



HAWAI'I COMMUNITY FOUNDATION
Amplify the Power of Giving

TO: All interested respondents to the Request for Proposals for Tobacco Cessation Services
FROM: Hawai'i Community Foundation, Tobacco Prevention and Control Trust Fund
DATE: July 2, 2020
RE: Corrections to RFP

The following are necessary corrections to the Request for Proposals for Tobacco Cessation Services. All changes are noted in bold font; additions are underlined, deletions indicated by ~~strike-throughs~~.

I. Section 3.C.4 of the RFP, beginning at the bottom of Page 12, is amended as follows:

4. Nicotine Replacement Therapy (NRT):

a. The Contractor must:

- i. Ship FDA-approved NRT (patches, gum, and/or lozenges including combination therapy) to enrolled tobacco users, as appropriate and at no cost to the user. Free NRT amounts will be 2, 4, or 8 weeks for the phone program, depending on insurance status.
- ii. Ship NRT to enrolled tobacco users in varying amounts depending on eligibility criteria and insurance status, as stated in the contract.
 1. Special protocols and additional NRT should be provided to tobacco users who, during their registration call, report:
 - a. Living with mental illness or behavioral health disorders, substance use disorders, or both
 - b. Being pregnant, planning to become pregnant, or breastfeeding. For callers that identify as pregnant, planning to become pregnant, or breastfeeding:
 - i. NRT will be provided with health care provider's permission
 - ii. Provide specialized coaching and support for use of NRT.
- iii. Provide a process to seek and document health care provider consent and approval for NRT use when participant's medical conditions require an override (e.g., pregnant women, certain health conditions).
- iv. Provide medical oversight for provision of NRT, both in conjunction with telephone coaching, and without any other service offering (e.g., NRT starter kits).
- v. Assist users in recommending the appropriate dose and type of NRT, both by telephone, and through the online registration platform.
- vi. Monitor orders and deliveries to prevent fraud.
- vii. Insert additional materials in NRT shipments, and change those materials, at the request of DOH.

- viii. Include language-appropriate instructions for non-English speaking tobacco users.
- b. The Contract must identify participants ineligible for NRT, including:
 - ~~i. Tobacco users who report having health insurance (not including NRT starter kits).~~
 - i. Tobacco users who require provider consent due to a medical condition but are denied approval by their health care provider.
 - ii. Minors (under 18 years of age).
- c. In consultation with the Contractor, DOH will determine and authorize changes to NRT service eligibility, as appropriate.

Reason for amendment: To clarify duration of free NRT provision and eligibility requirements, and to conform to Appendix A, Table A.

II. The second paragraph of Section 3.H of the RFP, beginning on Page 17, is amended as follows:

The Contractor will pull and report all required data for the CDC’s NQDW and NAQC’s Annual Survey, ~~and conduct an outcomes evaluation to calculate 7-month quit rates~~, as described in NAQC’s Calculating Quit Rates, 2015 Update issue paper. The selected Contractor must have the ability to report individual-level demographic, tobacco use history, medical screening, and program utilization, ~~and follow-up data~~, including linking records for multiple interactions and enrollments over time. These data must be made available electronically as both raw data exports and as customized aggregated reports, on a monthly basis at minimum, to DOH and, at DOH’s option, to the independent evaluator. The selected Contractor must have a robust quality control process in place to review and assure accuracy of all data before releasing it to DOH.

Reason for amendment: Remove language that is inconsistent with HCF and DOH having an independent evaluator to provide program evaluation. The independent evaluator will conduct the outcomes evaluation.

III. The fourth paragraph of Section 3.H. of the RFP, beginning on Page 18, is amended as follows:

The selected Contractor must confirm compliance with the following requirements in the event of termination of the Contract for any reason:

1. Ability to partner with DOH staff and vendors to conduct research on quitline-related questions.
- ~~2. Ability to conduct outcomes (quit rate) evaluation during the contract period.~~
2. Consent to an independent evaluation conducted by a contractor selected by HCF/DOH.

[Remainder of paragraph unchanged.]

Reason for amendment: Remove language that is inconsistent with HCF and DOH having an independent evaluator to provide program evaluation. The independent evaluator will conduct the outcomes evaluation.

IV. Section 7.6.f. of the RFP, beginning on Page 22, is amended as follows:

- f. Reporting and Evaluation (*4 pages maximum*)
 - i. In addition to a detailed narrative of how the applicant will meet the deliverables outlined in the Sample Tasks, the applicant should submit a proposed evaluation plan that describes how they will work with DOH and the independent evaluator. ~~Provide recommendations for evaluation type (e.g., continuous quit rates, sample quit rates, satisfaction surveys), as well as proposed frequency.~~
 - ii. Sample reports and data extracts should be included as attachments and are not subject to page limits.

Reason for amendment: Remove language that is inconsistent with HCF and DOH having an independent evaluator to provide program evaluation. The independent evaluator will conduct the outcomes evaluation.