

# **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>	
Program Overview	0 points
Experience and Capability	20 points
Project Organization and Staffing	85 points
Service Activities & Management	185 points
Facilities	15 points
Financial	120 points
 <b>TOTAL POSSIBLE POINTS</b>	 <b>490 points      490 Points</b>

### 4.3 Evaluation Criteria

#### A. Phase 1 - Evaluation of Proposal Requirements

##### 1. Administrative Requirements

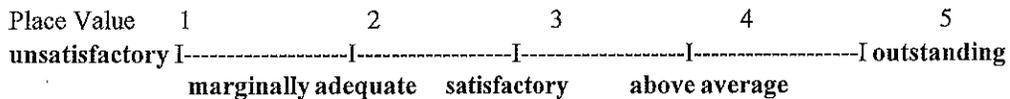
- Application Checklist
- Tax Clearance Certificate (with proposal or when contract is awarded)
- Required direct service staff resumes

##### 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 (490 Points)

A 5-point rating scale will be used to rate the proposal content. Only whole numbers will be assigned (1, 2, 3, 4, or 5), half numbers are not utilized in this 5-point rating scale.



<b>5 - Outstanding</b>	<ul style="list-style-type: none"> <li>▪ Each bullet identified and addressed clearly.</li> <li>▪ Consistently exceeded required elements by clearly proposing additional services or strategies for implementation to achieve the RFP requirements.</li> </ul>
<b>4 - Above Average</b>	<ul style="list-style-type: none"> <li>▪ Bullets addressed clearly in subheading under the appropriate numbered heading.</li> <li>▪ More than met expectations by providing additional details or specific examples of the services or strategies for implementation.</li> </ul>
<b>3 - Satisfactory</b>	<ul style="list-style-type: none"> <li>▪ Competent; general description of "what we do" for all required elements.</li> <li>▪ No additional details, specific examples, or additional services or strategies to achieve RFP.</li> </ul>

<p><i>2 – Marginally Adequate</i></p>	<ul style="list-style-type: none"> <li>▪ <i>Not all bullets or all components of a bullet were evident under the appropriate numbered heading of the RFP.</i></li> <li>▪ <i>Did not answer the question completely in terms of approach, strategies, services, or descriptions.</i></li> </ul>
<p><i>1 – Unsatisfactory</i></p>	<ul style="list-style-type: none"> <li>▪ <i>Not all bullets or components of a bullet were addressed or evident in the proposal.</i></li> <li>▪ <i>Only reiterated the wording of RFP or other attached DOH materials.</i></li> </ul>
<p><i>0 – Incomplete</i></p>	<ul style="list-style-type: none"> <li>▪ <i>A section was not answered.</i></li> </ul>

**Program Overview:** No points are assigned to Program Overview. The intent is to give the applicant information on the organization applying in response to the RFP.

**1. Experience and Capability (85 Points)**

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

<b>A. Experience</b>		
<p>The Applicant <u>has listed and briefly described each previous or current contract(s) and experience(s) consistent with this RFP:</u></p> <ul style="list-style-type: none"> <li>▪ Does the proposal provide a description of verifiable experience within the past five (5) years utilizing OTs, PTs, SLPs, SPEDs, teachers (with special education or early childhood background), COTAs, PTAs, SWs, CCs, general educators (no special education or early childhood background), and/or educational assistants to provide early intervention services for children, birth to age three (3), with special needs and their families?</li> </ul>		25
<ul style="list-style-type: none"> <li>▪ Does the proposal provide a description of verifiable experience OTs, PTs, SLPs, SPEDs, teachers (with special education or early childhood background), COTAs, PTAs, SWs, CCs, general educators (no special education or early childhood background), and/or educational assistants for children with special needs over age 3 and their families. Applicant shall describe the age range of children for whom these same services were provided?</li> </ul>		10

<ul style="list-style-type: none"> <li>▪ Does the proposal provide a description of verifiable experience providing alternative services (e.g., not OT, PT, SLP, SPED, SW) to children birth to age 3 with special needs and their families? Applicant shall describe the services provided.</li> </ul>		5
<b>B. Quality Assurance and Evaluation</b>		
<p>The Applicant has fully described its plans for quality assurance and evaluation for the proposed services, including methodology to be used to assess or evaluate the quality and utilization of services, and has addressed:</p> <ul style="list-style-type: none"> <li>▪ How the quality of services provided to eligible children and their families will be assessed or evaluated;</li> <li>▪ How the programs will assure that their procedures meet federal, state, and EI requirements; and</li> <li>▪ How the program will assure that the following quality assurance and program requirements are followed: <ul style="list-style-type: none"> <li>○ Supporting IDEA Part C monitoring activities;</li> <li>○ Completing self-assessments when directed;</li> <li>○ Developing Corrective Action Plans as necessary;</li> <li>○ Participating in the Coordinated Service Review process;</li> <li>○ Providing valid and reliable data as required; and</li> <li>○ Meeting other requirements as determined by EIS?</li> </ul> </li> </ul>		20
<b>C. Coordination of Services</b>		
<p>The Applicant has fully described:</p> <ul style="list-style-type: none"> <li>▪ How they will ensure that the services they provide are coordinated with other providers that serve this population in the geographical area for which the Applicant is applying. The strategies that will be implemented to help identify difficult-to-reach families and under-represented populations, including minorities, low-income, inner-city, rural and homeless and encourage them to participate in early intervention activities to support their child's development.</li> <li>▪ Who they intend to coordinate/collaborate with and why.</li> </ul>		5

<b>D. <i>Transdisciplinary Services</i></b>		
<p>The Applicant has fully described:</p> <ul style="list-style-type: none"> <li>▪ The purpose and philosophy of the transdisciplinary service delivery model.</li> <li>▪ How the transdisciplinary service provision model shall be implemented, including how the PP will be identified, who may act in the role of the PP, and how consultants will support the model.</li> <li>▪ Whether the PP exception will be utilized and if so, which staff shall act in this role?</li> <li>▪ In what circumstances, if any, the transdisciplinary model is not appropriate.</li> </ul>		20

2. ***Project Organization and Staffing (85 Points)***

<b>A. <i>Staffing/Qualifications/Supervision &amp; Training</i></b>		
<ul style="list-style-type: none"> <li>▪ Does the proposal describe in detail, a staffing pattern for therapeutic and special instruction staff, certified assistants, and direct service support staff, including a child/staff ratio for each discipline expected to be part of the service delivery team, to ensure services are available based on the number of children to be served. Is there sufficient justification for the staffing pattern described?</li> </ul>		30
<ul style="list-style-type: none"> <li>▪ Does the proposal describe how the staff will be used to support the transdisciplinary model?</li> </ul>		10
<ul style="list-style-type: none"> <li>▪ Does the proposal provide sufficient justification for the FTE of the Program Manager, clerical staff and data staff?</li> </ul>		5
<ul style="list-style-type: none"> <li>▪ Does the proposal provide sufficient justification for the FTE of the SW and/or CC?</li> </ul>		5
<ul style="list-style-type: none"> <li>▪ Does the proposal describe in detail, for each position they intend to include as part of their service delivery team, staff qualifications, including education, licensure/certification, and experience that meet the minimum necessary qualifications as described in this RFP?</li> </ul>		10
<ul style="list-style-type: none"> <li>▪ Does the proposal describe the plan to ensure that staff who does not meet the standards will be provided with appropriate training, support and supervision?</li> <li>▪ Does the proposal describe the plan, including proposed timelines, to ensure staff meets the identified standards in the Hawaii Early Intervention State Plan?</li> </ul>		10

<ul style="list-style-type: none"> <li>▪ Does the proposal fully describe in detail how and when staff will be supervised and evaluated, how and when staff training needs will be identified and supported, and how and when staff will be trained to implement the transdisciplinary model.</li> <li>▪ Does the proposal fully describe how the safety of staff and families will be ensured when services are being provided?</li> </ul>		10
<b>B. Project Organization</b>		
<ul style="list-style-type: none"> <li>▪ Does the Applicant include an organization chart for both the Agency and the Early Intervention Program? If there is only one organizational chart, are the administrative versus the programmatic responsibilities clearly delineated?</li> </ul>		5

