

State of Hawaii
Department of Human Services
Social Services Division

Addendum No. 3

May 13, 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

ADDENDUM NO. 3

May 13, 2015

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:

Kenwyn Kaahaaina, POS Specialist

(808) 586-5706

kkaahaaina@dhs.hawaii.gov

RFP Written Questions and Responses

1. 2.4, A., 5. Home visiting (Page 2-10)

Question: P. 2-10, Family Support Plan (FSP), must be done within 45 days of referral. If there is non-engagement with the client, the Home Visitor may not make that deadline. We suggest revising the timeline to completing a FSP by 45 days of intake with client.

Response: The DHS will not be changing this requirement at this time. The DHS would like the Provider to provide families with a FSP as much as possible within 45 days of referral so that they can get the help they need as soon as possible. Completion of the plan 45 days after the referral would not be considered a contract violation as long as there were concerted (and documented) efforts made to engage the family. The DHS can re-evaluate this requirement in the future.

2. 2.4, A., 5. Home visiting (Pages 2-11 - 2-12)

Question: P. 2-11 requires the ASQ, ASQ-SE, AAPI-2, and Kempe to be completed within 30 days of referral or tool guidelines. However, we recommend

changing the timeline to complete these assessments/inventories by 30 days from intake with the client in case of non-engagement.

Response: The DHS will not be changing this requirement at this time. The DHS would like the Provider to provide clients with an assessment within 30 days of the referral or per the tool guidelines so that clients can get the help they need as soon as possible. The DHS can re-evaluate this requirement in the future.

3. Question: P. 2-12, Providing transportation assistance as needed - does this mean we are going back to transporting clients regularly or just when needed or deemed necessary?

Response: As stated in the RFP meeting on 4/28/15, transportation should be provided as needed and as determined by the Provider, e.g. providing bus passes or taxi vouchers or directly transporting clients to much needed appointments, such as to the doctor or to drug treatment.

4. Question: Please describe what assisting with the coordination of the MDE looks like.

Response: Assisting with the Multi-disciplinary Developmental Evaluation with Early Intervention Services, as appropriate and as requested, would involve gathering requested information and documentation that may include information and documentation from various sources other than the Home Visiting Provider.

5. Question: I'm pretty clear that we do NOT count a new family if we are servicing a mother and child in the biological home and the mother leaves the home, stating she wants the father to have full custody of the baby, and we begin servicing him instead (i.e. it's just a transition from one caregiver to another in the same home).

Response: Yes, that is correct. In this scenario they would be counted as one family. If the Provider were servicing both the mother and the father in separate homes then they would be counted as two families.

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

Question: P. 2-22, Regarding VCM referrals for children less than 1 year old, the expected numbers seem to be inaccurate. DHS proposed 35 VCM cases and the actual number referred for FY14 was 19. For VCM referrals for children 1-3 years old, the DHS proposed 35 VCM cases but the actual number referred for FY14 was 12.

Response: The DHS numbers are projections/estimates based on average numbers from previous years. Therefore, these projections/estimates may not exactly match the actual numbers in a given year.

7. Question: P. 2-25, For assessments/screens (ASQ, ASQ-SE, Kempe, and AAPI-2) does DHS want the overall score to improve or can the scores improve in at least one area?

Response: It is necessary for the overall score to have improved in order to report that a family's scores have improved. The DHS wants the Provider to report both improvement and lack of improvement.

8. Question: P. 2-26, Can current immunizations be verified by client self-report or do they have to be verified by a medical provider?

Question: P. 2-26, How do you measure "compliance with doctor recommendations"? Is client self-report allowable? And if the client does not disclose their primary care provider's recommendations, how does DHS recommend this outcome be measured?

Response: The Provider should verify compliance either through documents submitted by the client or directly with the primary care provider.

9. **2.4, B., 8. Output and performance and outcome measurements** (Page 2-18) and **Performance Measurement Forms A, B, and C** (Pages 2-22 – 2-26)

Question: Under the Performance Measurement Forms A, B, and C (C. in the narrative under service delivery) it says, "...propose reasonable numbers and percentages for the items NOT specified in Forms A and B." Do we need to propose more than what is listed on the A, B, and C tables in order to get the number of points listed on p. 4-8 in order to meet the point requirement?

Response: The Applicant should propose realistic numbers/percentages and consider that their staffing structure should be able to support the proposed numbers in manageable caseloads. Sufficient justification should be provided to support the proposed numbers/percentages. More points will be awarded if the proposed numbers/percentages are realistic and appropriately justified not if larger numbers/percentages are proposed.

10. **3.3, A., 1. Project Organization and Staffing** (Page 3-3)

Question: Will waitlists be allowed? What are the parameters of these waitlists? What is the maximum cap for an FSW's caseload before a waitlist is activated?

Response: Waitlists are discouraged as much as possible. The Provider should contact the DHS through the POS Specialist or the Program Development Assistant Program Administrator (APA) to inform the DHS when a waitlist is imminent. A reassignment of the waitlisted cases to another Provider may be necessary to meet the needs of the clients.

RFP Corrections, Revisions, and Comments

- 1. 2.4, B., 8. Output and performance and outcome measurements (Page 2-18) and Performance Measurement Forms A, B, and C (Pages 2-22 – 2-26)**

The Performance Measurement Forms A, B, and C referred to in this paragraph and included in the RFP have been added as a separate attachment to this Addendum #3 so that the Applicant may complete them more easily.

- 2. Section 5, Attachments (Pages 5-1 – 5-58)**

The documents from Section 5 that need to be included in the proposal are the **Proposal Application Identification Form, Proposal Application Checklist, Special Conditions, and Administrative Assurances**. All of these forms need to be completed and signed.