

**State of Hawaii**

**Department of Human Services**

**Division of Vocational Rehabilitation**

**Disability Determination Branch**

**Request for Proposals**

**MEDICAL (PEDIATRIC)**  
**CONSULTATION SERVICES**

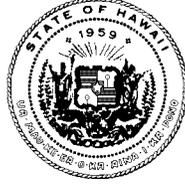
**December 2016 – June 30, 2019**

(State Fiscal Years 2017 – 2019)

**RFP Number:**

**HMS 238-MC17**

September 22, 2016



STATE OF HAWAII  
DEPARTMENT OF HUMAN SERVICES  
DIVISION OF VOCATIONAL REHABILITATION  
**DISABILITY DETERMINATION BRANCH**  
P.O. Box 2458  
Honolulu, HI 96813

September 22, 2016

**REQUESTS FOR PROPOSALS**

**Medical (Pediatric) Consultation Services  
RFP No. HMS 238-MC17**

The Department of Human Services, Division of Vocational Rehabilitation (DVR), Disability Determination Branch (DDB) is requesting proposals from qualified applicants to provide medical (pediatric) consultation services to the DDB.

The Disability Determination Branch (DDB) makes medical determinations on disability claims filed with the Social Security Administration (SSA) under the Disability Insurance (SSDI) and Supplemental Security Income (SSI) programs.

The contract term will be from December 1, 2016 through June 30, 2019. Multiple contracts will be awarded under this request for proposals.

Proposals must be postmarked before midnight on October 21, 2016 at the drop off site that is designated on the following page.

Proposals postmarked after midnight (HST) on October 21, 2016 will not be considered and will be returned to the applicant. There are no exceptions to this requirement.

Please be concise and specific in your application.

**PROPOSAL MAIL-IN AND DELIVERY INFORMATION SHEET**

**ONE ORIGINAL AND TWO COPIES OF THE APPLICATION ARE REQUIRED**

**ALL MAIL-INS POSTMARKED AFTER 12:00 MIDNIGHT (HST) OCTOBER 21, 2016  
WILL NOT BE ACCEPTED FOR REVIEW AND WILL BE RETURNED.**

**Mail-in Site**

DHS/DVR/Disability Determination Branch  
Attn: Vikki Nakamura  
P.O. Box 2458  
Honolulu, HI 96804

**ALL HAND DELIVERIES SHALL BE ACCEPTED AT THE FOLLOWING SITE  
UNTIL 3:00 PM (HST), OCTOBER 21, 2016. Deliveries by private mail services such as  
FEDEX shall be considered hand deliveries. Hand deliveries shall not be accepted if  
received after 3:00 p.m. (HST), OCTOBER 21, 2016.**

**Hand Delivery Drop-off site**

DHS/DVR/Disability Determination Branch  
Attn: Vikki Nakamura  
1580 Makaloa Street, Ste. 660  
Honolulu, HI 96814

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## SECTION ONE

### INTRODUCTION AND ADMINISTRATIVE OVERVIEW

#### 1.1 INTRODUCTION

The Department of Human Services Division of Vocational Rehabilitation Disability Determination Branch is requesting proposals to provide medical (pediatric) case review/assessment consultative services to the Disability Determination Branch (DDB).

#### 1.2 PROCUREMENT TIMETABLE AND SIGNIFICANT DATES

The schedule represents the State's best estimate of the schedule that will be followed. All times indicated are Hawaii Standard Time (HST). If a component of this schedule, such as "Proposal Due date/time" is delayed, the rest of the schedule will likely be shifted by the same number of days. Any change to the RFP Schedule and Significant Dates shall be reflected in and issued in an addendum. The approximate schedule is as follows:

Release of Request for Proposals	September 22, 2016
Closing Date for Submission of Questions	October 12, 2016
Purchasing Agency Response to Offeror's Questions	October 19, 2016
Closing Date for Receipt of Proposals/Application Packets	October 21, 2016
Proposal Review Period	Week of October 17 <sup>th</sup> , 2016
Contractor Selection and Award	Week of October 24 <sup>th</sup> , 2016
Contract Start Date	December 01, 2016

#### 1.3 AUTHORITY

This Request for Proposals (RFP) is issued under the provisions of the Hawaii Revised Statutes, Chapters 103 and 103D. 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.