**3. Service Activities and Management Requirements (185 Points)**

<p><b>A. Service Activities:</b> Does the Applicant's proposal describe in detail, the process of completing each of the following activities:</p>		
<ul style="list-style-type: none"> <li>▪ <u>Process referrals from the EIS's state-wide Hawaii Keiki Information Services System (H-KISS) and other IDEA Part C referral sources, describing: who, in addition to H-KISS, may refer children to their POS program and how the Applicant will handle referrals that are in excess of the children they are contracted to serve, knowing that they are responsible for accepting all referrals in their geographical area?</u></li> </ul>		5
<ul style="list-style-type: none"> <li>▪ <u>Identify an interim care coordinator (CC) for each child/family at the time of their referral to the early intervention program, describing: who is appropriate to be assigned as CC and why those individuals are appropriate; how the interim CC will be assigned; the roles/responsibilities of the roles/responsibilities of the interim CC; and how the Applicant will ensure that families are contacted within 2 working days of the referral?</u></li> </ul>		5
<ul style="list-style-type: none"> <li>▪ <u>Provide intake services, describing: the purpose of intake and the steps each person will take to ensure the intake process is both complete and successful?</u></li> </ul>		5

<ul style="list-style-type: none"> <li>▪ <u>Complete timely Multidisciplinary Developmental Evaluations (MDEs), describing:</u> how all MDEs will be completed by the due dates or as needed; how the MDE team will be determined; the role of the family in the MDE process; how, if reticent, the family will be encouraged to actively participate in the evaluation; and the procedure to be followed if a child is found ineligible for early intervention services?</li> </ul>		10
<ul style="list-style-type: none"> <li>▪ <u>Complete an assessment of the child and family, describing:</u> how unique strengths and needs of the child will be identified; how the resources, priorities, and concerns of the family will be identified; and how information will be provided to the family to encourage their participation in the family assessment even though it is voluntary?</li> </ul>		10
<ul style="list-style-type: none"> <li>▪ <u>Complete timely Individualized Family Support Plans (IFSPs) for all eligible infants and toddlers and their families, describing:</u> how all IFSPs are completed by due dates or as needed; how the Applicant will ensure that appropriate individuals will be invited to the IFSP meeting; the roles and responsibilities of the IFSP team to support the IFSP process; how the Applicant will ensure that the family's priorities will be addressed in the IFSP; how the CC facilitating the IFSP meeting will handle situations when family priorities are not supported by the evaluation results; how the Applicant will ensure that outcomes and objectives are functional and support the family's daily routines; that examples of functional outcomes and objectives are included; and how the MDE results will support the development of the IFSP?</li> </ul>		10
<ul style="list-style-type: none"> <li>▪ <u>Provide CC services describing:</u> how and when the CC will be identified; how the Applicant will ensure that services are coordinated with other appropriate agencies; and how the CC can provide the necessary support to families when their caseload exceeds the 1:35 ratio?</li> </ul>		5

<ul style="list-style-type: none"> <li>▪ <u>Provide or link children and families with mandated early intervention services, describing:</u> how care coordination, family training, counseling, home visits, occupational therapy, physical therapy, special instruction, speech-language pathology, and social work services will be provided by program staff; how families will be linked to: assistive technology devices and services, audiology services; sign language and cued language services; health services necessary to enable the infant or toddler to benefit from other early intervention services; medical services only for diagnostic or evaluation purposes; nursing services; nutritional services; psychological services; vision services; and transportation and related costs that are necessary to enable the infant or toddler and the family to receive other services described here; what it means to be “linked” to these services; how services will be provided to enhance the family’s capacity to support their child’s development; and how and when these services can be provided to support the socialization of enrolled children with typically developing peers?</li> </ul>		10
<ul style="list-style-type: none"> <li>▪ <u>Provide services in the child’s/family’s natural environments and within the child’s/family’s daily routines, describing:</u> how the interim CC will explain to families why it is important that services will be provided in natural environments and within their daily routines and the benefits to the children and families; how the CC will respond if the family would rather have services at the Applicant’s site; and provide specific examples of appropriate natural environments in the geographic region for which the Applicant is applying, especially if families do not want to be served in their home?</li> </ul>		15
<ul style="list-style-type: none"> <li>▪ <u>Provide support to families, describing:</u> how the level of support needed by each family will be determined; how support will be provided to families to help them understand and acknowledge that they possess a wide range of strengths, skills and abilities to support their child’s development; how support will be provided so that families will feel an increase in self-sufficiency; how strategies will be identified to reach difficult-to-reach families, specifically the under-represented families including minority, low income, inner-city, rural, and homeless, and encourage them to participate in early intervention activities to support their child’s development?</li> </ul>		10

<ul style="list-style-type: none"> <li>▪ <u>Assist families to access a medical home for their child, describing:</u> how the Applicant will assist families to access a medical home (i.e., primary care provider [PCP]) for preventive care, anticipatory guidance and well-child care if they do not have a medical home; and how the CC will encourage families to include the PCP as part of the IFSP team?</li> </ul>		5
<ul style="list-style-type: none"> <li>▪ <u>Implement transition activities prior to the child's third birthday, describing:</u> how and when families will be informed that services for their child will end at age three; how the Applicant will ensure that transition will be discussed at each IFSP meeting; how families' expectations for their children regarding potential future services, placements and other matters related to the transition, will be identified; how children will be prepared to function successfully in a new setting; how families will be informed and supported regarding potential changes in their child's setting; the types of settings that might be appropriate for children exiting from Part C EI programs, depending on their skills and abilities; how the Applicant will ensure that Transition Notices and Transition Conferences are sent/held within state and federal required timelines; that families understand the purpose of a Transition Conference and how the Applicant will encourage/ensure that the appropriate individuals attend?</li> </ul>		10

<b>B. Management Requirement - Administrative</b>		
<ul style="list-style-type: none"> <li>▪ Does the Applicant describe how the program will ensure that reports and data required by EIS (including Medicaid/other billing activities and reports) are valid and reliable and will be submitted within the required timelines?</li> </ul>		10
<ul style="list-style-type: none"> <li>▪ Does the Applicant describe how the program will ensure that FERPA, HIPAA and other administrative requirements will be met, including how child data will be kept confidential?</li> </ul>		5
<ul style="list-style-type: none"> <li>▪ Does the Applicant include a schedule on the days, times, and where services will be delivered? Does the Applicant describe how this schedule will support family participation?</li> </ul>		5

<ul style="list-style-type: none"> <li>▪ Does the Applicant describe how and when families are informed of, and understand their rights, regarding or that: timelines for MDE, IFSP and services; who can be included in the IFSP meeting; family has an assigned CC to ensure IFSP services are provided; written prior notice shall be given to the family as required; parents may examine their child’s file and may receive copies of the records for the fee prescribed; personally identifiable information about anyone in the family will not be released parental consent; parents can disagree with any recommendations and only those they consent to shall be provided; they should contact their CC, the PM, or EIS Contracts Unit Supervisor if they have concerns regarding the services being provided; they may submit a formal written complaint or due process hearing request if they think their rights are violated; mediation shall be provided whenever a due process request is received; and services shall continue consistently with the IFSP, pending the outcome of the complaint or due process hearing?</li> </ul>		10
<ul style="list-style-type: none"> <li>▪ Does the Applicant describe how the program will have the resources to provide interpreter services, including sign language interpretation as needed?</li> </ul>		5
<ul style="list-style-type: none"> <li>▪ Does the Applicant describe their policies and procedures that ensure that the staff providing the services will not subject children to physical, verbal, sexual, or psychological abuse and punishment and how these policies will be monitored?</li> </ul>		5
<ul style="list-style-type: none"> <li>▪ Does the Applicant describe their policies and procedures concerning incidents of neglect and abuse by the child’s family or caregiver and how these policies will be monitored?</li> </ul>		5
<ul style="list-style-type: none"> <li>▪ Does the Applicant describe how the DOH, EIS will be acknowledged as the program’s sponsor on all printed materials; and did the Applicant include a copy of materials either currently disseminated to families or a rendering of proposed Agency materials?</li> </ul>		5
<ul style="list-style-type: none"> <li>▪ Does the Applicant acknowledge that they will have staff badges that meet EIS requirements and will be worn when staff is in the field and is a rendering of the proposed badge in the proposal?</li> </ul>		5
<ul style="list-style-type: none"> <li>▪ Does the Applicant describe how centralized billing efforts will be supported to maximize federal reimbursement and other third party collection efforts by the DOH?</li> </ul>		10

<ul style="list-style-type: none"> <li>▪ Does the Applicant describe how the program will be fully staffed and operationally able to provide services to 50% of contracted number of children within 3 months of contract award, and 100% within 6 months?</li> </ul>	5
<ul style="list-style-type: none"> <li>▪ Does the Applicant describe how equipment leased or purchased with contract funds will be maintained and identified as State DOH owned equipment?</li> </ul>	5
<ul style="list-style-type: none"> <li>▪ Describe how data will be collected to ensure accurate reporting of performance objectives (See Table A- Performance Measures)?</li> </ul>	10

