

State of Hawaii
Department of Health
Child and Adolescent Mental Health Division
Project Laulima

Request for Proposals

RFP 460-15-01

Comprehensive Behavioral Intervention for Youth with Developmental Disabilities

June 19, 2014

Note: *It is the applicant's responsibility to check the public procurement notice website, the request for proposals website, or to contact the RFP point-of-contact identified in the RFP for any addenda issued to this RFP. The State shall not be responsible for any incomplete proposal submitted as a result of missing addenda, attachments or other information regarding the RFP.*

June 18, 2014

REQUEST FOR PROPOSALS

COMPREHENSIVE BEHAVIORAL INTERVENTION FOR YOUTH WITH CO- OCCURRING MENTAL HEALTH NEEDS AND DEVELOPMENTAL DISABILITIES RFP No. 460-15-01

Project Laulima, housed in the Department of Health's Child and Adolescent Mental Health Division, is requesting proposals from qualified applicants to provide Comprehensive Behavioral Intervention services to children and youth who have co-occurring mental health needs and borderline, or mild to moderate developmental disabilities. Services include behavioral and therapeutic interventions to help families manage their youth's complex needs. In addition, some indirect care coordination may be incorporated, to assist families in managing their care among several child-serving agencies.

The standard contract term will be from October 1 through September 30. The initial term is scheduled to start in January 2015 through September 2015. Single or multiple contracts may be awarded under this request for proposals, although preference will be given to proposals that serve youth statewide, or across several regions of the state.

Proposals shall be mailed, postmarked by the United States Postal Service on or before September 2, 2014 and received no later than 10 days from the submittal deadline. Hand delivered proposals shall be received no later than 3:30 p.m., Hawaii Standard Time (HST), on September 2, 2014, at the drop-off sites designated on the Proposal Mail-in and Delivery Information Sheet. Proposals postmarked or hand delivered after the submittal deadline shall be considered late and rejected. There are no exceptions to this requirement.

Project Laulima will conduct an RFP orientation session on June 26, 2014 from 2:00 PM to 4:00 PM at 3627 Kilauea Ave., Room 418, Honolulu, Hawaii, 96816. All prospective applicants are encouraged to attend the RFP orientation session.

The deadline for submitting written questions is July 15, 2014 and may be submitted earlier. All questions shall be submitted via fax, email or hand delivery. All written questions to the current RFP will receive a written response from the State posted as an addendum to the RFP website. Inquiries regarding this RFP should be directed to the RFP contact person, Mr. John MacDonald, at 3627 Kilauea Avenue, Honolulu, Hawaii 96816, telephone: (808) 733-9338, fax: (808) 733-8375, e-mail: john.macdonald@doh.hawaii.gov.

PROPOSAL MAIL-IN AND DELIVERY INFORMATION SHEET

NUMBER OF COPIES TO BE SUBMITTED: *1 Original and 5 copies with 1 CD Copy*

ALL MAIL-INS SHALL BE POSTMARKED BY THE UNITED STATES POSTAL SERVICE (USPS) NO LATER THAN **September 2, 2014** and received by the state purchasing agency no later than **10 days from the submittal deadline.**

All Mail-ins

*Department of Health
CAMHD/Project Laulima
3627 Kilauea Avenue,
Room 101
Honolulu, HI 96816*

DEPT. of HEALTH RFP COORDINATOR

*John MacDonald,
Contract Specialist
Telephone 808 733-9338
Fax Number 808 733-8375
John.MacDonald@doh.hawaii.gov*

ALL HAND DELIVERIES SHALL BE ACCEPTED AT THE FOLLOWING SITES UNTIL **3:30 P.M., Hawaii Standard Time (HST), September 2, 2014.** Deliveries by private mail services such as FEDEX shall be considered hand deliveries. Hand deliveries shall not be accepted if received after 3:30 p.m., **September 2, 2014.**

Drop-off Sites

*Department of Health, CAMHD
Attn: Project Laulima
3627 Kilauea Ave., Room 101
Honolulu, HI 96816*

RFP Table of Contents

Section 1 Administrative Overview

1.1	Procurement Timetable	1-1
1.2	Website Reference	1-2
1.3	Authority	1-2
1.4	RFP Organization.....	1-3
1.5	Contracting Office	1-3
1.6	RFP Contact Person	1-3
1.7	Orientation	1-3
1.8	Submission of Questions.....	1-4
1.9	Submission of Proposals	1-4
1.10	Discussions with Applicants	1-6
1.11	Opening of Proposals	1-6
1.12	Additional Materials and Documentation.....	1-7
1.13	RFP Amendments	1-7
1.14	Final Revised Proposals	1-7
1.15	Cancellation of Request for Proposals	1-7
1.16	Costs for Proposal Preparation.....	1-7
1.17	Provider Participation in Planning	1-7
1.18	Rejection of Proposals	1-8
1.19	Notice of Award.....	1-8
1.20	Protests	1-8
1.21	Availability of Funds	1-9
1.22	General and Special Conditions of the Contract.....	1-9
1.23	Cost Principles	1-9

Section 2 - Service Specifications

2.1.	Introduction.....	2-1
	A. Overview, Purpose or Need	2-1
	B. Planning activities conducted in preparation for this RFP.....	2-5
	C. Description of the Service Goals	2-5
	D. Description of the Target Population to be Served.....	2-5
	E. Geographic Coverage of Service	2-7
	F. Probable Funding Amounts, Source, and Period of Availability....	2-7
2.2.	Contract Monitoring and Evaluation	2-8
2.3.	General Requirements.....	2-8
	A. Specific Qualifications or Requirements	2-8
	B. Secondary Purchaser Participation	2-10
	C. Multiple or Alternate Proposals	2-10
	D. Single or Multiple Contracts to be Awarded	2-10
	E. Single or Multi-Term Contracts to be Awarded	2-11

2.4.	Scope of Work	2-12
	A. Service Activities	2-12
	B. Management Requirements	2-19
	C. Facilities.....	2-27
2.5	Compensation and Method of Payment.....	2-28
	A. Pricing Methodology: Unit Cost.....	2-28
	B. Units of Service and Unit Rate	2-28
	C. Method of Compensation and Payment.....	2-28

Section 3 - Proposal Application Instructions

	General Instructions for Completing Applications	3-1
3.1.	Program Overview	3-1
3.2.	Experience and Capability	3-2
	A. Necessary Skills.....	3-2
	B. Experience.....	3-2
	C. Quality Assurance and Evaluation.....	3-3
	D. Coordination of Services.....	3-5
	E. Facilities.....	3-6
3.3.	Project Organization and Staffing.....	3-6
	A. Staffing.....	3-6
	B. Project Organization	3-6
3.4.	Service Delivery.....	3-6
	A. Service Implementation	3-7
	B. Emergency/Crisis Planning	3-8
	C. Service Provision	3-8
3.5.	Financial.....	3-8
	A. Other Financial Related Materials	3-8
3.6.	Other	3-9
	A. Litigation.....	3-9

Section 4 – Proposal Evaluation

4.1.	Introduction.....	4-1
4.2.	Evaluation Process	4-1
4.3.	Evaluation Criteria.....	4-1
	A. Phase 1 – Evaluation of Proposal Requirements	4-1
	B. Phase 2 – Evaluation of Proposal Application.....	4-2
	C. Phase 3 – Recommendation for Award	4-6

Section 5 – Attachments

- Attachment A. Proposal Application Checklist
- Attachment B. Sample Proposal Table of Contents
- Attachment C. Hawaii Child and Adolescent Service System Program
- Attachment D. Child and Adolescent Mental Health Performance Standards
- Attachment E. Federal Certifications
- Attachment F. Child and Adolescent Mental Health Performance Standards Addendum, Comprehensive Behavioral Intervention
- Attachment G. CAMHD Credentialing and Re-credentialing Policies and Procedures
- Attachment H. CAMHD Reporting Incidents and Sentinel Events Forms
- Attachment I. CAMHD Seclusion and Restraint Policies and Procedures
- Attachment J. CAMHD Quality Assurance Improvement Program
- Attachment K. Guidelines for Organization-Wide Audit
- Attachment L. Form W-9

Section 1

Administrative Overview

Section 1

Administrative Overview

Applicants are encouraged to read each section of the RFP thoroughly. While sections such as the administrative overview may appear similar among RFPs, state purchasing agencies may add additional information as applicable. It is the responsibility of the applicant to understand the requirements of *each* RFP.

1.1 Procurement Timetable

Note that the procurement timetable represents the State's best estimated schedule. If an activity on this schedule is delayed, the rest of the schedule will likely be shifted by the same number of days. Contract start dates may be subject to the issuance of a notice to proceed.

<u>Activity</u>	<u>Scheduled Date</u>
Public notice announcing Request for Proposals (RFP)	6/19/2014
Distribution of RFP	6/19/2014
RFP orientation session	6/26/2014
Closing date for submission of written questions for written responses	7/15/2014
State purchasing agency's response to applicants' written questions	8/1/2014
Discussions with applicant prior to proposal submittal deadline (optional)	6/19/2014- 8/29/2014
Proposal submittal deadline	9/2/2014
Discussions with applicant after proposal submittal deadline (optional)	9/3/2014- 10/05/2014
Final revised proposals (optional)	10/15/2014
Proposal evaluation period	9/2/2014- 10/01/2014
Provider selection	10/17/2014
Notice of statement of findings and decision	10/20/2014
Contract start date	1/5/2015

1.2 Website Reference

The State Procurement Office (SPO) website is <http://hawaii.gov/spo>

For	Click on “Doing Business with the State” tab or
1 Procurement of Health and Human Services	http://hawaii.gov/spo/health-human-svcs/doing-business-with-the-state-to-provide-health-and-human-services
2 RFP website	http://hawaii.gov/spo/general/procurement-notice-for-solicitations
3 Hawaii Revised Statutes (HRS) and Hawaii Administrative Rules (HAR) for Purchases of Health and Human Services	http://hawaii.gov/spo/general/statutes-and-rules/procurement-statutes-and-administrative-rules
4 Forms	http://hawaii.gov/spo/statutes-and-rules/general/spo-forms
5 Cost Principles	http://hawaii.gov/spo/health-human-svcs/cost-principles-for-procurement-of-health-and-human-services
6 Standard Contract -General Conditions, AG103F13	http://hawaii.gov/spo/general/gen-cond/general-conditions-for-contracts
7 Protest Forms/Procedures	http://hawaii.gov/spo/health-human-svcs/protestsreqforreconsideration/protests-requests-for-reconsideration-for-private-providers

Non-SPO websites

(Please note: website addresses may change from time to time. If a link is not active, try the State of Hawaii website at <http://hawaii.gov>)

For	Go to
8 Hawaii Compliance Express (HCE)	https://vendors.ehawaii.gov/hce/splash/welcome.html
9 Department of Taxation	http://hawaii.gov/tax/
10 Wages and Labor Law Compliance, HRS §103-055	http://capitol.hawaii.gov/hrscurrent
11 Department of Commerce and Consumer Affairs, Business Registration	http://hawaii.gov/dcca click “Business Registration”
12 Campaign Spending Commission	http://hawaii.gov/campaign

1.3 Authority

This RFP is issued under the provisions of the Hawaii Revised Statutes (HRS) Chapter 103F and its administrative rules. 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 RFP Organization

This RFP is organized into five sections:

Section 1, Administrative Overview: Provides applicants with an overview of the procurement process.

Section 2, Service Specifications: Provides applicants with a general description of the tasks to be performed, delineates provider responsibilities, and defines deliverables (as applicable).

Section 3, Proposal Application Instructions: Describes the required format and content for the proposal application.

Section 4, Proposal Evaluation: Describes how proposals will be evaluated by the state purchasing agency.

Section 5, Attachments: Provides applicants with information and forms necessary to complete the application.

1.5 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 Health
Child and Adolescent Mental Health Division
Contract Management Section
3627 Kilauea Ave., room 101,
Honolulu, HI 96816

1.6 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.

Attention to: John MacDonald, Contract Specialist
Phone: 808-733-9228; fax: 808-733-8375
Email: john.macdonald@doh.hawaii.gov.

1.7 Orientation

An orientation for applicants in reference to the request for proposals will be held as follows:

Date: June 26, 2014 **Time:** 2-4 PM
Location: CAMHD, 3627 Kilauea Ave., Room 418

Applicants are encouraged to submit written questions prior to the orientation. Impromptu questions will be permitted at the orientation and spontaneous answers provided at the state purchasing agency's discretion. However, answers provided at the orientation are only intended as general direction and may not represent the state purchasing agency's position. Formal official responses will be provided in writing. To ensure a written response, any oral questions should be submitted in writing following the close of the orientation, but no later than the submittal deadline for written questions indicated in the subsection 1.8, Submission of Questions.

1.8 Submission of Questions

Applicants may submit questions to the RFP Contact Person identified in Section 1.6. Written questions should be received by the date and time specified in Section 1.1 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: July 15, 2014 **Time:** 3:30 PM HST

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

On or about August 1,
Date: 2014

1.9 Submission of Proposals

A. **Forms/Formats** - Forms, with the exception of program specific requirements, may be found on the State Procurement Office website referred to in subsection 1.2, Website Reference. Refer to the Section 5, Proposal Application Checklist for the location of program specific forms.

1. **Proposal Application Identification (Form SPOH-200)**. Provides applicant proposal identification.
2. **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. **Table of Contents**. A sample table of contents for proposals is located in Section 5, Attachments. This is a sample and meant as a guide. The table of contents may vary depending on the RFP.
4. **Proposal Application (Form SPOH-200A)**. Applicant shall submit comprehensive narratives that address all proposal requirements specified in Section 3, Proposal Application Instructions, including a cost proposal/budget, if required.

- B. **Program Specific Requirements.** Program specific requirements are included in Sections 2 and 3, as applicable. Required Federal and/or State certifications are listed on the Proposal Application Checklist in Section 5.
- C. **Multiple or Alternate Proposals.** Multiple or alternate proposals shall not be accepted unless specifically provided for in Section 2. In the event alternate proposals are not accepted and an applicant submits alternate proposals, but clearly indicates a primary proposal, it shall be considered for award as though it were the only proposal submitted by the applicant.
- D. **Hawaii Compliance Express (HCE).** All providers shall comply with all laws governing entities doing business in the State. Providers shall register with HCE for online compliance verification from 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). There is a nominal annual registration fee (currently \$12) 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. Refer to **subsection 1.2, Website Reference**, for HCE's website address.
- **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. (See subsection 1.2, Website Reference for DOTAX and IRS website address.)
 - **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. (See subsection 1.2, Website Reference for DLIR website address.)
 - **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. (See subsection 1.2, Website Reference for DCCA website address.)
- E. **Wages Law Compliance.** If applicable, by submitting a proposal, the applicant certifies that the applicant is in compliance with HRS §103-55, Wages, hours, and working conditions of employees of contractors performing services. Refer to HRS §103-55, at the Hawaii State Legislature website. (See subsection 1.2, Website Reference for DLIR website address.)
- F. **Campaign Contributions by State and County Contractors.** HRS §11-355 prohibits campaign contributions from certain State or county government contractors during the term of the contract if the contractors are paid with funds

appropriated by a legislative body. Refer to HRS §11-355. (See subsection 1.2, Website Reference for Campaign Spending Commission website address.)

- G. **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.

Note that price is not considered confidential and will not be withheld.

- H. **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.

Proposals shall follow General Instructions for completing applications as stated in Section 3 Proposal Application Instructions. Include CD version with Original Proposal Binder.

1.10 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.

1.11 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.

1.12 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.

1.13 RFP Amendments

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

1.14 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, along with the Proposal Application Identification Form (SPOH-200).* After final revised proposals are received, final evaluations will be conducted for an award.

1.15 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.

1.16 Costs for Proposal Preparation

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

1.17 Provider Participation in Planning

Provider(s), awarded a contract resulting from this RFP,

are required

are not required

to participate in the purchasing agency's future development of a service delivery plan pursuant to HRS §103F-203.

Provider participation in a state purchasing agency's efforts to plan for or to purchase health and human services prior to the release of a RFP, including the sharing of information on community needs, best practices, and providers' resources, shall not

disqualify providers from submitting proposals, if conducted in accordance with HAR §§3-142-202 and 3-142-203.

1.18 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))

1.19 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.

1.20 Protests

Pursuant to HRS §103F-501 and HAR Chapter 148, an applicant aggrieved by an award of a contract may file a protest. The Notice of Protest form, SPOH-801, and related forms are available on the SPO website. (See subsection 1.2, Website Reference for website address.) Only the following matters may be protested:

- (1) A state purchasing agency's failure to follow procedures established by Chapter 103F of the Hawaii Revised Statutes;
- (2) A state purchasing agency's failure to follow any rule established by Chapter 103F of the Hawaii Revised Statutes; and

- (3) A state purchasing agency’s failure to follow any procedure, requirement, or evaluation criterion in a request for proposals issued by the state purchasing agency.

The Notice of Protest shall be postmarked by USPS or hand delivered to 1) the head of the state purchasing agency conducting the protested procurement and 2) the procurement officer who is conducting the procurement (as indicated below) within five working days of the postmark of the Notice of Findings and Decision sent to the protestor. Delivery services other than USPS shall be considered hand deliveries and considered submitted on the date of actual receipt by the state purchasing agency.

Head of State Purchasing Agency	Procurement Officer
Name: Linda Rosen, M.D., M.P.H.	Name: M. Stanton Michels, M.D.
Title: Director of Health	Title: CAMHD Administrator
Mailing Address: P.O. Box 3378 Honolulu, Hawaii 96801	Mailing Address: 3627 Kilauea Avenue, Room 101 Honolulu, Hawaii 96816
Business Address: 1250 Punchbowl Street Honolulu, Hawaii 96813	Business Address: Same as Above

1.21 Availability of Funds

The award of a contract and any allowed renewal or extension thereof, is subject to allotments made by the Director of Finance, State of Hawaii, pursuant to HRS Chapter 37, and subject to the availability of State and/or Federal funds.

1.22 General and Special Conditions of Contract

The general conditions that will be imposed contractually are on the SPO website. (See subsection 1.2, Website Reference for website address.) Special conditions may also be imposed contractually by the state purchasing agency, as deemed necessary.

1.23 Cost Principles

To promote uniform purchasing practices among state purchasing agencies procuring health and human services under HRS Chapter 103F, state purchasing agencies will utilize standard cost principles outlined in Form SPOH-201, which is available on the SPO website. (See subsection 1.2 Website Reference for website address.) Nothing in this section shall be construed to create an exemption from any cost principle arising under federal law.

Section 2

Service Specifications

Section 2

Service Specifications

2.1. Introduction

Over the past decade, the Child & Adolescent Mental Health Division (“CAMHD”) of the State of Hawaii Department of Health (“DOH”) has matured into an integrated network of services and supports. These services and supports are managed through a public-private partnership consisting of state managed, community-based Family Guidance Centers with administrative and performance oversight functions at the state office, contracted community-based agencies, and federally-funded grant initiatives.

Project Laulima is one of CAMHD’s grant initiatives and is funded by the U.S. Department of Health and Human Service’s Substance Abuse and Mental Health Services Administration (“SAMHSA”). Project Laulima is focused on expanding the system of care to better meet the needs children and youth with co-occurring mental health needs and borderline or mild to moderate developmental disabilities.

A. Overview, purpose or need

Background

In Hawaii, children and youth with co-occurring mental health needs and developmental disabilities (“MH-DD”) have faced particular difficulty in getting their needs met by the state’s child-serving system due to restrictive eligibility criteria for state supported comprehensive services. The historic lack of integrated services and supports for this population of children and youth and the paucity of professionals with expertise in both mental health and developmental disability fields has often resulted in service providers feeling ill-equipped or unprepared to respond to the complex needs of these youth and families. All too often, youth with co-occurring needs are placed in a higher level of care than desired or needed, such as hospitalization or mainland facility placements.

CAMHD provides contracted services to about 1,800 youth statewide each year. Information available in the 2011 Interagency Performance Monitoring Report (“IPMR,” now called the Hawaii Youth Interagency Performance Report, “HYIPR”) reveals that CAMHD’s population includes a number of youth with developmental disabilities. As Table 1 below shows, about 7% of CAMHD youth have some diagnosis of an intellectual impairment (Mental Retardation or a Pervasive Developmental Disability).

Table 1: Diagnostic Distribution of Registered CAMHD Youth

Diagnostic Distribution of Registered CAMHD Youth				
Any Diagnosis of	Third Quarter FY 2011		Fourth Quarter FY 2011	
	N	% of Available	N	% of Available
Disruptive Behavior	720	47.3%	741	47.6%
Attentional Disorders	650	42.7%	644	41.4%
Mood	385	25.3%	389	25.0%
Miscellaneous	367	24.1%	364	23.4%
Anxiety	305	20.0%	306	19.7%
Substance-Related	216	14.2%	220	14.1%
Adjustment	161	10.6%	163	10.5%
Mental Retardation	36	2.4%	34	2.2%
Pervasive Developmental	75	4.9%	77	4.9%
More than one Diagnosis	992	65.1%	988	63.5%
Total Registered Youth	1,784		1,784	

Furthermore, in 2011, a survey was taken of CAMHD’s Family Guidance Centers (FGCs) on all the major islands requesting estimates of how many youth with a co-occurring developmental disability they had served over the prior 12 months (see Table 2). The FGC data reveals that there is a significant population of youth with MH-DD in the CAMHD system, with the greatest number of youth residing on Oahu and Hawaii Island. Although they have been receiving mental health services through CAMHD, these youth have been underserved, as the services they have received have not been tailored to address their complex needs.

Table 2: Youth Actively Served by CAMHD Branch Offices in 2011

Youth Actively Served by CAMHD Branch Offices in 2011						
Diagnosis	Honolulu	Central Oahu	Leeward Oahu	Hawaii Island	Maui	Kauai
Mental retardation, borderline intellectual functioning	5	8	9	18	4	5
Cerebral Palsy, Seizures, Epilepsy	0	3	0	3	2	0
Traumatic Brain Injury	1	1	0	3	2	3
Down Syndrome	0	0	0	0	0	0
Autism, Pervasive DD, Aspergers	4	2	5	8	1	1
Fetal Alcohol Spectrum D/O	0	7	0	5	0	1
Total: 102	10	21	14	37	10	10
Number of these youth placed on the mainland	2	2	4	1	1	0

Utilizing Evidence-Based and Evidence-Informed Interventions for Youth with MH-DD

Since children and youth with MH-DD have diverse and complex sets of needs, there needs to be an individualized approach when it comes to treatment. Scientific literature cites many effective approaches to treating children and youth with mental health needs. Some of these interventions have been effective for youth who have developmental disabilities, and other

techniques require some adaptation. Interventions that focus on skill-building and coaching around problematic behavior can be utilized to help youth reduce maladaptive behaviors and develop adaptive behaviors. In addition, some interventions may include parents and caregivers, and often focus on teaching behavior management and other parenting skills.

The purpose of this RFP is to procure Comprehensive Behavioral Intervention (“CBI”) services. This specialized intensive outpatient service is used to provide treatment and support to youth who have co-occurring mental health needs and borderline, or mild to moderate developmental disabilities and their families. It is designed to enhance the family’s capacity to sustain the youth in their current living environment and to prevent the need for placement outside the home due to behavioral challenges. CBI also may be used to help reunify the family after the youth has been placed outside the home or to support the transition to a new resource family for foster youth with both developmental disabilities and behavioral difficulties. This service is family- and youth-centered; it utilizes evidence-based and evidence-informed interventions, and adheres to the Hawaii Child and Adolescent Service System Program (“CASSP”) principles (**See Attachment C**). This service may be delivered in the family’s home or community. Youth with MH-DD frequently require support from several child-serving agencies, and this level of care incorporates some indirect case coordination activities along with standard behavioral and therapeutic interventions to help families manage their child’s complex needs. This service assists families in incorporating their own strengths and their informal support systems to help improve and maintain the youth’s functioning. CBI generally will be provided by a team that includes a therapist, Mental Health Professional (“MHP”) or a Qualified Mental Health Professional (“QMHP”) and at least one Paraprofessional Support Worker (“PSW”).

CAMHD’s Project Laulima is soliciting provider agencies that are able to assure the capacity to provide timely, consistent, responsive and effective services as **described in Section 2.4, Scope of Work, of this RFP.**

The applicant should carefully read all aspects of this RFP, and its attachments and make assurances in the applicant’s proposal that the agency is prepared to meet all standards and guidelines as written in the RFP.

B. Planning activities conducted in preparation for this RFP

One Request for Information (“RFI”) was posted while planning for this RFP. The RFI was posted on August 2, 2013 for interested parties to participate in a live discussion on August 9, 2013 to provide information and feedback to assist CAMHD in developing this RFP. Please contact John MacDonald, Contract Specialist, CAMHD, at john.macdonald@doh.hawaii.gov or 808-733-9338 for more information regarding the RFI.

C. Description of the goal of the service

The three (3) major goals that the CAMHD seeks to meet through this RFP include the following:

- **Goal 1.** Provide eligible children and youth with access to a home and community-based service provided by credentialed individuals that are knowledgeable and competent in delivering this service, and ensure that these treatments and interventions be provided within a system of care embodying the Hawaii CASSP principles (**See Attachment C**).
- **Goal 2.** Promote the use of current knowledge regarding evidence-based and evidence-informed services in the development of individualized plans and promote the mental health system in a manner that facilitates the application of these services.
- **Goal 3.** Demonstrate an effective, integrated, multi-disciplinary service for children and youth with co-occurring mental health needs and developmental disabilities.

Furthermore, it is intended that Comprehensive Behavioral Intervention services will assist CAMHD in assessing the following related outcome objectives:

- **Objective 1:** Improved behavior and emotional functioning among youth with borderline, or mild to moderate developmental disabilities and improved family functioning.
- **Objective 2:** Increased retention of youth with co-occurring MH-DD in their home environments.
- **Objective 3:** Increased family satisfaction with the services and supports available to them.

D. Description of the target population to be served

1. Inclusionary Criteria

The CAMHD is looking to procure Comprehensive Behavioral Intervention for children and youth with co-occurring mental health needs and borderline or mild to moderate developmental disabilities. In order to be eligible for this service, a child/youth must meet all of the following criteria:

- a. The identified youth meets at least one (1) of the service eligibility criteria for CAMHD (**See Child and Adolescent Mental Health Performance Standards “CAMHPS”, Attachment D, Section B, Access & Availability**);
- b. The youth is registered with a Branch, and has an assigned Care Coordinator (CC);
- c. The youth must be age three (3) through twenty (20) years;
- d. The youth has demonstrated a consistent pattern of borderline, mild or moderate deficits in intellectual functioning (e.g. tested IQ of approximately 55 to 85; assessment from a QMHP that estimates the youth is functioning in the mild range of intellectual disability, etc.).
- e. The youth is displaying behavioral and/or emotional difficulties in the home or community (not *only* in school) and there is a reasonable likelihood that CBI services will lead to specific, observable improvements in the youth and family’s functioning.

2. Exclusionary Criteria

- a. Comprehensive Behavioral Intervention is not considered medically necessary and will not be authorized under the following circumstances:
 - i. Not offered at the same time as any out-of-home services except in cases where the youth has a planned discharge from out-of-home care within thirty (30) days. CBI can begin to work with the youth and family for up to thirty (30) days to aid in family reunification following out-of-home care.
 - ii. Not offered at the same time as any other intensive outpatient services (e.g. Multi-Systemic Therapy “MST,” Functional Family Therapy (“FFT”), Intensive Independent Living Skills). No admissions and/or continued stays which are solely for parent/guardian convenience and not related to the care and treatment of a youth; or
 - iii. No admissions that are being sought solely for convenience of child protective services, as an alternative to incarceration within juvenile justice, as an alternative to specialized schooling, or simply as respite.
 - iv. Youth’s needs exclusively involve the learning of daily living skills.
- b. Youth in need of immediate crisis stabilization because of active suicidal, homicidal, or psychotic behavior. Once stable, youth who otherwise meet the eligibility criteria may be referred into the program. CBI may be provided to hospitalized youth who are still stabilizing as part of a transition back to the home.

3. Population Size

Project Laulima estimates that approximately 30 youth statewide will need access to Comprehensive Behavioral Intervention (CBI) services on an annual basis.

E. Geographic coverage of service

The CAMHD seeks to procure CBI statewide, with emphasis on the development of service availability within communities allowing youth to remain at home. The CAMHD expects to award single or multiple contracts to cover these regions. Preference will be given to proposals that include technology or other innovative approaches to serve youth with co-occurring mental health needs and developmental disabilities statewide.

In order to facilitate serving youth statewide, or across several regions of the state, CAMHD's Project Laulima will be providing the contract awardee(s) with video-teleconferencing equipment. Applicants must state in their proposals how many sites will require equipment. The equipment will only be used for youth served by CBI and will only be used for the duration of this contract. Equipment will be the property of the State of Hawaii and will be returned to CAMHD once the contract period expires.

For purposes of this RFP, the CAMHD has defined rural service areas in two (2) counties:

- Hawaii County – including Ka`u and Kohala/Waimea; and
- Maui County – including Hana, Lahaina, Molokai, and Lanai.

Consistent with our commitment to community based services and collaboration with community supports and resources, the CAMHD strongly supports provider agencies that have offices directly within the identified rural communities. CAMHD recognizes some of the unique fiscal challenges that come with serving remote and rural communities with small populations. As such, CAMHD offers a 10% rate increase adjustment per unit for this service provided to these remote communities.