#### 1.4 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 Human Services  
Division of Vocational Rehabilitation  
Disability Determination Branch  
P.O. Box 2458  
Honolulu, Hawaii 96804

## 1.5 RFP CONTACT PERSON

From the release date of this RFP until the selection of the successful provider(s), any inquiries and requests shall be directed to the sole point-of-contact identified below.

Vikki Nakamura

[Vikki.Nakamura@ssa.gov](mailto:Vikki.Nakamura@ssa.gov)

Phone: 808-979-7013 Fax: 808-973-1399

## 1.6 SUBMISSION OF QUESTIONS

Applicants may submit questions to the RFP Contact Person identified in Section 1.5. Written questions should be received by the date and time specified in Section 1.2 Procurement Timetable. The purchasing agency will respond to written questions by way of an addendum to the RFP.

Deadline for submission of written questions:

Date: **October 12, 2016** Time: **4:30pm HST**

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

Date: **October 19, 2016**

## 1.7 SUBMISSION OF PROPOSALS

- A. 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.
- B. Forms/Formats.** Forms, with the exception of program specific requirements, may be found on the State of Hawaii Departmental websites. Refer to the Section 5, Proposal Application Checklist for the location of program specific forms.
- C. 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, or as amended. 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, or as amended. Proposals shall be rejected when:
1. Postmarked after the designated date; or
  2. Postmarked by the designated date but not received within 10 days from the submittal deadline; or
  3. 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.

Electronic proposals will not be accepted. Proposals submitted by e-mail, website, or other electronic means (diskettes, CD, memory sticks, etc.) will not be permitted.

## **1.8 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 with HAR §3-143-403.

## **1.9 OPENING OF PROPOSALS**

Upon the state purchasing agency's receipt of a proposal 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.

## **1.10 ADDITIONAL MATERIALS AND DOCUMENTATION**

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

## **1.11 RFP AMENDMENTS**

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

## **1.12 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 final revised proposal. The

applicant shall submit *only* the section(s) of the proposal that are amended. After final revised proposals are received, final evaluations will be conducted for an award.

### **1.13 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 interest of the State.

### **1.14 COSTS FOR PROPOSAL PREPARATION**

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

### **1.15 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 §3-141-201)
- (2) Rejection for inadequate accounting system. (HAR §3-141-202)
- (3) Late proposals (HAR §3-143-603)
- (4) Inadequate response to request for proposals (HAR §3-143-609)
- (5) Proposal not responsive (HAR §3-143-610(a)(1))
- (6) Applicant not responsible (HAR §3-143-610(a)(2))

### **1.16 NOTICE OF AWARD**

A statement of findings and decision shall be provided to each responsive and responsible applicant 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 provider(s) awarded a contract prior to the contract commencement date. The State of Hawaii is not liable for any costs incurred prior to the official starting date.

## SECTION TWO

### BACKGROUND AND SCOPE OF WORK

#### 2.1 PROJECT OVERVIEW AND HISTORY

The Disability Determination Branch (DDB) is an agency which makes determinations of disability under Titles II, XVI, and XIX of the Social Security Act under contract with the Social Security Administration (SSA).

The disability determination process requires consultation services from qualified doctors of medicine or osteopathy, psychologists, and speech-language pathologists, hereinafter referred to variously as Consultants, on an ongoing basis in order to complete the disability determination function.

#### 2.2 SCOPE OF WORK

The contractor will provide consultation services at the DDB office at 1580 Makaloa Street, Suite 660, Honolulu, Hawaii 96814 several times a week as specified in the contract.

