

State of Hawaii  
Department of Human Services  
Social Services Division

**Addendum No. 2**

**May 8, 2015**

**to**

**Request for Proposals (RFP)**

**SSD-15-POS-3456**

**HOME VISITING SERVICES**

**STATEWIDE**

**RFP Posting Date: April 15, 2015**

**RFP Proposal Submission Deadline:**

**May 20, 2015, 4:30 p.m.**

**Hawaii Standard Time**

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**to**

**REQUEST FOR PROPOSALS (RFP)**

**SSD-15-POS-3456**

**HOME VISITING SERVICES**

The Department of Human Services, Social Services Division, Child Welfare Services Branch is issuing this Addendum to add additional information and correct/revise the RFP as detailed below.

**If you have any questions please contact:**

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**RFP Written Questions and Responses**

**1. Proposal Submission Information Sheet (Pages 2-3)**

Question: Please confirm what documents are not required to be in “Word/Excel” format upon RFP submittal and that points will not be deducted for it.

Question: The RFP is asking for electronic copies in Word/Excel format. Are you only asking for the narrative and the program budget for these formats (not all are documents that are editable)? Then the entire proposal in PDF format?

Response: The Applicant must submit printed copies of the proposal as well as electronic copies of the proposal in PDF and Word/Excel format. The Applicant may submit the complete proposal in Word/Excel format, as applicable, **or** all of the following parts of the proposal in Word/Excel format, as applicable: Narrative, Performance Measurement Forms, Work Plan, Organization and Program Charts, Job Descriptions (no resumes), and Budget forms. The proposal must be submitted in all of the required formats or it cannot be accepted/reviewed.

**2. 2.1, D. Description of the target population to be served (Page 2-3)**

Question: Please clarify if all cases referred by CWS, VCM, and FSS are CONFIRMED child abuse cases.

Response: This was an error. Please see the revised “Description of the target population to be served” below:

In this context, the target population to be served includes families with children ages zero to three years old (up to the child’s third birth date) who have been confirmed for child abuse or neglect (or threat of abuse or neglect) by CWS, or have been determined to be at risk for child abuse or neglect, and would benefit from a home visiting program because of parenting issues or potential child developmental delays, as determined by the Provider’s staff.

CWS, Voluntary Case Management (VCM) Services, or Family Strengthening Services (FSS) shall make referrals for these services.

**3. 2.1, E. Geographic coverage of service (Pages 2-3 - 2-4)**

Question: Please confirm if Hawaii Island will be divided by current census tracts used (and what are they) or if zip codes will be used to divide service delivery areas and, if so, what zip codes for each area.

Response: Hawaii will use the previous census tracts:

- a. East Hawaii -- 201- 211, 219 - 221
- b. West Hawaii -- 212 - 218

**4. 2.1, E. Geographic coverage of service (Page 2-4)  
2.1, F. Period of availability, probable funding amounts, and sources (Page 2-5)**

Question: On pages 2-4 and 2-5 in sections 2.1 E. Geographic coverage of service and F. Period of availability, probable funding amounts, and sources, you cite Oahu: Greater Honolulu, Greater Leeward, and Greater Windward and North Shore. Each area estimates the number of families served annually at 155 and funding at \$544,541. It also seems that this service is heavily focused on substance abuse treatment.

Can you break down the families served estimates for the zip code areas, primarily 96792, as well as families referred within the area for substance abuse treatment (e.g. 96792), # of families served, # or % of parents referred for substance abuse treatment? (It seems somewhat arbitrary for service estimates in each area to be broken down so evenly. Even if zip code breakdowns are unavailable, any detailed information or most recent reports from the current contract would be helpful in designing the program, and projecting budgets and staffing patterns).

Response: Total numbers served for each area were based on the families served in the previous five years. Each of the three areas for Oahu fluctuated from quarter to quarter over the past five years. The total numbers served are estimated projections and the intent is to readjust as the needs arise. Also, these are cost reimbursement contracts meaning that Providers will be paid based on the cost of providing services and the cost of maintaining the ability to provide services. Providers are not paid based on the number of clients served. The exact projected (or served) numbers do not directly impact contract payments.

5. Question: We want to note that the projection set by DHS for serving families in FY 16 is 56 families. With two months remaining in the current fiscal year we have just gotten our 61 families. We received 10 new families in April alone. Is it possible to increase our funding to serve a higher case load?

Response: The DHS will consider transferring funds from one area to another to meet the demand for services. No additional funds are available at this time. On Oahu and Hawaii the DHS expects the numbers to decrease slightly over the next few years due to the CWS' Title IVE Waiver Project.

6. Question: The West Hawaii funding allocation is about in the middle of the per family rate (neither the highest nor the lowest). I wonder if it is possible to have a higher rate applied to the West Hawaii district given that we serve families from Kapa`au in the north to Pahala in the south, and from Kawaihae in the west to Lakeland in the east, and the various distances are as follows:

- a. Kapa`au to Pahala is 130 miles
- b. Kailua to Lakeland is 50 miles (1 hour, 9 minutes each way)
- c. Kawaihae to Lakeland is 17 miles each way
- d. Kailua to Kapa`au is 70 miles each way
- e. Kailua to Pahala is 70 miles each way

Response: The DHS will consider this and is aware of the additional travel costs involved to serve families in West Hawaii. The West Hawaii Applicant awarded the new contract will be encouraged to be in regular communication with the POS Specialist and/or Program Development Assistant Program Administrator (APA) regarding funding needs.