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

It is expected that federal funds will be used to support these services. The initial contract period will be from January 5, 2015 through September 30, 2015, and renewable annually for additional terms not to exceed a total of six (6) years. Funding is subject to appropriation, budget execution policies, and availability of funding. Contracts in the later years will be dependent upon funding received.

2.2. Contract Monitoring and Evaluation

The criteria by which the performance of the contract will be monitored and evaluated include:

- A. Performance and Outcome Measures
- B. Output Measures
- C. Quality of Care/Quality of Services
- D. Financial Management
- E. Administrative Requirements

2.3. General Requirements

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

1. **Facility Licensure**

Not applicable

2. **National Accreditation**

Joint Commission on Accreditation of Healthcare Organizations (“JCAHO”), Council on Accreditation of Rehabilitation Facilities (“CARF”), or Council on Accreditation (“COA”) is required for contracted agency at all times. The applicant who has obtained JCAHO, CARF, or COA accreditation will describe the type of accreditation, location and type of program or facility, and effective date(s) of accreditation and submit evidence of accreditation with their proposal. Providers are required to notify the CAMHD Performance Management Section promptly of any status change to their accreditation status during the contract period.

3. **Insurance**

The PROVIDER shall obtain, maintain, and keep in force throughout the period of this Contract the following types of insurance:

- a. Professional liability insurance issued by an insurance company in the amount of at least ONE MILLION AND NO/100 DOLLARS (\$1,000,000.00) for liability arising out of each occurrence and TWO MILLION AND NO/100 DOLLARS (\$2,000,000.00) aggregate.
- b. General liability insurance issued by an insurance company in the amount of at least ONE MILLION AND NO/100 DOLLARS (\$1,000,000.00) for bodily injury and property damage liability arising out of each occurrence

and TWO MILLION AND NO/100 DOLLARS (\$2,000,000.00) aggregate.

- c. Automobile insurance issued by an insurance company in an amount of at least ONE MILLION AND NO/100 DOLLARS (\$1,000,000.00) per occurrence.

The insurance shall be obtained from a company authorized by the law to issue such insurance in the State of Hawaii (or meet Section 431: 8-301, Hawaii Revised Statutes, if utilizing an insurance company not licensed by the State of Hawaii).

For the Professional liability, general liability and automobile liability insurance, the insurance coverage shall be primary and shall cover the insured for all work to be performed under the Contract, including changes, and all work performed incidental thereto or directly or indirectly connected therewith. The PROVIDER shall maintain in effect this liability insurance until the STATE certifies that the PROVIDER's work under the Contract has been completed satisfactorily.

Prior to or upon execution of this Contract, the PROVIDER shall obtain a certificate of insurance verifying the existence of the necessary insurance coverage in the amounts stated above. The parties agree that the certificate of insurance shall be attached hereto as an Exhibit "A" and be made a part of this Contract.

Each insurance policy required by this Contract shall contain the following clauses:

- (1) The State of Hawaii and its officers and employees are additional insured with respect to operations performed for the State of Hawaii.
- (2) It is agreed that any insurance maintained by the State of Hawaii will apply in excess of, and not contribute with, insurance provided by this policy.

The certificate of insurance shall indicate these provisions are included in the policy.

The PROVIDER shall immediately provide written notice to the contracting department or agency should any of the insurance policies evidenced on its certificate of insurance forms be cancelled, limited in scope, or not renewed upon expiration.

If the scheduled expiration date of the insurance policy is earlier than the expiration date of the time of performance under this Contract, the PROVIDER, upon renewal of the policy, shall promptly cause to be provided to the STATE an updated certificate of insurance.

4. Other Applicable Requirements

The Provider shall complete, execute and submit to the state purchasing agency a certification. **See Attachment E– Federal Certifications** regarding:

- Debarment and Suspension;
- Drug-Free Workplace Requirements;
- Lobbying;
- Program Fraud Civil Remedies Act (“PFCRA”)
- Environmental Tobacco Smoke

The Provider shall comply with all applicable federal, state, and county laws; ordinances, codes, rules, and regulations; and policies and procedures of the CAMHD, as the same may be amended from time to time, that in any way affect the Provider’s performance.

5. Cost Principle Compliance

The Provider will comply with the 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 at <http://hawaii.gov/spo/spoh/for-private-providers/forms-and-instructions-for-private-providers-Applicants>

B. Secondary purchaser participation

(Refer to HAR Section 3-143-608)

After-the-fact secondary purchases will be allowed.

Planned secondary purchases: NONE

C. Multiple or alternate proposals

(Refer to HAR Section 3-143-605)

Allowed Unallowed

D. Single or multiple contracts to be awarded

(Refer to HAR Section 3-143-206)

Single Multiple Single & Multiple

E. **Single or multi-term contracts to be awarded**

(Refer to HAR Section 3-149-302)

Single term (2 years or less) Multi-term (more than 2 years)

Contract terms:

<p>Initial term of contract: January 5, 2015 to September 30, 2015</p> <p>Length of each extension: one (1) year</p> <p>Number of possible contract extensions: five (5) twelve (12) month periods</p> <p>Maximum length of contract: six (6) years</p> <p>The initial period shall commence on the contract start date of January 5, 2015 or Notice to Proceed, whichever is later.</p> <p>Conditions for extension: availability of funds; must be in writing, must be executed prior to expiration.</p>
--

2.4. Scope of Work

The scope of work encompasses the following tasks and responsibilities:

A. **Service Activities** (Minimum and/or mandatory tasks and responsibilities)

The Provider shall provide CBI in accordance with the requirements and standards provided in **Attachment F, CAMHPS, Addendum, Comprehensive Behavioral Intervention**. A brief summary of Attachment F is provided below.

1. **Services**

- a. Therapy services including family- and youth-centered interventions that target identified treatment outcomes. Services are provided in the home or community at a level that is more intensive than outpatient services.

Interventions may include:

- i. Gathering information to develop a behavioral assessment of the youth's problematic behavior in the home setting.
 - ii. Developing behavioral support plans with families, based on the assessment, to target challenging behavior and to develop positive coping skills.
 - iii. Working with families to implement home-based behavioral support plans. (This may include modeling/coaching and paraprofessional support).
 - iv. Individual work with youth who have internalizing problems (depression, anxiety, post-traumatic stress disorder) utilizing evidence-based therapy approaches that are adjusted as needed to accommodate the youth's developmental level.
 - v. Family Therapy interventions to improve family communication, decrease conflict, improve relationships, etc.
 - vi. Crisis management interventions.
 - vii. Psycho-education with family members and the youth to help them understand the youth's particular difficulties and limitations.
 - viii. Linkages to other needed supports through coordination activities and referral, including utilizing, ensuring, and facilitating access to formal and informal supports in the community and school.
- b. Paraprofessional Support services to reinforce and extend the work of the therapist. Paraprofessional interventions may include:
 - i. Collecting detailed information about problematic behavior to help the therapist complete an assessment and design effective interventions. For example, recording incidents of non-compliance during the morning routine.

- ii. Working with the identified youth and/or caregiver to support skill-building interventions being offered by the therapist. For example, practicing problem-solving skills with the youth while engaging in a community activity, practicing the use of praise and selective ignoring with the caregiver during the bedtime routine.
 - iii. Providing support to transition-age youth to implement plans developed to address vocational and other transition-related issues. For example, the Paraprofessional could support the youth with obtaining job applications, preparing for a job interview, learning to use public transportation, etc.
 - iv. Providing “line of sight” supervision and working with the identified youth to support emotional regulation and acceptable behavior during community-based activities or household routines.
 - v. Modeling behavior management skills and parenting approaches for parents during daily routines in the home.
 - vi. Implementing crisis and safety plans and providing crisis intervention and de-escalation.
 - vii. Accompanying the client or caregiver in order to support their participation in important meetings/appointments or activities.
- c. Active coordination of community-based services being provided for the youth. This can be done by either the therapist or the paraprofessional working with the family. Because of the complex, specialized needs of youth with MH-DD, this service includes indirect case coordination activities including:
- i. Taking the lead role in coordinating the work of paraprofessionals, volunteers, family members and other support people to help the family assure that the youth is making progress, that learning is occurring between settings (e.g. school staff are teaching and learning from home-based staff) and that the youth is adequately supervised.
 - ii. Scheduling team meetings with all the involved agencies, and keeping various stakeholders informed about the youth.
 - iii. Investigating additional services, benefit programs, youth activities, educational resources, etc. that might be needed by the youth and assisting the family to access them.
 - iv. Attending school meetings and working with school-based providers to assure continuity with the school program.
 - v. Arranging training for various support people around how best to work with the youth.
 - vi. Coordinating with medical providers, especially psychiatrists to assure good communication and adherence to medical regimens.

- d. A Treatment Plan that identifies targets of treatment connected to realistic goals, objectives, and discharge criteria will be developed as part of the initial assessment process and will include information from the pre-admission meeting. The treatment plan shall target the challenging behavior related to a mental health need, and shall not be focused primarily on the acquisition of basic adaptive skills. The plan will be evaluated and revised as necessary as treatment proceeds, and the planning process will include the youth, family/guardian and other relevant treatment team members.
 - i. A clear plan for use of the Paraprofessional Support Worker's services is incorporated into the treatment plan.
 - ii. The crisis plan component of the treatment plan includes a safety plan that identifies the youth's problematic behaviors, triggers and preferred means of calming or regaining control. The safety plan is part of the treatment plan that articulates the youth's self-calming interventions consistent with treatment targets, goals and objectives. The purpose of the safety plan is to help the youth regain control and avoid escalation into crisis.
 - iii. The discharge component of the treatment plan specifies discharge criteria directly linked to behaviors/symptoms that resulted in the admission, the time frame for discharge and any aftercare resources needed to transition the youth and family to a lower level of care or out of CAMHD services.

- e. Monitoring of the youth/family's progress on a regular basis using reliable and valid data gathering strategies. The monitoring strategy shall be noted on the Treatment Plan and shall take one or both of these forms:
 - i. Frequent and repeated assessment (at least monthly) of individually determined and behaviorally observable treatment targets (e.g. monitoring the frequency and intensity of temper outbursts) and/or
 - ii. Regularly scheduled administration of reliable and valid measures that are meaningful to the youth's presenting concerns (e.g. giving the Child Behavior Checklist to minor symptoms).

2. **Training**

All contract agency Therapists, Paraprofessionals and Program Supervisors will be required to attend scheduled trainings, as appropriate. Project Laulima and/or CAMHD will identify expertise in the field of co-occurring MH-DD to conduct these trainings.

The costs of pre-service training, including travel expenses, if any, will be covered by the CAMHD's Project Laulima for the first year. After the first year, any ongoing in-service training and consultation will be the responsibility of the Provider.

Training topics may include, but are not limited to:

- Behavioral assessments
- Developing behavior plans
- Typical mental health challenges for youth with DD
- Adapting mental health treatment approaches for youth with DD
- Sexual behavioral interventions
- Positive Behavioral Supports
- Developmental milestones, identifying developmental needs
- Crisis prevention, intervention and management

3. **Program**

In addition to the staffing requirements listed in the CAMHPS General Standards (**See Attachment D, Section I**), these staff requirements must also be followed. If the standards referenced here differ from those in the general standards, these staffing requirements will supersede the general standards.

- a. The program has a QMHP who has oversight and supervision responsibilities for all staff decisions made regarding youth/family treatment;
- b. The program provides, at minimum, one worker to each youth enrolled in the service who takes on the roles of therapist and case manager. This shall be, at minimum, a MHP with experience working with youth who have serious behavioral or emotional challenges and/or with youth who have developmental disabilities. As discussed above, the program will provide additional training to assure that all therapists develop expertise in working with youth who have co-occurring MH-DD. If the program chooses, it is acceptable to assign separate individuals for the case management role and the therapist role, and the person in the case management role could be a paraprofessional with sufficient education and experience; In addition:

- c. The CBI Therapist working directly with the family (QMHP or MHP) may partner with a PSW or team of PSWs as needed with the recommendation of the treatment team and authorization by the Branch Clinical Lead. The Paraprofessional will work under the direct guidance of the CBI Therapist to meet the specific identified needs of the youth and family.
- d. The ratio shall not exceed ten (10), families per primary CBI worker (team leader). This staff to family ratio takes into consideration evening and weekend hours, needs of special populations, and geographical areas to be covered.

4. Referral Process

CBI services sought in this RFP require referrals from the CAMHD FGC Care Coordinator or other CAMHD designee. Referrals are based on the recommendations of the FGC clinical team and the preferences of the family. It is important that this referral protocol be followed in order for CAMHD to develop a cost-effective, accountable, and family-driven system of care.

- For more detailed information on the referral process, refer to **CAMHPS, Section I, Part G: Referral Process for Contracted Services.**

5. Program and Service Standards

In addition to the clinical operation requirements listed in the CAMHPS General Standards (**see Attachment D**), these requirements must also be followed. If the standards referenced here differ from those in the general standards, these clinical operation requirements will supersede the general standards.

- a. Services must be available twenty-four (24) hours a day, seven (7) days a week, through on-call arrangements with practitioners skilled in crisis and family based interventions.
- b. A pre-admission meeting is required to obtain youth, family, and team input regarding youth's symptoms/behaviors which are the focus of treatment and to identify potentially effective intervention strategies to be incorporated into the youth's treatment plan. The preadmission meeting includes obtaining parent/guardian agreement to be actively involved in the treatment. The meeting facilitates the clear development of a youth's discharge plan, including the development of concrete, realistic, measurable discharge criteria.
- c. Program has an intake process that includes integration of information available regarding the youth and family into the treatment planning process to ensure appropriate and effective

- treatment. Program also has an established protocol for orienting the youth and family to the program.
- d. Comprehensive Behavioral Intervention services are individually designed for each family, in full partnership with the family, to minimize intrusion and maximize strengths and independence. Services are normally more intensive at the beginning of treatment and decrease over time as the individual and/or family's strengths and coping skills develop.
 - e. Comprehensive Behavioral Intervention must be provided through a cohesive team approach and services must be flexible with the capacity to address concrete therapeutic and environmental issues in order to stabilize the crisis situation as soon as possible. Services are evidence-based, family-centered, strengths based, culturally competent, active and rehabilitative, and delivered primarily in the individual's home or other locations in the community.
 - f. The majority of services [seventy-five percent (75%) or more] are provided face-to-face with youth and their families. Up to twenty-five percent (25%) of the time billed may be spent on case management activities (phone calls, arranging meetings, etc.) that are not face-to-face with the youth or a family member.
 - g. Service delivery is preceded by a thorough assessment of the youth and their family so that an appropriate and effective treatment plan can be developed.
 - h. The Provider has the ability to deliver services in various environments, such as homes (birth, kin, adoptive and foster), schools, jails, homeless shelters, juvenile detention centers, street locations, etc.
 - i. The Provider has developed a training program, in collaboration with CAMHD, that assures professional and paraprofessional staff understand the particular needs and vulnerabilities of youth with co-occurring MH-DD.
 - j. The Provider has policies, which govern the provision of services in natural settings and which document that it respects youths' and/or families' right to privacy and confidentiality when services are provided in these settings.
 - k. The Provider has established procedures/protocols for handling emergency and crisis situations that describe methods for triaging youth who require psychiatric consultation or hospitalization. Request for police /crisis hotline assistance are limited to situations of imminent risk or harm to self or others and requires consult with the program QMHP prior to, during or after the call for assistance. The QMHP must follow-up to ensure the crisis situation has stabilized, debrief the incident and provide triage for youth needing more intensive interventions and document their efforts in the youth's chart.

- l. The Provider has policies and procedures governing the provision of outreach services, including methods for protecting the safety of staff who engage in outreach activities.
- m. The Provider has policies and procedures around the use of personal vehicles for outreach services and for transporting clients when necessary.
- n. The Provider must have a Comprehensive Behavioral Intervention organizational plan that addresses the following:
 - i. Description of the particular family centered interventions, coordination, crisis intervention and wraparound service models utilized, types of intervention practiced, and typical daily schedule for staff;
 - ii. Description of the staffing pattern and how staff are deployed to ensure that the required staff-to-youth/family ratios are maintained, including how unplanned staff absences, illnesses, etc. are accommodated;
 - iii. Description of the hours of operation, the staff assigned and types of services provided to youth/families;
 - iv. Description as to how the plan for services is modified or adjusted to meet the needs specified in each youth's individual treatment plan.
 - v. Description of how the developmental needs of youth with intellectual disabilities are accommodated in the program model and in service planning.
 - a) The Provider shall conduct a Summary Annual Assessment for Support for Emotional and Behavioral Development ("SEBD") eligible youth in their care at the time the annual assessment is due on youth who have received at least three (3) months of services from the Contractor. See Summary Annual Assessment performance standards in CAMHPS Section II, Part C.
 - b) **See CAMHPS, Attachment D, Section I General Standards** for additional clinical operation requirements:
 - o E. CAMHD Co-Occurring Disorders;
 - o G. Referral Process for Services:
 - Referral Acceptance;
 - o H. CAMHD Continuity of Care;
 - o I. Staffing;
 - Supervision;
 - o K. Evaluation of Staff Performance;
 - o L. Credentialing Requirements;
 - o O. Service Quality;
 - Minimum Reporting Requirements;
 - o Q. Risk Management;

- Criminal, Child Abuse, and Background Screening;
- Safety;
- Restraints and Seclusion;
- Sentinel Events and Incidents;
- Police.

vi. Outcome measures are consistent with CAMHD standards.

B. Management Requirements

(Minimum and/or mandatory requirements)

1. Personnel

Organizational Management

The Provider shall agree to assume all responsibility for quality of work provided by employees and subcontracted providers. The Provider may choose to hire direct employees, establish a network of subcontracted professional providers, or use a combination of both. If the Provider utilizes a network of independent providers, each subcontracted practitioner shall meet the state requirements to provide mental health services as an independent practitioner.

All subcontracts require CAMHD prior written approval and shall include agreement to comply with all aspects and requirements of this RFP including licensing and credentialing requirements.

The Provider shall

- Ensure the competency of staff and/or subcontractors
Implement measures to ensure that all employees are oriented to the CAMHPS (**See Attachment D**) and CASSP Principles (**See Attachment C**), *the Evidence-based Child and Adolescent Psychosocial Interventions from the American Academy of Pediatrics*
<http://www.escl.net/cms/lib/TX21000366/Centricity/Domain/100/Evidenced-Based%20Interventions.pdf>
- Ensure that it will adhere to all applicable federal and state laws regarding the obtaining and release of client information.

2. Administrative

The Provider shall:

- Have the necessary infrastructure that supports the provision of contracted services in compliance with the standards as specified herein.
- Provide direct treatment to children and adolescents with credentialed and re-credentialed practitioners who are defined as QMHP, MHP, or Paraprofessionals.

- Monitor the training, supervision, credentialing, and ongoing monitoring all mental health professional/staff performance, including a description of personnel/provider file maintenance.
- Comply with all credentialing requirements including a systematic process for the timely acquisition and tracking of documents related to credentialing and re-credentialing that adhere to the CAMHD Credentialing and Re-credentialing Policy and Procedures. **(See Attachment G, Section 5)**
- Involve youth in their direct treatment plan development and evaluation.
- Train and supervise all employees and subcontractors in providing services in a cultural aware manner.
- Ensure that personnel and subcontractors are recruited, oriented, trained, supervised and evaluated with adherence to the CASSP principles **(See Attachment C)** and evidence-based services for populations as addressed in the proposal.
- Ensure peer supervision processes, including orientation, training, and supervision with respect all general standards and relevant level of care standards in the CAMHPS **(See Attachment D)**.
- Provide on-going training to their clinical staff on utilizing evidence-based and evidence-informed approaches, as part of their agency training plan. The CAMHD's Project Laulima will work with the Provider to ensure that staff receive relevant clinical training as part of the program startup.
- Ensure training, programmatic supports, and therapeutic approaches/interventions the agency implements in case of youth crisis. The agency should be committed to limiting the contact of emergency response (i.e., police) to only those situations when imminent harm is present to self, others, or property. The policy shall also include consultation with the program QMHP before, during or after the incident, for follow-up or debriefing
- Respond to natural and manmade disasters with plan(s) that include details of a safe evacuation of youth and staff should it be necessary, the management of communication with the CAMHD and the family, the maintenance of consistent staffing during this time and collaboration with

state and local agencies in the management of the emergency response.

- Coordinate services with other involved agencies or partners including other involved the CAMHD provider agencies, schools, child welfare agencies, juvenile justice personnel and agencies, MedQUEST health plans, primary care physicians, Medicaid, community service providers and organizations, and primary care providers.
- Conduct its affairs in accordance with all applicable Federal and State Laws, regulations, licensing and contractual obligations. CAMHD submits claims on behalf of providers to the Department of Human Services' ("DHS") MedQUEST Division and Federal Medicaid and per regulations, has a mandatory compliance program to ensure adherence to regulations, detect instances of fraud, waste and abuse and promote ethical and legal behavior by the CAMHD employees and contracted providers.
- Properly support claims through appropriate documentation prior to submission to the CAMHD. CAMHD will employ a protocol for the identification of potential fraud or abuse in claims' submission through the conduct of periodic reviews of clinician billing practices.
- Report incidents and sentinel events occurring within the program in a timely manner and in accordance with the CAMHD Sentinel Event Policy & Procedures (**See Section 5, Attachment H**).
- Train staff in the use of seclusion and restraint is in accordance with the CAMHD Seclusion and Restraint Policy and Procedures (**See Section 5, Attachment I**).

3. **Quality assurance and evaluation specifications**

The CAMHD maintains its own quality and performance management program and monitors all services through its Quality Assurance and Improvement Program ("QAIP") (**See Attachment CAMHD QAIP, Attachment J**). The CAMHD does not delegate its quality management and monitoring program. To assure full implementation of the CAMHD QAIP, Providers are required to participate fully in CAMHD's monitoring.

The Provider shall have a systematic process for the timely acquisition and tracking of documents related to credentialing and re-credentialing to ensure timely submission of accurate and current credentialing documentation.

The Provider shall assure the quality of services they deliver at all programmatic levels through in-house quality assurance monitoring. The Provider's quality assurance processes shall comply with the CAMHD's annual QAIP description, which is posted on the CAMHD website in October of each contract year.

The Provider shall have quality assurance processes that assess all services provided, as well as how well the employees and subcontracted personnel provide the treatment services. Agencies are required to incorporate a review of sentinel event data, seclusion and restraint data, outlier length of stay, youth not meeting treatment goal data, and consumer satisfaction data in their quality assurance processes.

The Provider shall ensure that its personnel and its subcontractors adhere to all applicable state laws regarding the obtaining and release of client information and confidentiality.

4. **Output and performance/outcome measurements**

a. Quarterly reports

The Providers are required to collect, analyze and report the following information on a quarterly basis. All Providers shall submit quarterly reports of quality monitoring including analyses of performance trends through the Provider's quality assurance and improvement processes. Quarterly reports shall include data with trend analysis in the quarterly reporting format provided by the CAMHD. Quarterly reports will be focused on a summary of findings and activities over the quarter including analyses of performance trends and patterns, discussion of significant findings, opportunities for improvement, and actions taken to impact performance. Quarterly reports are due at the CAMHD Performance Management Office 45 days after the quarter has ended.

The CAMHD shall provide all required templates or instructions for any performance reporting.

b. **Program Data**

- i. *Initial Data Gathering:* Contractor will gather and document information on the youth and the family (including but not limited to demographics, description of physical home environment, history of diagnoses and treatment, current and prior medication, current and previous community supports, prior treatments, etc.) to develop a snapshot of the youth's behavior in the home setting. Contractor will also be asked to document youth/family expectations of involvement in the treatment

- process. Any changes that occur throughout the phase of the treatment should be recorded.
- ii. *Treatment Plan/ Safety Plan:* A written treatment plan and current safety plan identifying targets of treatment with realistic goals, objectives and discharge criteria linked to the admission behavior/ symptoms/skill strengths and deficits will be submitted to the CAMHD Branch within ten (10) calendar days of admission. This documentation is required for any re-authorization of CBI service.
 - iii. *Progress Data:* the provider shall, at a minimum, document the following information for each activity/ event by the individual providing the service:
 - every contact (face-to-face; phone; email; letter) with the youth and/or family,
 - every indirect service activities (e.g. team meeting attendance, phone calls with staff, meeting with pediatrician or other medical staff, time spent on locating appropriate community resources, etc.) that are billed,
 - the course of treatment including a description of the service, date of service, length of session, projected and actual time interval between visits/ sessions, targets planned/ addressed each month, interventions implemented/ therapy provided, youth's response/ progress, follow-up notes (including results of referrals and subsequent plan of action) interpretation of the effectiveness of the intervention, and specific treatment goals addressed.
 - The notes that contain this information shall be fully dated and signed by the writer and supervisor if needed. The original note shall be maintained in the agency's master youth file within 24 hours of service/of an event.
 - iv. *Monthly reports:* Contractors shall provide monthly summary reports to CAMHD by the 5th business day of the following month specifying youth served, service format, service settings, service dates, targets addressed, progress ratings, intervention strategies, projected end date, and medications. The reports shall also include information gathered from the Ohio Scales questionnaire (measuring the youth's problem severity, functioning, satisfaction and hopefulness) conducted with the caregiver (and youth) as respondents to the assessment.
 - v. *Quarterly/ Yearly reports:* Process and Outcome data will be submitted to CAMHD on a quarterly basis, due 45 days after the end of the quarter. An annual cumulative report

shall be due 45 days after the end of each year. Each report shall include, but not be limited to:

Process Data:

- Number of youth served
- Number of times agency workers met with youth and family
- Time spent with youth (as measured in units = 15 min. increments)
- Number of referrals made to other service providers
- Number of crisis episodes/days between crisis episodes /length of crisis episode(s)
- Description of community collaborations during the reporting period
- Number of discharged youth
- Other relevant measures that help describe the process of serving youth during the project

Outcome Data:

- Successful vs. Non-Successful discharges (based on mutually agreed-upon definition of criteria determining a 'Successful' discharge)
- Pre/Post Improvement levels (based on Ohio Scale sub-scale scores compared over time)
- Other Outcome measures as agreed-upon by the two parties

c. **Additional Data Collection**

Project Laulima staff will periodically conduct interviews with the youth or parent/caregiver as per requirements from its federal funding agency. The contractor will collaborate with Project Laulima in scheduling and administering these interviews. In addition, Project Laulima staff will conduct satisfaction surveys with the provider, youth, caregiver and/ or other individuals/ organizations involved in the care of the youth. The contractor will be required to collaborate with Project Laulima in this task.

The Provider shall furnish any additional reports or information that the CAMHD may require or request during the contracted time of performance.

5. Experience

The CAMHD is interested in applicants with:

- clinical and managerial experience including training programs and supervisory structure. A demonstration of

experience shall include evidence of prior agency performance in providing similar services and the details of the performance of the agency in providing these services, to include contract payer, result of contract monitoring reports, accreditation results, complaints, grievances, and contract outcomes.

- culturally competent expertise and experience working with, supporting and representing local families of children with emotional and/or behavioral challenges.
- experience working with and supporting youth with developmental disabilities and their families.

Evidence of expertise and experience will be used in the evaluation process, with particular attention given to the quality assurance activities implemented based upon feedback or internal findings.

6. Coordination of services

The CAMHD is interested in applicants that have:

- mechanisms in place to ensure that all services provided will be coordinated internally within the organization, and externally with the CAMHD Family Guidance Centers, school(s), any involved MedQUEST or other health plan, other provider agencies, and resources in the community.
- mechanisms in place for obtaining routine and regular stakeholder input in evaluating performance surrounding the coordination of services with schools, including Special Education (SPED) programs, other child serving agencies, primary care physicians, community programs and/or other the CAMHD contracted agencies.

7. Reporting requirements for program and fiscal data

Fiscal Data

The Provider shall submit original monthly claims electronically within thirty (30) calendar days after the last day of the calendar month. All submissions and corrections shall be received by the CAMHD within forty-five (45) days after the last day of the billing month. CAMHMIS will not accept claims after the forty-five (45) day period. Should the Provider know that a claim will be submitted later than the 45 days allowed, the Provider should contact the CAMHD Public Health Administrative Officer before the end of the forty-five (45)-day period or no appeal will be granted.

Any required corrective action plans and reports on all audit and fiscal monitoring findings shall be submitted to the CAMHD Fiscal Section as instructed.

All Providers will be required to adhere to the CAMHD billing reporting requirements. The Provider's submission shall comply with the Health Insurance Portability and Accountability Act ("HIPAA") and CAMHD policies and procedures.

The Provider is responsible for planning, implementing, and maintaining its own management information system. The Provider shall supply the Child and Adolescent Mental Health Management Information System ("CAMHMIS") with a functional e-mail address that can receive documents as well as notices. The CAMHD will not provide technical support for the Provider's Information Systems or e-mail.

The Provider is responsible for ensuring their electronic health records are connected to the CAMHD system.

The Provider is required to have computer hardware that supports Microsoft Office or 365, Internet connection, Internet e-mail, and laser printer.

All Provider reporting data shall be submitted in the manner and format specified by the CAMHD.

The Provider shall submit an annual organization-wide fiscal audit completed by an independent certified public accountant in accordance with generally accepted Government Auditing Standards as stated in the State of Hawaii Cos Principles. The audit shall be conducted on an annual basis and with a copy, including a management letter, submitted to the STATE within nine (9) months after the close of the organization's fiscal year to the CAMHD Contracts Management Section.