Individual schedules shall be established to ensure a timely flow of cases to meet SSA's workload expectations for the DDB. The number of hours provided must be sufficient to allow a consultant to attain and maintain knowledge of SSA requirements, in addition to providing reviews.

All consulting work is the review of electronic and written records and reports. Consultants do not have any direct patient contact.

The major responsibilities include the following:

- A. Review medical, psychiatric/psychological and other reports for individual case files to determine whether the evidence is sufficient to make a decision according to Social Security requirements.
- B. If the evidence is adequate for a decision, determine whether the data establish that the claimant's impairment(s) meets or equals Social Security's Listing of Impairments. If the Listings are not met or equaled, determine claimant's residual functional capacity in work-related terms.
- C. If the evidence in file is not adequate for a decision, contact sources in the community for the required information or advise the disability claims examiner as to what information is needed and the best source from which to obtain it.
- D. Provide training during the course of case reviews with individual disability claims examiners regarding impairments and the impact on work-related capacities. Provide group training to claims examiners on various impairments, as requested.

- E. Attend any required training sessions and keep abreast of changes in Social Security disability evaluation procedures.

### **2.3 SPECIFIC OBJECTIVES TO BE ACHIEVED**

- A. The consultations will provide the necessary medical or psychiatric/psychological input into the disability determination process.
- B. The consultations will facilitate the disability claims examiners' understanding of impairments and their impact on work functioning.

### **2.4 SPECIFIC PERFORMANCE REQUIREMENTS**

- A. Consultant will provide the consultations at the place and times necessary to allow for interaction with Disability Claims Specialists. Some flexibility will be allowed to accommodate for emergencies, etc.
- B. Reviews will be completed on a timely basis to enable the Branch to meet processing time requirements as established by the Social Security Administration (SSA).
- C. Disability determinations will meet accuracy standards as established by DDB and as ascertained by quality assurance reviews done at the DDB and SSA's Disability Quality Branch.
- D. The number of reviews completed by consultant will be at the standards as established by the DDB. DDB standards will be determined by agency productivity standards established by SSA.

### **2.5 SUITABILITY**

All Applicants selected for further consideration in the process will be subject to a suitability check consisting of a State of Hawaii criminal background check and a Federal background check.

Suitability is a personnel/hiring concept that refers to whether the identifiable character traits and conduct of an individual may reasonably be expected to either interfere with or prevent effective performance in the position for which he or she is being considered, or prevent effective performance of the duties and responsibilities of the employing agency.

Suitability is distinguishable from a person's ability to fulfill job qualification requirements as measured by experience, education, knowledge, skills and abilities. The need for suitability involves SSA's responsibility to safeguard our records, data, systems, and premises, and thereby protect the public trust and national security interests.

Individuals selected for positions with the State Department of Human Service's Disability Determination Service (DDS) will go through a complete federal background investigation. A suitability determination by the Social Security Administration is necessary to determine whether an employee can be issued credentials in order to have access to Social Security disability data, records, and systems.

A pre-screen will be conducted through SSA Office of Human Resources (DCHR). If the pre-screen is favorable, a job offer can be extended. However, the job offer is still contingent upon a full suitability clearance through DCHR.

## **2.6 OTHER REQUIREMENTS**

Those selected must:

- A. Be able to furnish proof of current and appropriate licenses and professional certifications.
- B. Not be excluded, suspended or otherwise barred from participation in any Federal program.
- C. Be able to furnish proof of compliance with the all laws governing entities doing business in the State.

## **2.7 AMOUNT OF THE CONTRACT**

The total dollar amounts of the individual contracts will depend on the intervals and duration of consultative services to be provided.

## **2.8 TERM OF THE CONTRACT**

The contract shall be for a period of two (2) years and seven (7) months is intended to begin approximately on December 01, 2016 and end on June 30, 2019, subject to availability of work, funding and satisfactory performance. Multiple contracts will be awarded under this request for proposals.