7. **2.4, A. Service Activities and Service Delivery (Page 2-9)**

Question: What if a family who has already completed 12 months in the program is referred by a referring agency again (i.e. months to maybe even a year later, not necessarily while they are still in service)? Can a family who has already been served by the program be serviced again for another 12 months?

Response: Yes, they can, but the referring agency needs to assess the benefits of the family repeating the service. The referring agency should seriously consider other alternatives for the family.

8. Question: Will referring agencies be in-serviced by DHS about the 12-month cap of services and that only DHS can approve of a possible extension of services?

Response: Yes, the CWS/VCM/FSS staff will be apprised of this change.

9. Question: Once this contract is executed and awarded to a current Provider, what will be expected of their current families that have been enrolled in services for over the 12 months? Will they be expected to be discharged? For all other families, will their 12-month count be started on their initial referral date or will families be able to start their 12 months of services effective the date the new contracts are executed?

Response: An extension request for servicing of families beyond 12 months should be sent to the POS Specialist who will refer the request to the Program Development APA for review/approval. Many families will likely need to be tapered-off and discharged. For other families, their 12-month count will start on their initial referral date.

10. Question: Please confirm that approval is needed by DHS to continue services for a subsequent child (for example if mom had another child during services) if the first child ages out or services go beyond the 12 month period, and who is responsible for requesting the extension (referring social worker or Home Visiting Provider).

Response: The Provider should contact the CWS/VCM/FSS worker to discuss if the family will need to continue with services based on the birth of the subsequent child. If it is determined that the family will need to continue services then a request for an extension should be submitted by the Provider to the POS Specialist who will refer the request to the Program Development APA for review/approval. A new referral for the family is not necessary if requesting an extension due to the birth of a child while the family is still enrolled in services.

11. **2.4, A., 1. Initial contact** (Page 2-9)

Question: Please confirm that resource caregivers are not required to attend the initial face-to-face meeting to discuss goal planning and that it's optional.

Response: Resource caregivers are not required to participate in case planning meetings. If there was a plan to assign responsibilities to the resource caregivers in the case plan, the resource caregivers would be expected to participate in the case planning meeting to ensure that they agreed and could fulfill their responsibilities.

12. Question: Please confirm that the 45 day clock starts at date of intake (first face to face visit with bio parent or resource caregiver).

Response: The clock starts when the referral is received by the Provider.

13. **2.4, A., 5., a. Home visiting** (Page 2-11)

Question: Please confirm that the AAPI-2 and Kempe are not required to be used on resource caregivers and only required for bio parents.

Response: Yes, neither the AAPI-2 nor the Kempe is required to be administered to resource caregivers and need only be used with biological parents.

14. Question: The 15 Point Kempe Stress Checklist is not an assessment that was intended to be used as a pre/post tool. It is strictly a yes/no checklist. Please describe how this will be used in this manner.

Question: Form B, Service Activities, page 2-25: The Kempe is not intended to be a pre- and post- assessment. Much of it is based on historical information which would not change. Can DHS suggest an alternate to the Kempe that can be used as a pre- and post-risk assessment?

Response: All 10 points on the Kempe Stress Checklist should be rated once at the time of the initial assessment. For the post-test, the first three items would not need to be rated again but items four to ten should be rated again. The post-test should be administered prior to discharge. The DHS is interested in reported improvements for items four to ten.

15. Question: Please confirm that DHS is working to provide training for the Kempe and hopes to offer this in near future.

Response: As stated in the RFP meeting on April 28, 2015, the DHS is trying to obtain training statewide for the Kempe Stress Checklist. Providers will be informed as information becomes available.

16. **2.4, A., 8. Follow-up contact** (Page 2-13)

Question: Please clarify how information from the 6 month Follow-up contact will be documented. Capture it on a CEL for open cases or create a separate CEL form for 6 month follow up data?

Question: How should results from the 6-month Follow-up contact be reported given that sometimes the referring worker has closed the case?

Response: A standard, separate CEL form for the six month Follow-up contact will be created for the Provider's use.

**17. Performance Measurement Form A: PEOPLE TO BE SERVED (Page 2-22)**

Question: I'm clear that we count a new family when we are serving a child in a resource home and the biological mother has a new baby that she is allowed to take home with her and we begin visits to her and the newborn.

Response: No, the newborn would be counted as another child in the existing family but the family would still be counted as one family.

**18. Question: We also sometimes serve one child in separate homes, one for the mother and another for the father. I believe we count these as two separate families.**

Response: Yes, that is correct.

**19. Question: I wonder if you can provide guidelines to assist in defining what other situations do or don't justify counting a new family.**

Response: Providers may include scenarios requiring clarification in the narrative portion of the QAR as they arise.