The CAMHD is committed to conducting its affairs in accordance with all applicable Federal and State Laws, regulations, licensing and contractual obligations. The CAMHD submits claims on behalf of providers to the DHS MedQUEST Division and Federal Medicaid and per regulations, has a mandatory compliance program to ensure adherence to regulations, detect instances of fraud, waste and abuse and promote ethical and legal behavior by the CAMHD employees and contracted providers.

All Providers are required to be compliant with the CAMHD, State, Federal, Medicaid requirements/rules and regulations for Fraud and Abuse.

The Provider shall submit narrative program reports and expenditure reports within 30 days after the end of the quarter in a format prescribed by the CAMHD. The narrative reports shall include a reporting of the numbers served, a description of the quarter's activities, and a reporting of outcome measures achieved.

The Provider shall submit an annual cumulative narrative report and final expenditure report within 30 days after the end of the budget period. The annual narrative report shall be a cumulative report summarizing the entire budget period and shall include a reporting of the total number served, a description of the highlights and successes of the program, a description of any challenges encountered and the measures to address the problems, and a cumulative summary of outcome measures achieved.

The Provider shall submit a single page document listing the total of federal funds received from all sources stating whether they exceed \$500,000 or more annually.

Audit Requirements

(See Guidelines for Organization-Wide Audits, Attachment K)

- a. Nonprofit organizations that expend \$500,000 or more in a year of federal funds from any source shall have a single audit conducted for that year in accordance with the Single Audit Act Amendments of 1996, Public Law 104-156. The audit shall adhere to the Guidelines for Organization-Wide Audits. Attachment E
- b. If the preceding condition applies, PROVIDER shall conduct a financial and compliance audit in accordance with the Single Audit Act Amendments of 1996 guidelines. Failure to comply may result in the withholding of payments to the provider.
- c. Nonprofit organizations that expend less than \$500,000 a year in federal funds are exempt from federal audit requirements for that year, however, records shall be available for review or audit by appropriate officials of the federal awarding agency, the State or General Accounting Office.
- d. If PROVIDER is exempt from federal audit requirements in accordance with subparagraph (c) above, the cost of any audit conducted on behalf of the provider shall not be charged to the federal portion of this contract.

C. Facilities

All applicants shall provide office or facilities located in the service area, as necessary. Facilities shall meet the HIPAA and American Disability Association (“ADA”) requirements, as applicable, and have special

equipment that may be required for the services. The physical location of the administrative office and any service offices shall be maximally accessible to client and families.

2.5 Compensation and Method of Payment

A. Pricing Methodology: Unit Cost

The method of pricing for Comprehensive Behavioral Intervention will be on a unit cost basis, in accordance with the CAMHD Maximum Allowable Rates Schedule (see below). For the purpose of this proposal, the applicant shall adhere to this maximum allowable rate structure.

B. Units of Service and Unit Rate

The unit rate is inclusive of all cost items whether they are direct or indirect when providing a service. Example of indirect costs include, but are not limited to, personnel reference checks, orientation, training, clinical supervision, travel time, outreach costs, telephone calls, collateral contacts and travel unless specified as a billable service. For all services, there is no payment for wait time, no-shows, and or cancellations.

	Unit of Measure	Maximum Rate	Rural Rate
Comprehensive Behavioral Intervention Service Code 13101 HCPCS H0036	15 minute	\$24.95 \$21.64 \$8.32	\$27.44 \$23.80 \$9.16
Comprehensive Behavioral Intervention, Paraprofessional Services Service Code 13101 HCPCS H0036		\$8.32	\$9.16

The rate shall be evaluated on an annual basis.

C. Method of compensation and payment

Payment shall be made in monthly installments upon the submission of invoices.

Section 3

Proposal Application Instructions

Section 3

Proposal Application Instructions

General instructions for completing applications:

- *Proposal Applications shall be submitted to the state purchasing agency using the prescribed format outlined in this section.*
- *The numerical outline for the application, the titles/subtitles, and the applicant organization and RFP identification information on the top right hand corner of each page should be retained. The instructions for each section however may be omitted.*
- *Page numbering of the Proposal Application should be consecutive, beginning with page one and continuing through for each section. See sample table of contents in Section 5.*
- *Proposals shall be submitted in a three ring binder*
- *Tabbing of sections (required).*
- *Applicants must also include a Table of Contents with the Proposal Application. A sample format is reflected in Section 5, Attachment B of this RFP.*
- *A written response is required for **each** item unless indicated otherwise. Failure to answer any of the items will impact upon an applicant's score.*
- *Applicants are **strongly** encouraged to review evaluation criteria in Section 4, Proposal Evaluation when completing the proposal.*
- *This form (SPOH-200A) is available on the SPO website (see 1.2 Website Reference). However, the form will not include items specific to each RFP. If using the website form, the applicant must include all items listed in this section.*

The Proposal Application is comprised of the following sections:

- *Proposal Application Identification Form*
- *Table of Contents*
- *Program Overview*
- *Experience and Capability*
- *Project Organization and Staffing*
- *Service Delivery*
- *Financial*
- *Other*

3.1 Program Overview

Applicant shall give a brief overview to orient evaluators as to the program/services being offered.

In narrative format, the applicant must clearly and concisely summarize the contents of the proposal in such a way as to provide the State with a broad understanding of the entire proposal. The applicant must include: (1) a brief description of the organization; (2) the history of the organization inclusive of any and all past experience pertinent to

the delivery of the proposed services and supports for the target population; (3) the organization's philosophies, goals and objectives related to the service activity; (4) how the proposed service(s) will work to assure the provision of high quality services to the identified population; and (5) any special or unique characteristics of the organization which make it especially qualified to perform the related work activities.

No points are assigned to the Program Overview.

3.2 Experience and Capability

A. Necessary Skills

The applicant shall:

1. demonstrate that the agency has the necessary skills, abilities, and knowledge relating to the delivery of the proposed services. The applicant shall specifically detail knowledge and skills in the delivery of proposed services consistent with the CASSP principles (**See Attachment C**), person-centered planning and evidence-based service.
2. submit evidence of JCAHO, CARF, COA, or other comparable accreditation indicating applicant is accredited.
3. demonstrate that it has the capacity to provide treatment services in accordance with evidence-based or evidence-informed practice findings.
4. demonstrate that it has the necessary skills, abilities, and knowledge relating to the delivery of the proposed services, including but not limited to, previous and current contract performance with the CAMHD and/or other agencies.

B. Experience

The applicant shall provide a description of the agency's previous projects/contracts pertinent to the proposed services within the immediately preceding three (3) years. The applicant is strongly encouraged to submit findings and results from previous monitoring and performance review activities within the past three (3) years, along with its response to any required corrective actions.

The applicant shall provide information about key clinical and administrative personnel experience in providing similar services to those proposed. The applicant shall include points of contact, including email and telephone numbers, for those individuals. The CAMHD reserves the right to contact references to verify experience.

The applicant shall show culturally competent expertise and experience working with, supporting and representing local families of children with emotional and/or behavioral challenges and/or developmental disabilities.

Evidence of expertise and experience will be used in the evaluation process, with particular attention given to the quality assurance activities implemented based upon feedback or internal findings.

C. **Quality Assurance and Evaluation**

The applicant shall describe its own plans for quality assurance and evaluation for the proposed services, including methodology.

The applicant shall describe its QAIP for the proposed services, including methodology. The applicant shall demonstrate integration of the applicant's QAIP and the CAMHD QAIP.

The applicant's QAIP shall include, but not be limited to, the organization's policies and procedures for ensuring that performance meets or exceeds the standards and practice guidelines found in this RFP (as the same may be amended from time-to-time), and applicable sections of the CAMHPS (**See Attachment D**). The applicant's QAIP shall include a continuous quality improvement approach to improve performance in all service delivery. The applicant's QAIP must also be responsive both to the internal organization standards for service delivery and the external standards of CAMHD, MedQuest Division (MQD), and the Individual with Disabilities Education Act (IDEA) Regulations.

The applicant's QAIP shall include:

1. A description of the organization's vision, mission, and values on which its plan for continuous quality improvement efforts are based, inclusive of:
 - a. Goals and objectives;
 - b. Scope of the QAIP;
 - c. Specific activities to be undertaken such as studies;
 - d. Continuous activity and tracking of issues;
 - e. Focus on mental health outcomes;
 - f. Systematic process of quality assessment and improvement;
 - g. Evaluation of the continuity and effectiveness of the QAIP;
 - h. Resources needed for the activities of the QAIP; and
 - i. A description of how QAIP documentation will be maintained and available for inspection and review.

2. A description of how the organizational structure supports and supervises its QAIP, and the internal mechanisms involved in the quality monitoring process. In particular, the roles and responsibilities of organizational staff, youth, families, and direct providers should be described. This section should be inclusive of:
 - a. Description of accountability of the governing body of the organization;
 - b. Oversight and supervision of the QAIP;

- c. How progress of the QAIP will be reviewed; and
 - d. Accountability for modifications to the program.
3. A description of quality improvement activities to be developed and implemented using performance information in specific activities, which include both internal continuous quality improvement efforts and mechanisms to obtain routine and regular community input concerning performance.
 4. A description of how quality assurance (QA) activities will be coordinated with other management activities including how findings, conclusions, recommendations, and actions taken shall be documented and reported.
 5. A demonstration of active QA committee
 - a. Schedule of meetings
 - b. Documentation of activities
 - c. How findings and recommendations will be directed
 - d. Accountability to the governing body
 6. Description of the organization's utilization review and management program to determine whether the level and the cost of benefits provided are appropriate to the mental health needs of clients. The plan will:
 - a. Establish and offer guidelines to maintain a system of reporting to assess the appropriateness of the services delivered and amount of services delivered;
 - b. Identify and maintain levels of review that correspond with the client's level of acuity;
 - c. Monitor service utilization guidelines including evaluating medical necessity;
 - d. Monitor and assure the prior authorization of services;
 - e. Monitor and assure the provision of services within the timelines stated in this RFP; and
 - f. Maintain a process of concurrent review for ongoing treatment and for requests for authorization of services.

7. A description of the following:
 - a. The organization's plan for ongoing compliance with credentialing and recredentialing, including primary source verification;
 - b. The organization's plan for managing how clients' rights and responsibilities will be communicated;
 - c. The organization's plan for how services will be made accessible and available; and
 - d. The organization's plan for how records will be maintained including how confidentiality will be ensured.

The applicant shall agree to assume all responsibility for the quality of work provided by its employees. The applicant shall also describe how it will measure the competency of its staff.

The applicant shall describe how it will ensure that it will adhere to all applicable Federal and State laws regarding the obtaining and release of client information.

The applicant shall describe how it will implement measures to ensure that all employees are oriented to the CAMHPS (**See Attachment D**) and CASSP Principles (**See Attachment C**), the Evidence-based Child and Adolescent Psychosocial Interventions from the American Academy of Pediatrics <http://www.escl.net/cms/lib/TX21000366/Centricity/Domain/100/Evidenced-Based%20Interventions.pdf>, and the CAMHD Biennial Report, <http://www.spinhawaii.org/Biennial%20Report.pdf>

D. Coordination of Services

The applicant shall demonstrate the capability to coordinate services with other agencies and resources in the community. The applicant shall demonstrate the capability to coordinate services with other agencies and resources in the community.

The applicant shall describe mechanisms to be instituted to ensure that all services provided are coordinated internally within the organization, and externally with the FGC, school(s), any involved Quest or other health plan, other provider agencies, and resources in the community. Specifically, the applicant shall identify the major groups or agencies that coordination is proposed, and define how this will be accomplished.

The applicant shall also describe mechanisms for obtaining routine and regular stakeholder input in evaluating performance surrounding this coordination.

E. Facilities

Describe sites/locations in which applicant proposes to install video-conferencing equipment, if applicant intends to utilize technology to serve youth across regions of the state.

3.3 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 **Section 2, Service Specifications**, as applicable.)

2. Staff Qualifications

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

B. Project Organization

1. Supervision and Training

The applicant shall describe its ability to supervise, train and provide administrative direction relative to the delivery of the proposed services.

2. Organization Chart

The applicant shall reflect the position of each staff and line of responsibility/supervision. (Include position title, name and full time equivalency) Both the “Organization-wide” and “Program” organization charts shall be attached to the Proposal Application.

3.4 Service Delivery

Applicant shall include a detailed discussion of the applicant’s approach to service activities and management requirements from **Section 2, Service Specifications**, including a work plan of all service activities and tasks to be completed, related work assignments/responsibilities and timelines/schedules.

A. Service Implementation

1. The applicant shall submit details of how the organization will ensure the provision of services in the least restrictive and most convenient location for the youth and family; detail the organizational policies and procedures governing the respect for, and protection of, youth and family choice regarding service delivery location.
2. The applicant must describe policies and procedures to protect the rights of clients and families in the applicant's care.
3. The applicant shall detail the organizational policies and procedures surrounding the youth and family right of choice regarding service provider/professional options.
4. The applicant must provide a work plan possibly in the form of the organization's relevant policies and procedures, to illustrate intent to ensure timely delivery of services and the timely provision of information to FGCs, schools, and other significant parties.
5. The applicant must submit details of how the organization will maintain sufficient capacity to ensure the provision of services proposed. The applicant must detail how coverage will be maintained during times of personal leave or turnover. The applicant must demonstrate the capacity of credentialed professionals skilled in evidence-based and evidence-informed treatment models.
6. The applicant must describe the expected outcome the proposed treatment will produce. The applicant must be sure to formulate those outcomes in clear and measurable terms. The applicant must address how the proposed plan and services would support keeping youth within the least restrictive environment and within the home community.
7. The applicant must provide performance indicators and a performance evaluation plan. In addition, the applicant must provide empirical or other evidence that supports the applicant's proposed positive behavioral interventions or strategies to produce the desired outcomes.

B. Emergency/Crisis Capacity

The applicant shall submit details of the organizational mechanisms to be instituted to address crisis/emergent situations that may arise with the youth and family receiving services from your organization. The applicant shall specifically address individual crisis plans and detail staff accessibility 24 hours a day, seven days a week.

C. Service Provision

The applicant shall detail:

1. the entry and flow of youth through the organization, identifying how the assessment and individualized treatment planning and review process will occur in an inclusive and collaborative manner within the organization;
2. the capacity for responding to referrals through a description of the applicant's procedures that ensure timely scheduling of appointments, processing of documents, and participation in conference meeting;
3. how the decisions regarding service recommendations and professional/provider assignment are made within the organization;
4. the geographic area to be served and if/how video-teleconferencing equipment will facilitate serving youth statewide, or across several regions of the state;
5. the standards the organization will use to evaluate the performance of staff.

3.5 Financial

A. Other Financial Related Materials

Applicants shall submit an annual organization-wide fiscal audit completed by an independent certified public accountant in accordance with generally accepted Government Auditing Standards as stated in the State of Hawaii cost principles. A copy of the audit, including a management letter issued by the auditor, shall be conducted on an annual basis and submitted to the STATE within six (6) months after the close of the organization's fiscal year to the CAMHD Contracts Management Section.

1. Accounting System

To determine the adequacy of the applicant's accounting system as described under the administrative rules, the following documents are requested as part of the Proposal Application (may be attached):

- a. most recent financial audit with management letter in order to make a determination as to the adequacy of an applicant's accounting system.
- b. the applicant must describe its fiscal operating procedures for accurate tracking of the cost of related services provided for each youth served.
- c. the applicant must submit a policy and procedure to ensure that claims and utilization data are properly supported through appropriate documentation prior to submission to CAMHD.

2. Information System

The applicant shall describe the organization's information system, inclusive of type of hardware, type of software, any plans for major changes, how recently current system was installed, and the capability of your staff to use the system. Describe the following:

The process for resolving any differences that may occur between CAMHMIS and the organization's computer system, such as:

- a. applicant's computer hardware. Is it Windows compatible? If it is not, provide the latest date by which compatible software will be available;
- b. how a youth is registered in the system, and
- c. how the services provided by the organization are accounted for within the system.

3.6 Other

A. Litigation

The applicant shall disclose and explain any pending litigation to which they are a party, including the disclosure of any outstanding judgment.

Section 4

Proposal Evaluation

Section 4

Proposal Evaluation

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

Evaluation Categories and Thresholds

<u>Evaluation Categories</u>	<u>Possible Points</u>
<i>Administrative Requirements</i>	
<i>Proposal Application</i>	100 Points
Program Overview	0 points
Experience and Capability	25 points
Project Organization and Staffing	10 points
Service Delivery	55 points
Financial	10 Points
TOTAL POSSIBLE POINTS	100 Points

4.3 Evaluation Criteria

A. Phase 1 - Evaluation of Proposal Requirements

1. Administrative Requirements

- Proposal Application Checklist

- Hawaii Compliance Express Certificate
- Federal Certifications

2. Proposal Application Requirements

- Proposal Application Identification Form (Form SPOH-200)
- Table of Contents
- Program Overview
- Experience and Capability
- Project Organization and Staffing
- Service Delivery
- Financial (All required forms and documents)
- Program Specific Requirements (as applicable)

B. Phase 2 - Evaluation of Proposal Application (100 Points)

Program Overview: No points are assigned to Program Overview. The intent is to give the applicant an opportunity orient evaluators as to the service(s) being offered.

1. Experience and Capability (25 Points)

The State will evaluate the applicant’s experience and capability relevant to the proposal contract, which shall include:

a. Experience

- Demonstration of the applicant’s history, if any, in effectively providing behaviorally-based interventions for youth with developmental disabilities. 5 pts
- Demonstration of commitment to serving and supporting youth with MH-DD in a community-based, and culturally-competent manner. 3 pts
- Demonstrates the skills, abilities and knowledge relating to the delivery of the proposed services for the population of focus. 3 pts

b. Quality Assurance and Evaluation

- Demonstration of a sufficient QAIP and evaluation plans for the proposed services, including methodology and all key elements as defined in this RFP. 2 pts
- Demonstration that the applicant’s governance structure is sufficient to ensure the success of the applicant’s QAIP. 2 pts

c. Coordination of Services

- Demonstration prior success, capability, and a history of commitment to effective coordination of services and collaboration with families, agencies, schools and community resources concerning the service plans for youth in applicant’s care. 5 pts

d. Infrastructure

- Demonstration of a capacity to serve youth statewide, or across several geographic areas of the state of Hawaii. 5 pts

2. Project Organization and Staffing (10 Points)

The State will evaluate the applicant’s overall staffing approach to the service that shall include:

a. **Staffing**

- Demonstration that the staff and contracted personnel for the proposed service will meet the requirements for staffing patterns, staff/client ratios, and proposed caseload capacity to insure the timely access to and provision of the proposed service. 1 pts
- Demonstration of the applicant's ability to recruit staff/clinicians/mental health professionals who possess the minimum qualifications (including experience), as guided by the requirements of this RFP and CAMHPS (**See Attachment D**), including the names and resumes of staff for the proposed services at the time of the proposal 2 pts
- Demonstration that the intended staff and contracted personnel for the proposed service will meet the educational, experiential and licensing requirements for the proposed service, as defined in this RFP. 2 pts
- Demonstration of ongoing success in meeting credentialing and recredentialing requirements for staff and contracted personnel working for the applicant. 1 pt

b. **Project Organization**

- Demonstration of an effective orientation, training, and clinical supervision plan to provide appropriate clinical and administrative direction to staff and contracted personnel working with the proposed services, in accordance with CAMHPS (**See Attachment D**) and all aspects of this RFP. 2 pts
- Demonstration of sufficient organizational structure and chart to effectively support the structure, functions, and staffing of the proposed service. 1 pt
- Demonstration of the applicant's clear policies and procedures to protect the privacy and rights of youth and families in the applicant's care. 1 pt

3. Service Delivery (55 Points)

Evaluation criteria for this section will assess the applicant's approach to the service activities and management requirements outlined in the Proposal Application.

- Demonstration of a policy governing collaboration between the applicant and families, agencies and community resources in the provision of the proposed services. 5 pts
 - Demonstration of success in the selection and the appropriate use of best practices, evidence-based and evidence-informed services for youth in applicant's care 5 pts
 - Demonstration of success in working with youth with developmental disabilities and their families 5 pts
 - Demonstration of success in developing strengths-based, individualized service plans for youth in applicant's care 5 pts
 - Demonstration of success in engaging and actively and supportively working with the families of youth in applicant's care concerning the youth's services and the family's role in improving youth outcomes 5 pts
 - Demonstration of appropriate and effective clinical supervision of staff and contracted personnel who work in the applicant's services provided for youth 5 pts
 - Demonstration of success in the use of effective techniques for avoiding and for reducing the incidence of seclusion and/or restraint of youth in applicant's care 5 pts
 - Demonstration of success in the development and implementation of effective transition plans for youth leaving applicant's care 5 pts
 - Demonstrated success of improvement in outcomes for youth in applicant's care 5 pts
 - Demonstration of success in the ability to monitor and evaluate the effectiveness of applicant's services for youth and to make improvements to those services where appropriate 5 pts
 - Demonstration of the logic of the work plan for the major service activities and tasks to be completed, including clarity of work assignments and responsibilities, and the realism of the timelines and schedules 5 pts
- 4. Financial (10 points)**
- The proposal leverages resources and proposes cost-efficient and cost sharing strategies. 5 pts
 - Adequacy of the applicant's infrastructure to support electronic billing requirements 3 pts

- Demonstration of the applicant’s financial solvency.

2 pts

C. Phase 3 - Recommendation for Award

Each notice of award shall contain a statement of findings and decision for the award or non-award of the contract to each applicant.

Methodology for Calculating Scores

As a group, the evaluation team will rate proposals solely against the criterion using the 0-5 point Likert scale (see Figure 1.) and in whole number (i.e. 1 or 2 and etc.). Each criterion has a weighted point (bracketed and in italic), and the sum of points for criteria in each evaluation category equals the total possible points or threshold for that category. The evaluation categories and thresholds are experience and capability (35 points), project organization and staffing (20 points), service delivery (30 points), and financial (15 points). There are no points assigned for program overview.

Figure 1. Likert Rating Scale

Not responsive	Unsatisfactory	Less than satisfactory	Satisfactory	More than satisfactory	Very satisfactory
0	1	2	3	4	5

Score will be mathematically calculated for each criterion by dividing the evaluation team rating for the criterion on the 0-5 point scale by 5 (i.e. the highest possible score) and then multiplying by the weighted value of that criterion. For example, if the evaluation team scored the first criterion at 5 points and the criterion had a weighted value of 3 points, the resulting score is 3 $((5/5)*3=3)$. If the evaluation team had instead scored the first criterion at 2, the resulting score is 1.2 $((2/5)*3=1.2)$. The scores for each criterion will then be added to obtain a total score for each proposal. If all criteria received a perfect score of 5, then the total score for the proposal will be 100.

The total final score for each proposal will then be ranked across applicants in order of responsiveness to the RFP from the most advantageous to least advantageous, based on the evaluation of each proposal.

Section 5

Attachments

- A. Proposal Application Checklist
- B. Sample Proposal Table of Contents
- C. Hawaii Child and Adolescent Service System Program
- D. Child and Adolescent Mental Health Performance Standards
- E. Federal Certifications
- F. Child and Adolescent Mental Health Performance Standards Addendum, Comprehensive Behavioral Intervention
- G. CAMHD Credentialing and Re-credentialing Policies and Procedures
- H. CAMHD Reporting Incidents and Sentinel Events Forms
- I. CAMHD Seclusion and Restraint Policies and Procedures
- J. CAMHD Quality Assurance Improvement Program
- K. Guidelines for Organization-Wide Audit
- L. Form W-9

Attachment A

Proposal Application Checklist

Proposal Application Checklist

Applicant: _____ RFP No.: _____

The applicant's proposal must contain the following components in the order shown below. Return this checklist to the purchasing agency as part of the Proposal Application. SPOH forms are on the SPO website.

Item	Reference in RFP	Format/Instructions Provided	Required by Purchasing Agency	Applicant to place "X" for items included in Proposal
General:				
Proposal Application Identification Form (SPOH-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 (SPOH-200A)	Section 3, RFP	SPO Website*	X	
Hawaii Compliance Express Verification Certificate	Section 1, RFP	Hawaii Compliance Express SPO Website*	X	
Cost Proposal (Budget)				
SPO-H-205	Section 3, RFP	SPO Website*		
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*		
SPO-H-206B	Section 3, RFP	SPO Website*		
SPO-H-206C	Section 3, RFP	SPO Website*		
SPO-H-206D	Section 3, RFP	SPO Website*		
SPO-H-206E	Section 3, RFP	SPO Website*		
SPO-H-206F	Section 3, RFP	SPO Website*		
SPO-H-206G	Section 3, RFP	SPO Website*		
SPO-H-206H	Section 3, RFP	SPO Website*		
SPO-H-206I	Section 3, RFP	SPO Website*		
SPO-H-206J	Section 3, RFP	SPO Website*		
Certifications:				
Federal Certifications		Section 5, RFP	X	
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:				

*Refer to subsection 1.2, Website Reference for website address.

Attachment B

Sample Table of Contents

**Proposal Application
Table of Contents**

1.0 Program Overview 1

2.0 Experience and Capability 1

 A. Necessary Skills 2

 B. Experience 4

 C. Quality Assurance and Evaluation 5

 D. Coordination of Services 6

 E. Facilities 6

3.0 Project Organization and Staffing 7

 A. Staffing 7

 1. Proposed Staffing 7

 2. Staff Qualifications 9

 B. Project Organization 10

 1. Supervision and Training 10

 2. Organization Chart (Program & Organization-wide)
 (See Attachments for Organization Charts)

4.0 Service Delivery 12

5.0 Financial 20

 See Attachments for Cost Proposal

6.0 Litigation 20

7.0 Attachments

 A. Cost Proposal

 SPO-H-205 Proposal Budget

 SPO-H-206A Budget Justification - Personnel: Salaries & Wages

 SPO-H-206B Budget Justification - Personnel: Payroll Taxes and Assessments,
 and Fringe Benefits

 SPO-H-206C Budget Justification - Travel: Interisland

 SPO-H-206E Budget Justification - Contractual Services – Administrative

 B. Other Financial Related Materials

 Financial Audit for fiscal year ended June 30, 1996

 C. Organization Chart

 Program

 Organization-wide

 D. Performance and Output Measurement Tables

 Table A

 Table B

 Table C

 E. Program Specific Requirements

Attachment C

Hawaii Child and Adolescent Service System Program (Appendix 1)

Attachment D

Child and Adolescent Mental Health **Performance Standards**

Attachment E
Federal Certifications

CERTIFICATIONS

1. CERTIFICATION REGARDING DEBARMENT AND SUSPENSION

The undersigned (authorized official signing for the applicant organization) certifies to the best of his or her knowledge and belief, that the applicant, defined as the primary participant in accordance with 45 CFR Part 76, and its principals:

- (a) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal Department or agency;
- (b) have not within a 3-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- (c) are not presently indicted or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (b) of this certification; and
- (d) have not within a 3-year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause or default.

Should the applicant not be able to provide this certification, an explanation as to why should be placed after the assurances page in the application package.

The applicant agrees by submitting this proposal that it will include, without modification, the clause titled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion--Lower Tier Covered Transactions" in all lower tier covered transactions (i.e., transactions with sub-grantees and/or contractors) and in all solicitations for lower tier covered transactions in accordance with 45 CFR Part 76.

2. CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

The undersigned (authorized official signing for the applicant organization) certifies that the applicant will, or will continue to, provide a drug-free workplace in accordance with 45 CFR Part 76 by:

- (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
- (b) Establishing an ongoing drug-free awareness program to inform employees about--
 - (1) The dangers of drug abuse in the workplace;
 - (2) The grantee's policy of maintaining a drug-free workplace;
 - (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
 - (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- (c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a) above;
- (d) Notifying the employee in the statement required by paragraph (a), above, that, as a condition of employment under the grant, the employee will--
 - (1) Abide by the terms of the statement; and
 - (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
- (e) Notifying the agency in writing within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central

point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

- (f) Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d) (2), with respect to any employee who is so convicted--
 - (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 - (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- (g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

For purposes of paragraph (e) regarding agency notification of criminal drug convictions, the DHHS has designated the following central point for receipt of such notices:

Office of Grants and Acquisition Management
 Office of Grants Management
 Office of the Assistant Secretary for Management and Budget
 Department of Health and Human Services
 200 Independence Avenue, S.W., Room 517-D
 Washington, D.C. 20201

3. CERTIFICATION REGARDING LOBBYING

Title 31, United States Code, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions," generally prohibits recipients of Federal grants and cooperative agreements from using Federal (appropriated) funds for lobbying the Executive or Legislative Branches of the Federal Government in connection with a SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal (non-appropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING \$100,000 in total costs (45 CFR Part 93).

The undersigned (authorized official signing for the applicant organization) certifies, to the best of his or her knowledge and belief, that:

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the under-

signed, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

- (2) If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. (If needed, Standard Form-LLL, "Disclosure of Lobbying Activities," its instructions, and continuation sheet are included at the end of this application form.)
- (3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

4. CERTIFICATION REGARDING PROGRAM FRAUD CIVIL REMEDIES ACT (PFCRA)

The undersigned (authorized official signing for the applicant organization) certifies that the statements herein are true, complete, and accurate to the best of his or her knowledge, and that he or she is aware that any false, fictitious, or fraudulent statements or claims may subject him or her to criminal, civil, or administrative penalties. The undersigned agrees that the applicant organization will comply with the Public Health Service terms and conditions of award if a grant is awarded as a result of this application.

5. CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law also applies to children’s services that are provided in indoor facilities that are constructed, operated, or maintained with such Federal funds. The law does not apply to children’s services provided in private residence, portions of facilities used for inpatient drug or alcohol treatment, service providers whose sole source of applicable Federal funds is Medicare or Medicaid, or facilities where WIC coupons are redeemed.

Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

By signing the certification, the undersigned certifies that the applicant organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.

The applicant organization agrees that it will require that the language of this certification be included in any subawards which contain provisions for children’s services and that all subrecipients shall certify accordingly.

The Public Health Services strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of tobacco products. This is consistent with the PHS mission to protect and advance the physical and mental health of the American people.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	TITLE	
APPLICANT ORGANIZATION		DATE SUBMITTED

Attachment F

**Child and Adolescent Mental Health
Performance Standards Addendum,
Comprehensive Behavioral Intervention**

COMPREHENSIVE BEHAVIORAL INTERVENTION

<p>Definition</p>	<p>This specialized intensive outpatient service is used to provide treatment and support to youth who have co-occurring mental health needs and developmental disabilities (MH-DD) and their families. It is designed to enhance the family’s capacity to sustain the youth in their current living environment and to prevent the need for placement outside the home due to behavioral challenges. Comprehensive Behavioral Intervention (CBI) also may be used to help re-unify the family after the youth has been placed outside the home or to support the transition to a new resource family for foster youth with both developmental disabilities and behavioral difficulties. This service is family- and youth-centered; it utilizes evidence-based or evidence-informed interventions and adheres to CASSP principles. This service may be delivered in the family’s home or community. Youth with MH-DD frequently require support from several child-serving agencies, and this level of care incorporates some indirect case coordination activities along with standard behavioral and therapeutic interventions to help families manage their child’s complex needs. This service assists families in incorporating their own strengths and their informal support systems to help improve and maintain the youth’s functioning. CBI generally will be provided by a team that includes a therapist (MHP or QMHP) and at least one Paraprofessional Support Worker (PSW).</p>
<p>Services Offered</p>	<p>1. Therapy services including family- and youth-centered interventions that target identified treatment outcomes. Services are provided in the home or community at a level that is more intensive than outpatient services. Interventions may include:</p> <ul style="list-style-type: none"> a) Gathering information to develop a behavioral Assessment of the youth’s problematic behavior in the home or community setting. b) Developing behavioral support plans with families, based on the assessment, to target challenging behavior and develop positive coping skills. c) Working with families to implement home-based behavioral support plans. (This may include modeling/coaching and paraprofessional support). d) Individual work with youth who have internalizing problems (depression, anxiety, post-traumatic stress disorder) utilizing evidence-based therapy approaches that are adjusted as needed to accommodate the youth’s developmental level. e) Family Therapy interventions to improve family communication, decrease conflict, improve relationships, etc. f) Crisis management interventions. g) Psycho-education with family members and the youth to help them understand the youth’s particular difficulties and limitations. h) Linkages to other needed supports through coordination activities

	<p>and referral, including utilizing, ensuring, and facilitating access to formal and informal supports in the community and school.</p> <p>2. Paraprofessional Support services to reinforce and extend the work of the therapist. Paraprofessional interventions may include:</p> <ul style="list-style-type: none">a) Collecting detailed information about problematic behavior to help the therapist complete an assessment and design effective interventions. For example, recording incidents of non-compliance during the morning routine.b) Working with the identified youth and/or care-giver to support skill-building interventions being offered by the therapist. For example, practicing problem-solving skills with the youth while engaging in a community activity, practicing the use of praise and selective ignoring with the caregiver during the bed-time routine.c) Providing support to transition-age youth to implement plans developed to address vocational and other transition-related issues. For example, the Paraprofessional could support the youth with obtaining job applications, preparing for a job interview, learning to use public transportation, etc.d) Providing “line of sight” supervision and working with the identified youth to support emotional regulation and acceptable behavior during community-based activities or house-hold routines.e) Modeling behavior management skills and parenting approaches for parents during daily routines in the home.f) Implementing crisis and safety plans and providing crisis intervention and de-escalation.g) Accompanying the client or caregiver in order to support their participation in important meetings/appointments or activities. <p>3. Active coordination of community-based services being provided for the youth. This can be done by either the therapist or the paraprofessional working with the family. Because of the complex, specialized needs of youth with MH-DD, this service includes indirect case coordination activities including:</p> <ul style="list-style-type: none">a) Taking the lead role in coordinating the work of paraprofessionals, volunteers, family members and other support people to help the family assure that the youth is making progress, that learning is occurring between settings (e.g. school staff are teaching and learning from home-based staff) and that the youth is adequately supervised.b) Scheduling team meetings with all the involved agencies, and keeping various stakeholders informed about the youth.c) Investigating additional services, benefit programs, youth activities, educational resources, etc. that might be needed by the youth and assisting the family to access them.d) Attending school meetings and working with school-based
--	--

	<p>providers to assure continuity with the school program.</p> <ul style="list-style-type: none"> e) Arranging training for various support people around how best to work with the youth. f) Coordinating with medical providers, especially psychiatrists to assure good communication and adherence to medical regimens. <p>4. A Treatment Plan that identifies targets of treatment connected to realistic goals, objectives, and discharge criteria will be developed as part of the initial assessment process and will include information from the pre-admission meeting. The treatment plan shall target challenging behavior related to a mental health need, and shall not be focused primarily on the acquisition of basic adaptive skills. The plan will be evaluated and revised as necessary as treatment proceeds, and the planning process will include the youth, family/guardian and other relevant treatment team members.</p> <ul style="list-style-type: none"> a) A clear plan for use of the Paraprofessional Support Worker’s services is incorporated into the treatment plan. b) The crisis plan component of the treatment plan includes a safety plan that identifies the youth’s problematic behaviors, triggers and preferred means of calming or regaining control. The safety plan is part of the treatment plan that articulates the youth’s self-calming interventions consistent with treatment targets, goals and objectives. The purpose of the safety plan is to help the youth regain control and avoid escalation into crisis. c) The discharge component of the treatment plan specifies discharge criteria directly linked to behaviors/symptoms that resulted in the admission, the time frame for discharge and any aftercare resources needed to transition the youth and family to a lower level of care or out of CAMHD services. <p>5. Monitoring of the youth/family’s progress on a regular basis using reliable and valid data gathering strategies. The monitoring strategy shall be noted on the Treatment Plan and shall take one or both of these forms:</p> <ul style="list-style-type: none"> a) Frequent and repeated assessment (at least monthly) of individually determined and behaviorally observable treatment targets (e.g. monitoring the frequency and intensity of temper outbursts) and/or b) Regularly scheduled administration of reliable and valid measures that are meaningful to the youth’s presenting concerns (e.g. giving the Child Behavior Checklist to monitor symptoms)).
<p>Admission Criteria</p>	<p><u>All</u> of the following criteria must be met:</p> <ul style="list-style-type: none"> 1. The identified youth meets at least one (1) of the service eligibility criteria for CAMHD (as described in CAMHPS, General Standards, Section B, Access & Availability); 2. The youth is registered with a Branch, and has an assigned Care

	<p>Coordinator (CC);</p> <ol style="list-style-type: none"> 3. The youth must be age three (3) through twenty (20) years; 4. The youth has documented borderline, mild or moderate deficits in intellectual functioning (e.g. tested IQ less than 85; assessment from a QMHP that estimates the youth is functioning in the mild range of intellectual disability, etc.). 5. The youth is displaying behavioral and and/or emotional difficulties in the home or community (not <i>only</i> in school) and there is a reasonable likelihood that CBI services will lead to specific, observable improvements in the youth and family’s functioning. 6. Pre-admission meeting is held with the youth/young adult, family/guardian, CC and other relevant treatment team members to identify: 1) targets to be addressed in the treatment and safety plan, 2) realistic discharge criteria and 3) expectations of family/guardian involvement in the treatment process. If clear goals cannot be identified at the preadmission meeting (e.g. the family is too distressed or uncomfortable with the process), developing a workable plan becomes the primary target for the first month of this service. 7. The family/guardian(s) agree to active involvement in treatment and planning meetings, and the youth is willing to participate
<p>Initial Authorizations</p>	<p>Pre-admission meeting: Maximum of eight (8) units [two (2) hours] may be authorized by the Branch Clinical Lead for a CBI worker to attend a pre-admission meeting with the youth/family present.</p> <p>When only a therapist is working with the family, initial authorization may be up to ninety-six (96) units [twenty-four (24) hours] per month for three (3) months with review and approval by the Branch Clinical Lead. Daily billing must not exceed sixteen (16) units [four (4) hours] per day.</p> <p>Unit = fifteen (15) minutes</p> <p>When a PSW is included with the therapist on the team providing this service, additional units up to two hundred twenty four (224) [fifty-six (56) hours] may be authorized. The combined total for both the Therapist and the PSW must not exceed three hundred twenty (320) units [eighty (80) hours] per month. Daily billing must not exceed sixteen (16) units [four (4) hours] per day for the Therapist and PSW combined.</p>
<p>Re-Authorization</p>	<p>Reauthorization for the therapist only may be up to ninety-six (96) units [twenty-four (24) hours] per month for up to six (6) months with review and approval of the Branch Clinical Lead. Daily billing must not exceed sixteen (16) units [four (4) hours] per day.</p>

	<p>When a PSW is included with the therapist on the team providing this service, reauthorization for both the Therapist and the PSW may be up to three hundred twenty (320) units [eighty (80) hours] per month. Daily billing must not exceed sixteen (16) units [four (4) hours] per day for the Therapist and PSW combined.</p> <p>The number of hours authorized each month should be determined by the needs of the youth/young adult, should meet medical necessity criteria, and should decrease as progress is made. The maximum allowed hours shall not be authorized after the first three months of services except in unusual circumstances when very intensive intervention continues to be medically necessary.</p> <p>Unit = 15 minutes Request for continued stay reviews must be submitted no more than twenty one (21) calendar days and no less than seven (7) calendar days before the end date of the initial authorization or any reauthorizations.</p> <p>Any request for reauthorization beyond nine (9) months must be reviewed and approved by the Branch Utilization Management Team and Clinical Lead.</p>
<p>Continuing Stay Criteria</p>	<ol style="list-style-type: none"> 1. <u>All</u> of the following criteria are met: 2. All admission criteria continue to be met; 3. The measurable treatment goals have not been met and there are regular and timely assessments and documentation of youth/family response to services. Data on progress have been presented in a visual or tabular format showing changes over time, and reviewed with the family and treatment team. Timely and appropriate modifications have been made to services and plans as needed; 4. The documented treatment and safety plan is individualized and appropriate to the individual’s changing condition with realistic, measurable and achievable goals, objectives and discharge criteria. The treatment plan has been shared with relevant team members. 5. The treatment plan includes a formulated discharge plan that is directly linked to the behaviors and/or symptoms that resulted in admission, and begins to identify appropriate post service resources. 6. There is documented evidence of active family involvement in treatment as required by the treatment plan or there are active documented efforts being made to involve them unless it is documented as contraindicated. 7. There is reasonable expectation that continued treatment will

	<p>improve behaviors or there is reasonable evidence that the youth will decompensate or experience relapse if services are discontinued; and</p> <p>8. There are documented active attempts at coordination of care with other relevant behavioral health providers when appropriate. If coordination is not successful, the reason(s) are documented.</p>
<p>Discharge Criteria</p>	<p><u>One (1) of the following must be met:</u></p> <ol style="list-style-type: none"> 1. The youth is no longer eligible for CAMHD services. As part of discharge, the CC will help coordinate transfer to appropriate treatment services in the least disruptive manner possible; 2. Targeted symptoms and/or maladaptive behaviors have lessened to a level of severity which no longer requires this level of care as documented by attainment of goals in the Mental Health Treatment Plan; 3. The parent/guardian or youth is unable to participate in treatment. Non-participation is of such a degree that treatment at this level of care is rendered ineffective or unsafe, despite multiple (at least 3) documented attempts to address the non-participation issues; 4. Youth exhibits new symptoms and/or maladaptive behaviors that cannot be addressed safely and effectively through this service as determined by the Branch Clinical Lead. 5. Youth/family has demonstrated no progress toward treatment goals and/or deterioration in functioning for at least a three (3) month period, and clinical review has determined that the youth is not benefiting from this service; 6. The youth/family no longer wants to participate in this service and revokes consent;
<p>Service Exclusions</p>	<p><u>Comprehensive Behavioral Intervention is not considered medically necessary and will not be authorized under the following circumstances :</u></p> <ol style="list-style-type: none"> 1. Not offered at the same time as any out-of-home services except in cases where the youth has a planned discharge from out-of home care within thirty (30) days. CBI can begin to work with the youth and family for up to thirty (30) days to aid in family reunification following out-of-home care. 2. Not offered at the same time as any other intensive outpatient services (e.g. MST, FFT, Intensive Independent Living Skills). 3. No admissions and/or continued stays which are solely for parent/guardian convenience and not related to the care and treatment of a youth; or 4. No admissions that are being sought solely for convenience of child protective services, as an alternative to incarceration within juvenile justice, as an alternative to specialized schooling, or simply as respite.

Clinical Exclusions	Youth in need of immediate crisis stabilization because of active suicidal, homicidal, or psychotic behavior. Once stable, youth who otherwise meet the eligibility criteria may be referred into the program. CBI may be provided to hospitalized youth who are still stabilizing as part of a transition back to the home.
----------------------------	--

Staffing Requirements:

In addition to the staffing requirements listed in the CAMHPS General Standards, these staff requirements must also be followed. If the standards referenced here differ from those in the general standards, these staffing requirements will supersede the general standards.

1. The program has a QMHP who has oversight and supervision responsibilities for all staff decisions made regarding youth/family treatment;
2. The program provides, at minimum, one worker to each youth enrolled in the service who takes on the roles of therapist and case manager. This shall be, at minimum, a Mental Health Professional (MHP) with experience working with youth who have serious behavioral or emotional challenges and/or with youth who have developmental disabilities. As discussed in a later section, the program will provide additional training to assure that all therapists develop expertise in working with youth who have co-occurring MH-DD. If the program chooses, it is acceptable to assign separate individuals for the case management role and the therapist role, and the person in the case management role could be a paraprofessional with sufficient education and experience; In addition:
3. The CBI Therapist working directly with the family (QMHP or MHP) may partner with a paraprofessional support worker (PSW) or team of PSWs as needed with the recommendation of the treatment team and authorization by the Branch Clinical Lead. The Paraprofessional will work under the direct guidance of the CBI Therapist to meet the specific identified needs of the youth and family.
4. The ratio shall not exceed ten (10), families per primary CBI worker (team leader). This staff to family ratio takes into consideration evening and weekend hours, needs of special populations, and geographical areas to be covered.

Clinical Operations

In addition to the clinical operation requirements listed in the CAMHPS General Standards, these requirements must also be followed. If the standards referenced here differ from those in the general standards, these clinical operation requirements will supersede the general standards.

1. Services must be available twenty-four (24) hours a day, seven (7) days a week, through on-call arrangements with practitioners skilled in crisis and family based interventions.
2. A preadmission meeting is required to obtain youth, family, and team input regarding youth's symptoms/behaviors which are the focus of treatment and to identify potentially effective intervention strategies to be incorporated into the youth's treatment plan. The preadmission meeting includes obtaining parent/guardian agreement to be actively involved in the treatment. The meeting facilitates the clear development of a youth's

discharge plan, including the development of concrete, realistic, measurable discharge criteria.

3. Program has an intake process that includes integration of information available regarding the youth and family into the treatment planning process to ensure appropriate and effective treatment. Program also has an established protocol for orienting the youth and family to the program.
4. Comprehensive Behavioral Intervention services are individually designed for each family, in full partnership with the family, to minimize intrusion and maximize strengths and independence. Services are normally more intensive at the beginning of treatment and decrease over time as the individual and/or family's strengths and coping skills develop.
5. Comprehensive Behavioral Intervention must be provided through a cohesive team approach and services must be flexible with the capacity to address concrete therapeutic and environmental issues in order to stabilize the crisis situation as soon as possible. Services are evidence-based, family-centered, strengths based, culturally competent, active and rehabilitative, and delivered primarily in the individual's home or other locations in the community.
6. The majority of services [sixty percent (60%) or more] are provided face-to-face with youth and their families. Up to forty percent of the time billed may be spent on case management activities (phone calls, arranging meetings, etc.) that are not face-to-face with the youth or a family member.
7. Service delivery is preceded by a thorough assessment of the youth and their family so that an appropriate and effective treatment plan can be developed.
8. The Contractor has the ability to deliver services in various environments, such as homes (birth, kin, adoptive and foster), schools, jails, homeless shelters, juvenile detention centers, street locations, etc.
9. The Contractor has developed a training program, in collaboration with CAMHD, that assures professional and paraprofessional staff understand the particular needs and vulnerabilities of youth with co-occurring MH-DD.
10. The Contractor has policies, which govern the provision of services in natural settings and which document that it respects youths' and/or families' right to privacy and confidentiality when services are provided in these settings.
11. The Contractor has established procedures/protocols for handling emergency and crisis situations that describe methods for triaging youth who require psychiatric consultation or hospitalization. Request for police /crisis hotline assistance are limited to situations of imminent risk or harm to self or others and requires consult with the program QMHP prior to, during or after the call for assistance. The QMHP must follow-up to ensure the crisis situation has stabilized, debrief the incident and provide triage for youth needing more intensive interventions and document their efforts in the youth's chart.
12. Each Contractor has policies and procedures governing the provision of outreach services, including methods for protecting the safety of staff who engage in outreach activities.
13. Each Contractor has policies and procedures around the use of personal vehicles for outreach services and for transporting clients when necessary.
14. The Contractor must have a Comprehensive Behavioral Intervention organizational plan that addresses the following:

- a) Description of the particular family centered interventions, coordination, crisis intervention and wraparound service models utilized, types of intervention practiced, and typical daily schedule for staff;
 - b) Description of the staffing pattern and how staff are deployed to ensure that the required staff-to-youth/family ratios are maintained, including how unplanned staff absences, illnesses, etc. are accommodated;
 - c) Description of the hours of operation, the staff assigned and types of services provided to youth/families;
 - d) Description as to how the plan for services is modified or adjusted to meet the needs specified in each youth's individual treatment plan.
 - e) Description of how the developmental needs of youth with intellectual disabilities are accommodated in the program model and in service planning.
15. The Contractor shall conduct a Summary Annual Assessment for SEBD eligible youth in their care at the time the annual assessment is due on youth who have received at least three (3) months of services from the Contractor. See Summary Annual Assessment performance standards in CAMHPS Section II, Part C.
16. Please see CAMHPS, Section I General Standards for additional clinical operation requirements:
- E. CAMHD Co-Occurring Disorders;
 - G. Referral Process for Services:
 - Referral Acceptance;
 - H. CAMHD Continuity of Care;
 - I. Staffing;
 - Supervision;
 - K. Evaluation of Staff Performance;
 - L. Credentialing Requirements;
 - O. Service Quality;
 - Minimum Reporting Requirements;
 - Q. Risk Management:
 - Criminal, Child Abuse, and Background Screening;
 - Safety;
 - Restraints and Seclusion;
 - Sentinel Events and Incidents;
 - Police.

Documentation

In addition to the documentation requirements listed in the CAMHPS General Standards, these requirements must also be followed. If the standards referenced here differ from those in the general standards, these documentation requirements will supersede the general standards.

1. A written treatment plan and current safety plan identifying targets of treatment with realistic goals, objective and discharge criteria linked to the admission behavior/symptoms/skill deficits will be submitted to the CAMHD Branch within ten (10) calendar days of admission. This documentation is required for any re-authorization of Comprehensive Behavioral Intervention services.

2. CBI Workers shall provide a written progress note for each face-to-face contact with the youth and/or family, and for indirect service activities (e.g. team meeting attendance, phone calls with team members) that are billed. Progress notes shall document the course of treatment including a description of the interventions implemented, youth's response, and interpretation of the effectiveness of the intervention in addressing treatment plan goals/objectives. The note shall include the date of service, the length of session, type of therapy provided and specific treatment goals addressed. The notes shall be fully dated and signed by the writer and supervisor if needed. The original note shall be maintained in the agency's master youth file within 24 hours of service.
3. When a PSW is involved with a youth/family, their progress notes shall be co-signed by the CBI worker; the Monthly Treatment and Progress Summary (MTPS) shall be completed by the CBI worker and shall include descriptions of the work done by the PSW when applicable.
4. Please see CAMHPS, Section I, General Standards for additional documentation requirements:
 - F. Service Planning:
 - Mental Health Treatment Plan including transition, crisis and discharge planning;
 - Discharge Summary;
 - N. Maintenance of Service Records:
 - Progress Notes;
 - Minimum Reporting Requirements:
 - Monthly Treatment and Progress Summary.

Attachment G

CAMHD Credentialing and Re-credentialing Policies and Procedures

**CHILD AND ADOLESCENT MENTAL HEALTH DIVISION
POLICY AND PROCEDURE MANUAL**

SUBJECT: Initial and Re-Credentialing of Licensed Qualified Mental Health Professionals	Number:	80.308
	Page:	1 of 15
REFERENCE: HRS; HI QUEST; QARI; HI State; Licensing Boards; CMSS; CAMHD QAIP; NCQA Standards for Credentialing & Re-credentialing: 42CFR; §438.12, § 438.200, § 438.204, § 438.206, § 438.214, §438.224; HSAG Audit Tool; HAR, Title 11, Department of Health, Chapter 98, Special Treatment Facilities	APPROVED:	
	<i>Signature on File</i>	8/23/11
	Administrator	Eff. Date

PURPOSE

The purpose of this policy is to assure that qualified mental health professionals through established minimum qualifications render services to CAMHD youth.

DEFINITIONS

See Glossary of Credentialing Terms (*See Attachment A*)

POLICY

1. The CAMHD ensures a systematic credentialing process of assessing the qualifications of CAMHD and CAMHD contracted Provider Agencies' licensed, Qualified Mental Health Professionals (QMHP), direct care personnel and clinical supervisors. This process ensures that any Hawaii licensed practitioner providing mental health services to youth served by the CAMHD, who either:

- A. Is an independent contractor with CAMHD; or
- B. Is employed with CAMHD; or
- C. Is employed or subcontracted by a CAMHD contracted Provider Agency, hereafter referred to as the Provider Agency; and

is credentialed *prior* to providing direct mental health services to youth.

2. The CAMHD Credentialing Committee, hereinafter referred to as the "Committee" meets monthly to make determination on all credentialing/re-credentialing applications. The Committee makes such determinations in accordance with this policy and the policy and procedures set forth in CAMHD P&P 80.508, "Credentialing Committee."
3. The CAMHD reserves the right to make the final determination about which practitioners may participate in its network and provide services to CAMHD registered youth. Practitioners shall meet all applicable standards to participate in the CAMHD's provider network.

The CAMHD *will not pay* for services rendered if the provider is NOT credentialed.

4. The CAMHD credentials the following licensed practitioners as a QMHP:

- Medical Doctor
- Licensed Clinical Social Worker (LCSW)
- Licensed Marriage and Family Therapist (LMFT)

REVISION HISTORY: 8/13/02, 3/17/03, 7/15/03, 8/25/09
Initial Effective Date: 2/15/02
Biannual Review Date:

File Ref:
A6799

**CHILD AND ADOLESCENT MENTAL HEALTH DIVISION
POLICY AND PROCEDURE MANUAL**

SUBJECT: Initial and Re-Credentialing of Licensed Qualified Mental Health Professionals	Number:	80.308
	Page:	2 of 15

- Licensed Psychologist (Ph.D. or Psy.D.);
 - Advanced Practice Registered Nurse (APRN); and
 - Osteopathic Doctor (D.O.)
5. The licensed practitioners who do not need to be credentialed/re-credentialed by CAMHD include:
- Practitioners who practice exclusively within the inpatient setting and who do not provide mental health care for CAMHD youth who are admitted to a hospital or another inpatient setting. These practitioners need to be credentialed by the hospital or the inpatient setting they provide services.
 - Practitioners who do not provide care for CAMHD youth in a treatment setting (consultants).
6. The CAMHD will delegate to the Hospital-based Residential Programs the credentialing of QMHPs only.
7. **Applications.** The CAMHD Credentialing Section reviews all credentialing and re-credentialing applications. All applications shall include all required documents and verifications that will be presented to the Committee for review and approval. (*See Attachment B, CAMHD Licensed Provider Initial Credentialing Application Form*) A completed application shall include or meet the following requirements:
- A. All blanks on the application form are filled in and necessary additional explanations provided;
 - B. All requested attachments and information have been submitted;
 - C. Verification of the information is complete and done through primary sources when required; and
 - D. All information necessary to properly evaluate the applicant’s qualifications has been received and is consistent with the information provided in the application.
8. **Primary Source Verifications.** The CAMHD delegates primary source verification to the Provider Agencies for their employees and/or subcontractors. The CAMHD delegates the primary source verification to a contracted credentialing verification service for CAMHD employees. Required primary source verifications are outlined in *Attachment C, CAMHD Licensed Provider Checklist (LPC)*, and include verification timeline requirements, and methods of accepted primary source verification.
- A. Practitioners shall be primary source verified with the State of Hawaii Department of Commerce and Consumer Affairs (DCCA), Professional and Vocational Licensing Division at <http://pvl.ehawaii.gov/pvlsearch/app> to verify Hawaii licensure.
 - B. The credentials of practitioners shall be evaluated against pre-determined criteria in conjunction with the National Committee of Quality Assurance (NCQA) and state licensing requirements.

**CHILD AND ADOLESCENT MENTAL HEALTH DIVISION
POLICY AND PROCEDURE MANUAL**

SUBJECT: Initial and Re-Credentialing of Licensed Qualified Mental Health Professionals	Number:	80.308
	Page:	3 of 15

- C. Practitioners will be notified in writing via regular mail of any information obtained during the credentialing process that varies substantially from the information provided to the CAMHD and/or the Provider Agency.
9. **Timeframes.** To prevent the Committee from considering a provider whose credentials may have changed since they were verified, primary source verification should be no more than one hundred eighty (180) days old (unless otherwise stated) at the time of the credentialing committee decision.
- A. **Written verifications.** The one hundred eighty (180) days time limit begins with the date that the credentials were verified (the date on the letter or the signature date) and not when CAMHD or the Provider Agency received the information. Written documentation shall be complete using indelible ink.
- B. **Oral verifications.** Oral verifications require a written statement to the CAMHD stating the verification date, the name of the primary source person who verified the information, the name and dated signature of the CAMHD or Provider Agency staff that conducted the query.
- C. **Internet website verifications.** Internet verifications require the dated signature of the CAMHD or Provider Agency staff that conducted the query on all printed pages. Electronic signatures are allowed provided the signatures are password protected. The Provider Agencies and other agencies designated as primary source verifiers shall send a written report to the CAMHD of their electronic signature password protection policies.
10. **Credentialing Cycle.** Once a practitioner is credentialed, he/she is able to carry the full credential status for two (2)-years with the specified agency he/she is credentialed under. Upon approval, the Credentialing Section shall submit the practitioner’s credentialing information to the CAMHD’s Management Information System (MIS) Section for entry into the information/billing system.
- A. The credentialing cycle begins with the date of the initial Committee decision to approve the credentialing application and ends two (2) years later. For example, if the Committee approved the practitioner’s credentialing application on December 1, 2011, the practitioner’s credentialing period would begin on December 1, 2011 and end on December 1, 2013.
- B. Practitioners are considered credentialed/re-credentialed upon notification from the Credentialing Section after the Committee has rendered its decision.
11. **Confidentiality Policy.** The CAMHD holds all practitioner data and information obtained through the credentialing/re-credentialing process in strict confidence.
12. **Non-discrimination Policy.** The Committee does not make credentialing/re-credentialing decisions based solely on the applicant’s race, ethnic/national identity, gender, age, sexual orientation, or the types of procedures or patients the practitioner (e.g., Medicaid) specializes in.

**CHILD AND ADOLESCENT MENTAL HEALTH DIVISION
POLICY AND PROCEDURE MANUAL**

SUBJECT: Initial and Re-Credentialing of Licensed Qualified Mental Health Professionals	Number:	80.308
	Page:	4 of 15

13. **Practitioner Rights.** The CAMHD shall provide all contracted agencies and CAMHD employees of their practitioner rights in the credentialing/re-credentialing process. Rights include but are not limited to:
- A. A review of submitted information in support of their credentialing/re-credentialing applications;
 - B. The right to correct erroneous information; and
 - C. The right to appeal any credentialing/re-credentialing decisions that limit, suspend or terminate a practitioner's credentialing/re-credentialing status.

PROCEDURES

1. **Credentialing Section Responsibilities:** The Credentialing Section staff, under the oversight of the Performance Manager, will:
- A. Inform the Provider Agencies of CAMHD's credentialing policies and procedures, providing them with a copy of each of CAMHD credentialing policies and procedures. The Provider Agencies are required to have similar policies and procedures to follow within their own agencies that comply with the CAMHD's credentialing policies and procedures.
 - B. Provide training to the Provider Agencies on the credentialing/re-credentialing operational processes and requirements.
 - C. Perform the following prior to the Committee's review of credentialing/re-credentialing applications:
 - 1) Receive and process all credentialing/re-credentialing applications prior to Committee review;
 - 2) Process all applications and conduct preliminary reviews of each practitioner's credentials in accordance with the LPC to ensure all primary source verifications being submitted meet the CAMHD's established criteria;
 - 3) Maintain and have available for review by the Committee the practitioner files that meet established criteria prior to the scheduled Committee meetings;
 - 4) Present a list of the names of all practitioners who meet the established criteria to the Committee for review and final approval;
 - 5) Present to the Committee all applicant files that do not meet all established criteria with all documentation necessary for the Committee to review and render appropriate determinations; and
 - 6) Provide the CAMHD's MIS Section with a list of credentialed practitioners following approval from the Credentialing Committee.