When interests of the State or the Contractor so require, the State or the Contractor may terminate the contract for convenience by providing six (6) weeks prior written notice to the other party.

## **2.9 FEE SCHEDULE**

Fees are fixed at \$79.00 per hour, plus taxes, and are not subject to negotiation.

## **2.10 METHOD OF PAYMENT**

Payment will be made for each monthly period upon the Consultant's presentation of invoice in triplicate (original plus two copies), specifying, to the satisfaction of the State, the amount due, including schedule of hours worked and certifying that the Consultant is entitled to receive the amount requisitioned.

## **SECTION THREE**

### **PROPOSAL REQUIREMENTS**

#### **3.1 INTRODUCTION**

This section indicates the proposal requirements for this RFP which shall be submitted by the deadline set for submission of proposals. Fulfillment of all proposal requirements listed is mandatory for consideration of proposals.

Those who wish to be considered for any one of the consultant positions must submit an application using the prescribed format outlined in this section:

- Proposal application checklist
- A letter of interest
- A current vitae
- A current completed Professional Qualification form
- A copy of professional license
- Compliance Documentation
- Any other information relating to the evaluation criteria in section 4 that an applicant feels would be useful in the evaluation process.

#### **3.3 PROPOSAL APPLICATION CHECKLIST**

The checklist provides applicants specific program requirements, reference and location of required RFP proposal forms, and the order in which all proposal components should be collated and submitted to the state purchasing agency.

#### **3.4 LETTER OF INTEREST**

The letter should state your interest in serving as a consultant for DDB. In addition, the letter should include any information related to the evaluation criteria in Section 4 which are not covered by other documents submitted.

- A. Experience
- B. Knowledge
- C. Ability to meet the needs of the Purchasing Agency

### **3.5 CURRENT VITAE**

The Curriculum Vitae (CV) should describe relevant education and professional training required to be licensed as a medical doctor, doctor of osteopathy, psychologist, or speech and language pathologist. The description shall include all professional experiences after the date of licensure.

### **3.6 PROFESSIONAL QUALIFICATION FORM**

Information provided on this form will be reviewed to address all proposal requirements and to determine if mandatory requirements listed in Sections 2.5 and 2.6 are met. Failure to meet mandatory requirements may result in rejection of the application.

### **3.7 PROFESSIONAL LICENSE**

The applicant shall submit a copy of the State license to practice medicine or osteopathy, or psychology; speech-language pathology; or equivalent certification of such a license.

The application shall include appropriate documentation of the Applicant's "Board Certification" in any specialties in the practice of medicine or osteopathy.

### **3.8 COMPLIANCE DOCUMENTATION**

All providers shall comply with all laws governing entities doing business in the State. Providers shall produce documents to the procuring officer to demonstrate compliance with this subsection. Any provider making false affirmation or certification under this subsection shall be suspended from further offerings or awards pursuant to section §103D-702.

The procuring officer shall verify compliance with this subsection for all contracts awarded pursuant to sections 103D-302, 103D-303, 103 D-304, and 103D-306.

- **Tax Clearance.** Pursuant to HRS §103-53, as a prerequisite to entering into contracts of \$25,000 or more, providers are required to have a tax clearance from DOTAX and the IRS.
- **Labor Law Compliance.** Pursuant to HRS §103-55, providers shall be in compliance with all applicable laws of the federal and state governments relating to workers' compensation, unemployment compensation, payment of wages, and safety.
- **DCCA Business Registration.** 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 shall be registered and in good standing with the DCCA, Business Registration Division. Foreign insurance companies must register with DCCA, Insurance Division. More information is on the DCCA website.

**Hawaii Compliance Express**

Vendors are encouraged to utilize the Hawaii Compliance Express (HCE) to verify compliance with the Hawaii State Department of Taxation (DOTAX), Internal Revenue Service (IRS), Department of Labor and Industrial Relations (DLIR), and Department of Commerce and Consumer Affairs (DCCA). The State will verify compliance on Hawaii Compliance Express (HCE) if the vendor is participating in HCE.