4. *Facilities (15 Points)*

<ul style="list-style-type: none"> <li>▪ Has the Applicant fully described its facility that: has sufficient space, square-footage-wise, to ensure adequate work areas for staff and for direct services if no other site/place is available or appropriate; is within the geographic area that is being applied for (provide address if known); is easily accessible by the public; recognizable to the public; has a telephone/fax number dedicated exclusively to the contracted program; and is compliant with all requirements in the ADA?</li> </ul>	10
<ul style="list-style-type: none"> <li>▪ Has the Applicant provided information as to their intent to utilize a satellite site, and provided sufficient justification if they intend to, or provided information as to why a satellite site is not needed?</li> </ul>	5

5. *Financial (120 Points)*

<b>Pricing Structure</b>	
<ul style="list-style-type: none"> <li>▪ Is the total number of projected hours, including total by staff person, reasonable for the number of children to be served and is there <b>sufficient justification</b> for the number of hours requested. (From EIS Worksheet 1 and 1a)?</li> </ul>	30
<ul style="list-style-type: none"> <li>▪ Is there a description as to how direct service hours will be tracked for reporting purposes?</li> </ul>	5
<ul style="list-style-type: none"> <li>▪ Do the projected hours by each staff person support a transdisciplinary model of service provision?</li> </ul>	20
<ul style="list-style-type: none"> <li>▪ Are the proposed salaries and billable rates reasonable and is there <b>sufficient justification</b> for the salaries and rates. (From EIS Budget Form 2 and EIS Worksheets 5 and 8)?</li> </ul>	25
<ul style="list-style-type: none"> <li>▪ Are the proposed salaries for the program's support staff (e.g., Program managers, data clerks, clerical staff) reasonable and is there <b>sufficient justification</b> for these salaries (From EIS Budget Form 2)?</li> </ul>	10

<ul style="list-style-type: none"> <li>▪ Are the Agency Administrative staff costs reasonable and is there <b>sufficient justification</b> for these costs. (From EIS Budget Form 3)</li> </ul>		10
<ul style="list-style-type: none"> <li>▪ Are the Other Current Expenses reasonable and is there <b>sufficient justification</b> for these costs. (From EIS Budget Form 1, Section B)</li> </ul>		10
<ul style="list-style-type: none"> <li>▪ Are other costs reasonable and is there <b>sufficient justification</b> for these costs. (From EIS Budget Form 1, Sections C-F)</li> </ul>		10

**B. 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.

# **Section 5**

## **Attachments**

- A. Proposal Application Checklist**
- B. Sample Table of Contents**
- C. Federal Certifications**
- D. Early Intervention Section Budget Instructions and Attachments D-1 through D-4**
- E. Form Post 210 and Post 210A – Report of Expenditures**
- F. Table A – Performance Measures**

# **Attachment A**

## **Proposal Application Checklist**

## Proposal Application Checklist

Applicant: \_\_\_\_\_

RFP No.: **HTH 560-CG-16-1**

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
<b>General:</b>				
Proposal Application Identification Form (SPOH-200)	Section 1, RFP	SPO Website*	<b>X</b>	
Proposal Application Checklist	Section 1, RFP	Attachment A	<b>X</b>	
Table of Contents	Section 5, RFP	Section 5, RFP	<b>X</b>	
Proposal Application (SPOH-200A)	Section 3, RFP	SPO Website*	<b>X</b>	
Provider Compliance	Section 1, RFP	SPO Website*	<b>X</b>	
<b>Cost Proposal (Budget)</b>				
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*		
EIS Budget Instructions and Attachments D-1 to D-45	Section 3, RFP	Section 5, RFP	<b>X</b>	
<b>Certifications:</b>				
<i>Federal Certifications</i>		Section 5, RFP		
Debarment & Suspension		Section 5, RFP	<b>X</b>	
Drug Free Workplace		Section 5, RFP	<b>X</b>	
Lobbying		Section 5, RFP	<b>X</b>	
Program Fraud Civil Remedies Act		Section 5, RFP	<b>X</b>	
Environmental Tobacco Smoke		Section 5, RFP	<b>X</b>	
<b>Program Specific Requirements:</b>				
POST 210 & 210A- Report of Expenditures		Section 5, RFP	<b>X</b>	
Table A- Performance Measures		Section 5, RFP	<b>X</b>	

\*Refer to Section 1.2, Website Reference for web address.

Authorized Signature \_\_\_\_\_

Date \_\_\_\_\_

# **Attachment B**

## **Sample Proposal Table of Contents**

**\*\*\*SAMPLE\*\*\***  
**Proposal Application**  
**Table of Contents**

<b>1.0</b>	<b>Program Overview</b> .....	<b>1</b>
<b>2.0</b>	<b>Experience and Capability</b> .....	<b>1</b>
	A. Necessary Skills.....	2
	B. Experience.....	4
	C. Quality Assurance and Evaluation.....	5
	D. Coordination of Services.....	6
	E. Facilities.....	6
<b>3.0</b>	<b>Project Organization and Staffing</b> .....	<b>7</b>
	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)	
<b>4.0</b>	<b>Service Delivery</b> .....	<b>12</b>
<b>5.0</b>	<b>Financial</b> .....	<b>20</b>
	See Attachments for Cost Proposal	
<b>6.0</b>	<b>Litigation</b> .....	<b>20</b>
<b>7.0</b>	<b>Attachments</b>	
	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, _____	
	C. Organization Chart	
	Program	
	Organization-wide	
	D. Performance and Output Measurement Tables	
	Table A	
	Table B	
	Table C	
	E. Program Specific Requirements	

# **Attachment C**

## **Federal Citations**

**Certification Regarding Debarment, Suspension, and Other Responsibility Matters  
Primary Covered Transactions**

This **certification** is required by the regulations implementing Executive Order 12549, **Debarment and Suspension**, 13 CFR Part 145. The regulations were published as Part VII of the May 26, 1988 *Federal Register* (pages 19160-19211). Copies of the regulations are available from local offices of the U.S. Small Business Administration.

**(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS ON FOLLOWING PAGE)**

- (1) The prospective primary participant certifies to the best of its knowledge and belief that it and its principals:
- (a) Are not presently debarred, suspended, proposed for disbarment, declared ineligible, or voluntarily excluded from covered transactions by any **Federal** department or agency;
  - (b) Have not within a three-year period preceding this application 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 for or otherwise criminally or civilly charged by a governmental entity (**Federal**, State, or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this **certification**; and
  - (d) Have not within a three-year period preceding this application had one or more public transactions (**Federal**, State, or local) terminated for cause or default.
- (2) Where the prospective primary participant is unable to certify to any of the statements in this **certification**, such prospective primary participant shall attach an explanation to this proposal.

Business Name: \_\_\_\_\_

Date: \_\_\_\_\_

By: \_\_\_\_\_

Name and Title of Authorized Representative

\_\_\_\_\_  
Signature of Authorized Representative

## INSTRUCTIONS FOR CERTIFICATION

1. By signing and submitting this proposal, the prospective primary participant is providing the **certification** set out below.
2. The inability of a person to provide the **certification** required below will not necessarily result in denial of participation in this covered transaction. The prospective participant shall submit an explanation of why it cannot provide the **certification** set out below. The **certification** or explanation will be considered in connection with the department or agency's determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a **certification** or an explanation shall disqualify such person from participation in this transaction.
3. The **certification** in this clause is a material representation of fact upon which reliance was placed when the department or agency determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous **certification**, in addition to other remedies available to the **Federal** Government, the department or agency may terminate this transaction for cause or default.
4. The prospective primary participant shall provide immediate written notice to the department or agency to which this proposal is submitted if at any time the prospective primary participant learns that its **certification** was erroneous when submitted or has become erroneous by reason of changed circumstances.
5. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549. You may contact the department or agency to which this proposal is submitted for assistance in obtaining a copy of those regulations (13 CFR Part 145).
6. The prospective primary participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency entering into this transaction.
7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled "**Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-- Lower Tier Covered Transactions**," provided by the department or agency entering into this covered transaction, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
8. A participant in a covered transaction may rely upon a **certification** of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the **certification** is erroneous. A participant may decide the method and frequency by which it determines the ineligibility of its principals. Each participant may, but is not required to, check the Non-procurement List.
9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the **certification** required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

Except for transactions authorized under paragraph 6 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the **Federal** Government, the department or agency may terminate this transaction for cause or default.

## 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 maybe 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 of or a violation of a criminal drug statute occurring in the workplace no later than give calendar days after such conviction;
- (e) Notify 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;
  - (3) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).
- (g) 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:

Division of Grants Policy and Oversight  
Office of Management and Acquisition  
Department of Health and Human Services, Room 517-D  
200 Independence Avenue, S.W.  
Washington, D.C. 20201

\_\_\_\_\_  
Organization Name

\_\_\_\_\_  
Name and Title of Authorized Representative

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## CERTIFICATION REGARDING LOBBYING

### Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned 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 undersigned, to any person for influencing or attempting to influence an officer or employee of an 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 Federal 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 Form to Report Lobbying," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients 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, title 31, 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.

### Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any 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 commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Organization

**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.

\_\_\_\_\_  
Organization Name

\_\_\_\_\_  
Name and Title of Authorized Representative

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## 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 sub-recipients 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.

## **CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE**

Public Law 103-227, Part C – Environmental Tobacco Smoke, 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, 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 does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug or alcohol treatment. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 per day and/or the imposition of an administrative compliance order on the responsible entity.

By signing and submitting this document the applicant/grantee certifies that it will comply with the requirements of the Act. The applicant/grantee further agrees that it will require the language of this certification be included in any sub-awards which sub-grantees shall certify accordingly.

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**Organization**

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**Authorized Signature**

**Date**

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**Title**

# **Attachment D**

## **Early Intervention Section Budget Instructions and Attachments**

**D-1: Early Intervention Service Providers  
and Definitions of Billable Activities**

**D-2: Instructions: EIS Worksheets and EIS  
Budget Forms**

**D-3: EIS Worksheets 1 - 8**

**D-4: EIS Budget Forms 1 - 7**

# **Attachment D-1**

## **Early Intervention Service Providers and Definitions of Billable Activities**

## **Service Providers and Definitions of Billable Activities**

The purpose of this document is to support your process in determining the number of staff (full-time equivalent) needed to provide early intervention services described in the RFP to support the development of your budget.

### **Service Providers**

Billable activities shall be provided by one of the approved service providers listed below:

- A. **Direct Service Therapeutic Staff**
  - 1. Occupational Therapist (OT) (state registration required)
  - 2. Physical Therapist (PT) (state license required)
  - 3. Speech-Language Pathologist (SLP) (state license required)
  
- B. **Special Instruction Staff**
  - 1. Special Educator (degree in special education required; Master's preferred)
  - 2. Teacher (minimum of Bachelor's degree in early childhood education or Bachelor's degree in elementary education with a focus in early childhood or special education; or 5<sup>th</sup> year teaching certificate with a focus on early childhood or special education. In addition, must have successfully passed at least one course in behavioral management with a grade of "C" or higher.)
  
- C. **Certified Assistant** (must work under the supervision of an OT or PT)
  - 1. Certified Occupational Therapist Assistant (COTA)
  - 2. Physical Therapy Assistant (PTA)
  
- D. **Direct Service Support Staff**
  - 1. General Educator (Bachelor's degree in education or related field)
  - 2. Educational Assistant (minimum of high school diploma or equivalent)

Note: Social Workers (SW) or Care Coordinators (CC) are not included as their activities are not billable as part of this RFP; SW/CC salaries are cost reimbursable.

### **Definitions of Billable Activities**

The list below includes the activities that are billable activities (and included on Worksheet 1) and will be used to determine the hourly rates of the service providers noted above. As described in Section 2 of the RFP, these billable activities embed the cost of other activities, including but not limited to child-team meetings, transition meetings, report writing, documentation of services provided, etc. It also does not include program activities such as staff meetings, staff training, etc.

**Multidisciplinary Developmental Evaluation - Initial (Initial MDE):**

All children referred to EI shall receive an Initial MDE. The purpose of the Initial MDE is to determine initial Part C eligibility and/or to identify present levels of development. The Initial MDE includes an evaluation of the child's present level of functioning in each of the following developmental areas: cognition; physical (including vision and hearing); communication; social or emotional; and adaptive, and also include a review of pertinent records related to the child's current health status and medical history. The Battelle Developmental Inventory-2 (BDI-2) is Hawaii's approved tool to determine the child's eligibility and present levels of development. The BDI-2 shall be completed by two professionals from separate disciplines or professions, which may include a social worker/care coordinator. All approved evaluators must be trained to utilize the BDI-2. The child's parent or legal guardian is a required member of the evaluation team. The maximum amount of billable time to complete the BDI-2 is 90 minutes per evaluator. A separate report shall be written for each MDE completed; writing the report is not billable.

**Multidisciplinary Developmental Evaluation – Follow-Up (MDE-2):**

The purpose of the MDE-2 is to determine the child's ongoing eligibility for Part C services. It shall include the same components as the Initial MDE. The MDE-2 shall be completed if the team's opinion is that the child is no longer eligible for Part C services, every six-months after a child is determined eligible in a sub-domain, and prior to the Annual IFSP. The maximum amount of time to complete the BDI-2 is 90 minutes per evaluator. A separate report shall be written for each MDE-2 completed; writing the report is not billable.

**Individualized Family Support Plan (IFSP) Meeting:**

The purpose of the IFSP Meeting is to develop the IFSP, which is child's and family's plan of action to support the developmental needs of the child and to support the family so they can support their child's development. The IFSP is developed jointly by the family and staff, including at least one person who was directly involved in conducting the BDI-1, the CC, and as appropriate, persons who will be providing services to the child and family. Others can be invited as requested by the family. A review of the IFSP (via a meeting or by another means) shall be conducted every six months or more frequently if warranted or if requested by the family; the purpose of the review is to determine progress toward achieving the results or outcomes identified in the IFSP and whether modifications or revisions of the IFSP are necessary. A meeting shall be conducted annually to evaluate the IFSP and develop a new IFSP if the child is still eligible for services. The results of the MDE-2 and other relevant information shall be used in developing the IFSP. Anecdotal notes regarding the IFSP are required but not billable.

**Evaluation/Assessment:**

There are two purposes for an evaluation/assessment:

1. If it has been determined that additional information is needed regarding a child's development in a specific domain, an evaluation/ assessment tool in that domain (identified by the provider) can be completed. Eligibility must have already been determined and services initiated. (A maximum of 60 minutes is allowable for the evaluation/assessment; an evaluation/assessment report is required but not billable.);  
Or
2. If it has been determined that a child does not meet eligibility in a specific domain, and there are continuing concerns in that area, the BDI-2 shall be completed to

establish eligibility for services in that domain. (A maximum of 30 minutes is allowable for the completion of the BDI-2 in that specific domain; an evaluation/assessment report is required but not billable.)

#### **Direct Services - Individual:**

Direct services – Individual includes the provision of services to an eligible child and caregiver, foster parent, preschool teacher, etc., to support the child’s development and be based on the IFSP. Services can be provided by an individual discipline-specific service provider or via a transdisciplinary methodology. The majority of services shall be provided in the child’s natural environment. A maximum of 60 minutes per direct service session is allowable; anecdotal notes are required for each direct service provided but not billable.

#### **Direct Services - Group:**

Direct Services – Group are provided to a group of children and their families, by one or more approved service provider(s), to support the children’s development and be based on the IFSP. A maximum time is based on the IFSP. Allowable providers are as follows: as noted below.

- For groups of 3-4 children, a maximum of 2 providers (1 direct service therapeutic staff, special instruction staff or certified assistant) and 1 direct service support are allowed for billing purposes.
- For groups of 5-8 children, a maximum of 3 providers (no more than 2 direct service therapeutic staff, special instruction staff or certified assistant) and 1 direct service support are allowed for billing purposes.
- For groups of 8 or more children, a maximum of 4 service providers (no more than 3 direct service therapeutic staff, special instruction staff or certified assistant) and 1 direct service support are allowed for billing purposes.

The billable time is based on the number of service providers, not the number of children in the group. Anecdotal notes for each child in the group are required but not billable.

#### **Family Training and Counseling:**

Family training and counseling are services that are provided by direct service staff to assist the family in understanding the special needs of their child and enhancing their child’s development. The Family Training and Counseling codes, as noted below are used when services are provided via the transdisciplinary model of service provision:

- The “\*F” code is used by any direct service staff in the role of the primary provider (PP) who is providing transdisciplinary services when the child is eligible for that service.
- The PPF code is used when the service is provided by any direct service support staff
- The PPF code is also used when the direct service provider is acting in the role of the PP when the child does not require that specific service based on the evaluation results (i.e., PP Exception).

#### **Consultation:**

Consultation is provided to the family and primary provider (PP) when the PP is working with the child/family to support the provision of transdisciplinary services to enhance the parent’s capacity to achieve all the IFSP outcomes. Frequency of consultation is based on the IFSP.

The consultant does the following when providing consultative services:

- Provides on-going assessment of the child's development, including discussions with the parent/caregiver and PP regarding progress of IFSP objectives/outcomes;
- Recommends or revises, as appropriate, individualized strategies to achieve the objectives/outcomes outlined in the IFSP;
- Observes the PP coach/model strategies to the parent/caregiver;
- Observes the parent/child interaction while the PP is implementing strategies; and
- Coaches/models strategies to the parent/caregiver and PP as needed.

