

State of Hawaii
Department of Health
Family Health Services Division
Maternal and Child Health Branch
Women's Health Section

Addendum No. 1

October 13, 2008

To

Request for Proposals

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

Issued: September 18, 2008

October 13, 2008

ADDENDUM NO. 1

To

**REQUEST FOR PROPOSALS
BIG ISLAND PERINATAL HEALTH DISPARITIES PROJECT
RFP No. HTH-560-CW-006**

The Department of Health, Family Health Services Division, Maternal and Child Health Branch is issuing this addendum to RFP Number HTH-560-CW-006, Big Island Disparities Project for the purposes of:

- Responding to questions that arose at the orientation meeting of September 29, 2008 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 and remains as before October 28, 2008.
- 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 RFP No. HTH-560-CW-006
Big Island Perinatal Health Disparities Project**

- 1. If the first contract is for two years and funding is for 5 years, would the next contract be a 3-year contract?**

The State will determine the contract cycle. If, as currently anticipated, federal funding for this Project is received for five (5) years, beginning in June 2009 and extending through May 2014, then, the DOH will make every effort to arrange that the next contract will extend for three (3) years, rather than the current two (2) year cycle.

- 2. Is the expectation that all performance measures be met?**

Applicants will be expected to improve on the current status (baseline) for each of the stated performance measures; which are targets set by the DOH and federal agencies to strive for with respect to measurable maternal and child health indicators. Applicants are expected to complete and submit with their application Table A, Columns C and D, indicating the performance objectives they intend to attain during each year of the contract for each of the thirteen (13) Performance Measures included in this table. Applicants will be judged on their ability to achieve the Performance Objectives they indicate for each of the two (2) years of the contract for each indicator, rather than target Performance Measure indicated in Column A of Table A.

- 3. In the meeting we discussed five performance measures that should be focused on- 3, 4, 5, 6, and 13. How do we handle the other 8 in the narrative and Table A? For example: Do we alter or simply address those measures to figures more attainable based on the population we serve or skip those measures entirely?**

Applicants should give equal emphasis to all thirteen (13) Performance Measures. The five measures specifically mentioned during the RFP orientation meeting, were for illustrative purposes only. Applicants should complete Table A: Performance Measures, Columns C and D, for all thirteen (13) Performance Measures with percentages which they feel are attainable.

- 4. Table A, Performance Measures, items 4 and 11 relating to screening for risk for poly-substance use. How do you define a risk assessment or should we use the risk assessment procedures for poly-substance specific to our organization and population served?**

Applicants are expected to describe their proposed approach to risk assessment as part of their proposal. See RFP Section 2-III A-2a (page 2-9) and Section 3-IV 1-Bi and 1-Bii (page 3-5) for further discussion on risk assessment requirements. Risk Assessment tools may be included in the Service Delivery Protocols to be attached to the proposal.

5. Staffing versus Budget concern: Could there be more flexibility in the staffing? Can the staffing be changed if, for example, a nurse cannot be found; could a social worker be hired in this position?

Staffing requirements have been reevaluated and changes have been made to the staffing requirements. See the attached document for the details of the revised staff requirements.

6. Could the extra neighborhood women be used for low risk case management?

Yes, under supervision of one of the professional staff.

7. How will staff work together?

A team approach to managing clients ranging from low to high risk. Most appropriate outreach worker for any client at any given point in time will be determined based on factors such as acuity, need, culture, client willingness, geography, worker's expertise etc.

8. Can we focus in on targeting the high risk areas of Puna and Ka'u which have the poorest outcomes in the state?

Yes, Applicants can propose to target services to meet the needs of high risk areas; however, not to the exclusion of services to the rest of the geographic area the proposal covers.

9. Will there be any changes to the data forms?

The data forms currently attached to the RFP are designated as draft documents. It is anticipated that changes will be made to some, if not all, of these forms prior to implementation of any contract resulting from this RFP. Changes to be made will be based on further aligning local data collection efforts with the Federal Healthy Start Initiative data reporting requirements, as well as increased ease in completion of these forms by a contract agency.

10. Can the state provide us with the baseline data?

The DOH does not provide baseline data. Applicants are encouraged to use any current data they may have from working on similar programs to determine possible baseline levels. Applicants will not be penalized during the proposal evaluation phase if they are unable to provide baseline data.