The HCE is an electronic system that allows vendors/contractors/service providers doing business with the State to quickly and easily demonstrate compliance with applicable laws. It is an online system that replaces the necessity of obtaining paper compliance certificates from the Department of Taxation, Federal Internal Revenue Service; Department of Labor and Industrial Relations, and Department of Commerce and Consumer Affairs.

Vendors/contractors/service providers are encouraged to register with (HCE) prior to submitting an offer at <https://vendors.ehawaii.gov>. There is a nominal annual registration fee for the service. The HCE's online "Certificate of Vendor Compliance" provides the registered provider's current compliance status as of the issuance date, and is accepted for both contracting and final payment purposes.

**Timely Registration on HCE.** Vendors/contractors/service providers are advised to register on HCE soon as possible. If a vendor/contractor/service provider is not compliant on HCE at the time of award, an Offeror will not receive the award.

**SECTION FOUR****EVALUATION CRITERIA****4.1 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.

**4.2 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

#### **4.3 EVALUATION CRITERIA**

Evaluation criteria and the associated points are listed below. The award will be made to the responsible Offeror whose proposal is determined to be the most advantageous to the State based on the evaluation criteria listed in this section.

##### **A. Experience (30 points)**

Applicants will be evaluated based on the number of years of experience in:

- 1) providing satisfactory consultative services in evaluating disability claims, and/or
- 2) performing independent physical and mental examinations such as those required for Social Security disability, Workers' Compensation, disability insurance claims, etc. and/or
- 3) special training in the field of disability evaluations.

##### **B. Knowledge (30 points)**

The applicant's knowledge of the following will be assessed:

- 1) Social Security disability criteria and/or
- 2) impairments and their implications for work functioning.

##### **C. Ability to Meet the Needs of the Disability Determination Claims Examiner, other staff consultants and sources in the community. (Maximum of 40 points).**

- 1) Ability to interact effectively with disability claims examiners, other staff consultants and sources in the community: Will be evaluated based on past performance and/or information provided by applicant and/or people who know applicant. **(10 points)**
- 2) Reliability to consistently meet the scheduled times and hours of review: Will be assessed based on past performance and/or information provided by applicant and/or people who know applicant. **(15 points)**
- 3) Productivity and timeliness: Will be assessed based on past performance and or information provided by applicant and/or people who know applicant. **(15 points)**

**TOTAL POINTS: 100 points maximum**

## SECTION FIVE

### **CONTRACTOR SELECTION AND CONTRACT AWARD**

#### **5.1 EVALUATION OF PROPOSALS**

The Procurement Officer, or an evaluation committee of at least three (3) qualified State employees selected by the Procurement Officer, shall evaluate proposals. The evaluation will be based solely on the evaluation criteria set out in Section Four of this RFP.

Prior to holding any discussion, a priority list shall be generated consisting of offers determined to be acceptable or potentially acceptable. However, proposals may be accepted without such discussions.

If numerous acceptable and potentially acceptable proposals are submitted, the evaluation committee may limit the priority list to the three highest ranked, responsible Offerors.

#### **5.2 DISCUSSION WITH PRIORITY LISTED OFFERORS**

The State may invite priority listed Offerors to discuss with their proposals to ensure thorough, mutual understanding. The State in its sole discretion shall schedule the time and location for these discussions, generally within the timeframe indicated in RFP Schedule and Significant Dates. The State may also conduct discussions with priority listed Offerors to clarify issues regarding the proposals before requesting Best and Final Offers, if necessary.

#### **5.3 AWARD OF CONTRACT**

**Method of Award.** Award will be made to the responsible Offeror whose proposal is determined to be the most advantageous to the State based on the evaluation criteria set forth in the RFP.