Credentialing/Re-credentialing Documents and Primary Source Verification

Requirements. The Credentialing Section staff will ensure that all credentialing/re-credentialing documentation and verification requirements are met. Primary source verification should be no more than one hundred eighty (180) days old (unless otherwise stated) at the time

**CHILD AND ADOLESCENT MENTAL HEALTH DIVISION
POLICY AND PROCEDURE MANUAL**

SUBJECT: Initial and Re-Credentialing of Licensed Qualified Mental Health Professionals	Number:	80.308
	Page:	5 of 15

of the Committee’s decision. Staff will use the LPC that outlines the CAMHD required primary source verifications, verification timeline requirements, and methods of accepted primary source verification. All boxes of the LPC must be checked off with verifying documents attached. The LPC includes the following criteria items:

- D. Attestation: (See Attachment D, Attestation Letter). The Provider Agency or CAMHD’s designated primary source verification agency representative shall complete the “CAMHD Attestation Letter” and submit the signed original letter to the Credentialing Section.

- E. Background Verification Application. The *Background Verification Form for Qualified Mental Health Professionals* (Application Form). Applicants **shall complete all areas** of the application form including:
 - 1) Identifying Information
 - 2) Educational Information
 - 3) Health status: In the event an applicant answers “Yes”, a letter of explanation must accompany the application. The Committee shall review the letter of explanation and weigh the implications of any health conditions stated as it pertains to the applicant’s ability to perform the functions of the position for which the provider is being credentialed. The Committee may consider approval of the applicant with or without restrictions.
 - 4) Restrictive Actions: In the event an applicant answers “Yes”, a letter of explanation must accompany the application. The explanation shall be for each occurrence with dates, parties involved, circumstances surrounding the situation and the outcomes. The CAMHD shall review the application and letter of explanation from applicant with restrictive actions and a letter of support from the agency addressing the specific restrictive action. Restrictive actions include any of the following below:
 - a. Loss, denial, limitation of privileges or disciplinary activity
 - b. Voluntary relinquishing of privileges or license
 - c. Denial of certification
 - d. Malpractice issues
 - e. Criminal convictions
 - f. Illegal Drug Use
 - g. History of loss or limitation of privileges or disciplinary activity
 - 5) Relevant Work/Volunteer/Intern Experience
 - 6) Release of Information Authorizations: Dated signature required
 - 7) Affirmation: Dated signature required
 - 8) Release and Immunity: Dated signature required
 - 9) Provider Rights

**CHILD AND ADOLESCENT MENTAL HEALTH DIVISION
POLICY AND PROCEDURE MANUAL**

SUBJECT: Initial and Re-Credentialing of Licensed Qualified Mental Health Professionals	Number:	80.308
	Page:	6 of 15

10) Attestation as to the correctness and completeness of the application. The applicant must sign and date the attestation statement in the application.

- F. Resume: The CAMHD does not require primary source verification of relevant work history to be submitted as part of the credentialing/re-credentialing requirement but defers employment verification activities as part of the intra agency human resource functions performed by the CAMHD or Provider Agencies in the case of CAMHD personnel.

For the work history requirement, a minimum of five (5) years of relevant work history must be obtained through the practitioner’s resume. If it is obtained from the resume, the resume must state *a date of preparation* so that the Committee is able to determine the one hundred eighty (180)-day time limit for this criterion. The applicant must submit a written explanation of any gaps over six (6) months.

- G. Education: The CAMHD or the Provider Agency must verify only the highest level of credentials attained. If a physician is board certified, verification of that board certification fully meets this element because specialty boards verify education and training. For practitioners who are not board certified, verification of completion of residency fully meets this requirement. For those who have not completed a residency program, verification of graduation from medical school meets this standard. Old verifications would be acceptable provided it verifies the education that is applicable to the licensure for which the applicant is being credentialed.

1) Education and training including board certification if the practitioner states on the application that he/she is board certified.

2) Education Verification Requirements for Different Specialties:

a. *For Board Certified Physicians:*

Verification of board certification fully meets education verification requirements because medical boards already verify education and training. Separate verification of education and residency training is not required for board certified medical doctors.

b. *For Non-Board Certified Physicians:*

Verification requirements of the completion of residency training or graduation from medical school can be met by the one of the following:

- Confirmation from the medical school
- Entry in the American Medical Association (AMA) Physician Master File
- Entry in the American Osteopathic Association (AOA) Physician Master File
- Confirmation from the Educational Commission for Foreign Medical Graduates (ECMFG) for international medical graduates after 1986

c. *Non-Physician Behavioral Healthcare Professionals*

REVISION HISTORY: 8/13/02, 3/17/03, 7/15/03, 8/25/09
Initial Effective Date: 2/15/02
Biannual Review Date:

File Ref:
A6799

**CHILD AND ADOLESCENT MENTAL HEALTH DIVISION
POLICY AND PROCEDURE MANUAL**

SUBJECT: Initial and Re-Credentialing of Licensed Qualified Mental Health Professionals	Number:	80.308
	Page:	7 of 15

Confirmation from the university specifically stating name of applicant, degree and date conferred. Written verifications must be received directly from the university attended. Telephone verifications are acceptable provided the name of the person verifying the information; the date of verification and the person's name at the primary source is identified in a memo.

- H. Board certification, if designated by the practitioner on the application. **Verification Time Limit:** Any NCQA recognized source is valid up to one (1) year but if it is a document source (e.g. American Board of Medical Specialties (ABMS) Compendium), verification must also be based on the most current edition

If an applicant states in their application form that they are board-certified, the board certification must be queried. Acceptable methods of verification include any of the following:

- 1) *Physicians*
Completion of one of these:
 - Entry in the ABMS Compendium.
 - Entry in the American Osteopathic Association (AOA) Physician Master File.
 - Entry in the AOA Directory of Osteopathic Physicians.
 - Entry in the American Medical Association (AMA) Master File.
 - Confirmation from the specialty board
- 2) *Non-Physician Behavioral Healthcare Professionals*
Confirmation from the specialty board
- 3) *Foreign Trained Physicians*
Foreign trained physicians that graduated and obtained licensed after 1986 must submit a copy of their ECFMG certificate.

- I. State of Hawaii License Verification. **Verification time limit: 180 days**

Applicant shall possess a current license to practice in the State of Hawaii.

The Provider Agency shall confirm that the applicant holds a valid, current State of Hawaii license to practice. The license must be primary source verified with the State of Hawaii Department of Commerce and Consumer Affairs, Professional and Vocational Licensing Division at <http://pvl.hawaii.gov/pvlsearch/app>. A copy of the license shall be printed and the person conducting the query shall date and sign all pages of the printout results.

- J. Controlled Substance – State and Federal. **Verification time limit: Certificate must be effective at the time of the credentialing/re-credentialing committee decision.** If the applicant is a medical doctor, a copy of the current Drug Enforcement Agency (DEA)

**CHILD AND ADOLESCENT MENTAL HEALTH DIVISION
POLICY AND PROCEDURE MANUAL**

SUBJECT: Initial and Re-Credentialing of Licensed Qualified Mental Health Professionals	Number:	80.308
	Page:	8 of 15

and state Narcotics Enforcement Division (NED) certificate must be present at the time of credentialing/re-credentialing approval.

A practitioner with a pending DEA application may be credentialed provided that another practitioner with a valid DEA certificate write all prescriptions requiring a DEA number for the practitioner until the practitioner has a valid DEA certificate. The name of the practitioner with the valid DEA number shall be noted clearly on the credentialing/re-credentialing file of the provider without a DEA number.

K. Malpractice Insurance: *Verification time limit: Coverage must be effective at the time of the credentialing/re-credentialing decision.*

The Provider Agency shall obtain a letter confirming current malpractice coverage from the insurer. The letter shall state the name of the provider, policy number, dates of coverage, and 1 million / 3 million aggregate of coverage. Copies of face sheets from the practitioner will not satisfy this requirement unless it has been received from the insurer.

History of professional liability claims that resulted in settlements or judgments paid by or on behalf of the practitioner. ***Verification time limit: 180 days***

The Provider Agency shall obtain written confirmation of malpractice settlements from the current malpractice carrier and for all malpractice carriers in the past seven (7) years. These years may include residency years. In some instances, practitioners may have been covered by a hospital insurance policy during residency. In these cases, CAMHD or its Agency does not need to obtain confirmation from the carrier.

L. National Practitioner Data Bank Query. *Verification time limit: 180 days*

The National Practitioner Data Bank (NPDB) shall be queried for previous malpractice claims history and/or state licensure sanctions. The CAMHD, Provider Agencies or their primary source verification contractor must become registered users of the NPDB to be able to request verifications. The query results must indicate “no records” query result. In the event that there is a record on file, the applicant must provide a letter of explanation of the record including a printout of the results from the NPDB. The committee will review the implications of the record as it pertains to the applicant’s ability to provide quality services to CAMHD youth.

M. National Provider Identification: *Verification time limit: 180 days*

The National Provider Identifier (NPI) is a Health Insurance Portability and Accountability Act (HIPAA) Administrative Simplification Standard. The NPI is a unique identification number for covered health care providers. Covered health care providers and all health plans and health care clearinghouses must use the NPIs in the administrative and financial transactions adopted under HIPAA. The NPI is a 10-position, intelligence-free numeric identifier (10-digit number). This means that the numbers do not carry other information about healthcare providers, such as the state in which they live or their medical specialty. The NPI shall be used in lieu of legacy provider identifiers in the HIPAA standards transactions. As outlined in the Federal

**CHILD AND ADOLESCENT MENTAL HEALTH DIVISION
POLICY AND PROCEDURE MANUAL**

SUBJECT: Initial and Re-Credentialing of Licensed Qualified Mental Health Professionals	Number:	80.308
	Page:	9 of 15

Regulation, the Health Insurance Portability and Accountability Act of 1996 (HIPAA), covered providers must also share their NPI with other providers, health plans, clearinghouses, and any entity that may need it for billing purposes.

The CAMHD requires an NPI for all QMHPs and MHPs, and all paraprofessionals providing and billing for Intensive In-Home Therapy services.

N. State of Hawaii License Sanctions and Complaints History. *Verification time limit: 180 days*

The practitioner’s license limitations and restrictions must be primary source verified with the State of Hawaii Department of Commerce and Consumer Affairs, Professional and Vocational Licensing Division at <http://pvl.ehawaii.gov/pvlsearch/app>. The results of the complaints history query shall be printed and the person conducting the query shall date and sign all the pages of the printout results.

O. Medicare/Medicaid Sanctions. *Verification time limit: 180 days*

The Office of the Inspector General at <http://exclusions.oig.hhs.gov/search.html> must be queried for the existence of any Medicare/Medicaid sanctions against the applicant. The results of the sanctions query should be printed and the person conducting the query shall date and sign all pages of the printout results. The query results must indicate “no records” query result. In the event that there is a record on file, the applicant shall provide a letter of explanation of the record. The committee will review the implications of the record as it pertains to the applicant’s ability to provide quality services to CAMHD youth.

P. Other State License Verification. *Verification time limit: 180 days*

The Provider Agency shall query an applicant that possesses a current or expired license in another state.

For active licenses, the Provider Agency shall confirm that the applicant’s license is valid and current in the state reported. This query must be primary-source-verified with that state’s licensing board. The person conducting the query must date and sign all the pages of the printout results.

If the license has expired, the Provider Agency shall query the prior complaints history on such license. (See below.)

State sanctions, restrictions on licensure and/or limitation on scope of practice – for both active and expired out of state licenses:

The practitioner’s license limitations and restrictions must be primary source verified with the other state’s licensing board. The person conducting the query shall date and sign all the pages of the complaints history printout results.

Q. Letters of Good Standing from Hospitals with Current Privileges. *Verification time limit: 180 days.*

**CHILD AND ADOLESCENT MENTAL HEALTH DIVISION
POLICY AND PROCEDURE MANUAL**

SUBJECT: Initial and Re-Credentialing of Licensed Qualified Mental Health Professionals	Number:	80.308
	Page:	10 of 15

CAMHD must obtain a letter from any and all hospitals with which the practitioner has current privileges.

R. Hawaii Justice Center Data Bank Verification. *Verification time limit: 180 days*

The CAMHD or Provider Agency shall query the Hawaii Justice Center Data Bank for any criminal record. The query results must indicate “no records found”. In the event that a record is found within the past ten (10) years, the applicant shall provide a written explanation of the record. Rehabilitative or self-improvement programs attended to help improve whatever issues there may be at the time of offense shall be listed. In addition, the Provider Agency shall also submit to CAMHD a written supervision plan that outlines the position and overall function of the applicant, supervision structure, and any other mechanisms in place to prevent similar offenses from occurring while the applicant is employed with the Provider Agency or around CAMHD youth.

S. Child and Abuse Neglect (CAN) Verification. *Verification time limit: 180 days*

The Department of Human Services Child Protective Services Database must be queried for child abuse and neglect records. The "*CAMHD CAN Request Form*" (See *Attachment E*) and "*CAMHD CAN Authorization Form*" (See *Attachment F*) shall be completed. The query results must indicate “no records found”. In the event that a positive CAN record is found, the Provider Agency shall notify the CAMHD Credentialing Section of the record within twenty-four hours (24) by telephone and provide the hardcopy of the positive CAN record within three (3) business days by fax.

The applicant through the Provider Agency shall submit a letter of explanation regarding the positive CAN results to the Credentialing Committee.

Once the applicant is credentialed and a CAN report is received with positive results, the Provider Agency shall suspend the practitioner from providing direct care services to CAMHD youth until the Committee has made a decision.

T. Central Database Check for Sentinel Events, Grievance, and Medicare/Medicaid Exclusion. *Verification time limit: 180 days.*

The CAMHD Credentialing Section shall check its central database to determine if the provider applicant has had previous reports pertaining to Sentinel Events or Grievances or has been excluded from participating in Medicare programs.

2. **Credentialing Committee Decisions.** The Committee shall review the complete application packets presented by the Credentialing Section prior to rendering any determinations. The CAMHD has the right to make the final determination about which practitioners participate within its network.

3. **Notification of Credentialing Adverse Determinations.** The Provider Agency or CAMHD practitioner will be informed in writing of any adverse credentialing/re-credentialing decision(s) from the Chair of the Credentialing Committee.

**CHILD AND ADOLESCENT MENTAL HEALTH DIVISION
POLICY AND PROCEDURE MANUAL**

SUBJECT: Initial and Re-Credentialing of Licensed Qualified Mental Health Professionals	Number:	80.308
	Page:	11 of 15

- A. The decision letter shall be sent to the Provider Agency within fifteen (15) calendar days of the decision. The letter will include the reconsideration and appeal process.
 - B. Upon receipt of an appeal, the CAMHD has thirty (30) calendar days from the date of receipt of the letter of explanation to review documents and render a decision.
 - C. The practitioner has the option to request a hearing and/or be represented by another person of the practitioner's choice.
4. **Practitioner Suspension of Participation.** The Committee has the authority to suspend a practitioner's participation in providing services to CAMHD youth. When there is immediate risk to a youth, the CAMHD shall suspend a practitioner's credentials while an investigation is conducted by the CAMHD.
- A. The suspension process is initiated when a report is made or an investigation occurs in cases where it is determined that potential risks or harm may exist to CAMHD youth and presented to the Committee for review and decision. These preliminary investigative reports to the Committee may be from any of the following:
 - Sentinel Events Unit
 - Grievance Office
 - Performance Monitoring
 - Facility Certification Unit
 - Possible abuse as indicated in the Child Abuse and Neglect Screening (CANS) Check Results
 - B. The Credentialing Section or Performance Management Office shall notify the Provider Agency verbally of the practitioner suspension within twenty-four (24) hours of the identified risk. The Provider Agency shall be notified in writing within seven (7) calendar days of the decision to suspend the practitioner's credentials. During the suspension of credentials, the practitioner may not work directly with CAMHD youth.
5. **Practitioner Restriction or Limitation of Participation.** The Committee has the authority to restrict or limit a practitioner's participation in the CAMHD Provider Network. Restriction or limitation may be considered in any of the following cases:
- A. Previous Grievance, Sentinel Events, or Performance Monitoring report(s) involving any of the events while previously employed with another Provider Agency.
 - B. Previous criminal record within the past ten (10) years.
 - C. Reported prior termination due to poor performance.
 - D. Prior malpractice claims within the past ten (10) years.
 - E. Positive CAN check results within the past ten (10) years.
 - F. Prior drug abuse record within the past ten (10) years.

**CHILD AND ADOLESCENT MENTAL HEALTH DIVISION
POLICY AND PROCEDURE MANUAL**

SUBJECT: Initial and Re-Credentialing of Licensed Qualified Mental Health Professionals	Number:	80.308
	Page:	12 of 15

6. **Practitioner Termination.** The Committee has the authority to terminate a practitioner’s participation in the CAMHD Provider Network. Termination may be considered in any of the following cases:
- Loss of License
 - Exclusion from the Medicare/Medicaid program
 - Misrepresentation of credentials and/or other pertinent information (i.e. restrictive action questions)
 - Involvement in a malpractice claim that involves client safety
 - Criminal indictment of any type
 - Failure to adhere to what is established in the practitioner suspension, restriction or limitation of participation investigations (as described previously in the policy)
 - Findings of fraud and abuse in billing
7. **Practitioner Reinstatement.** If a CAMHD or Provider Agency practitioner is voluntarily or involuntarily terminated by the CAMHD or the Provider Agency and the practitioner wishes to be reinstated:
- A. In the case of voluntary termination the practitioner must again be initially credentialed if the break in service is *thirty (30) calendar days* or more.
 - B. In the case of involuntary termination, after all requests for consideration and Grievance & Appeals has been exhausted and Credentialing not approved, the practitioner shall wait one (1) year from the date of termination before submitting a new application for initial credentialing.
 - C. The CAMHD and/or the Provider Agency shall re-verify credential factors that are no longer within the credentialing/re-credentialing time limits.
 - D. The Committee shall review all credentials and make the final determination prior to the practitioner’s re-entry into the organization. A decision letter shall be processed to the applicant within fifteen (15) calendar days of its decision. The decision letter includes the reconsideration and appeal process stated in the “*Request for Reconsideration & Appeal Process*” section of this policy.
8. **Practitioner Agency Transfer.** Credentialing approval is specific to the Provider Agency making the application for credentialing and is non-transferable. Practitioners wanting to be credentialed at multiple agencies shall submit initial credentialing packet to the Credentialing Section to process for each of the multiple agency.
9. **Initial Credentialing Site Visits.**
- A. Onsite visits shall be conducted on an annual basis for all practitioner sites. These sites shall include treatment offices located within the CAMHD including Family Guidance Centers, or the Provider Agency Administrative Office, community treatment offices, residential facilities, and any other locations as reported by the practitioner applicant.

**CHILD AND ADOLESCENT MENTAL HEALTH DIVISION
POLICY AND PROCEDURE MANUAL**

SUBJECT: Initial and Re-Credentialing of Licensed Qualified Mental Health Professionals	Number:	80.308
	Page:	13 of 15

- B. The *CAMHD Treatment Office Site Visit Tool* shall be used for these treatment office site visits. (*See Attachment G, CAMHD Treatment Office Site Visit Tool*). A designated Performance Management staff shall conduct the reviews. The reviews shall include the following:
 - 1) Treatment Office Evaluation
A minimum score of 90% for the office site section is required. For practitioners providing services in a special treatment facility (STF) or therapeutic group home (TGH), the license to operate issued to the agency by the Office of Health Care Administration (OHCA) will be accepted as verification that the facility is in compliant with all state laws pertaining to the type of service.
 - 2) Treatment Record-keeping Practices
A minimum score of 90% for the office site section is required.
 - 3) Availability of Emergency Equipment
A minimum score of 90% for the office site section is required.
- C. Relocations and Additional Sites
When notified upon any agency’s application to open a new site, the CAMHD Credentialing Specialist or designated CAMHD staff shall conduct a readiness site visit. Instances when CAMHD shall visit new sites include, but are not limited to when a practitioner opens an additional office or moves to offices from one location to another.

10. Follow-up Actions for Initial Onsite Visit Findings/Deficiencies

- A. Reporting of Initial Onsite Audit Deficiencies and Corrective Action Activities
 - 1) If the provider scores lower than the minimum score allowed on any of the criteria in the “Treatment Office Visit Tool” during the initial visit, a request for a corrective action plan from the practitioner shall be made during the exit interview.
 - 2) A written notification of the request for the corrective action shall be sent to the practitioner through the Provider Agency via regular mail or electronic mail.
- B. Credentialing/re-credentialing of the practitioner shall be deferred until all deficiencies in the onsite visit are addressed and a score higher than the minimum scored required is obtained.
- C. Corrective action plans or other required documents shall be submitted to the CAMHD Credentialing Specialist no later than thirty (30) days from the date of onsite visit. The CAMHD shall review the corrective action plan and submitted documents. All primary source verifications in the deferred file would have to be within acceptable timelines at the time of review and approval by the Committee.

**CHILD AND ADOLESCENT MENTAL HEALTH DIVISION
POLICY AND PROCEDURE MANUAL**

SUBJECT: Initial and Re-Credentialing of Licensed Qualified Mental Health Professionals	Number:	80.308
	Page:	14 of 15

- D. Follow-up Onsite Visit. The CAMHD reserves the right to conduct a follow up onsite visit prior to approving the practitioner to ensure that initial deficiencies noted are now within acceptable thresholds.

11. Ongoing Monitoring of Sanctions and Complaints

- A. State sanctions or limitations on licensure. On a yearly basis, the Provider Agency shall verify the status of practitioner’s State of Hawaii licensure, sanctions, or limitations with the State of Hawaii Department of Commerce and Consumer Affairs, Professional and Vocational Licensing Division at <http://pvl.ehawaii.gov/pvlsearch/app>.
- B. In addition, the CAMHD compiles all listing of Medicaid suspended or terminated practitioner letters from the Med-Quest Division. In the event that the name being reported by Medicaid is a current member of the CAMHD provider network, the issue shall be brought to the Committee within **twenty-four** (24) hours of receipt to conduct an emergency meeting to formalize the suspension or termination of the practitioner from the network.
- C. The decision letter shall be issued within fifteen (15) calendar days and include the reconsideration and appeal process stated in the “*Request for Reconsideration & Appeal Process*” section of this policy.

12. Notification to Authorities

The CAMHD reserves the right to rescind the full credentialing/re-credentialing status of any practitioner that does not comply with State Ethics Standards, CAMHD standards, and State and Federal laws range of actions.

- A. If the CAMHD discovers any misrepresentation of credentials or other illegal activities, the Committee shall review and make appropriate decisions. Results of the review may warrant reporting the practitioner’s name and situation to the CAMHD Compliance Committee, Professional Activities Review Committee (PARC), and/or any other appropriate authority for investigation, with a copy to the Provider Relations Liaison. If warranted, the CAMHD shall refer the licensed practitioner’s name to the designated Medicaid Investigator. The CAMHD reserves the right to retain, suspend, or terminate any practitioner that has misrepresented his or her credentials.
- B. The CAMHD Fraud and Abuse Program describe the CAMHD’s procedures for reporting serious quality deficiencies that could result in a provider’s suspension or termination to the Medicaid Fraud Investigator as well as other appropriate authorities.

13. Credentialing Reports

- A. The Provider Agencies are required to submit electronic quarterly reports of their current credentialed licensed staff in the format required by CAMHD.
- B. If a practitioner is terminated, the Provider Agency is required to submit the terminated practitioner’s name and termination code immediately to the CAMHD Credentialing Section via email.

**CHILD AND ADOLESCENT MENTAL HEALTH DIVISION
POLICY AND PROCEDURE MANUAL**

SUBJECT: Initial and Re-Credentialing of Licensed Qualified Mental Health Professionals	Number:	80.308
	Page:	15 of 15

ATTACHMENTS:

- A. CAMHD Glossary of Credentialing Terms, Rev. July 15, 2009
- B. CAMHD Licensed Provider Initial Credentialing Application Form, Rev. July 15, 2009
- C. CAMHD Licensed Provider Initial Credentialing Checklist, Rev. May 19, 2011
- D. CAMHD Attestation Letter, Rev. July 15, 2009
- E. CAMHD Child Abuse and Neglect Disclosure Statement, Rev. 3/2006
- F. CAMHD Child Abuse and Neglect Consent to Release Information, Rev. 02/2006
- G. CAMHD Treatment Office Site Visit Tool; Rev. July 15, 2009

REVISION HISTORY: 8/13/02, 3/17/03, 7/15/03, 8/25/09
Initial Effective Date: 2/15/02
Biannual Review Date:

File Ref:
A6799

Glossary of Credentialing Terms

Alias: An assumed or additional name.

Applicant: Any practitioner applying for credential approval with CAMHD.

Attestation Letter: A letter from a representative of the Agency attesting that they have obtained primary source verification documents from the primary source and that originals of these documents are maintained in the Agency credential file.

BBA: Balanced Budget Act, 42 CFR.

Client: Youth with emotional and/or behavioral challenges receiving intensive mental health services from CAMHD.

Contracted Provider Agency: Agency under contract with CAMHD to provide mental health services to CAMHD clients.

Complete Application: All blanks on the application form are filled in and necessary additional explanations provided; 2) All requested attachments and information have been submitted; 3) Verification of the information is complete and was done through primary sources when required; 4) All information necessary to properly evaluate the applicant's qualifications has been received and is consistent with the information provided in the application.

Credentialing: The systematic process of assessing the qualifications of CAMHD and CAMHD Agencies' qualified licensed mental health professional (QMHP), direct care personnel and clinical supervisors. The credentialing process ensures that staff has the required primary source verified credentials, licenses, certificates, malpractice coverage and other pertinent background to provide services to the consumers of CAMHD.

Credentialing Committee - standing The Credentialing Committee is a standing Child and Adolescent Mental Health Division (CAMHD) committee is designated to provide oversight over CAMHD's credentialing processes in accordance with the Credentialing Committee Policy and Procedures. Membership shall be representative of various disciplines from CAMHD's various sections with preference given, but not limited to licensed professionals.

Delegation- Authority assigned by the CAMHD to another / other organization to conduct functions and activities in CAMHD's behalf according to CAMHD expectations and standards in such a manner that benefits CAMHD. The organization is identified as a "delegate".

Department of Commerce and Consumer Affairs (DCCA): Professional and vocational licensing division of the State of Hawaii

The Educational Commission for Foreign Medical Graduates (ECFMG): Evaluates foreign medical graduates' medical school curriculum to ensure that it is in alignment with the United States' medical school standards.

Mental Health Professional (MHP): Unlicensed, Board Ineligible Psychiatrist; Psychiatric Resident; Unlicensed, Ph.D or Psychologist (Psy D); Registered Public Nurse (RPN), Licensed with Masters Degree; Unlicensed, Masters Psychology; Licensed, Masters Social Work; Unlicensed Masters Social Work (MSW); Unlicensed Marriage & Family Therapist (MFT); Unlicensed, Masters Certified Counselor; Unlicensed, Masters Degree.

The National Provider Identifier (NPI) is a Health Insurance Portability and Accountability Act (HIPAA) Administrative Simplification Standard. The NPI is a unique identification number for covered health care providers. Covered health care providers and all health plans and health care clearinghouses must use the NPIs in the administrative and financial transactions adopted under HIPAA. The NPI is a 10-position, intelligence-free numeric identifier (10-digit number). This means that the numbers do not carry other information about healthcare providers, such as the state in which they live or their medical specialty. The NPI must be used in lieu of legacy provider identifiers in the HIPAA standards transactions. As outlined in the Federal Regulation, The Health Insurance Portability and Accountability Act of 1996 (HIPAA), covered providers must also share their NPI with other providers, health plans, clearinghouses, and any entity that may need it for billing purposes. CAMHD requires an NPI for all QMHPs and MHPs, and all paraprofessionals providing and billing for 13101 (Intensive In-Home therapy) services.

National Commission of Quality Assurance (NCQA) is an independent 501(c)(3) non-profit organization in the United States designed to improve health care quality. NCQA manages voluntary accreditation programs for individual physicians and medical groups. Health plans seeking accreditation measure performance through the Healthcare Effectiveness Data and Information Set (HEDIS).

Paraprofessional (PARA): Certified Substance Abuse Counselor (CSAC); Registered Public Nurse (RPN) Bachelors, Licensed; RPN Associate, Licensed; Licensed Practical Nurse (LPN); Bachelors, Psychology; Bachelors, Social Work; Bachelors, Counseling; Bachelors, Other; Associates, Other; High School Graduate or GED.

Primary Source Verification - The process of verifying an individual professional's verbal or documented claims of professional and legal standing through direct contact with officials at the primary sources of education, licensing, prior employment, insurance carriers, etc.

Practitioner: Any QMHP, MHP or Paraprofessional.

Qualified Mental Health Professional (QMHP): Medical Doctor (M.D.) Licensed Social Worker (LSW), Licensed Marriage and Family Therapist (LMFT), Licensed Psychologist (Ph.D or Psy.D); Advanced Practice Registered Nurse (APRN) and Osteopathic Doctor (D.O.)