It is allowable, on occasion, for the consultant to consult with the child/family without the PP present, but this should only be in instances when the schedules of the PP and consultant do not match or the PP is sick or on vacation. A maximum of 60 minutes per consultation is allowable; anecdotal notes are required for each consultation but not billable.

**Travel:**

Travel is the time necessary for a service provider to travel from the program the child is enrolled in to a community site (e.g., child's or caregiver's home, preschool, etc.) to provide the services identified on the IFSP. When the service provider's first or last visit of the day results in bypassing the center, the time recorded for travel is the lesser of the amount of time to return to the office or to reach home. If the family lives outside the program's geographical area, prior written permission is necessary in order to bill for travel.

# **Attachment D-2**

**Instructions: EIS Worksheets and  
EIS Budget Forms**

### **Instructions: EIS Worksheets and EIS Budget Forms**

The Early Intervention Section, Department of Health utilizes a unit cost methodology for the provision of direct services. Embedded in the hourly cost per direct service staff are direct service staff salaries and fringe benefits and taxes. To support your budget projection you will need to project the number of hours of billable activities (from Attachment D-3, EIS Worksheet 1 and 1a) that you think will be necessary to meet the service needs of the children who are expected to be served each month per geographical area, based on the numbers included in the RFP. When developing your budget, remember that at least 90% of these children are to be served in their natural environment (e.g., their home, the home of their daycare provider, a preschool program, or elsewhere in the community). If a child is not served in a natural environment, remember that each child's Individualized Family Support Plan (IFSP) must provide a justification for serving that child elsewhere.

Following is an overview of the process for each EIS Worksheet and EIS Budget form, followed by specific instructions for the worksheets and budget forms.

#### **Process:**

1. Complete EIS Worksheets 1-4 (Attachment D-3) to determine the FTE needed for direct services provided by direct service staff (i.e., direct service therapeutic staff, special instruction staff, certified assistants and direct service support staff) and/or sub-contracted staff. To complete the worksheets you must first decide what type of service providers you will need. Refer to Attachment D-1 for approved service providers and definitions of billable activities.
2. Complete EIS Budget Forms 2 and 5 (Attachment D-4) to provide information on requested salaries and contractual rates for each direct service staff.
3. Using information from EIS Budget Forms 2 and 5 complete EIS Worksheets 5 and 6 (Attachment D-3) to propose billable and sub-contracted rates.
4. Complete EIS Worksheet 7 to determine billable rates (based on methodology provided) when Program Managers work overtime to provide direct services.
5. Complete EIS Worksheet 8 to propose a billable rate when the Primary Provider (PP) exception is to be used to provide transdisciplinary services.
6. After EIS Worksheets 1-8 and EIS Budget Forms 2 and 5 (Attachment D-4) are completed, complete EIS Budget Forms 3, 4, 6, and 7 (Attachment D-4) and transfer the information to EIS Budget Form 1 (Attachment D-4) to summarize and complete your budget request.
7. Remember that detailed justifications are needed to support: salaries and other requested support (EIS Budget Forms 2-7); direct service hours (EIS Worksheets 1 and 1a); and proposed billable hours for direct service staff, sub-contracted staff, Program Managers' provision of direct services, and primary provider exception (EIS Worksheets 5-8).

## Complete EIS Worksheets 1-4

### **EIS Worksheet 1: Estimated Hours by Service Provider and Activity Per Month.**

Fill in the number of children estimated to be served as indicated in the RFP for the specific geographical area for which you are submitting a proposal. For this number of children, estimate the number of hours for each billable activity by service provider that is necessary to meet the needs of the children and families. DO NOT include any activity that is provided by a social worker (SW) or care coordinator (CC), as you will either be provided a DOH SW or Human Services Professional (HSP) or will be provided funds to hire a licensed SW and/or CC.

Example: You estimate to serve 100 children. Based on previous data, approximately 10 new referrals are received per month that requires a Multidisciplinary Developmental Evaluation (MDE). The allowable billable time for a MDE is 90 minutes (1.5 hours) per MDE per provider. You will need to determine who the MDE team will consist of for these 10 children. Once determined you need to place the appropriate hours in the Initial MDE box. *Note: There can be no more than 30 hours of Initial MDE across the appropriate disciplines in Worksheet 1 (1.5 hours x 2 disciplines x 10 children). If it is expected that either the SW or CC will be the second evaluator in some of the MDE-1s, the total MDE-1 hours would be less than 30 hours.*

**Worksheet 1a: Estimated Hours by Primary Provider (PP) Exceptions.** Worksheet 1a was developed to provide an opportunity to utilize the disciplines noted in this worksheet (i.e., OT, PT, SLP, SPED, Teacher, COTA, PTA) to act as a PP exception when there are not sufficient hours to equal a 1.0 FTE (or the FTE you intend to hire).

Example: A 1.0 FTE equals 83 hours per month. Although you estimate that you need only 65 hours of PT service, you intend to hire a 1.0 FTE PT as you cannot find a part-time PT nor can you share a PT with another program. You can choose to use the 18 hours as a PP exception so that you can hire this person at 1.0 FTE. *The 65 hours of PT services will be on Worksheet 1, and 18 hours on Worksheet 1a.*

**Worksheet 2: Estimated Number of Hours per Year.** Transfer from Worksheet 1 and 1a, the Total Hours by each Service Provider, to Worksheet 2 (Column B), Total Estimated Hours/Month. Multiply as indicated to determine the total estimate of the number of hours per year by service provider that is needed (Column D).

**Worksheet 3: Estimated FTE Needed by Service Provider.** This worksheet will help determine the number of direct service staff necessary to provide the billable activities. Based upon research of services provided over a 6-month period, it was determined that using the reduced billable activities, the previously used 1297 billable hours per 1.0 FTE, should be reduced to 1000 billable hours per 1.0 FTE. The remaining 1080 hours per 1.0 FTE include both billable activities that are embedded in the 1000 hours (e.g. child-team meetings, transition meetings, report writing, documentation of services provided, etc.), as well as previously non-billable program activities including staff meetings, staff training, and other administrative duties, as well as vacation and sick leave.

*To complete this worksheet, transfer from Worksheet 2 (Column D) the Total Estimated Hours/Year per service provider, to Worksheet 3 (Column B), Total Estimated Hours/Year per service provider. Divide as indicated to determine the total estimate of the number of FTE required to provide the billable activities (Column D).*

**Worksheet 4: Proposed Service Delivery Plan.** This worksheet will help determine how you intend to staff the program. You may choose to hire all necessary staff, or hire some staff and sub-contract for other staff.

*To complete this worksheet, transfer from Worksheet 3 (Column D) the Total Estimated FTE by provider, to Worksheet 4 (Column B) Total Estimated FTE. Review the Total Estimated FTE to determine how you intend to staff your program. For example, you have determined that you will need 2.2 FTE of occupational therapy. Place "2.2" in Column B. Because it is very unlikely that you will be able to hire a staff for .2 FTE, you decide to hire 2.0 FTE and sub-contract for .2 FTE, or 16.6 hours/month. Place "2" in Column C and "16.6" (1000 x .2 divided by 12 months) in Column D.*

### Complete EIS Budget Forms 2 and 5

**Budget Form 2: Budget Justification: Direct Service Personnel – Salaries, Fringe Benefits and Taxes.** This form is to be used to help determine the billable rate for each direct service provider and the total salaries and fringe/taxes for the program. Program administrative staff (e.g., Program Manager, data/clerical staff) are also included on this worksheet, but are not reimbursed by billable unit; their salaries are reimbursable.

Complete one row for each direct service staff. For current staff you intend to retain, provide the name, position title, and the requested salary at 1.0 FTE even if you do not intend to hire at 1.0 FTE (this is necessary to determine the billable rate) or if you intend to use them part-time as a PP exception. For new staff, write "New" instead of name and include the projected salary. Fill in fringe & taxes for each position using the same methodology. Fill in the percent of time budgeted to the contract and determine the total salary, fringe and taxes by position as well as the total salary by position.

Transfer information from EIS Budget Form 2 (Column D) Salary Budgeted to Contract, to Budget Form 1, A1: Personnel Cost, Salaries – Program Staff. Also transfer from EIS Budget Form 2 (Column E) Fringe & Taxes to Budget Form 1, A3: Fringe & Taxes, Program Staff.

**Budget Form 5: Budget Justification: Sub-Contracted Direct Services.** If, based on Worksheet 4, you plan to sub-contract for direct services, complete this form to show the hourly and total cost per individual. Otherwise note "N/A" on Budget Form 5.