#### **5.6 PROPOSAL AS PART OF THE CONTRACT**

This RFP and all or part of the successful proposal may be incorporated into the contract.

#### **5.7 PUBLIC EXAMINATION OF PROPOSALS**

Except for confidential portions, the proposals shall be made available for public inspection upon posting of award pursuant to HRS §103D-701.

If a person is denied access to a State procurement record, the person may appeal the denial to the office of information practices in accordance with HRS §92F-42(12).

## 5.8 DEBRIEFING

Pursuant to HAR §3-122-60, a non-selected Offeror may request a debriefing to understand the basis for award.

A written request for debriefing shall be made within three (3) working days after the posting of the award of the contract. The Procurement Officer or designee shall hold the debriefing within seven (7) working days to the extent practicable from the receipt date of written request.

Any protest by the requestor following a debriefing, shall be filed within five (5) working days, as specified in HAR §103D-303(h).

## 5.9 PROTEST PROCEDURES

Pursuant to HRS §103D-701 and HAR §3-126-3, an actual or prospective Offeror who is aggrieved in connection with the solicitation or award of a contract may submit a protest. Any protest shall be submitted in writing to the Procurement Officer at:

DHS/DVR/Disability Determination Branch  
 Vikki Nakamura  
 P.O. Box 2458  
 Honolulu, HI 96804

A protest shall be submitted in writing within five (5) working days after the aggrieved person knows or should have known of the facts giving rise thereto; provided that a protest based upon the content of the solicitation shall be submitted in writing prior to the date set for receipt of offers. Further provided that a protest of an award or proposed award shall be submitted within five (5) working days after the posting of award or if requested, within five (5) working days after the PO's debriefing was completed.

The notice of award, if any, resulting from this solicitation shall be posted on the Procurement Awards, Notices and Solicitations (PANS), which is available on the SPO website: <http://www.hawaii.gov/spo2/source/>.

## 5.10 APPROVALS

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

## 5.11 CONTRACT EXECUTION

Successful Offeror receiving award shall enter into a formal written contract in the form as in Exhibit B. No performance or payment bond is required for this contract.

No work is to be undertaken by the Contractor prior to the effective date of contract. The State of Hawaii is not liable for any work, contract, costs, expenses, loss of profits, or any damages whatsoever incurred by the Contractor prior to the official starting date.

If an option to extend is mutually agreed upon, the Contractor shall be required to execute a supplement to the contract for the additional extension period.

## **SECTION SIX**

### **ATTACHMENTS**

- A. ATTACHMENT A - Proposal Application Checklist
  
- B. ATTACHMENT B – Professional Qualifications Form

## ATTACHMENT A: PROPOSAL APPLICATION CHECKLIST

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### Applicant Name

The applicant's proposal must contain the following components in the order shown below. Applicant should submit ONE original packet + TWO (2 copies) to the purchasing agency.

Item	Format or Instructions Provided	Place an "X" for items included
Proposal Application Checklist	Attachment A	
Letter of Interest	Section Three (3), RFP	
Completed Professional Qualifications Form (and attachments if applicable)	Attachment B	
Copy/Proof of current license	Section Three (3), RFP	
Current Vitae (if not already on file)	Section Three (3), RFP	
<b>COMPLIANCE DOCUMENTATION</b>		
Hawaii Compliance Express (HCE) "CERTIFICATE OF VENDOR COMPLIANCE" that shows Compliant Status (for Hawaii DOT, IRS, Hawaii Department of Commerce & Consumer Affairs (if applicable), and Hawaii Department of Labor & Industrial Relations.	Section Three (3), RFP	
If you choose not to register for and/or furnish a Hawaii Compliance Express Certificate of Vendor Compliance, you must provide:		
<b>1. State of Hawaii Department of Taxation of TAX CLEARANCE APPLICATION (FORM A-6)</b> <a href="http://files.hawaii.gov/tax/forms/2013/a6.pdf">http://files.hawaii.gov/tax/forms/2013/a6.pdf</a>	Section Three (3), RFP	
<b>2. State of Hawaii Department of Labor &amp; Industrial Relations APPLICATION FOR CERTIFICATE OF COMPLIANCE (FORM LIR #27)</b> <a href="http://labor.hawaii.gov/ui/files/2012/12/LIR27.pdf">http://labor.hawaii.gov/ui/files/2012/12/LIR27.pdf</a>	Section Three (3), RFP	
<b>3. State of Hawaii Department of Commerce and Consumer Affairs CERTIFICATE OF GOOD STANDING (FORM COGS) if applicable</b>	Section Three (3), RFP	