**20. Performance Measurement Forms A, B, and C (Pages 2-22 – 2-26)**

Question: How do we fill out the ABC forms? Do we have to fill in all boxes or just the annual goals?

Question: On page 2-23, entitled FORM B: SERVICE ACTIVITIES, there is a column entitled DHS Projection under the Annual Service Goals heading. Please provide “DHS Projection” for these service activities.

Question: Please confirm that Providers will not be “dinged” for not meeting outcomes/service activities on ABC Forms as some of the %’s are almost impossible to achieve due to various contributing factors (for example, #5 on Form C).

Response: Where applicable, the annual goals and year-to-date (YTD) numbers (total numbers to be served) are sufficient. Applicants should provide projections for Form A. The DHS will not be providing projections for Form B. **Applicants do not need to provide projections for Forms B and C in their proposals.** Yes, Providers will not be “dinged” for not meeting, for example, #5 on Form C but they should strive for these outcomes.

**21. Question: Please confirm that it is ok to count bio parent and caregiver families as separate families served if both are being served for the same child in different households.**

Response: Providers may count resource caregivers in their numbers of families served but must be clear when reporting which numbers are biological families and which numbers are resource caregivers.

22. Question: On page 2-25 there are questions that refer to post-assessment (Kempe) gains or lack of gains (#2, #6, and #7). As a new Provider in quarters 1 and 2, would we realistically have any numbers to report? For example, in Q1 it says "percentage of clients given AAPI with improved scores." As a new Provider, would that number be zero (0) because it's too soon to reassess?

If we start all over again, we would not have any post-assessments until the 3rd quarter?

Response: Yes, you would not re-assess until necessary and appropriate as determined by the guidelines of the tool. However, new Providers will not start services from the beginning with families already enrolled in Home Visiting Services. The family's records, including all prior assessments, will be supplied to the new Provider (see Question #20). If necessary, the new Provider may administer new assessments. Post-assessments shall be completed per assessment tool schedules.

23. **Section 3, Proposal Application Instructions** (Page 3-1)

Question: Please confirm that Providers will not lose points in the proposal for going a little over the page limit if it helps to communicate the overall message in a section. Also, how much is a little over?

Response: As this section states, the Applicant should include any information it deems necessary to include in its proposal, even if the page limits are exceeded, if that assists in their ability to convey the required information. However, the Applicant should be discriminating regarding the amount of pages included in its proposal and not overly exceed the recommended limits. No points will be deleted for exceeding the recommended page limits.

24. **3.3, B., 2. Project Organization** (Page 3-4)

Question: Please clarify how you want the organization charts to read. The RFP says to detail each staff position budgeted to the contract including:

- a. The position title
- b. The minimum qualification level
- c. FTE to the program
- d. Lines of supervision.

Do you want the position title and name of the incumbent, if available, and to list if the position is vacant or not? Do you want the minimum qualifications required

based on the job description and/or the minimum qualifications of the incumbent, if available? Or do you want 2 different org charts with the info listed in the RFP and a separate one with the names of incumbent staff and their qualifications?

Question: The RFP does not mention a requirement for job descriptions or resumes, are you requiring them?

Response: The Applicant should include the job position's title, the minimum qualifications based on the job description, the job position's FTE to the program, and the job position's line/s of supervision. **Job position descriptions and job vacancy information should also be included in the proposal.** Resumes and incumbent staff information may be requested, as necessary, if the Applicant is awarded the contract. Submission of education/experience and/or criminal/CWS Central Registry waivers for incumbent staff for whom waivers were not previously approved by the DHS will be requested if the Applicant is awarded the contract.

**25. 4.3, B., 3., a., 1) Staffing (Page 4-4)**

Question: Please clarify that this section from page 4-4 refers to positions directly allocated to the contract as reflected on Form SPO-H-206A of the annual budget.

Response: Yes, this section is referring to all positions directly allocated to the contract which will be reflected in detail on the projected annual Budget form SPO-H-206A.

**26. Section 5, Attachment E., General Conditions (Page 5-16)**

Question: If there are new contracts awarded to a location/geographic area, the clients would transition to us. Would we receive copies of the files from the prior Provider to ensure that clients don't have to start all over again?

Response: Yes, the new Provider shall receive copies of records, including assessments, for all families that are transferred from the previous Provider. It is a contract requirement in Section 1.5, General Conditions (pages 2 - 3) to have the previous Provider ensure a smooth transition to the new Provider.

**RFP Corrections, Revisions, and Comments**

**1. 2.4, B., 7., a. Reporting requirements for program and fiscal data (Page 2-13)**

The existing 2) became 3).

A new 2) was added as follows:

The Provider shall complete the quarterly Limited English Proficiency (LEP) Report in the format provided by the DHS. The Provider shall report the number of parents and children who were offered and who received language access services, the type of language access service provided, the type of service provider used, and the expenditures spent on language access services during the reporting period.

A third sentence was added to 3) as follows:

The LEP Report shall be submitted to the DHS via email by the last day of the month following the reporting period.

**2. Section 5, Attachment E., General Conditions (Page 5-16)**

The General Conditions referred to in this section have been added as a separate attachment to this Addendum #2 so that the Applicant may view them.