Complete one row for each sub-contracted provider. For each sub-contracted provider list the discipline, and estimated number of hours from Worksheet 5. Also list the amount per hour for each sub-contracted service and total amount as indicated. Transfer this information to Budget Form 1, C – Sub-Contracted Direct Services.

### Complete EIS Worksheets 5-7

**Worksheet 5: Proposed Billable Rates.** This worksheet will determine the billable rates by position. The billable rate is determined by the average cost by position (average salary + average fringe & taxes) divided by 1000.

- Column B: Determine and list the average of the requested salaries by discipline at 1.0 FTE (from EIS Budget Form 2, Column A).
- Column C: Determine and list the average of the Fringe & Taxes by discipline (from EIS Budget Form 2, Column B).
- Column D: Determine and list the total average of Salaried Staff and Fringe & Taxes by discipline.
- Column E: Determine the hourly billable rate by dividing Column D (total salaried staff) by 1000.

**Worksheet 6: Proposed Sub-Contracted Costs.** This worksheet provides information on Estimated Sub-Contracted Hours (Column B), Hourly Rate (Column C) and Total Sub-Contracted Costs (Column D) of proposed providers by discipline.

Transfer from Worksheet 4 (Column D) Total Sub-Contracted Hours/Month needed by discipline to Worksheet 6 (Column B) Total Estimated Sub-Contracted Hours.  
Transfer from EIS Budget Form 5, Amount per Hour, to Worksheet 6 (Column C) Hourly Rate.

Transfer from Worksheet 6 (Column D) Total Sub-Contracted Costs to Budget Form 1, C: Sub-Contracted Direct Services.

**Worksheet 7: Proposed Billable Rates for Manager Providing Direct Service.** This worksheet provides rates to be used when the Program Manager, due to staff vacancies or increased numbers of children, provides direct services to enrolled children. Billable hours are for MDE, MDE-2; direct services, and evaluation/assessment. Participating in the IFSP is not billable. Because the Program Manager is salaried, overtime is based purely on a straight overtime, taking into consideration staff salary costs and any additional taxes; fringe benefits are not included as they are covered by the Program Manager's salary). As the discipline of the Program Manager may change due to staff changes, complete this worksheet for each of the listed disciplines that are staff included in EIS Budget Form 2.

- Column B: Transfer average of salaries from EIS Worksheet 5, Col. B to EIS Worksheet 7, Col. B.
- Column C: Determine the average of taxes only based on salary average (Column C).
- Column D: Add B + C to determine average salary/taxes cost by discipline.
- Column E: Determine the hourly rate by dividing Column D by 2080, the number of billable hours/year.

**Worksheet 8: Proposed Billable Rate When Primary Provider is Used**

There are two options for proposing a billable rate.

- If a General Educator is included in Worksheet 1, the billable rate can be no higher than the rate proposed in Worksheet 5.
- If you do not include a General Educator you must propose a rate and justify how that rate was determined.

**Complete EIS Budget Forms 1, 3, 4, 6, 7**

**Budget Form 1: Budget.** This form summarizes the total amount needed to provide services. It includes your Budget Request (Column A), Agency Contributions that support this proposed contract and the expected Total Budget Column (C) needed to serve the estimated number of children to be served. If your agency does not provide any in-kind contribution, complete only Column A.

To be considered an “Agency Contribution,” the contributed funds can only cover costs that are considered “appropriate” and would be paid by the State if there were no Agency Contributions. For example, the Agency decides to place more funds in the Staff Training category as the Agency wants to support on-going training. Or, the Agency chooses to use its contributions to increase salary costs; this would be considered an appropriate use of “Agency Contribution” funds. However, since EIS would not support out-of-state travel, it cannot be included on this budget form, although the Agency may certainly use its internal funds to support out-of-state travel.

Finalize Budget Form 1 with information from Budget Forms 2, 3, 4, 6, and 7 (as indicated in the specific instructions) and by completing B. Other Current Expenses. Also complete the section Sources of Funding that summarizes your budget request, agency contribution, and total amount needed to meet the service needs as identified in the RFP.

Budget Form 1, F: EIS Mandated Training supports mandated trainings that are required by EIS, and can only be billed with prior approval from the EIS Contracts Unit Supervisor. A flat rate of \$150 per full day or \$100 per half-day is reimbursable. Determine the cost of 5 days of required training per direct service staff, program manager and LSW/CC and include in EIS Budget Form 1F: EIS Mandated Training.

**Budget Form 3: Budget Justification: Agency Administrative Personnel – Salaries, Fringe Benefits and Taxes.** This form includes only Agency Administrative Personnel (e.g., Executive Director, accounting staff, etc.). It does NOT include Program Administration staff such as the Program Manager, data clerks, clerical staff, etc. These costs are included on Budget Form 2.

Transfer information from EIS Budget Form 3 (Column D) Salary Budgeted to Contract, to Budget Form 1, A2: Personnel Cost, Salaries – Agency Administrative Staff. Also transfer from EIS Budget Form 3 (Column E) Fringe & Taxes to Budget Form 1, A4: Fringe & Taxes, Agency Administrative Staff.

**Budget Form 4: Budget Justification: Personnel – Payroll Taxes, Assessments, and Fringe Benefits.** Complete as indicated on this form. The total on Budget Form 4 must equal the sum of Budget Form 1, A3: Fringe & Taxes – Program Staff and A4: Fringe & Taxes – Agency Administrative Staff.

**Budget Form 6: Budget Justification: Equipment Purchases.** If you determine that equipment is needed, complete this form and transfer the cost information to Budget Form 1, D: Equipment Purchases. Include justification for all equipment listed. If it is determined that no equipment is needed, note “N/A” in Budget Form 4 and in Budget Form 1, D: Equipment Purchases.

**Budget Form 7: Budget Justification: Other Personnel – Social Workers.** This budget form is to be used to list the SW/CC needed to provide SW/CC services to the number of children noted on Worksheet 1 (from Section 2 of the RFP. The number needed is based on the 1:35 ratio for the number of children projected. Determine the number SW/CC needed and complete one row for each position. Refer to Section 2, III, E, c for information on the use of licensed SW and/or CC. For current staff you intend to retain, list the name, position title (LSW or CC) and the requested salary. For new staff, write “*New*” instead of name, position title and a requested salary. Determine fringe & taxes for the position and the total costs (Column F). Transfer the total Salary, Fringe & Taxes Budgeted to the Contract (Column F) to Budget Form 1, E: Other Personnel.

Note: The DOH reserves the right to replace POS LSW/CC positions listed on Budget Form 7 with DOH SW/HSP positions. If this occurs, the following budget categories on EIS Budget Form 1 may be reduced or revised: Budget Form 1: D: Equipment; E: Other Personnel; and F: EIS Supported Training.

# **Attachment D-3**

## **EIS Worksheets 1 - 8**

**EIS Worksheets**

**To Determine Total Direct Service FTE Needed and Costs for: Direct Service Staff; Sub-Contracted Staff; Managers Providing Direct Services; and Primary Provider Exception**

The estimate is based on serving \_\_\_ children per month (from RFP, Section 2)

**EIS Worksheet 1: Estimated Hours by Service Provider and Activity Per Month**

Billable Activities	OT	PT	SLP	SPED	Teacher	COTA	PTA	Gen. Educator	Ed. Asst.	Total By Activity
Initial MDE										
Follow-Up MDE										
IFSP										
Evaluation/ Assessment										
Direct Services – Individual										
Direct Services – Group										
Family Training & Counseling										
Consultation										
Transportation										
<b>TOTAL Hours by Service Provider</b>										
<b>AVERAGE Hours/ Child</b>										

Note: Provide justification for how the number of service hours by discipline and activity was determined.

If you intend to use the PP (exception), complete EIS Worksheet 1a.  
EIS Worksheet 1a: Estimated Hours by Primary Provider Exceptions

If you have determined that you do not have sufficient hours to equal a 1.0 FTE (or the FTE you intend to hire) of one of the service providers listed in Worksheet 1, but you intend to hire at 1.0 FTE (or the FTE you intend to hire), you may choose to use them as a Primary Provider Exception for the excess hours not needed as a direct service providers. These additional hours can be used for the two billable activities listed below. They would, however, be billed at a different rate than their discipline-specific rate (see EIS Worksheet 8).