11. In the meeting several changes to the RFP were imminent. When will the changes be completed?

All changes mentioned or alluded to during the RFP Orientation Meeting held on September 29, 2008 are included with this Addendum.

- 12. Section 3-IV 2-Bii, the final sentence is incomplete. “This description shall address medical and psycho-social risks that constitute....”**

The final sentence in Section 3-IV 2-Bii (page 3-5) should read as follows:

“This description shall address medical and psycho-social risks that constitute cause for concern with regard to the health or safety of the participant, her pregnancy or her infant/toddler.”

- 13. In Section 3-IV 2-G, the last line refers to a requirement described in Section 2, item III.A.8. Is this a typographical error? Was Section 2 item, III.A.7. the intended section to be referenced?**

Yes, this is a typographical error. Section 3-IV 2-G (page 3-6) should refer the reader to Section 2-III A-7, and not to Section 2-III A-8.

RFP No. HTH-560-CW-006: Big Island Perinatal Health Disparities Project is amended as follows:

<i>Subsection</i>	<i>Page</i>	<i>Description of Change</i>
Section 1, Administrative Overview		
VIII. I and J	1-6	<p>The following paragraph has been inserted as paragraph I of item VIII under Section 1 of the RFP:</p> <p>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 General Conditions of Form AG Form 103F, <i>Confidentiality of Personal Information</i>, 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.</p> <p>As a result of this insertion, the former paragraph I: Proposal Submittal is now identified as item J.</p>
Section 2, Service Specifications		
III. B. 1.	2-12, 2-13	<p>Required staff has been changed to two (2) social service professionals and three (3) senior level neighborhood women.</p> <p>The revised discussion further separates and clarifies professional and paraprofessional roles and includes a provision (<i>not a requirement</i>) for supplementing project staff with “in-kind” professional support. See attached document indicating revised wording for Section 2: III. B. 1.</p>
Section 3, Proposal Application Instructions		
III. A	3-3	<p>Additional clarification is provided regarding the use of “in-kind” staff... See attached document indicating revised wording for Section 3: III. A.</p>
IV. 2-Bii	3-5	<p>The last sentence in this item should read as follows: <i>“This description shall address medical and psycho-social risks that constitute cause for concern with regard to the health or safety of the participant, her pregnancy or her infant/toddler.</i></p>
IV 2-G	3-6	<p>This item should refer the reader to Section 2-III A-7, and <i>not to</i> Section 2-III A-8.</p>

Section 4, Proposal Evaluation

No Changes

Section 5, Attachments

Attachment A: Proposal Application Checklist	Required Budget Forms and Program Specific Requirements are identified. (See attached checklist)
Attachment D: Table A: Performance Measures	Performance Measure #10 Column D (page 5) Annual Performance Objective for Fiscal Year 2010- 2011 is included. (See highlighted are on attached Table A, page 5)

Attachments

1. Revisions to RFP Section 2: Service Specifications, III B. 1.
2. Revisions to RFP Section 3: Proposal Application Instructions, III. A
3. Revisions to Proposal Application Checklist
4. Revisions to Attachment D – Table A: Performance Measures (pg 5)

Section 2: Service Specifications

III. Scope of Work

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

1. Personnel

a. Professional Staff

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

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

The RN personnel shall also be able to:

- conduct basic nursing assessment and documentation, such as weight, vital signs, gross physical examinations, identify primary concern(s), monitor signs and symptoms of health condition(s);
- evaluate emotional/psychological status;
- create care plans to address health & social issues/concerns; engage with clients to identify risk factors and/or concerns, develop goals and strategies to address issues, monitor action plan and document outcomes.
- monitor depression screening;
- case manage medically fragile participants, such as, but not limited to, those with preeclampsia, or pre-pregnancy hypertension; pre-chronic conditions such as asthma, diabetes, obesity; history of miscarriage; history of pre-term delivery;
- teach administration of insulin (diabetes counseling/management including gestational diabetes counseling), as needed;
- collaborate with physicians for referrals or high-risk participants;
- serve as a nursing consultant to staff; and
- conduct joint health education, counseling, information and referral (i.e. breastfeeding/nutrition/family planning).