**ATTACHMENT B: PROFESSIONAL QUALIFICATIONS FORM**

Full Legal Name: \_\_\_\_\_

DBA: \_\_\_\_\_

Type of Business Entity:  Sole Proprietorship  Partnership  Limited Liability Company  
 For Profit Corporation  Other – Please Explain: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Federal Employer ID No.: \_\_\_\_\_ State Tax ID No.: \_\_\_\_\_

Specialty: \_\_\_\_\_ Sub-specialty: \_\_\_\_\_

How many hours per week will you be available on a regular basis? \_\_\_\_\_

What days and hours will you be able to provide consultative services?

<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>

Other: \_\_\_\_\_

For Physicians Only: Board Certified:  Yes  No Board Eligible:  Yes  No

Active Hawaii Medical/Psychology License:  Yes  No

Hawaii License Number: \_\_\_\_\_ Date License Obtained: \_\_\_\_\_

Medical/Graduate School: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

If the answers to any of the following questions is “yes”, please give full details on a separate sheet of paper.

1. Has your license to practice medicine/psychology in any jurisdiction ever been limited, suspended, or revoked?

Yes \_\_\_\_\_ No \_\_\_\_\_

2. Have your privileges at any institution ever been suspended, diminished, revoked, or not renewed?

Yes \_\_\_\_\_ No \_\_\_\_\_

3. Have you ever been denied membership or renewal thereof, or been subject to disciplinary action in any medical/psychological organization?

Yes \_\_\_\_\_ No \_\_\_\_\_

4. Have judgments or settlements been made against you in professional liability cases, or are there any pending?

Yes \_\_\_\_\_ No \_\_\_\_\_

5. Would your health status in any way affect your ability to perform consultations?

Yes \_\_\_\_\_ No \_\_\_\_\_

6. Have you been excluded, suspended, or otherwise barred from participation in the Medicare or Medicaid program, or any other Federal or Federally assisted programs?

Yes \_\_\_\_\_ No \_\_\_\_\_

7. Do you have any objections to a credentials check with the Federation of State Medical Boards?

Yes \_\_\_\_\_ No \_\_\_\_\_

8. Do you have any objections to a complete federal background investigation? The search will include a National Agency Check and Inquiry (NACI), FBI fingerprint and name check, check of military records, former employers, consumer reporting agencies, etc. Reference checks may also be made to verify the accuracy of a person’s social security number, and a credit check.

Yes \_\_\_\_\_ No \_\_\_\_\_

**Please provide three references:**

1. \_\_\_\_\_ Title \_\_\_\_\_  
Name  
\_\_\_\_\_  
Address (include City/State/Zip)  
\_\_\_\_\_  
Telephone \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

2. \_\_\_\_\_ Title \_\_\_\_\_  
Name  
\_\_\_\_\_  
Address (include City/State/Zip)  
\_\_\_\_\_  
Telephone \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

3. \_\_\_\_\_ Title \_\_\_\_\_  
Name  
\_\_\_\_\_  
Address (include City/State/Zip)  
\_\_\_\_\_  
Telephone \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Telephone No. (h/w/c) \_\_\_\_\_ Alt. No. (h/w/c) \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Street Address: \_\_\_\_\_ Mailing Address (if different): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_