Recredentialing A re-verification process of primary source information that may have changed since last reviewed, such as licenses and malpractice claims information

Termination: Voluntary or involuntary end of contract or employment with CAMHD or a CAMHD Contracted Provider Agency.

CAMHD Licensed Provider Credentialing Application Form

This is an application for credential approval with the Child and Adolescent Mental Health Division (CAMHD). If more space is needed than provided on this original, please attach additional sheets and reference the questions being asked. **If a question is not applicable to you please mark N/A in the space.**

IDENTIFYING INFORMATION:

Applicant's Full (Legal) Name: _____

Any alias, maiden, or previous name(s) _____

SSN#	Date of Birth	NPI#	Citizenship
------	---------------	------	-------------

Home Address	City	State	Zip
--------------	------	-------	-----

Office Address	City	State	Zip
----------------	------	-------	-----

Home Phone No.	Office Phone No.	Cell Phone No.
----------------	------------------	----------------

Home Fax No.	Office Fax No.	Pager/E-Mail Address
--------------	----------------	----------------------

PRE-PROFESSIONAL INFORMATION:

Undergraduate College or University _____

Mailing Address	City	State	Zip
-----------------	------	-------	-----

Degree Received	Date of Graduation (month & year)
-----------------	-----------------------------------

PROFESSIONAL INFORMATION:

Graduate College or University

Mailing Address

City

State

Zip

Degree Received

Date of Graduation (month / year)

Dates attended school (From-To)

Telephone Number

FOREIGN MEDICAL GRADUATES - Attach a photocopy of your ECFMG Certificate

INTERNSHIP:

Hospital

Mailing Address

City

State

Zip

Specialty

Date of Completion (month / year)

Dates of Internship (From-To)

Telephone Number

- Did you successfully complete the program? Yes No (If no, give a brief narration)
- If you participated or were a part of any other internships, please note on a separate sheet of paper

RESIDENCIES:

Institution

Mailing Address

City

State

Zip

Specialty

Date of Completion (month / year)

A6799-BP&P 80.308

Attachment B
2 of 13

7/15/2009

Dates of Internship (From-To)

Telephone Number

- Did you successfully complete the program? Yes No (If no, give a brief narration)
- If you participated or were a part of any other residencies, please note on a separate sheet of paper

FELLOWSHIPS:

Hospital

Mailing Address

City

State

Zip

Specialty

Date of Completion (month / year)

Dates of Internship (From-To)

Telephone Number

- Did you successfully complete the program? Yes No (If no, give a brief narration)
- If you participated or were a part of any other fellowships, please note on a separate sheet of paper

SPECIALTY AND BOARD CERTIFICATION:

Please list those specialties with American Boards by where you were/are certified, if any:

Board Name: _____

Specialty: _____ Sub-Specialty: _____

Certificate #: _____ Expiration Date, if any: _____

Re-certification date, if any: _____

WORK HISTORY / AFFILIATIONS:

List all present and previous hospital, agency, and clinic affiliations for the past five years in chronological order:

1) Name of Organization Dates (From – To)

Mailing Address City State Zip Code

2) Name of Organization Dates (From – To)

Mailing Address City State Zip Code

3) Name of Organization Dates (From – To)

Mailing Address City State Zip Code

- If you were affiliated with more than three health care organizations, please list them on a separate sheet of paper with the mailing address and the dates you were affiliated.
- Please provide, on a separate sheet of paper, a chronological listing of all previous experiences including military service, private practice, and teaching. Also, please provide a narration of any breaks in experience.

LICENSURE:

Please list all active and inactive professional licenses you now hold or previously held - attach a clear photocopy of all current license(s).

State License Type & Number Expiration Date

State License Type & Number Expiration Date

IF AN M.D., please attach clear photocopies of your current certification of Federal Controlled Substance Registration Certificate (DEA) and the State of Hawaii's Certificate of Registration for Controlled Substances (CDS). If there are any restrictions on either of these certificates, please list them on a separate sheet of paper.

Federal DEA Registration No.	Expiration Date	Any Restrictions?
------------------------------	-----------------	-------------------

State CDS Registration No.	Expiration Date	Any Restrictions?
----------------------------	-----------------	-------------------

MALPRACTICE INSURANCE INFORMATION:

Please list all the names and complete addresses of current and past liability insurance coverage carriers covering the last 7 years. Attach additional sheets if necessary.

1. **CURRENT INSURANCE** Company Policy #

Mailing Address	City	State	Zip Code
-----------------	------	-------	----------

Coverage Amount: Per Claim	Per Aggregate	Effective Date	Expiration Date
----------------------------	---------------	----------------	-----------------

Please include any limitations / exclusions information.

2. **PREVIOUS** Insurance Company Policy #

Mailing Address	City	State	Zip Code
-----------------	------	-------	----------

Coverage Amount: Per Claim	Per Aggregate	Effective Date	Expiration Date
----------------------------	---------------	----------------	-----------------

Please include any limitations / exclusions information.

3. **PREVIOUS** Insurance Company Policy #

Mailing Address

City

State Zip Code

Coverage Amount: Per Claim Per Aggregate Effective Date Expiration Date

Please include any limitations / exclusions information.

HEALTH STATUS:

Health status is defined as including the physical and mental condition of the applicant as it relates to the individuals ability to exercise those clinical privileges requested.

Do you have any physical and/or mental condition which would interfere with the performance of those privileges which you are requesting and/or the essential functions of the contractual arrangement for which you are applying, with or without accommodation? No Yes (give narration)

RESTRICTIVE ACTIONS:

If you answer yes to any of the questions below, please attach an explanation of each occurrence to include the date, parties involved, circumstances surrounding the situation, and outcome.

1. Has your license to practice medicine, nursing, social work, marriage & family therapy, State and/or Federal Drug Enforcement Administration (DEA) registration or any applicable narcotic registration in any jurisdiction ever been denied, limited, suspended, revoked, not renewed, or subject to probationary conditions, or have been fined or received a letter of reprimand – or is such action pending? No Yes (give narration)
2. Have you ever been denied, for possible incompetence or improper professional conduct, clinical privileges, membership, contractual participation or employment by any agency/organization that provides mental health services or any medical organization (i.e. hospital medical staff, health plan, health maintenance organization (HMO), professional association, medical school faculty position, or other health delivery entity or system). Or have your clinical privileges, membership, participation, or employment at any such agency/organization ever been suspended, restricted, revoke, or not renewed – or is any such action pending? No Yes (give narration)
3. Have you ever voluntarily relinquished privileges or a license anywhere at any time? No Yes (give narration)
4. Have you ever been denied certification/recertification, or has your eligibility status changed with respect to certification/recertification by a specialty board? Not Applicable No Yes (give narration)
5. Have there been, or are there currently pending, any malpractice claims, suits, settlements, or arbitration proceedings involving your professional practice? No Yes (give narration)

6. Have you ever been denied professional liability insurance or has your coverage ever been cancelled? No Yes (give narration)
7. Have you ever been convicted of a crime, pled guilty or “no contest” to a crime, or are you currently under indictment for an alleged crime? No Yes (give narration)
8. Do you presently or have you used any illegal drugs in the past two years? No Yes (give narration)

AFFIRMATION:

I represent that information provided in or attached to this credentialing application form is accurate. I understand that a condition of this application is that any misrepresentation, misstatement or omission from this application, whether intentional or not, is cause for automatic and immediate rejection of this application and may result in the denial of appointment and clinical privileges. In the event of my termination for this reason, I will not be entitled to any hearing, appeal, or other due process rights. Upon subsequent discovery of such misrepresentation, misstatement, or omission, the _____ may immediately terminate my appointment.

PRINT NAME OF APPLICANT: _____

SIGNATURE OF APPLICANT: _____

DATE OF SIGNATURE: _____

LEVELS OF CARE FORM

Applicant’s Name:	
-------------------	--

Please list the levels of care you would provide to our clients.

Services provided (Level of Care)

Agency

AUTHORIZATION FOR RELEASE OF INFORMATION

I, hereby authorize representatives of _____ and Child and Adolescent Mental Health Division (hereafter referred to as CAHMD) to consult with representatives of other hospitals, institutions, government agencies, previous employers, and other persons or entities (hereafter collectively referred to as “persons” or “entities”) to obtain and verify information concerning my professional qualifications, competence, moral character, ethical qualifications, and physical and mental condition and to conduct criminal background checks and Child Abuse and Neglect checks.

I consent to release by any and all hospitals, institutions, government agencies, previous employers, and other persons or entities to _____ and CAMHD all information and documents that may be relevant to an evaluation of my professional qualifications, competence, moral character, ethical qualifications and physical and mental condition.

I hereby release all representatives of _____, CAMHD, and all such persons or entities from any and all liability for their acts performed in good faith and without malice in giving, obtaining, and verifying such information in connection with evaluating my applications, my credentials, and my qualifications

I understand and agree that I, as an applicant, have the burden of producing adequate information to demonstrate to the satisfaction of _____ and/or CAMHD, my professional qualifications, clinical competence, moral character, ethical qualifications and physical and mental condition and for resolving doubts thereto. I further understand and agree that it is my responsibility to inform - _____ of any changes in the information provided through the application during the application period or at any subsequent time.

PRINT NAME OF APPLICANT: _____

SIGNATURE OF APPLICANT: _____

DATE OF SIGNATURE: _____

RELEASE AND IMMUNITY:

By applying for a position with _____, I accept the following condition regardless of whether or not I am granted the position, and intend to be legally bound thereby. These conditions shall remain in effect for the duration of my employment.

1. I authorize the release of all information necessary for an evaluation of my qualifications for initial appointment and or privileges;
2. I authorize _____ its staff and their representative to consult with any prior associate and others who may have information bearing on my professional competence, character, health status, ethical qualification, and ability to work cooperatively with others;
3. I agree to release from liability _____, the staff, or anyone acting by and/or for this agency, and its staff, who act without malice for any matter relating to this application for inclusion and referral, the evaluation of my qualifications or any matter related to appointment or clinical privileges; and
4. I release from liability _____ and staff for all matters relating to appointment and clinical privileges or qualifications for the same, if such acts are made without malice.

PRINT NAME OF APPLICANT: _____

SIGNATURE OF APPLICANT: _____

DATE OF SIGNATURE: _____

CAMHD PROVIDER RIGHTS

1. Process used to making credentialing and re-credentialing decisions.

The credentials of applicants are evaluated against pre-determined criteria in conjunction with NCQA and state licensing requirements. This policy outlines the criteria used to approve applicants. The “*CAMHD Licensed Provider Initial Credentialing Checklist*” and “*CAMHD Licensed Provider Re-credentialing Checklist*” were created to facilitate auditing of primary source verifications in the practitioner’s credential chart. In addition, committee members are also required to use their professional and personal knowledge of the applicant’s business practices, ethics, and ability to provide quality services to CAMHD clients in a safe treatment environment in the decision making process. All of these elements are taken into consideration during the credential approval decision-making process.

2. The process used to ensure that credentialing and re-credentialing are conducted in a non-discriminatory manner.

The CAMHD Credentialing Committee does not make credentialing decisions based solely on the applicant’s race, ethnic / national identity, gender, age, sexual orientation, or the types of procedures or types of patients the practitioner (e.g., Medicaid) specializes in.

3. The process of notification to a practitioner of any information obtained during the credentialing process that varies substantially from the information provided to CAMHD and or the CAMHD Contracted Provider Agency by the provider:

CAMHD and or the CAMHD Contracted Provider agency must notify the applicant of any information obtained during the credentialing process that varies substantially from the information provided to them in writing via regular mail. The applicant must respond within 10 business days from the date of the notification letter with a letter of explanation for the varying information. Additional documents may be submitted to CAMHD and or the CAMHD Contracted Provider agency to substantiate or explain the variations. CAMHD has 30 days from the date of receipt of the letter of explanation to review documents and render a decision. The decision letter includes the reconsideration and appeal process stated below.

The Request for Reconsideration & Appeal Process

If the applicant does not agree with the CAMHD Credentialing Committee’s decision, they have the right to request for reconsideration. Reconsideration requests must be submitted with additional documentation to support the request. These must be received at CAMHD within 10 business days from the decision letter, unless otherwise stated. The CAMHD Credentialing Committee will review the submitted documents and issue a reconsideration decision to the applicant or through the CAMHD Contracted Provider

agency via facsimile or mail within 30 days from the date of receipt of the reconsideration request. The applicant, either directly or through the CAMHD Contracted Provider Agency, has the option to file a formal complaint with CAMHD's Grievance and Appeal Office at 733-8495 in the event the CAMHD Credentialing Committee holds to its original decision.

4. The process to ensure that practitioners are notified of the credentialing or re-credentialing decision within 15 business days of the committee's decision.

A CAMHD Credentialing Committee letter is sent to the applicant through the CAMHD Contracted Provider Agency within 15 business days of the decision. If the applicant does not agree with the decision they are entitled to request for reconsideration through the "*Request for Reconsideration & Appeal Process*" outlined above.

5. The process used to ensure confidentiality of all information obtained in the credentialing process, except otherwise provided by law.

The CAMHD Credentialing Committee and CAMHD Contracted Provider Agencies' Credentialing Specialists and other personnel that have access to credential information must sign the "*CAMHD Credentialing Confidentiality Form*" to ensure confidentiality of all information gathered during the credentialing process, except otherwise provided by law, and are used for the sole purpose of credentials evaluation. In addition, any discussions held during the CAMHD Credentialing Committee must remain confidential except when otherwise provided by law.

6. The right of practitioner's right to review submitted information in support of their credentialing applications:

The applicant has the right to request and review primary source verifications obtained on their behalf. A written request must be sent to the CAMHD Credentialing Specialist, CAMHD Credentialing Department, 3627 Kilauea Avenue, Room 101, Honolulu, HI 96816. The CAMHD Credentialing Department has 30 days to forward copies of primary source documents to the applicant via regular mail. In the event that the primary source verification function has been delegated to the CAMHD Contracted Provider Agency, the written request must be sent to the attention of the CAMHD Contracted Provider Agency Credentialing Specialist. The CAMHD Contracted Provider Agency Credentialing Specialist has 30 days to forward the copies of the primary source documents to the applicant via regular mail.

Peer-review protected information, references, and letters or recommendations may not be reviewed by applicants.

7. The practitioner's right to correct erroneous information:

In the event that credentialing information obtained from other sources varies substantially from that provided by the practitioner, CAMHD must notify the applicant in writing within 10 business days from date of discovery. Notification may be sent directly to the applicant or through the CAMHD Contracted Provider Agency Credentialing Specialist.

The applicant has the right to correct erroneous information by sending a letter directly to the CAMHD Credentialing Committee to the following address: CAMHD Credentialing Specialist, CAMHD Credentialing Department, 3627 Kilauea Avenue, Room 101, Honolulu, HI 96816 or through the CAMHD Contracted Provider Agency in writing within 10 business days from date of receipt of the notification letter from CAMHD. Additional documents may be submitted to CAMHD and or the CAMHD Contracted Provider agency to substantiate or explain the erroneous information. CAMHD has 30 days from the date of receipt of the letter of explanation to review documents and render a decision. The decision letter includes the reconsideration and appeal process stated in the “*Request for Reconsideration & Appeal Process*” section of the CAMHD Credentialing policy.

8. The right of practitioners, upon request, to be informed of the status of their credentialing or re-credentialing application.

The applicant has the right to request, in writing or through telephone, the status of their credentialing or re-credentialing application. CAMHD must respond to such inquiry within 10 business days either in writing or through telephone. In the event that the primary source verification function has been delegated to a CAMHD Contracted Provider Agency, the request must be directed to the CAMHD Contracted Provider Agency Credentialing Specialist. The CAMHD Contracted Provider Agency Credentialing Specialist should then contact the CAMHD Credentialing Specialist if unable to answer regarding the status of the applicant’s application.

INITIAL

**CAMHD LICENSED PROVIDER
CREDENTIALING CHECKLIST**

RE-CREDENTIAL

PROVIDER NAME: _____

PROVIDER AGENCY NAME: _____

PROVIDER I.D. _____

SPECIFIC JOB FUNCTION: _____

PROVIDER NPI NUMBER: _____

LEVELS OF CARE (list all): _____

1	ATTESTATION <input type="checkbox"/> Attestation by Agency Credentialing Specialist that originals of primary source verifications are kept in the Agency Credentialing File <input type="checkbox"/> Date: _____ and must be within 180 days of CAMHD review and approval
2	BACKGROUND VERIFICATION APPLICATION <input type="checkbox"/> Date of Affirmation signature: _____ and must be within 180 days of CAMHD review and approval. <input type="checkbox"/> Restrictive Action Questions answered <input type="checkbox"/> If negative answer, letter of explanation attached. <input type="checkbox"/> Health Status Question answered <input type="checkbox"/> If negative answer, letter of explanation attached. <input type="checkbox"/> Letter(s) of support attached. <input type="checkbox"/> All Levels of Care listed. <input type="checkbox"/> Provider received "Provider Rights".
3	RESUME (Must be dated by the practitioner) <input type="checkbox"/> Date Prepared: _____ and must be within 180 days of CAMHD review and approval. <input type="checkbox"/> If there is any gap over 6 months in employment, letter of explanation attached
4	EDUCATION <input type="checkbox"/> Date of Verification: _____ and must be within 180 days of CAMHD review and approval if using Board Verification as method of verification <input type="checkbox"/> Received directly from the University or telephone verification – no time limit <input type="checkbox"/> Highest Applicable Degree obtained: _____ <input type="checkbox"/> Date conferred: _____
5	STATE OF HAWAII LICENSE VERIFICATION <input type="checkbox"/> Date of Verification: _____ and must be within 180 days of CAMHD review and approval <input type="checkbox"/> Expiration date: _____ <input type="checkbox"/> Name and dated signature of person conducting the query
6	CONTROLLED SUBSTANCE – STATE (For M.D.'s only)

**CAMHD LICENSED PROVIDER
CREDENTIALING CHECKLIST**

	<input type="checkbox"/> Copy of current certificate attached <input type="checkbox"/> Expiration Date: _____
7	CONTROLLED SUBSTANCE – DEA (For M.D.’s only) <input type="checkbox"/> Copy of current certificate attached <input type="checkbox"/> Expiration Date: _____
8	RESIDENCY, INTERNSHIP, FELLOWSHIP – Query Highest Completed (if applicable) <input type="checkbox"/> Date of Verification: _____ and must be within 180 days of CAMHD review and approval if using Board Verification as method of verification. <input type="checkbox"/> Received directly from the program - no time limit <input type="checkbox"/> Using Board Certification in lieu of primary verification with program
9	ECFMG (If M.D., foreign graduate and licensed after 1986) <input type="checkbox"/> Date of Verification: _____ and must be within 180 days of CAMHD review and approval. <input type="checkbox"/> Received directly from ECFMG
10	BOARD ELIGIBILITY / CERTIFICATION IF ALREADY BOARD CERTIFIED: ABPN Boards: <ul style="list-style-type: none"> <input type="checkbox"/> Child / Adolescent Psychiatry Date of Certification: _____ <input type="checkbox"/> Psychiatry Date of Certification: _____ <input type="checkbox"/> Other: _____ Date of Certification: _____ <input type="checkbox"/> Date of Verification: _____ and must be within 180 days of CAMHD approval. <input type="checkbox"/> Received directly from ABPN or <ul style="list-style-type: none"> <input type="checkbox"/> AOA Physician Master File <input type="checkbox"/> AMA Physician Master File <input type="checkbox"/> ABMS Official Directory of Board Certified Medical Specialists through the ABMS CertiFACTS Online, the AMBS Certifax service and the online subscription service, www.boardcertifieddocs.com IF RECENTLY COMPLETED ACGME TRAINING <input type="checkbox"/> Copy of Certification from ACGME
11	CURRENT MALPRACTICE INSURANCE COVERAGE Insurance: _____ Policy #: _____ <input type="checkbox"/> Date of Verification: _____ and must be within 180 days of CAMHD review and approval. <input type="checkbox"/> Expiration Date: _____ <input type="checkbox"/> Verification issued to agency <input type="checkbox"/> Received directly from the insurer <input type="checkbox"/> Provider name stated on letter <input type="checkbox"/> 1 mil / 3 mil aggregate coverage

**CAMHD LICENSED PROVIDER
CREDENTIALING CHECKLIST**

12	<p>MALPRACTICE NO CLAIMS VERIFICATION (Query ALL insurances within the past 7 years) For Current Insurance: _____ Policy #: _____</p> <p><input type="checkbox"/> Date of Verification: _____ and must be within 180 days of CAMHD review and approval.</p> <p><input type="checkbox"/> Verification issued to agency</p> <p><input type="checkbox"/> Received directly from the insurer</p> <p><input type="checkbox"/> Provider name stated on letter</p> <p><input type="checkbox"/> NO CLAIMS verified</p> <p>Prior Insurance: _____ Policy #: _____</p> <p><input type="checkbox"/> Date of Verification: _____ and must be within 180 days of CAMHD review and approval.</p> <p><input type="checkbox"/> Verification issued to agency</p> <p><input type="checkbox"/> Received directly from the insurer</p> <p><input type="checkbox"/> Provider name stated on letter</p> <p><input type="checkbox"/> NO CLAIMS verified</p>
13	<p>National Practitioner Data Bank (NPDB) (only for MDs, PHDs, PSYDs, DOs, APRNs)</p> <p><input type="checkbox"/> Date of Verification: _____ and must be within 180 days of CAMHD review and approval.</p> <p><input type="checkbox"/> Received directly NPDB or verified with NPDB by a third party verification service such as HCVS</p> <p><input type="checkbox"/> Queried as a designated agent of CAMHD</p> <p><input type="checkbox"/> If record found, letters of explanation from employee and supervisor are present.</p>
14	<p>STATE OF HAWAII LICENSE SANCTIONS AND COMPLAINTS HISTORY</p> <p><input type="checkbox"/> Date of Verification: _____ and must be within 180 days of CAMHD review and approval.</p> <p><input type="checkbox"/> Prior complaints verified, printout present</p> <p><input type="checkbox"/> All pages contain name and dated signature of person conducting the query</p>
15	<p>MEDICARE / MEDICAID SANCTION</p> <p><input type="checkbox"/> Date of Verification: _____ and must be within 180 days of CAMHD review approval.</p> <p><input type="checkbox"/> No records found.</p> <p><input type="checkbox"/> Name and dated signature of person conducting the query</p>
16	<p>OTHER STATE LICENSES VERIFICATION (if applicable)</p> <p><input type="checkbox"/> Name of State: _____</p> <p><input type="checkbox"/> Date of Verification: _____ and must be within 180 days of CAMHD review and approval.</p> <p><input type="checkbox"/> Status: ____ Active ____ Inactive</p>

**CAMHD LICENSED PROVIDER
CREDENTIALING CHECKLIST**

	<input type="checkbox"/> Expiration date: _____ <input type="checkbox"/> Prior complaints verified, printout present <input type="checkbox"/> All pages contain name and dated signature of person conducting the query
17	LETTER OF GOOD STANDING FROM HOSPITALS WITH CURRENT PRIVILEGES (if applicable) <input type="checkbox"/> Name of Hospital: _____ <input type="checkbox"/> Date of Verification: _____ and must be within 180 days months of CAMHD approval.
18	NATIONAL PRACTITIONER IDENTIFIER (NPI) <input type="checkbox"/> NPES Printout
19	HAWAII JUSTICE CENTER CHECK (Search for all names/aliases) <input type="checkbox"/> Adult Criminal Convictions verification date: _____ and must be within 180 days of CAMHD review and approval. <input type="checkbox"/> Sex Offender Search verification date: _____ and must be within 180 days of CAMHD review and approval. <input type="checkbox"/> No records found printout signed & dated by person conducting query. <input type="checkbox"/> If record found, a complete printout is present with each page signed & dated by person conducting query. <input type="checkbox"/> Letters of explanation from employee and supervisor are present
20	CHILD ABUSE & NEGLECT CHECKS <input type="checkbox"/> Date of Verification: _____ and must be within 180 days of CAMHD approval. <input type="checkbox"/> If record found, letters of explanation from employee and supervisor are present. <input type="checkbox"/> Consent to release information from Child Protective Services submitted <input type="checkbox"/> If Pending, CA/N Disclosure submittal date: _____
21	COMBINED SENTINEL, GRIEVANCE, AND MEDICAID DATABASE CHECK for reported incidents, complaints, performance issues, child abuse case, and Medicaid sanction (For CAMHD to complete) <input type="checkbox"/> Database checked for a name match. Date checked: _____ <input type="checkbox"/> No name match found. <input type="checkbox"/> If name match found, copy of report attached for committee review

The undersigned credentialing staff has reviewed all of the submitted copies of primary source documents to ensure that they are in accordance to the established CAMHD Licensed Provider Credentialing Requirements. This file is found to be in compliance with the requirements and is recommended for presentation to the CAMHD Credentialing Committee on _____.

CAMHD CREDENTIALING STAFF

DATE

BASED ON THE ABOVE PRIMARY SOURCE VERIFICATIONS THE COMMITTEE HAS GRANTED THE FOLLOWING DECISION:

- APPROVED FULL CREDENTIAL STATUS from _____ to _____. See Official letter.
- DEFERRED – see letter requesting additional information.
- DENIED – see letter stating reason for denial.

**CAMHD LICENSED PROVIDER
CREDENTIALING CHECKLIST**

CAMHD CREDENTIALING CMTE. CHAIR

DATE

USE COMPANY LETTERHEAD

DATE:

CAMHD Credentialing Specialist
Credentialing Unit
Child and Adolescent Mental Health Division
3627 Kilauea Avenue, Room 101
Honolulu, HI 96816

Re: NAME OF PROVIDER:

Dear CAMHD Credentialing Specialist:

I attest that the attached is a complete application per *CAMHD P & P 80.308 or 80.308.1*. Attached please find the copies of primary source verifications for the above named provider. By way of this letter, I am attesting that we have the originals of all submitted primary source verifications and that we received this information directly from the primary source or through a primary source verification service contractor. The originals are maintained in a separate credentialing file for the above provider here at the agency.

I further attest that this application meets the [Agency Name] Human Resources and job requirements to fill the position of [*list position, such as Intensive In-Home Therapist*] and [Agency Name] is in good faith recommending him/her for work with CAMHD youth.

If you have any further questions or concerns, please feel free to call.

Sincerely,

AGENCY REPRESENTATIVE MUST SIGN THIS LETTER. OR THE CREDENTIALING FILE WILL BE CONSIDERED INCOMPLETE AND WILL NOT BE PRESENTED TO THE COMMITTEE UNTIL SIGNATURE IS OBTAINED.

USE COMPANY LETTERHEAD

DATE:

CAMHD Credentialing Specialist
Credentialing Unit
Child and Adolescent Mental Health Division
3627 Kilauea Avenue, Room 101
Honolulu, HI 96816

Re: NAME OF PROVIDER:

Dear CAMHD Credentialing Specialist:

I attest that the attached is a complete application per *CAMHD P & P 80.308 or 80.308.1*. Attached please find the copies of primary source verifications for the above named provider. By way of this letter, I am attesting that we have the originals of all submitted primary source verifications and that we received this information directly from the primary source or through a primary source verification service contractor. The originals are maintained in a separate credentialing file for the above provider here at the agency.

I further attest that this application meets the [Agency Name] Human Resources and job requirements to fill the position of [list position, such as *Intensive In-Home Therapist*] and [Agency Name] is in good faith recommending him/her for work with CAMHD youth.

If you have any further questions or concerns, please feel free to call.

Sincerely,

AGENCY REPRESENTATIVE MUST SIGN THIS LETTER. OR THE CREDENTIALING FILE WILL BE CONSIDERED INCOMPLETE AND WILL NOT BE PRESENTED TO THE COMMITTEE UNTIL SIGNATURE IS OBTAINED.

CHILD ABUSE/NEGLECT Disclosure Statement

Be sure to complete this section completely & legibly.

NAME	
Any Alias(es), Former Name(s), Including Maiden & Married Name(s)	
DOB	
SSN	
AGENCY NAME	

Sign below to the statement A or B that you are declaring to be true.

- A. FOR APPLICANTS WITH A POSSIBLE CHILD ABUSE/NEGLECT RECORD:** I am aware, or suspect that there may be a Child Abuse and/or Neglect record concerning me and/or my family because of an investigation conducted by the Department of Human Services' Child Protective Services. I am disclosing the detailed circumstances in a written, dated, and signed statement attached to this document.

SIGNATURE

DATE

- B. FOR APPLICANTS ATTESTING THEY DO NOT HAVE A CHILD ABUSE/NEGLECT RECORD:** This is to certify that I have not been an involved party to any investigation conducted by the Department of Human Services' Child Protective Services. Discovery to the contrary, of my involvement in an investigation may result in denial or revocation of my active CAMHD credential status.

SIGNATURE

DATE

**CONSENT TO RELEASE INFORMATION FROM THE
Child Protective Services System Central Registry**

I, _____, hereby give my consent to have the Department of Human Services (DHS) conduct a child welfare services Child Protective Services System Central Registry check on me and to release the information to:

Name of Individual or Organizations: _____

Relationship: _____

Address: _____

This consent shall terminate a year from the date of my signature below. I understand that the information I provide about myself shall be used solely for the purpose of conducting the Child Protective Services System Central Registry check.

My Date of Birth: _____ **My Social Security Number:** _____

Any Alias, Former Name, Including Maiden Name: _____

The information to be released shall be limited to the history of abuse or neglect in which I was identified as a perpetrator and as specified below:

Child Protective Services System Central Registry:

- Date of CONFIRMED incident (s) only
- Type of abuse for each incident

I understand that the release of this information may be used as part of a background check for employment purposes and to comply with the requirements for various social services programs within the Department of Human Services, which may result in employment suspension or termination.