- ii.) Master of Social Work (MSW) or a masters’ level professional with a degree in a related social services/humanities field, including (but not limited to) family therapy or counseling, is preferred. At a minimum a social service professional must have a four (4) year bachelors’ degree and a minimum of three (3) years related work experience.

b. Paraprofessional Staff

It is required that, at a minimum, the program shall also include the following *paraprofessional staff*:

- i.) Senior Neighborhood Women who shall be provide case management for low risk participants under limited supervision by a member of the professional staff.
- ii.) Additional lower-level Neighborhood Women shall be hired to provide outreach and other supportive services to Project participants and to assist professional staff as necessary to maintain Project services. These Neighborhood Women shall not be required to maintain a case load or to be responsible for case management/care coordination of individual participants.

c. Participant Case Management/Care Coordination Case Loads

With respect to participant case loads, it is required that staff members engaged in case management/care coordination activities maintain a case load of no more than 45 individuals per FTE.

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

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

Geographic Staffing Patterns and Participants to be Served

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

Applicants applying to serve the entire Hawai‘i County geographic area shall employ a minimum of two (2) FTE RNs and two (2) FTE social service professionals, as described above. At least three (3) senior-level Neighborhood Women, able to provide case management services for low-risk participants with limited supervision by the RN or Social Service Professional shall also be hired. Applicants applying to serve either the East/South or West/North sections of Hawai‘i County shall propose professional and paraprofessional staff at 50% that of staffing for the entire County.

d. In-Kind Staff Support

This RFP does not require in-kind staff support; however, any applicant may propose to augment personnel supported by any contract resulting from this RFP with additional “in-kind” personnel supported by other funding sources but dedicated in part to this project to achieve the required staffing FTEs.

Section 3: Proposal Application Instructions

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.)

This description shall include all staff assigned to the Project, both those supported by the Project and any “in-kind” staff assigned to the Project.

2. Staff Qualifications

The Applicant shall provide the minimum qualifications (including experience) for staff assigned to the Project. (Refer to the qualifications in the Service Specifications, as applicable.)

This description shall discuss minimum qualifications for all staff assigned to the Project, including both those supported by the Project as well as any “in-kind” staff the Applicant may assign to the Project.

Proposal Application Checklist

Applicant: _____ RFP No.: _____

The applicant's proposal must contain the following components in the order shown below. This checklist must be signed, dated and returned to the purchasing agency as part of the Proposal Application. SPOH forms are on the SPO website. See Section 1, paragraph II Website Reference.*

Item	Reference in RFP	Format/Instructions Provided	Required by Purchasing Agency	Completed by Applicant
General:				
Proposal Application Identification Form (SPO-H-200)	Section 1, RFP	SPO Website*	X	
Proposal Application Checklist	Section 1, RFP	Attachment A	X	
Table of Contents	Section 5, RFP	Section 5, RFP	X	
Proposal Application (SPO-H-200A)	Section 3, RFP	SPO Website*	X	
Tax Clearance Certificate (Form A-6)	Section 1, RFP	Dept. of Taxation Website (Link on SPO website)*		
Cost Proposal (Budget)				
SPO-H-205	Section 3, RFP	SPO Website*	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*	X	
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				
Debarment & Suspension		Section 5, RFP	X	
Drug Free Workplace		Section 5, RFP	X	
Lobbying		Section 5, RFP	X	
Program Fraud Civil Remedies Act		Section 5, RFP	X	
Environmental Tobacco Smoke		Section 5, RFP	X	
Program Specific Requirements:				
Letters of Agreement/MOUs	Section 3, RFP	Section 5, RFP	X	
Work Plan	Section 3, RFP	Section 5, RFP	X	
Timeline/Schedule of Activities	Section 3, RFP	Section 5, RFP	X	
Job Descriptions	Section 3, RFP	Section 5, RFP	X	
Service Delivery Protocols	Section 3, RFP	Section 5, RFP	X	
Table A: Performance Measures	Section 3, RFP	Section 5, RFP	X	
Council on Accreditation Cert.	Section 3, RFP	Section 5, RFP	X	

Authorized Signature

Date

Table A – Performance Measures Big Island Perinatal Disparities Program

Department of Health
RFP No. HTH-560-
CW-006
Addendum No. 1

Applicant Org. _____

RFP No. _____

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