENT will deduct the surplus from the total contract amount in determining the net allowable cost on which the state's share or cost is based.

3. Quality assurance and evaluation specifications

- a. The APPLICANT shall have a quality assurance plan, which identifies the mission of the organization, what services will be provided, how they are delivered, who is qualified to deliver them, who is eligible to receive the services, and what standards are used to assess or evaluate the quality and utilization of services. This quality assurance plan should be based upon the Center for Substance Abuse Prevention's publication, "Guidelines and Benchmarks for Prevention Programming," which is available upon request from ADAD.
- b. The quality assurance plan shall serve as procedural guidelines for staff and will confer designated individuals and committees with

the authority to fulfill their responsibilities in the areas of quality assurance.

- c. The quality assurance process shall serve as a source of information for parties interested in knowing how the program monitors and improves the quality of its services. Findings shall be integrated and reviewed by the quality assurance committee and information conveyed to the program administrator and the organization's executive officer and governing body at least semi-annually.
- d. The quality assurance system shall identify strengths and deficiencies, indicate corrective actions to be taken, validate corrections, and recognize and implement innovative, efficient, or effective methods for the purpose of overall program improvement.
- e. Program evaluation should reflect the documentation of the achievement of the stated goals of the program using tools and measures consistent with the professional standards of the disciplines involved in the delivery of services.

4. Output and performance/outcome measurements

ADAD will be using an outcome-based framework for the solicitation, selection, award, monitoring, and reporting of results through this RFP. The outcome-based framework focuses on specific changes in conditions and behaviors to be achieved through this service. In responding to the RFP, APPLICANTS must propose and commit to performance targets (statements describing the number of older adults who will achieve high levels of success and/or achieve significant change in their conditions or behaviors) directly related to the performance target areas described in this RFP.

APPLICANTS will commit to these performance targets (finalized with ADAD) as part of their contractual responsibility if selected for funding. APPLICANTS will track and report progress toward these targets to ADAD through a standard outcome reporting format and meet quarterly with ADAD to review results and make necessary course corrections.

Within this outcome-based framework, APPLICANTS shall:

- Establish a set of measurable outcomes, performance targets, and milestones. Outcomes, performance targets, and milestones should be submitted on the appropriate ADAD forms within 30 days after the formalizing of a contract.
- Design and implement programs for older adults based on research or evaluation that provides evidence that the programs used prevent or reduce the problem.
- Evaluate their programs periodically to assess their progress toward achieving the outcomes, performance targets, and milestones. Furthermore, such evaluation shall be used to improve and strengthen the programs, and to refine the outcomes, performance targets, and milestones.
- The APPLICANT shall utilize measurement tools as approved by ADAD.

In order to facilitate the implementation of an outcome-based framework, ADAD shall:

- Provide training in developing outcomes, performance targets, and milestones.
- Provide training in using hardware and software to evaluate the progress of the programs.

5. Reporting requirements for program and fiscal data

- a. Required Program Reports:
 - 1) The APPLICANT will document on the Minimum Data Set the project activities related to the following Center for Substance Abuse Prevention Strategies: (a) problem identification and referral; (b) information dissemination and (b) education.
 - 2) The APPLICANT will record the "unduplicated" older adults served as part of all strategies implemented. The unduplicated count shall be recorded in the quarterly

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reports, culminating in a final, unduplicated count on the year-end report. Those providers serving Native Hawaiian older adults shall also provide ADAD with the numbers of unduplicated Native Hawaiian older adults served.

- 3) The APPLICANT will design and implement a system to record the number of unduplicated older adults served in each contract year.
- 4) The APPLICANT will document on the Minimum Data Set public service announcements or other forms of information dissemination utilized to attract older adults as participants.
- 5) The APPLICANT shall submit quarterly and Year End Reports summarizing and analyzing outcome data and accomplishments and challenges. Quarterly reports are due 15 days after the end of each quarter. Year End Reports are due 45 days after the end of each fiscal year.

For contracts beginning July 1:

Quarter 1:	July 1 – Sept. 30.	Report due Oct. 15.
Quarter 2:	Oct. 1 - Dec. 31.	Report due Jan. 15
Quarter 3:	Jan. 1 - March 31.	Report due April 15.
Quarter 4:	April 1 - June 30.	Report due July 15.
Year End:	July 1 - June 30.	Report due Aug. 15.

- 6) The APPLICANT shall submit each month's Minimum Data Set report no later than the fifteenth day of the following month. A brief description of the Minimum Data Set is given in Section 5, Attachment E-5.

b. Required Fiscal Reports:

- 1) The APPLICANT shall have the computer capacity to utilize ADAD's Prevention Minimum Data Set.

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- 2) The APPLICANT shall submit monthly the Statement of Revenue and Expenditures Report (ADAD Fiscal Form 200, 9/95).
- 3) The APPLICANT receiving federal funds shall submit to ADAD its final invoice no later than 45 days after the end of each contract year, or by August 15, whichever comes first. Lapsing of funds will occur if final invoices are not received by ADAD in a timely manner.
- 4) Within 45 calendar days after the expiration of each contract year, the APPLICANT shall submit to ADAD the Statement of Revenue and Expenditures summarizing the actual expenditures for the fiscal year and the Year End Program Report which includes people served, unduplicated number of individuals served, activities relating to the six Center for Substance Abuse Prevention strategies, and other contract close-out documentation as specified by ADAD.

6. Pricing or pricing methodology to be used

The method of pricing shall be reimbursement of actual expenditures.

7. Units of service and unit rate

Not applicable.