Billable Activities	OT	PT	SLP	SPED	Teacher	COTA	PTA	Total by Activity
Family Training & Counseling								
Transportation								
<b>TOTAL Hours by Service Provider</b>								

**EIS Worksheet 2: Estimated Number of Direct Service Hours by Service Provider per Year**

A	B	C	D
Service Provider	Total Estimated Hours/Month (from Worksheets 1 and 1a)	Months/Year	Total Estimated Hours/Year (B x C)
Occupational Therapist		12 months	
Physical Therapist		12 months	
Speech Lang. Pathologist		12 months	
Special Educator		12 months	
Teacher		12 months	
COTA		12 months	
PTA		12 months	
General Educator		12 months	
Educational Assistant		12 months	
<b>TOTALS</b>		<b>N/A</b>	

**EIS Worksheet 3: Estimated FTE by Service Provider**

<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>
<b>Service Provider</b>	<b>Total Estimated Hours/Year</b> (from Worksheet 2, Col. D)	<b>Direct Service Hours/Year</b>	<b>Total Estimated FTE</b> (B divided by C)
Occupational Therapist		1000	
Physical Therapist		1000	
Speech Lang. Pathologist		1000	
Special Educator		1000	
Teacher		1000	
COTA		1000	
PTA		1000	
General Educator		1000	
Educational Assistant		1000	
<b>TOTALS</b>		<b>N/A</b>	

**EIS Worksheet 4: Proposed Service Delivery Plan**

<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>
<b>Service Provider</b>	<b>Total Estimated FTE</b> (from Worksheet 3, Col. D)	<b>Total Salaried Staff FTE</b>	<b>Total Sub-Contracted Hours/Month</b>
Occupational Therapist			
Physical Therapist			
Speech Lang. Pathologist			
Special Educator			
Teacher			
COTA			
PTA			
General Educator			
Educational Assistant			
<b>TOTALS</b>			

**EIS Worksheet 5: Proposed Billable Rates**

<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>
<b>Service Provider</b>	<b>Average of Salaried Staff by Discipline</b>  (from EIS Budget Form 2, Col. A)	<b>Average of Fringe &amp; Taxes by Discipline</b>  (from EIS Budget Form 2, Col. B)	<b>Average Salaried Staff by Discipline</b>  (B + C)	<b>Hourly Rate</b>  (D/1000)
<b>Occupational Therapist</b>				
<b>Physical Therapist</b>				
<b>Speech Lang. Pathologist</b>				
<b>Special Educator</b>				
<b>Teacher</b>				
<b>COTA</b>				
<b>PTA</b>				
<b>General Educator</b>				
<b>Educational Assistant</b>				
<b>TOTALS</b>				

Column B: If you intend to hire more than 1.0 FTE of any specific discipline, you will take the average of their salaries and place in Column B. If you intend to hire just 1.0 FTE of any specific discipline, you will take that salary and place in Column B.

Note: Provide justification for salary costs in EIS Budget Form 2.

**EIS Worksheet 6: Proposed Sub-Contracted Costs**

<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>
<b>Service Provider</b>	<b>Total Estimated Sub-Contracted Hours</b>  (from Worksheet 4, Col. D)	<b>Hourly Rate</b>  (from EIS Budget Form 5)	<b>Total Sub-Contracted Costs</b>  (B x C)
<b>Occupational Therapist</b>			
<b>Physical Therapist</b>			
<b>Speech Lang. Pathologist</b>			
<b>Special Educator</b>			
<b>Teacher</b>			
<b>COTA</b>			
<b>PTA</b>			
<b>TOTALS</b>			

Note: Provide justification for hourly sub-contracted rate in EIS Budget Form 5.

**EIS Worksheet 7: Proposed Billable Rates For Manager Providing Direct Service**

A	B	C	D	E
<b>Service Provider</b>	<b>Manager Salary by Discipline</b>	<b>Average of Taxes by Discipline (fringe not allowable)</b>	<b>Average Salaried Staff by Discipline</b>  (B + C)	<b>Hourly Rate</b>  (D/2080)
<b>OT</b>				
<b>PT</b>				
<b>SLP</b>				
<b>SPED</b>				
<b>Teacher</b>				
<p>Note: Provide justification <u>below</u> for manager salary if this is not the proposed manager.</p>				

**EIS Worksheet 8: Proposed Billable Rate When Primary Provider Exception is Used**

The billable rate when the Primary Provider Exception is used can be no more than the billable rate for the General Educator (see Worksheet 5).

Proposed Rate: \_\_\_\_\_

If you have not included a General Educator as one of your service providers, propose a rate below, with justification for this rate.

Proposed Rate: \_\_\_\_\_

Justification:

# Attachment D-4

## EIS Budget Forms

# BUDGET

Applicant/Provider/Program: \_\_\_\_\_  
 RFP No.: \_\_\_\_\_ **HTH 560-CG-16-1** \_\_\_\_\_  
 Contract No. (As Applicable): \_\_\_\_\_

BUDGET CATEGORIES	Budget Request (a)	Agency Contribution (b)	Total Budget (c)	(d)
<b>A. PERSONNEL COST</b>				
1. Salaries - Program Staff				
2. Salaries - Agency Administrative Staff				
3. Fringe & Taxes - Program Staff				
4. Fringe & Taxes - Agency Admin. Staff				
<b>TOTAL PERSONNEL COST</b>				
<b>B. OTHER CURRENT EXPENSES</b>				
1. Airfare, Inter-Island	Not Allowed			
2. Airfare, Out-of-State	Not Allowed			
3. Audit Services				
4. Contractual Services - Administrative				
5. Insurance				
6. Lease/Rental of Equipment				
7. Lease/Rental of Motor Vehicle				
8. Lease/Rental of Space				
9. Mileage				
10. Postage, Freight & Delivery				
11. Publication & Printing				
12. Repair & Maintenance				
13. Staff Training				
14. Subsistence/Per Diem	Not Allowed			
15. Supplies				
16. Telecommunication				
17. Transportation				
18. Utilities				
19. Foreign/Sign Lang. Interpretation				
20. Other (attach list)				
<b>TOTAL OTHER CURRENT EXPENSES</b>				
<b>C. SUB-CONTRACTED DIR. SERVICES</b>				
<b>D. EQUIPMENT PURCHASES</b>				
<b>E. OTHER PERSONNEL</b>				
<b>F. EIS MANDATED TRAINING</b>				
<b>TOTAL (A+B+C+D+E+F)</b>	<b>#REF!</b>	<b>#REF!</b>	<b>#REF!</b>	
<b>SOURCES OF FUNDING</b>	(a) Budget Request	Budget Prepared By: Name (Please type or print) <span style="float: right;">Phone</span> Signature of Authorized Official <span style="float: right;">Date</span> Name and Title (Please type or print)		
	(b) Agency Contribution			
	(c)			
	(d)			
<b>TOTAL REVENUE</b>		For State Agency Use Only		
		Signature of Reviewer	Date	

# **Attachment D-4**

## **Budget Forms 1-7**

### **NOTE:**

If this RFP was downloaded from the State Procurement Office RFP Website, each applicant must contact the RFP contact person at (808) 594-0014, or email at [mae.braceros@doh.hawaii.gov](mailto:mae.braceros@doh.hawaii.gov) to obtain Attachment D-4, Budget Forms 1-7.

The State shall not be responsible for any missing addenda, attachments or other information regarding the RFP if a proposal is submitted from an incomplete RFP.

# Attachment E

P210

Report of  
Expenditures

### REPORT OF EXPENDITURES

Reporting Period Covered:						
EXPENDITURE  CATEGORIES	CONTRACT COST					
	BUDGET	ACTUAL			BALANCE	% EXPENDED
	Total Contract (a)	Prior Periods to Date (Cumulative) (b)	Current Reporting Period (c)	Contract Period to Date (b) + (c) (d)	(a) - (d) (e)	(d / a) (f)
<b>A. PERSONNEL COST</b>						
1. Administrative Salaries				0	0	0.00
2. Administrative Payroll Taxes & Fringes				0	0	0.00
<b>TOTAL PERSONNEL COST</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.00</b>
<b>B. OTHER CURRENT EXPENSES</b>						
1. Airfare, Inter-Island	Not Allowed			0	#VALUE!	#VALUE!
2. Airfare, Out-of-State	Not Allowed			0	#VALUE!	#VALUE!
3. Audit Services				0	0	0.00
4. Contractual Services - Administrative				0	0	0.00
5. Insurance				0	0	0.00
6. Lease / Rental of Equipment				0	0	0.00
7. Lease / Rental of Motor Vehicle				0	0	0.00
8. Lease / Rental of Space				0	0	0.00
9. Mileage				0	0	0.00
10. Postage, Freight & Delivery				0	0	0.00
11. Publication & Printing				0	0	0.00
12. Repair & Maintenance				0	0	0.00
13. Staff Training				0	0	0.00
14. Subsistence / Per Diem				0	0	0.00
15. Supplies				0	0	0.00
16. Telecommunication				0	0	0.00
17. Transportation				0	0	0.00
18. Utilities				0	0	0.00
19. Foreign/Sign Language Interpretation				0	0	0.00
20. Other (attach list)						
<b>TOTAL OTHER CURRENT EXPENSES</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.00</b>
<b>C. SUB-CONTRACTED DIR. SERVICES</b>				<b>0</b>	<b>0</b>	<b>0.00</b>
<b>D. EQUIPMENT PURCHASES</b>				<b>0</b>	<b>0</b>	<b>0.00</b>
<b>E. OTHER PERSONNEL</b>				<b>0</b>	<b>0</b>	<b>0.00</b>
<b>F. EIS MANDATED TRAINING</b>						
<b>TOTAL EXPENDITURES A+B+C+D+E+F+G</b>	<b>#REF!</b>	<b>#REF!</b>	<b>#REF!</b>	<b>#REF!</b>	<b>#REF!</b>	<b>#REF!</b>
<b>CONTRACT REVENUES RECEIVED</b>						
For Official Use Only	<p>DECLARATION: I declare that this report, including any accompanying schedules or statements has been examined by me and to the best of my knowledge and belief is a true, correct and complete report, made in good faith, for the reporting period(s) stated.</p> <p>Report Prepared By:</p>					
Signature of Program Reviewer	Date	Name (Please Type or Print)			Phone	
Signature of Fiscal Reviewer	Date	Signature of Awardee's Authorized Official			Date	
		Name and Title (Please Type or Print)				