Signature

Date

Mail the original consent form to: Department of Human Services, Child Welfare Services Branch, Statewide Child Welfare Services Section, 420 Waiakamilo Road, Suite 300A, Honolulu, Hawaii 96817. Faxes will not be accepted.

Child Protective Services System Central Registry Clearance Form-Experimental (2/06)

TREATMENT OFFICE VISIT

_____ Initial XX Annual Visit

SITE NAME	
SITE ADDRESS	
DATE VISITED	
VISITED BY:	

	YES	NO	N/A	COMMENTS
COMPLIANCE WITH EXISTING STATE LAW				
HIPAA - Office meets req. (ie, computer, waiting area, meeting room, file storage)				
TOTAL SCORE FOR STATE LAW COMPLIANCE				
RECORD-KEEPING EVALUATION				
Paper or electronic records must contain the following:				
A. Patient Identification: Patient's name or ID number on each page				
B. Personal / biographical data: Birth Date, Sex, Address				
C. Dated Entries : All entries in the medical record are dated.				
D. Identification of provider: All entries are identified as to author.				
E. Legibility: Records must be legible				
F. Allergies: Any adverse drug reactions and / or medication allergies or absence of allergies (No known allergies – NKA) are posted in a prominent area in the medical record.				
G. Past Medical History: Record contains the patient's past medical history (for patients seen more than 3+ times) that is easily identifies and includes serious accidents, operations, illnesses. For children, past medical history relates to prenatal care and birth				
H. Immunizations: Pediatric (ages 12 and under) medical records include a completed immunization record or documentation that immunizations are up-to-date.				
I. Diagnostic Information: The medical record contained diagnostic information.				
J. Medication Information: The medical record contains medication information.				
K. Identification of Current Problems: The medical record contains information on current significant illnesses, medical conditions, and health maintenance concerns.				

TREATMENT OFFICE VISIT

_____ Initial XX Annual Visit

SITE NAME	
SITE ADDRESS	
DATE VISITED	
VISITED BY:	

	YES	NO	N/A	COMMENTS
L. Smoking/ETOH/ Substance Abuse: (For patients >12 years old and seen 3+ times) there is documentation in the medical records of cigarette and alcohol use and substance abuse. Abbreviations/ symbols may be appropriate.				
M. Consultations, Referrals, and Specialist Reports: There is documentation in the medical record of any referrals and results thereof.				
N. Emergency Care: Any emergency care rendered is noted in the medical record with physician follow-up noted.				
O. Hospital Discharge Summaries: The record must contain discharge summaries for hospital admissions that occur while the patient is seen by the provider and prior admissions as necessary.				
Patient Visit Data – Patient visits must include at a minimum adequate evidence of:				
A. History to include appropriate subjective and objective information for presenting complaints.				
B. Plan of treatment to include objective goals.				
C. Diagnostic tests.				
D. Treatments and other prescribed regimens				
E. Documentation concerning follow up care, call or visit is included in the medical record, when indicated. Specific time to return is also noted as weeks, days, months, or PRN. There is also documentation that unresolved concerns from previous visits are addressed in subsequent visits.				
F. There is documentation in the medical record of any referrals and results thereof. There is evidence that the ordering physician has reviewed consultation, lab, and x-ray reports files in the medical records, through physician initials or other documentation. Consultations, and significantly abnormal lab and imaging study results specifically notes physician follow up plans.				
G. All other aspects of patient care, including ancillary services are documented.				
TOTAL SCORE FOR RECORD-KEEPING EVALUATION				

TREATMENT OFFICE VISIT

_____ Initial XX Annual Visit

SITE NAME	
SITE ADDRESS	
DATE VISITED	
VISITED BY:	

	YES	NO	N/A	COMMENTS
TREATMENT OFFICE EVALUATION				
Physical Accessibility – For Ambulatory Care				
• Wheelchair accessible				
Physical Appearance				
The office is kept neat, clean, appears properly maintained.				
The office is has adequate lighting				
Adequacy of waiting and examining room				
There is a designated waiting room.				
There is a designated examining room.				
Availability of appointments				
Appointments are available within 24 hours of notification				
TOTAL SCORE FOR TREATMENT OFFICE EVALUATION				
EMERGENCY EQUIPMENT AVAILABILITY				
First Aid Kit				
TOTAL SCORE FOR EMERGENCY EQUIPMENT AVAILABILITY EVALUATION				

TREATMENT OFFICE VISIT
 _____ Initial XX Annual Visit

SITE NAME	
SITE ADDRESS	
DATE VISITED	
VISITED BY:	

SUMMARY OF FINDINGS:	# OF YES	# OF POSSIBLE YES	THRES HOLD	SCORE
COMPLIANCE WITH EXISTING STATE LAW		1	90%	
RECORD-KEEPING EVALUATION		22	90%	
TREATMENT OFFICE EVALUATION		6	90%	
EMERGENCY EQUIPMENT AVAILABILITY		1	90%	
TOTAL SCORE:		30	90%	

Attachment H

CAMHD Reporting Incidents and Sentinel Events Forms

SENTINEL EVENT FORM

Sentinel Event Line: (808) 733-9356

Sentinel Event Fax: (808) 733-9357

Programmatic Adjustments

Additional Information

Event Category

- SE01 **Abuse of Client**
 - SE02 **Death of Client**
 - SE03 **Elopement** (high-risk for harm to self or others)
 - SE04 **Homicide**
 - SE05 **Injury** (requiring emergency dept. or hospital visit)
 - SE06 **Medication Error/Substance Intoxication** (requiring emergency dept. or hospital visit)
 - SE07 **Physical Assault** (requiring emergency dept. or hospital visit)
 - SE08 **Psychiatric Hospitalization**
 - SE09 **Refusal of Life Preserving Medical Treatment**
 - SE10 **Restraint or Seclusion** (lasting longer than 5 minutes)
 - SE11 **Self-Inflicted Potentially Lethal Injury**
 - SE12 **Sexual Assault**
 - SE13 **Suicide**
 - SE14 **Suicidal Threat** (serious – with a plan to harm or act of harm)
 - SE15 **Other** (serious event not described above)
-

Completed by: _____

Date: _____

Approved by: _____

Date: _____



REPORTABLE INCIDENT FORM

Reportable Incident Fax: (808) 733-9357

Care Coordinators must be verbally notified of all reportable incidents **within 24-hours**. This form is to be completed by staff and approved by the program QMHP **within 5 business days**. Reportable incidents should also be documented with a clinical note in the treatment record.

Reportable Incident - an unexpected occurrence involving serious challenging behavior or an injury that does not pose a significant risk of harm or death.

Agency: SELECT LOC: SELECT Island: SELECT
Youth: Last Name First Name DOB: _____
CR#: _____ MHCC: _____ First & Last Name FGC: SELECT
Event Date: _____ Event Time: _____ S/R Duration: _____
Staff Involved: _____

Incident Description

Incident Category

- RI01 **Elopement** (from CAMHD out-of-home placement)
- RI02 **Physical Assault** (not requiring emergency dept. or hospital visit)
- RI03 **Restraint or Seclusion** (less than 5 minutes, not repeated, performed by program staff)
- RI04 **Self-Harm** (parasuicidal)
- RI05 **Suicidal Threat** (without a plan to harm or act of harm)
- RI06 **Other** (significant incident not described above that disrupts treatment)

Completed by: _____

Date: _____

Approved by: _____

Date: _____



Attachment I

CAMHD Seclusion and Restraint Policies and Procedures

Attachment I

CAMHD Seclusion and Restraints Policy & Procedures

CHILD AND ADOLESCENT MENTAL HEALTH DIVISION

POLICY AND PROCEDURE MANUAL	Number: 80.602
CAMHD Administration	Effective Date: July 8, 2003 History: February 17, 2002
SUBJECT: Seclusion and Restraint	Page: 1 of 10 APPROVED:
REFERENCE: Child Health Act, Public Law No. 106-310; 42 CFR Parts 441 and 483; CMS; American Academy of Child and Adolescent Psychiatry Policy Statement; AHA, "Guiding Principles on Restraint and Seclusion for Behavioral Health Services," Feb.'99; CAMHD Sentinel Event Policy.	Chief

PURPOSE

To provide a uniform set of standards and guidelines, conducive with Centers for Medicare and Medicaid Services (CMS) requirements, for the use of restraint or seclusion for youth in out-of-home placements in Child and Adolescent Mental Health Division (CAMHD)-contracted programs.

DEFINITION

Emergency safety situation: when unanticipated youth behavior places the youth or others at serious threat of violence or injury if no intervention occurs and calls for an emergency safety intervention as defined in this section.

Emergency safety intervention: Intervention or action performed in a manner that is safe, proportionate, appropriate to the severity of the behavior, and the youth's chronological and developmental age, size, gender, physical, medical, psychiatric condition and personal history (including any history of physical or sexual abuse) to ensure the safety of the youth and others.

Seclusion: The **involuntary** confinement of a youth in a locked and/or secure room to ensure the safety of the youth or others. Any such isolation in a secure environment from which the youth is not potentially free to leave is considered seclusion (e.g., having a staff member block the exit from the unlocked seclusion room).

Restraint: The restriction of freedom of movement through personal, drug or mechanical means in order to protect the individual from injury to self or to others. There are no distinguishing time limits among any form of restraint.

Mechanical Restraint: Any device attached or adjacent to the youth's body (e.g., four- point bed restraint) that restricts a youth's movement.

Personal (Physical) Restraint: Involves any use of physical force to restrict a youth's freedom of movement. Personal escorts where the youth is willfully cooperating with the escort is not considered a restraint until such time as the youth no longer intends to follow or be escorted (e.g., youth struggles with staff).

Drug (Chemical) Restraint: Any drug that:

- (1) Is administered to manage a youth's behavior in a way that reduces the safety risk to the youth or others;
- (2) Has the temporary effect of restricting the youth's freedom of movement; and
- (3) Is not a standard treatment for the youth's medical or psychiatric condition.

Time Out: The removal of youth from peers or rewarding situations that does not involve seclusion. Time Out is not used as a primary purpose to confine the youth, only to separate the youth from others. Such a restriction requires constant monitoring by staff. The individual is not physically prevented from leaving the designated time-out area.

Serious Injury: Any significant impairment of the physical condition of the youth as determined by qualified medical personnel, including, but not limited to, burns, lacerations, bone fractures, substantial hematoma, and injuries to internal organs, whether self-inflicted or inflicted by someone else.

Sentinel Event: An occurrence involving serious physical or psychological harm to anyone or the risk thereof, as defined under the categories of sentinel event codes and definitions. A sentinel event includes 1) any inappropriate sexual contact between youth, or credible allegation thereof; 2) any inappropriate, intentional physical contact between youth that could reasonably be expected to result in bodily harm, or credible allegation thereof; 3) any physical mistreatment of a youth by staff, or credible allegation thereof; 4) any accidental injury to the youth or medical condition requiring attention by a medical professional or transfer to a medical facility for emergency treatment or admission; 5) medication errors and drug reactions; 6) any fire, spill of hazardous materials, or other environmental emergency requiring the removal of youth from a facility; or 7) any incident of elopement by a youth.

POLICY

1. Each client has the right to be free from restraint or seclusion of any form that is used as a means of coercion, discipline, convenience, or retaliation. For CAMHD-contracted providers providing intensive home and community-based intervention services, the CAMHD recognizes that seclusion and restraint are not available or practicable at these levels of care and therefore, are not generally used in such settings. Mental health professionals providing intensive home and community-based intervention services who might encounter potentially dangerous or otherwise unsafe situations in the community should be knowledgeable about resources and be sufficiently trained to recognize when police, mobile outreach, or emergency services are needed and then be able to assist in accessing the appropriate intervention.
2. Non-aversive interventions and positive behavioral supports shall be the **absolute first course of action** to ensure the safety of the youth and others. These strategies shall be part of a programmatic plan to anticipate and manage a youth's unsafe behavior and shall be clearly documented that such non-aversive strategies were the first course of action.
3. Evidence of the use of non-aversive interventions and positive behavior supports is the expectation of all levels of care.
4. Uses of restraint or seclusion are safety interventions **of last resort** and only in situations where risk of danger to the youth or others is reasonably imminent. Restraint or seclusion:
 5. Is not used as a treatment intervention.
 6. Shall terminate when the emergency safety situation has ended and the safety of all can be ensured, even if the order has not expired.
 7. Is prohibited from the simultaneous use.
 8. May not exceed four (4) hours for 18-21 year olds, two (2) hours for 9-17 year olds, and one (1) hour for children under 9 years of age.
 9. Shall not involve the use of mouth coverings.
 10. Shall not result in harm or injury to the youth.
 11. Standing orders and as-needed (PRN) orders are prohibited.

PROCEDURE

- A. CAMHD shall contractually require that each contracted provider agency shall have policies and procedures regarding the use of restraint or seclusion. The policies and procedures shall include, but are not limited to, the following:
 1. The training that staff shall receive prior to using restraint or seclusion with an emphasis on the serious potential for restraint or seclusion to cause injury or death.
 2. Reviewing and updating restraint and seclusion policies and procedures regularly based on clinical outcomes.
 3. Agency-wide priority to use restraint or seclusion appropriately, safely and in accordance the agency's restraint and seclusion policies and procedures.
 4. Adequate allocation of resources to prevent the frequent use of restraint or seclusion, and
 5. Appropriate decision-making guidelines for when the use of restraint or seclusion is necessary.
- B. Restraint or Seclusion Orders

1. Drug restraints shall be preceded by a written order by a qualified physician. That physician shall be available to staff for consultation, at least by telephone, throughout the period of the emergency safety intervention.
2. Only a board-certified psychiatrist, licensed psychologist, or physician licensed to practice medicine with specialized training and experience in the diagnosis and treatment of mental diseases, may order the use of restraint or seclusion.
 - a. Such orders utilize the least restrictive emergency safety intervention that is most likely to be effective in resolving the emergency safety situation based on consultation with staff.
 - b. Each order shall include:
 - (1) The name and signature of the staff issuing the order;
 - (2) The date and time the order was issued; and
 - (3) The type of emergency safety intervention order, including the length of time authorized.
 - c. For Hospital-Based Facilities: A board-certified psychiatrist, licensed psychologist, or physician licensed to practice medicine with specialized training and experience in the diagnosis and treatment of mental diseases who issued the order shall conduct a **face-to-face assessment** of the youth's well being **within one (1) hour of the initiation of the emergency safety intervention**.
 - d. For Non-Hospital-Based Programs: If the authorized individual who issued the order is not available, Centers for Medicare and Medicaid Services (CMS) regulations require a clinically qualified registered nurse trained in the use of emergency safety interventions shall conduct a **face-to-face assessment** of the youth's well being **within one (1) hour of the initiation of the emergency safety intervention**.
 - e. All assessments will include, but are not limited to:
 - (1) The youth's physical and psychological status;
 - (2) The youth's behavior;
 - (3) The appropriateness of the intervention measures; and
 - (4) Any complications resulting from the intervention.
 - f. The board-certified psychiatrist, licensed psychologist, or physician licensed to practice medicine with specialized training and experience in the diagnosis and treatment of mental diseases issuing the order shall be available to staff for consultation, at least by telephone, throughout the period of the emergency safety intervention.
 - g. If the emergency safety situation continues beyond the time limit of the order for the use of restraint or seclusion, a registered nurse or other licensed staff, such as a licensed practical nurse, shall immediately contact the person who issued the order to receive further instructions.
 - h. In the absence of a board-certified psychiatrist, licensed psychologist, or physician licensed to practice medicine with specialized training and experience in the diagnosis and treatment of mental diseases, verbal orders shall be received by a registered nurse at the time the emergency safety intervention is initiated by staff and the physician shall be available to staff for consultation, at least by telephone, throughout the period of the emergency safety intervention.

Each order shall include:

 - (1) The name of the staff issuing the order;
 - (2) The date and time the order was obtained;
 - (3) The type of emergency safety intervention ordered, including the length of time authorized; and
 - (4) The signature of the staff issuing the order that verifies the verbal order within **twenty-four (24) hours of the order**.
3. If the youth's treatment team psychiatrist is available, only he or she can order restraint or seclusion.
4. If the treatment team psychiatrist is not the person issuing the order, he or she shall be consulted as soon as possible and informed of the situation that required the restraint or seclusion. The date and time of this action shall be documented. The program shall document attempts to establish contact within 24 hours.
5. Written orders are never issued as standing orders or as-needed basis.

C. Monitoring of the Youth:

1. Clinical staff, trained in the use of emergency safety interventions, shall be physically present, continually assessing and monitoring the physical and psychological well-being of the youth and the safe use of restraint throughout the duration of the emergency safety intervention.

2. Clinical staff, trained in the use of emergency safety interventions, shall be physically present in or immediately outside of the seclusion room, continually assessing, monitoring, and evaluating the physical and psychological well-being of the youth in seclusion. Video monitoring does not meet this requirement. The seclusion room shall:
 - a. Allow staff full view of the youth in all areas of the room; and
 - b. Be free of potentially hazardous conditions such as unprotected light fixtures and electrical outlets.

D. Parental Notification

1. At admission, parents or legal guardians and youths are informed of the program's policy regarding the use of restraint or seclusion during an emergency safety situation that may occur. The policy is communicated in a language understood by the youth and his/her parents or legal guardians.
2. Each youth and/or his legal guardian shall be provided with a copy of the program's policy. The policy will inform them of the grievance procedure if they feel that this right has been violated.
3. The youth and/or parents/legal guardian (if the youth is a minor) will acknowledge in writing that they have been informed of and understand the facility's policy. This written acknowledgement will be filed in the youth's record.
4. The program shall notify the parent(s) or legal guardian(s) that the youth has been restrained or placed in seclusion as soon as possible after the initiation of each emergency safety intervention. Documentation of this notification, including the date and time of notification and the name of the staff person providing the notification, will be placed in the youth's file. The program shall document attempts to establish contact within 24 hours.

E. Post-Intervention Debriefings

1. Within twenty-four (24) hours after the use of restraint or seclusion, the youth and all staff (except when the presence of a particular staff person may jeopardize the well-being of the resident) involved in the emergency safety intervention shall have a face-to-face discussion.
 - a. Other staff and the parents or legal guardians may participate when it is deemed appropriate by the facility. If this occurs the program shall conduct such a discussion in a language that is understood by the parents or legal guardians.
 - b. The discussion shall provide both the youth and staff the opportunity to discuss the circumstances resulting in the use of restraint or seclusion and strategies to be used by the staff, the youth, or others that could prevent the future use of restraint or seclusion.
2. Within twenty-four (24) hours after the use of restraint or seclusion, all staff involved in the emergency safety intervention, and appropriate supervisory and administrative staff, shall conduct a debriefing session that includes, at a minimum, a review and discussion of:
 - a. The emergency safety situation that required the intervention, including a discussion of the **precipitating factors** that led up to the intervention;
 - b. Alternative techniques that might have prevented the use of the restraint or seclusion;
 - c. The procedures, if any, that staff are to implement to prevent any recurrence of the use of restraint or seclusion; and
 - d. The outcome of the intervention, including any injuries that may have resulted from the use of restraint or seclusion.
3. The agency shall document in the youth's record that **both** debriefing sessions took place and shall include the names of staff who were present for the debriefing, names of staff who were excused, and any changes to the youth's treatment plan that resulted from the debriefings.

F. Medical Treatment

1. Staff shall immediately obtain medical treatment from qualified medical personnel for a youth injured as a result of an emergency safety intervention.
2. The program shall have affiliations or written transfer agreements with one or more hospitals approved for participation under the Medicaid program that reasonably ensure that:

- a. A youth will be transferred to a hospital and admitted in a timely manner when a transfer is medically necessary for medical care or acute psychiatric care.
- b. Medical and other information needed for care of the youth will be exchanged between the institutions in accordance with State medical privacy law, including any information needed to determine whether the appropriate care can be provided in a less restrictive setting; and
- c. Services are available to each youth twenty-four (24) hours a day, seven (7) days a week.
3. Staff shall document in the youth's record, all injuries that occur as a result of an emergency safety intervention, including injuries to staff resulting from that intervention. Staff shall also document any indications or allegations of injury or misconduct made by the youth along with the program's determination of appropriate follow-up.
4. Staff involved in an emergency safety intervention that results in an injury to a resident or staff shall meet with supervisory staff and evaluate the circumstances that caused the injury and develop a plan to prevent future injuries.

G. Facility/Program Reporting

1. Each agency shall record, maintain, and track, any use of seclusion and restraint following the use of the most recent and current Centers for Medicare and Medicaid Services accreditation requirements. At minimum, information shall include:
 - a. The type of restraint or seclusion used;
 - b. Staff involved;
 - c. Documentation of the verbal and/or written order;
 - d. Witnesses to the restraint/seclusion;
 - e. The time frame and duration of use;
 - f. The rationale for restraint or seclusion;
 - g. The types of less restrictive alternatives that were tried or considered; and
 - h. An assessment of the youth's adjustment during the episode and reintegration to the daily program.
2. A sentinel event telephone call is made to CAMHD within twenty-four (24) hours of the occurrence of the restraint or seclusion. A complete documentation of the episode will follow in the CAMHD seventy-two (72) hour Sentinel Event Report, including (1) a review of the less restrictive alternatives that were considered, and (2) a reference to the debriefing with all staff involved in the event.
3. Psychiatric residential treatment facilities shall report each serious occurrence to both the State Medicaid agency and the state protection and advocacy system no later than close of business the next business day after a serious occurrence.
 - a. Serious occurrences include: Youth's death; serious injury (refer to definition, page 2 of this policy), and youth's suicide attempt.
 - b. Staff shall document in the youth's record that the serious occurrence was reported and the name of the person to whom it was reported. **A copy of this report shall be maintained in the incident and accident report logs kept by the facility.**
 - c. The report shall include the name of the resident, description of the occurrence, and the name, street address, and telephone number of the facility.
 - d. The facility shall notify the youth's parent or legal guardian as soon as possible, but no later than twenty-four (24) hours after the serious occurrence.

H. Education and Training

1. The facility shall require staff to have ongoing education, training, and demonstrated knowledge of:
 - a. Techniques to identify staff and resident behaviors, events, and environmental factors that may trigger emergency safety situations;
 - b. The use of nonphysical intervention skills, such as de-escalation, mediation conflict resolution, active listening, and verbal and observational methods, to present emergency safety situations; and
 - c. The safe use of restraint and the safe use of seclusion, including the ability to recognize and respond to signs of physical distress in youths that are restrained or in seclusion.
2. The facility shall require or adhere to:

- a. Staff certification in the use of cardiopulmonary resuscitation, including annual re-certification;
- b. Individuals who are qualified by education, training, and experience shall provide staff training.
- c. Staff training shall include training exercises in which staff successfully demonstrates in practice the techniques they have learned for managing emergency safety situations;
- d. Trained staff who have demonstrated competency before participating in an emergency safety intervention;
- e. Documentation in individual personnel records certifying successful training and demonstration of competency. Documentation shall include the date training was completed and the name of the persons certifying the completion of training;
- f. Initial training shall be a minimum of eight (8) hours in duration. Staff shall receive at least eight (8) hours of training in crisis intervention annually. At least two (2) times a year, a staff person shall safely demonstrate the safe use of restraint or seclusion techniques.

The availability of all training programs and materials for review by CMS, State Medicaid agency, and CAMHD.

ATTACHMENT(S): None

Review Dates: ____/____/____; ____/____/____; ____/____/____; ____/____/____/

Chief's Initials: [_____] [_____] [_____] [_____]

Attachment J

CAMHD Quality Assurance Improvement Program

Attachment J

CAMHD Quality Assurance and Improvement Program

Fiscal Year 2012
(July 1, 2011 to June 30, 2012)



Table of Contents

1. Purpose of the Quality Assurance and Improvement Program.	3
2. Goals and Objectives of the QAIP.	4
3. Methods Used to Systematically Monitor Care and Services.	6
a. Quality Monitoring Methods	
b. How Issues are Identified	
c. Documentation of Performance Improvement Activities	
d. Stakeholder Involvement in Performance Improvement	
4. Quality Assurance and Improvement Work Plan.	9
a. How Priorities are Set	
b. Standards and Criteria	
c. Collection and Analysis of Data	
d. Delegation Program	
e. Components of the QAIP Work Plan	
5. Overall Program Administration and Oversight of the QAIP.	11
a. Governing Body	
b. Senior Executive Responsibility	
c. Organizational and Committee Structure	
6. CAMHD Committee Descriptions and Functions.	14
a. Quality Steering Committee	
b. Compliance Committee	
c. Credentialing Committee	
d. Evidence-Based Services Committee	
e. Grievance and Appeals Committee	
f. Policy and Procedures Committee	
h. Utilization Management Committee	
7. Additional Reports to the QSC.	21
8. Appendix.	22
Appendix One	
Appendix Two	



Purpose of the CAMHD Quality Assurance and Improvement Program

The mission of the Child and Adolescent Mental Health Division (CAMHD) is to provide timely and effective mental health services to children and youth with emotional and behavioral challenges, and their families. These services are provided within a system of care that integrates Hawaii's Child and Adolescent Service System Program (CASSP) principles, evidence based services, and continuous monitoring.

In implementing a mission that allows children and families to lead full and productive lives, CAMHD delivers effective and efficient services that are located in communities throughout the State of Hawaii. Services are provided in accordance with evidence-based practices, and address the individual needs of each child, youth and family served. Each child or youth's services are coordinated across all agencies and individuals involved. Engagement of the child, youth and family as active participants in the service delivery process is central to CAMHD's mission.

CAMHD's mission is supported through its commitment to continuous performance monitoring, evaluation and improvement at all levels of its service system. This provides a base for accomplishing its mission through open acceptance of accountability for results and achieving efficiencies at all levels of the organization.

The CAMHD Quality Assurance and Improvement Program (QAIP) is a statewide system and addresses all services and service delivery sites. Local-level implementation of the QAIP may consider local context while continuing to reflect a consistent statewide program for quality assurance and improvement. The CAMHD QAIP encompasses its Utilization Management Program. CAMHD's Utilization Management Program reviews utilization at all levels of care and for all aspects of utilization including availability, accessibility, coordination and continuity of care. The purpose of utilization review is to assure that children and youth receive the most appropriate level of service in the least restrictive environment possible. Utilization review data is used for continuous quality improvement.

The overall purpose of the CAMHD Quality Assurance and Improvement Program is to assure eligible youth and families receive the best possible and most appropriate care through highly qualified staff and providers. The program is conducted to ensure positive functional outcomes for youth. The QAIP includes comprehensive monitoring of all types of services provided by CAMHD, clinical quality investigations, maintenance of clinical records, assurance that youth are served in the least restrictive environment possible, and wherever possible in their own home and community. The QAIP program assures that care for youth is continuous and coordinated with all members of the child and family team. Accountability and participation in continuous quality improvement occurs at all levels of the CAMHD service system and includes active involvement of families and service providers.



Goals and Objectives of the Quality Assurance and Improvement Program (QAIP)

The overall system goals of CAMHD are exemplified in its current Strategic Plan, which was submitted in 2010 to the Hawaii State Legislature as statutorily required. It is a document that guides the direction of CAMHD for the four-year period 2010-2014.

Quality improvement in CAMHD occurs systematically and continuously at all levels of clinical service delivery, service infrastructure, and administrative services related to quality of care. The Quality Assurance and Improvement Program is comprehensive and addresses all services provided by CAMHD in all service settings. These services include emergency mental health services, mental health and psychosexual assessments, intensive home and community based interventions, multisystemic therapy, therapeutic residential services, and hospital-based programs.

The QAIP supports the CAMHD service system statewide, including its provider network, in assuring coordinated, timely and appropriate care for all registered youth. Quality improvement focuses on the demographic and epidemiological features of the CAMHD population, which includes youth who are enrolled in QUEST and youth who are not.

The goals of the CAMHD Quality Assurance and Improvement Program, and its Work Plan Activities, support CAMHD in achieving its goals related to quality assurance and improvement. The goals of the CAMHD QAIP are designed to maintain a system of continuous quality improvement so that care and services for children and families contribute to positive life outcomes. The goals are achieved through planned, accountable and systematic performance improvement activities.

The status and results of the QAIP are communicated to staff at all levels through committee reports, presentations at the Quality Steering Committee, and Executive Management team. The quarterly Integrated Performance Monitoring Report is posted on the CAMHD website bi-annually

Objectives of the QAIP are achieved through the implementation of the annual QAIP Work Plan. The Work Plan identifies specific QI activities for each objective, including the individual position and committee that is accountable and timelines for data collection and completion of activities. The QAIP Work Plan for July 2011 to June 2012 (FY2012) is attached to this document.

The goals and objectives of the QAIP are:

1. Ensure that services are provided by Qualified Practitioners.
 - a. Ensure that all Qualified Mental Health, Mental Health, and Para professional providers of CAMHD services are actively credentialed.
 - b. Ensure CAMHD re-credentialing of providers.



- c. Ensure CAMHD contracted providers meet Credentialing Standards, practices, and processes through annual monitoring visits.
2. Ensure that CAMHD youth receive services in a timely and effective manner through an effective Utilization Management Program.
 - a. Ensure eligible youth are provided access to services.
 - b. Ensure that services are made available to eligible youth.
 - c. Monitor the overutilization of overly restrictive levels of care (i.e., Hospital-based Residential, Mainland placement).
 - d. Identify and address areas of underutilization and overutilization of services.
 - e. Monitor actual length of stay in services versus CAMHD standards
 - f. Monitor access to urgent and emergent care.
 - g. Monitor the utilization and outcomes of Evidence-based service contracts.
 - h. Gather and analyze utilization data, communicate findings and make appropriate recommendations through accepted records data.
3. Ensure that CAMHD youth are provided quality services that promote positive outcomes and demonstrate treatment progress.
 - a. Monitor Sentinel Events to ensure that youth are safe.
 - b. Track longitudinal CAFAS, MTPS, and Ohio Functioning Scales for CAMHD youth.
 - c. Conduct annual monitoring of all contracted provider agencies for quality of service provision.
 - d. Review and revise on an annual basis performance standards and practice guidelines and internal CAMHD policies and procedures.
 - e. Support quality care coordination through the monitoring of caseload ratio and Coordinated Service Plan (CSP) timeliness and quality.
4. Monitor consumer and provider satisfaction.
 - a. Monitor consumer satisfaction through grievances and appeals.
 - b. Monitor consumer satisfaction survey results.
 - c. Monitor provider satisfaction survey results.
5. Ensure that CAMHD has processes in place to reduce the risk of fraud and abuse.
 - a. Minimize fraud and abuse through a comprehensive Compliance Plan and Fraud and Abuse Program.
6. Monitor the implementation of CAMHD Strategic Plan Activities (2010-2014).
 - a. Monitor the implementation of activities outlined in the CAMHD Strategic Plan (2010-2014).
7. Be informed of the activities of the Evidence-based Services Committee.
 - a. Be informed on an annual basis on the activities of the Evidence-Based Services Committee.



Methods used to Systematically Monitor Care and Services

Quality Monitoring Methods

Priorities for quality monitoring are identified through the review of available epidemiological, demographic, and performance reporting information. Monitoring occurs for each of the objectives established for the QAIP, and across demographic groups and service settings.

Quality is systematically reviewed through monitoring of performance activities established in the QAIP Work Plan. Methodologies for monitoring are established in the form of written guidelines. Frequency of monitoring is established at a level that can detect the need for any programmatic changes. Quality of clinical care and utilization management is monitored against the Integrated Performance Standards and Practice Guidelines.

CAMHD acknowledges the interdependence of components of systems, and the role they collectively play in impacting performance and outcomes. Performance data are reviewed from a multi-disciplinary, cross-team perspective in order to understand issues and identify opportunities for improvement.

CAMHD follows a basic continuous quality improvement cycle that includes the following components:

1. A plan to improve services
2. Data collection
3. Data analysis
4. Actions and interventions
5. Data collection to determine if the actions had the desired results
6. If the desired result was not achieved, return to the plan stage.

How Issues are Identified

Opportunities for quality improvement are identified through ongoing review of clinical, quality and utilization management data. Data are systematically reviewed through the monitoring of performance data, and reports from specific committees to the Quality Steering Committee. The QSC and its subcommittees, as well as any organizational unit of CAMHD can identify and recommend areas that provide opportunities for improvement.

Criteria for selecting areas for quality improvement include, but are not limited to:

1. Areas that represent a high-risk or high-volume issue for the CAMHD population.
2. Areas that have a high probability of improving care and mental health outcomes for the population served by CAMHD.



3. Areas that there are objective criteria for assessment of improvement.
4. Adequate resources are available to implement the quality improvement and the benefits of the improvement exceed its costs.
5. Areas that support CAMHD achieving its organizational mission.

Documentation of Performance Improvement Activities

Performance improvement activities are systematically implemented, and continuously monitored and tracked. Activities are documented through the following methods:

1. Reporting to the QSC according to the the QSC calendar of reporting requirements specific to each committee and the schedule designated in the annual QAIP Work Plan.
2. Documentation is in the format identified in the QSC Report Cover Page (see attached). Reports include the following: Performance Measures, Data Trends, Analysis of Findings, Recommendations (internal to the specific committee and referrals to the QSC and EMT).
3. Tracking occurs for issues that are identified as opportunities for improvement, or remedial actions in need of correction. The QAIP maintains policies and procedures for taking remedial action including tracking and documentation of actions.

Stakeholder Involvement in Performance Improvement

Involvement of stakeholders in the performance improvement process is integral to assuring joint ownership and participation in quality improvement. Communication and training are conducted for staff, providers and families as described below:

1. Staff

Upon hire, all CAMHD employees are oriented to the QAIP and the QAIP Work Plan, including the function of performance improvement and utilization management in CAMHD. Updates are disseminated through standing committees at least annually. Staff members also receive feedback about performance improvement activities periodically.

2. Provider Agencies

Provider agencies and contractors are informed about contractual obligations related to the CAMHD QAIP, CAMHD performance standards and practice guidelines, and their own quality assurance and utilization management activities through their contracts. All updates to standards and guidelines are communicated to provider agencies and contractors. All provider agencies receive a Provider Manual and all updates as they occur. Further feedback and updates about the CAMHD program, including performance improvement is distributed through a provider newsletter. Meetings with representatives from the provider agencies occur at least quarterly.



Involvement in performance improvement further occurs through participation by representatives of provider agencies on the QSC and various standing committees including the Policies and Procedures Committee, the Safety and Risk Management Committee, and the Training Committee.

3. Families

Families are involved in performance improvement and receive education about the CAMHD program in a number of ways including through the Consumer Handbook, distribution of information through family organizations, and the CAMHD website. Family members receive education through the treatment process. There is family member representation on the QSC and select standing committees: including Grievance and Appeals, Evidence-Based Services, Utilization Management, and various quality-related task forces and focus groups as they occur. The Performance Manager assures orientation is provided for all family member representatives on the CAMHD quality improvement processes including on confidentiality.

4. Providers of Delegated Activities

For providers that are delegated quality management activities, ongoing training and communications are continuously available and systematically provided. Any updates or changes to quality expectations that impact the delegated activity are disseminated in a timely manner. All providers of delegated activities are monitored according to CAMHD policies and procedures for delegation on an annual basis. Findings of the monitoring audits are provided to the delegated provider.



Quality Assurance and Improvement Work Plan

How Priorities are Set

CAMHD establishes a range of areas for working on performance improvement, and establishes priorities as not all areas can be implemented simultaneously. The QAIP Work Plan, based on a fiscal year unless otherwise designated by EMT, guides the performance improvement implementation process. Priorities can be changed through acceptance of THE QSC and approval of EMT based on the identification of opportunities for quality improvement during the year.

Revision of the Work Plan occurs through identification and review of issues by THE QSC or its standing committees, evaluation of revisions by EMT, and approval of EMT. Any revisions to the Work Plan require oversight by THE QSC who assigns accountability for development and monitoring of improvements.

Standards and Criteria

The standards and criteria that guide the QAIP are based wherever possible on monitoring of trends based on CAMHD goal setting, and use the knowledge and experience of experts in the field of children's mental health and the evidence-based literature. The QAIP is further guided by the CAMHD Practice Guidelines and any updates to the Practice Guidelines based on the research of the Evidence-based Services Committee. Standards applied by other similar health plans, children's mental health systems, and industry standards may be used to guide the QAIP, with attention paid to criteria that are objective, measurable and current. Regular review of available sources within CAMHD and its provider network, are used for periodic adjustment to priorities and standards and criteria.

Collection and Analysis of Data

Data required for each activity of the QAIP Work Plan are pre-determined and reflect indicators that allow for evaluation of the effects and findings of interventions. The frequency of data collection varies and is reflective of the nature of the activity. The sources of data include, but are not limited to encounter data, surveys, grievance data, state databases, qualitative data, clinical quality-related referrals, and utilization data.

Delegation Program

CAMHD maintains a delegation program to provide oversight for any areas of quality management that are delegated to another entity. CAMHD may delegate a quality function, but follows its policies and procedures for delegation, and retains ultimate responsibility and accountability of the function, including the right to terminate any delegation agreement. The responsibilities and requirements of CAMHD and the delegated entity are documented in each delegation agreement.



Components of the QAIP Work Plan

The QAIP Work Plan includes the following components:

1. A statement of the purpose
2. Scope
3. Population Demographics
4. Systematic Monitoring
5. Goals and Strategies
6. Activities



Overall Program Administration and Oversight of the QAIP

Governing Body: Authority, Responsibility, and Implementation

The governing body of CAMHD is its Executive Management Team (EMT). The EMT assigns responsibility of its Quality Assurance and Improvement Program to the CAMHD Quality Steering Committee (THE QSC). The voting members of the EMT are the Administrator, the Medical Director, the Performance Manager, the Public Health Administrative Officer, all Branch Chiefs, the Provider Relations Specialist, the Chief Executive Officer of a family organization, a representative from the CAMHD Research and Evaluation Office, and a Psychologist appointed from the Clinical Services Office.

The QSC reports directly to the EMT. The QSC submits the QAIP description, and QAIP Work Plan to the full EMT on an annual basis to the EMT for formal approval. The QSC monitors the overall effectiveness of the QAIP through the Annual The QSC Final Report Evaluation, which is also reviewed and approved by EMT. Periodic updates to the EMT are received through committee reports and updates from the Performance Manager.

The EMT meets at least once monthly. When written reports or issues are received from The QSC, upon review of the reports or issues EMT may:

- Accept the report and findings with confirmation of acceptance;
- Ask for clarification of findings or reassessment of results;
- Direct that the QAIP or QAIP Work Plan be assessed for modification to accommodate the findings or issues of concern; or
- Direct and follow up on the necessary actions pertaining to quality of the CAMHD program.

The CAMHD Administrator is the senior executive responsible for directing, maintaining and supporting an effective system for mental health service delivery for eligible youth and their families. The Administrator is the chair of EMT and a member of the QSC. The Administrator assigns the responsibility of the CAMHD quality improvement program to the Performance Manager and the responsibility of the utilization management program to the Medical Director.

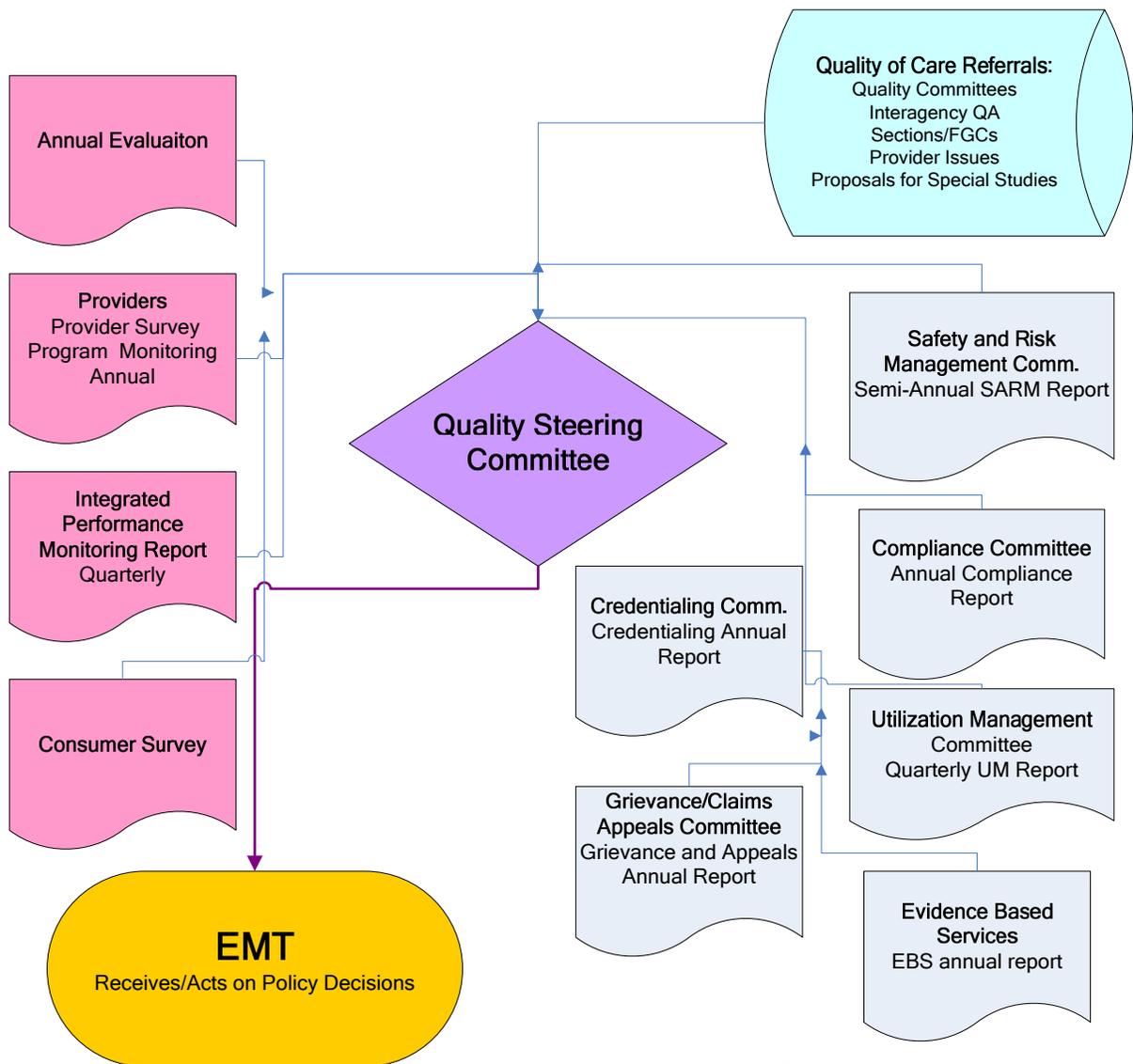
The Administrator further assigns the responsibility of overall oversight of the clinical and medical components of the program to the Medical Director. The Medical Director is, chairperson of the Safety and Risk Management Committee, co-chairperson of the Evidence-based Services Committee, chair of the Utilization Management Committee, a standing member of the Compliance Committee, and is an *ex-officio* member of the Credentialing Committee and Professional Activities Review Committee (PARC).



Organizational and Committee Structure

The CAMHD Executive Management Team has final responsibility for approval and oversight of the management and direction of the Quality Assurance and Improvement Program. The EMT designates the Performance Manager to develop and manage the QAIP and to provide reports on quality management activities, findings and actions to the EMT when actions require policy and procedure change, the actions impact the structure of the system, or as needed. The Quality Steering Committee designates the chair of each committee, shown below, to provide reports on quality management activities related to the respective committee's responsibility. The organizational committee structure is shown below.





QSC Structure



CAMHD Committee Descriptions and Functions

I. Quality Steering Committee (QSC)

Description: The Quality Steering Committee (QSC) oversees the activities of the CAMHD Quality Assurance and Improvement Program (QAIP). The Performance Manager chairs the QSC. The QSC is composed of chairpersons of CAMHD standing committees (as identified above and described below), the Administrator, Medical Director, a representative of the Branch Chiefs, representative from the Research and Evaluation Office, representatives from agencies in the CAMHD provider network, a representative from an organization representing family members, and Chief Psychologist. Standing committees review client care and service delivery for opportunities for improvement that support CAMHD's systems and processes. All standing committees are comprised of members representing various functional disciplines throughout CAMHD. All applicable committees' membership includes provider and family representatives.

Functions: The functions of the Quality Steering Committee include:

1. Identify opportunities for improvement within the CAMHD system from a variety of data collecting sources.
2. Track and/or take actions to address opportunities for improvement in the CAMHD system.
3. Track and evaluate how well the implemented actions worked both at the committee and the QSC level.
4. Develop a QAIP that identifies the reporting requirements for each committee, special or other reports to the QSC, and task groups.
5. Assure the QAIP is comprehensive, systematically implemented, and reviews aspects of care that include availability, accessibility, coordination, appropriateness, quality and outcomes of care.
6. Maintain a process and methodologies for empirically detecting opportunities for improvement and adherence to standards of service delivery and care.
7. Review and discuss areas that have resulted in poor performance or service to consumers with focus on causes of issues.
8. Recommend appropriate improvement strategies and corrective actions.
9. Track issues and quality activities to assure resolution and implementation.
10. Maintain policies and procedures for the QSC including for all standing committees and the QSC functions.
11. Promote systematic distribution of quality information to relevant stakeholders including providers, staff, and EMT.



12. Assure the contents of written reports to EMT provide appropriate information that allows for oversight, actions or recommendations.
13. Review and recommend approval of the annual QAIP description, Utilization Management Program description, QAIP Work Plan, and QAIP Evaluation.
14. Assure that confidentiality is kept and HIPAA requirements are maintained in reporting and meetings.

Reports and Report Summaries: Reports submitted to the QSC are documented in sufficient detail to allow for thorough discussion and formulation of recommendations regarding quality issues. A report summary, in a format approved by the QSC, is attached as a cover to each report. The report summary identifies the type of report, author(s) of the report, and time period covered by the report. The cover sheet also includes recommendations to be approved by the QSC and recommendations to be referred to EMT. The QSC further documents its recommendations before submittal to EMT. The reports attached to the cover sheet include performance measures (if applicable), data trends, an analysis of findings that includes identified strengths and opportunities for improvement, recommendations for the committee report (planned actions/activities, implemented actions/activities, and an update on previously implemented actions/activities), and recommendations to the QSC and subsequently referrals to EMT. The cover sheet is provided as an attachment to the QAIP description.

Referrals to EMT or to other CAMHD Committees: Referrals of issues from Standing Committees to other committees or to the C should be documented in writing. Referrals from the QSC to EMT should be documented in writing, and include sufficient information and recommendations for action. Referral document provided as an attachment to the QAIP description. The CAMHD quality review committees that report to the the QSC consist of the Compliance, Credentialing, Evidence-Based Services, Grievance and Appeals, Policy and Procedure, Safety and Risk Management, and Utilization Management Committees. A description of each committee with respective purpose and reporting requirements to the QSC are described below.

II. Compliance Committee – Annual Report

Description: The purpose of the Compliance Committee is to provide a means for reviewing potential issues, and make recommendations for the CAMHD Compliance Plan. It promotes the prevention, detection and resolution of instances of conduct that do not conform to Federal and State law and Federal health care requirements in respect to fraud and abuse, as well as CAMHD's ethical and business policies. The Public Health Administrative Officer who is the Compliance Officer chairs the committee. It meets no less than quarterly.

Functions: The functions of the Compliance Committee include:

1. Review all CAMHD and provider issues of fraud and abuse.



2. Analyze the CAMHD's regulatory environment, the legal requirements with which it must comply and identify specific risk areas.
3. Work with appropriate CAMHD sections, as well as affiliated providers, to develop standards of conduct and policies and procedures that promote allegiance to CAMHD's Compliance Plan.
4. Recommend and monitor the development of internal systems and controls to carry out CAMHD's Compliance Plan
5. Determine the appropriate strategy to promote compliance with the program and detect any potential violations.
6. Develop a system to solicit, evaluate, and respond to complaints and problems.
7. Monitor internal and external audits and investigations to identify troublesome issues and deficient areas experienced within CAMHD and implement corrective and preventive actions.
8. Revise and update the Compliance Plan and Fraud and Abuse Program to meet updated federal requirements.
9. Review and recommend approval for the Annual Compliance Report to the QSC.

Reports: The Compliance Committee submits an annual report to the QSC.

III. Credentialing Committee – Annual Report

Description: The process of credentialing direct service staff is significantly applicable to Qualified Mental Health Professionals (QMHP) serving CAMHD youths and families since such licensed professionals serve as clinical supervisors of direct service staff. However, because of health, safety, and risk factors involved in serving CAMHD youth, unlicensed Mental Health Professionals as well as Paraprofessionals are also credentialed. As such, in the CAMHD contracted agency network, all providers of direct services to youth are credentialed. This serves as the primary purpose of the Credentialing Committee.

The Credentialing Supervisor chairs the committee. Membership is comprised of cross disciplines representing various CAMHD sections. Provider agencies are not represented because the predominance of applicants credentialed is from CAMHD's contracted agencies. CAMHD's Medical Director is an *ex-officio* member. Frequency of formal meetings are once monthly; however, to accommodate the high rate of agency-submitted documents for credentialing approval, weekly voting of screened and cleared applicants are conducted via e-mail.

Peer review is conducted through the Credentialing Committee, and through a Professional Activities Review Committee (PARC) chaired by a senior Family Guidance Center Clinical Director or Clinical Psychologist with multi-disciplinary membership



comprised of clinicians from the CAMHD Central Offices and Family Guidance Centers. The Credentialing Committee reviews performance data collected through quality monitoring and makes determinations about credentialing and recredentialing practitioners. The PARC reviews both internal and network practices. The Medical Director is an *ex-officio* member of the PARC and maintains guidelines for peer review.

Functions: The functions of the CAMHD Credentialing Committee include:

1. Review and approval of the credentials of all CAMHD and contract agency direct service staff and their supervisors who provide direct services.
2. Oversight over registration of individual providers into CAMHD's billing system - VISTA.
3. Establish protocols relative to clinician credentialing suspensions and terminations and makes decisions based on parameters established.
4. Establish protocols, procedures, and activities designed to achieve progressive credentialing goals such as levels of privileging.
5. Oversee credentialing data, areas of priority focus, and reports. Determine performance measures and indicators that are measures of Committee's progress and achievements.

Reports: The Credentialing Committee submits an annual report to the QSC.

III. Evidence Based Services Committee (EBS) – Annual Report

Description: The EBS Committee has shifted its major focus from knowledge accumulation to dissemination and implementation of evidence-based practices. The committee is comprised of several smaller work groups spearheading four separate, but related, service initiatives: Increasing stakeholder coordination for EBP implementation efforts; Creating EBP intensive learning opportunities for therapist supervisor; Supervising youth EBP training initiatives in graduate programs of study within Hawaii; and, Increasing consumer and parent knowledge and demand for youth EBPs. The committee meets once monthly and is co-chaired by the Medical Director and a University of Hawaii Professor of Clinical Psychology.

Functions: The functions of the committee are:

- 1.

Reports: The EBS Committee submits an annual report to the QSC.



IV. Grievance and Appeals Committee (GAC) – Annual Report

Description: The purpose of the Grievance and Appeals Committee is to hear and act upon consumer and provider issues forwarded as a result of oral or written requests of appeals to decisions made by any area of CAMHD operations. The Performance Manager chairs the Committee. Membership is comprised of staff represented by various sections, including the Public Health Administrative Officer, a FGC Clinical Director, Branch Chief, Provider Relations Specialist, Clinical Services Office representative, and a parent representative. The committee meets at least quarterly.

Functions: The functions of GAC include:

1. Reviewing and rendering decisions following reviews of compilation of documents relating to all factors addressed, investigated, and resolved by the Grievance Office, Clinical Services Office, Fiscal Section staff, or Credentialing Office.
2. Reviewing and endorsing CAMHD yearly reports and work plan activity data related to grievances with action recommendations forwarded to the for review.

Reports: The GAC submits an annual report to the QSC.

V. Policy and Procedures Committee – Annual Report

Description: The purpose of Policy and Procedure Committee is to coordinate and review the development of policies. Membership is comprised of representatives from various CAMHD sections or offices, a provider agency and consumer representative. The Provider Relations Specialist chairs the Policy and Procedure Committee. The committee meets at least quarterly.

Functions: The functions of the committee include:

1. Oversight and coordination of the development and revision of all CAMHD policies and procedures (P&P).
2. Assure policies and procedures are written in standard format.
3. Determining necessary actions to take in processing policies to completion.
4. Processing formal review of final drafts of policy and procedures prior to forwarding for EMT review and Chief's approval and execution.
5. Publish and distribute all official policy and procedure statements to all organizational sections of CAMHD, the Behavioral Health Administration and the Administrative Services Office of the Department of Health, and the Children's Community Council Office.



Reports: The committee submits an annual report to the QSC.

VI. Safety and Risk Management Committee – Bi-Annual Report

Description: This Committee's purpose is to assure staff, visitors and consumers experience a high level of safety in the work place and treatment settings and to identify opportunities for improvement through an on-going effort of risk identification, evaluation, mitigation, resolution, or monitoring. The Medical Director chairs the committee, and vice-chair is a Family Guidance Center Branch Chief. The committee meets at least quarterly.

Functions: The Safety and Risk Management Committee has oversight of quality trends and issues for the following areas:

1. Specific disaster/emergent situations
2. Security (including HIPAA security issues)
3. Preventive maintenance and safety inspections
4. General health issues
5. Safety and well being of clients in CAMHD-contracted facilities/programs
6. Sentinel events and incidents
7. Safety/risk training & education
8. Policies and procedures for safety and risk management issues

Reports: The SARM Committee submits a bi-annual report to the QSC.

VIII. Utilization Management Committee – Quarterly Report

Description: The purpose of the UM Committee is to review all UM data and make recommendations for change in UM guidelines or strategies. The reports reviewed by the committee include a variety of reports designed to look at underutilization or over utilization of services; access to emergency, urgent and routine care; availability of care; least restrictive environment; network adequacy; provider practice patterns; coordination of care and provider satisfaction with the CAMHD utilization management program. The committee meets at least every other month. The UM Committee is chaired by the Medical Director. The UM Committee participants are the CAMHD Medical Director, a representative from the provider network, a Family Guidance Center Branch Chief, a Family Guidance Center Clinical Director, and representatives from the Clinical Services Office, Performance Management Office, and Administrative Office of CAMHD.

Functions: The functions of the UM committee include:

1. Oversee utilization data review strategies and areas of focus.



2. Review and analyze all UM reports to identify opportunities for improvement in the delivery, availability, or access of services and to identify UM achievements.
3. Propose solutions to problems and concerns identified by utilization review activities.
4. Establish procedures designed to achieve the goals and objectives of the UM program.
5. Conduct or recommend specialized studies.
6. Maintain awareness of confidentiality in utilization management activities, decisions, and recommendations.

Reports: The UM committee submits a quarterly report to the QSC.



Additional Reports to the QSC

As noted in the QSC calendar, additional reports are submitted to the QSC. Below is an explanation for each report.

1. **Strategic Plan Reports:** On a quarterly basis, the CAMHD planner will present to the QSC updates on the activities developed to meet CAMHD's Strategic Plan Goals for FY2010 – 2014.
2. **Interagency and Performance Monitoring Report:** On a bi-annual basis, the CAMHD Performance Manager will present to the QSC performance highlights identified from the IPMR. If applicable, activities will be developed and implemented to address concerns in performance.
3. **Program Monitoring Report:** On an annual basis, the CAMHD Program Monitoring Supervisor will present to the QSC cumulative data for the previous fiscal year's case-based reviews, which occur through the annual review of provider agencies. If applicable, activities will be developed and implemented to address concerns in performance.
4. **Annual CAMHD Factbook Presentation:** On an annual basis, the CAMHD Research and Evaluation Office will present to the QSC data for the previous fiscal year. This meeting will be open to all CAMHD employees and contracted providers. If applicable, activities will be developed and implemented to address concerns in performance.
5. **Consumer Survey:** On an annual basis, the CAMHD Research and Evaluation Office will present to the QSC the results from the annual consumer survey. If applicable, activities will be developed and implemented to address concerns in performance.
6. **Provider Survey:** On an annual basis, the CAMHD Provider Relations Liaison will present to the QSC the results from the annual provider survey. If applicable, activities will be developed and implemented to address concerns in performance.



Appendix

Appendix One: Quality Assurance and Improvement Program Work Plan for Fiscal Year 2012

Appendix Two: QSC Cover Page for Reports



Attachment K

Guidelines for Organization-Wide Audit

GUIDELINES FOR ORGANIZATION-WIDE AUDITS

Pursuant to the Single Audit Act Amendments of 1996, Public Law 104-156, the STATE is requiring A-133 audits from subrecipients who expend \$500,000 or more of federal funds in a year.

The audits must be conducted in accordance with the following standards:

1. Generally accepted auditing standards issued by the American Institute of Certified Public Accountants.
2. Government Auditing Standards issued by the Comptroller General of the United States.
3. Office of Management and Budget (OMB) Circular A-133, "Audits of states, local governments, and nonprofit organizations," dated June 30, 1997.

The audits must be conducted on an annual basis and submitted to the STATE within nine (9) months after the end of the audit period.

The audit report shall include the following:

1. The organization-wide financial statements prepared in accordance with generally accepted accounting principles or other comprehensive basis of accounting.
2. A schedule of federal financial assistance in the format prescribed by the OMB Circular A-133.
3. A schedule of the STATE's federal and state contracts received by the organization for the period covered by the financial statements. This schedule shall contain the:
 - a. ASO Log Number.
 - b. Contract amount for the contract period.
 - c. Expenditures charged against the contract during the current audit period and the prior audit periods for expenditure-reimbursement contracts; or amounts of units billed against the contract during the current audit period and the prior audit periods for unit-cost contracts since inception.
4. Auditor's reports on the organization's financial statements, supplemental schedule of expenditures of federal awards, and supplemental schedule of federal and state contracts received by the organization from the STATE.
5. Report on Compliance and on Internal Control over Financial Reporting Based on an Audit of Financial Statements Performed in Accordance with Government Auditing Standards.
6. Report on Compliance with Requirements Applicable to each Major Program and Internal Control over Compliance in Accordance with OMB Circular A-133.
7. Schedule of findings and questioned costs in the format prescribed in OMB Circular A-133.
8. Comments regarding prior year's findings.

(rev. 5/3/04)

Attachment L
Form W-9
Request for Taxpayer Identification Number

<http://www.irs.gov/>