# Attachment E

P210A

Report of

Expenditures

(Administrative Costs, Salaries,  
and Wages)



# Attachment E

## Post 210 and 210A

**NOTE:** If this RFP was downloaded from the State Procurement Office RFP Website, each applicant must email the RFP contact person at mae.braceros@doh.hawaii.gov , or call (808) 594-0014 to obtain Attachment E, Post 210 and 210A.

The State shall not be responsible for any missing addenda, attachments or other information regarding the RFP if a proposal is submitted from an incomplete RFP.

# Attachment F

## Table A Performance Measures

**Table A – Performance Measures**

Column A	Column B	Column C	Column D	Column E	Column F
Performance Measures		Annual Performance Objective for FY 2016 (Unduplicated Count) 100% of children with an IFSP, and who have care coordination provided by the program, will have <u>active involvement with a medical home.</u>	Annual Performance Objective for FY 2017 (Unduplicated Count) 100% of children with an IFSP, and who have care coordination provided by the program, will have <u>active involvement with a medical home.</u>	Annual Performance Objective for FY 2018 (Unduplicated Count) 100% of children with an IFSP, and who have care coordination provided by the program, will have <u>active involvement with a medical home.</u>	Applicant's approach in meeting the performance objectives, including the methodology proposed for data collection and reporting. (Attach additional sheets as necessary.)
1. With parental consent, 100% of children with an IFSP, and who have care coordination provided by the program, will have <u>active involvement with a medical home</u> (e.g. PCP invited to IFSP meetings, copy of IFSP sent to PCP, child medical information obtained and is in chart).		100% of children will have information regarding their health insurance in the EIS database.	100% of children will have information regarding their health insurance in the EIS database.	100% of children will have information regarding their health insurance in the EIS database.	
2. 100% of children will have information regarding their health insurance in the EIS database.		100% of children will have information regarding their health insurance in the EIS database.	100% of children will have information regarding their health insurance in the EIS database.	100% of children will have information regarding their health insurance in the EIS database.	

**Table A – Performance Measures**

Column A	Column B	Column C	Column D	Column E	Column F
Performance Measures		Annual Performance Objective for FY 2016 (Unduplicated Count) <b>100%</b> of families with children who are Medicaid-eligible will have provided consent to share information with Medicaid for billing purposes.	Annual Performance Objective for FY 2017 (Unduplicated Count) <b>100%</b> of families with children who are Medicaid-eligible will have provided consent to share information with Medicaid for billing purposes.	Annual Performance Objective for FY 2018 (Unduplicated Count) <b>100%</b> of families with children who are Medicaid-eligible will have provided consent to share information with Medicaid for billing purposes.	Applicant's approach in meeting the performance objectives, including the methodology proposed for data collection and reporting. (Attach additional sheets as necessary.)
3. <b>100%</b> of families with children who are Medicaid-eligible will have provided consent to share information with Medicaid for billing purposes.		Annual Performance Objective for FY 2016 (Unduplicated Count) <b>100%</b> of families with children who are Medicaid-eligible will have provided consent to share information with Medicaid for billing purposes.	Annual Performance Objective for FY 2017 (Unduplicated Count) <b>100%</b> of families with children who are Medicaid-eligible will have provided consent to share information with Medicaid for billing purposes.	Annual Performance Objective for FY 2018 (Unduplicated Count) <b>100%</b> of families with children who are Medicaid-eligible will have provided consent to share information with Medicaid for billing purposes.	
4. At least <b>90%</b> of families who have non-mandated support services identified as a need in their child's IFSP, and care coordination is provided by the program, shall have been referred for all identified services (e.g. respite, parent-to-parent support, community resources for housing, continuing education, etc.)		Annual Performance Objective for FY 2016 (Unduplicated Count) <b>90%</b> of families who have non-mandated support services identified as a need in their child's IFSP, and care coordination is provided by the program, will have been referred for all identified services (e.g. respite, parent-to-parent support, community resources for housing, continuing education, etc.)	Annual Performance Objective for FY 2017 (Unduplicated Count) <b>90%</b> of families who have non-mandated support services identified as a need in their child's IFSP, and care coordination is provided by the program, will have been referred for all identified services (e.g. respite, parent-to-parent support, community resources for housing, continuing education, etc.)	Annual Performance Objective for FY 2018 (Unduplicated Count) <b>90%</b> of families who have non-mandated support services identified as a need in their child's IFSP, and care coordination is provided by the program, will have been referred for all identified services (e.g. respite, parent-to-parent support, community resources for housing, continuing education, etc.)	
5. <b>100%</b> of program staff will meet the highest level of professional standards and competencies for the State of Hawaii as identified in the Early Intervention State Plan, including current Hawaii State licensing requirements.		Annual Performance Objective for FY 2016 (Unduplicated Count) <b>100%</b> of staff will meet the highest level of professional standards and competencies for the State of Hawaii as identified in the Early Intervention State Plan, including current Hawaii State licensing	Annual Performance Objective for FY 2017 (Unduplicated Count) <b>100%</b> of staff will meet the highest level of professional standards and competencies for the State of Hawaii as identified in the Early Intervention State Plan, including current Hawaii State licensing	Annual Performance Objective for FY 2018 (Unduplicated Count) <b>100%</b> of staff will meet the highest level of professional standards and competencies for the State of Hawaii as identified in the Early Intervention State Plan, including current Hawaii State licensing	

**Table A – Performance Measures**

Column A	Column B	Column C	Column D	Column E	Column F
Performance Measures		Annual Performance Objective for FY 2016 (Unduplicated Count) requirements.	Annual Performance Objective for FY 2017 (Unduplicated Count) requirements.	Annual Performance Objective for FY 2018 (Unduplicated Count) requirements.	Applicant's approach in meeting the performance objectives, including the methodology proposed for data collection and reporting. (Attach additional sheets as necessary.)
6. 100% of staff will attend all EIS-mandated trainings within the required timelines.		100% of staff will attend all EIS-mandated trainings within the required timelines.	100% of staff will attend all EIS-mandated trainings within the required timelines.	100% of staff will attend all EIS-mandated trainings within the required timelines.	
7. 100% of programs will, within 2 weeks of a personnel change in program staff, provide updated personnel information on the required EIS form to EIS.		100% of programs will, within 2 weeks of a personnel change in program staff, provide updated personnel information on the required EIS form to EIS.	100% of programs will, within 2 weeks of a personnel change in program staff, provide updated personnel information on the required EIS form to EIS.	100% of programs will, within 2 weeks of a personnel change in program staff, provide updated personnel information on the required EIS form to EIS.	
8. At least 60% of children exiting the EI program after the transition due date (i.e., 90 days prior to age 3) will have a timely Transition Conference. This is to increase by 10% each subsequent year to at least 80%.		At least 60% of children exiting the EI program after the transition due date (i.e., 90 days prior to age 3) will have a timely Transition Conference.	At least 70% of children exiting the EI program after the transition due date (i.e., 90 days prior to age 3) will have a timely Transition Conference.	At least 80% of children exiting the EI program after the transition due date (i.e., 90 days prior to age 3) will have a timely Transition Conference.	

# Attachment F

## Table A – Performance Measures

**NOTE:** If this RFP was downloaded from the State Procurement Office RFP Website, each applicant must email the RFP contact person at [mae.braceros@doh.hawaii.gov](mailto:mae.braceros@doh.hawaii.gov) , or call (808) 594-0014 to obtain Table A – Performance Measures for Attachment F.

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