

State of Hawaii
Department of Health
Family Health Services Division
Children with Special Health Needs Branch
Early Intervention Section

Request for Proposals

RFP No. HTH 560-CG-POS-17-2

**RFP Title: Infant and Toddler
Early Intervention Services: Complex
Medical Needs**

Issued: August 25, 2016

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

August 25, 2016

REQUEST FOR PROPOSALS

INFANT AND TODDLER EARLY INTERVENTION
SERVICES: COMPLEX MEDICAL NEEDS
RFP No.: HTH 560-CG-POS-17-2

The STATE's Department of Health ("DOH"), Children with Special Health Needs Branch ("CSHNB"), Early Intervention Section ("EIS"), is responsible for providing family-centered, community-based evaluation, direct and consultation services for special needs infants and toddlers (with their families), birth to age three (3) years, who, in addition to having developmental delays and/or a diagnosed physical or mental condition that has a high probability of resulting in a developmental delay, have complex medical needs that further impact their development, and their families, on Oahu. These children hereinafter referred to as children with special needs. In conformity with the child's Individualized Family Support Plan ("IFSP"), services to be provided shall minimally include: family training, counseling, and home visits; occupational therapy; physical therapy; speech-language pathology; special instruction; and social work services. As the lead agency, EIS is mandated to ensure that the child receives services based on criteria outlined in Public Law 108-446, known as the Individuals with Disabilities Education Act ("IDEA"), Part C; Hawaii Revised Statutes ("HRS") §321.351 – 321.357; Hawaii Administrative Rules (HAR), Chapter 11-140, Early Intervention Services for Infants and Toddlers; and Hawaii IDEA Part C Early Intervention Policies and Procedures.

Request for Proposals (RFP) shall be mailed, postmarked by the United States Postal Service, on or before October 17, 2016, and received no later than 10 days from that submittal deadline. Hand delivered proposals shall be received no later than 4:30 p.m., Hawaii Standard Time (HST), on October 17, 2016, at the drop-off sites designated on the Proposal Mail-in and Delivery Information Sheet. Proposals postmarked or hand delivered **after** the submittal deadline shall be considered late and rejected. There are no exceptions to this requirement.

EIS will conduct a RFP orientation on September 1, 2016, from 10 a.m. to 12 p.m., HST, in the EIS Conference Room, at 1350 South King Street, Suite 200, Honolulu, HI 96814

All prospective applicants are encouraged to attend the orientation.

The deadline for submission of written questions is 4:30 p.m., HST, on September 15, 2016. All written questions will receive a written response from the State on or about September 23, 2016.

Any inquiries and requests regarding this RFP should be directed to:

Mae Braceros

1350 South King Street, Suite 200

Honolulu, Hawaii 96814

Telephone: (808) 594-0014

Fax: (808) 594-0015

E-mail: mae.braceros@doh.hawaii.gov

PROPOSAL MAIL-IN AND DELIVERY INFORMATION SHEET

NUMBER OF COPIES TO BE SUBMITTED: ONE ORIGINAL AND 3 COPIES

ALL MAIL-INS SHALL BE POSTMARKED BY THE UNITED STATES POSTAL SERVICE (USPS) NO LATER THAN *October 17, 2016*, and received by the state purchasing agency no later than 10 days from the submittal deadline.

All Mail-ins

Department of Health
Early Intervention Section
1350 South King Street, Suite 200
Honolulu, Hawaii 96814
Attn: Mae Braceros

DOH RFP COORDINATOR

Gordon Takaki
Phone: (808) 733-8365
Fax: (808) 733-8369
Email: gordon.takaki@doh.hawaii.gov

ALL HAND DELIVERIES SHALL BE ACCEPTED AT THE FOLLOWING SITE UNTIL **4:30 P.M., Hawaii Standard Time (HST), October 17, 2016**. Deliveries by private mail services such as FEDEX shall be considered hand deliveries. Hand deliveries shall not be accepted if received after 4:30 p.m., *October 17, 2016*.

Drop-off Sites

Department of Health
Early Intervention Section
1350 South King Street, Suite 200
Honolulu, Hawaii 96814

HTH 560-CG-POS-17-2

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Section 1

Administrative Overview

Section 1

Administrative Overview

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

1.1 Procurement Timetable

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

<u>Activity</u>	<u>Scheduled Date</u>
Public notice announcing Request for Proposals (RFP)	August 25, 2016
Distribution of RFP	August 25, 2016
RFP orientation sessions	September 1, 2016 10 a.m. – 12 p.m.
Closing date for submission of written questions for written responses	September 15, 2016 4:30 p.m., HST
State purchasing agency's response to applicants' written questions	September 23, 2016
Proposal submittal deadline	October 17, 2016 4:30 p.m., HST
Final revised proposals (optional)	(to be determined)
Proposal evaluation period	Oct. to Nov. 2016
Provider selection	December 23, 2016
Notice of statement of findings and decision	December 30, 2016
Contract start date	July 1, 2017

1.2 Website Reference

Item	Website
1. Procurement of Health and Human Services	http://spo.hawaii.gov/for-vendors/vendor-guide/methods-of-procurement/health-human-services/competitive-purchase-of-services-procurement-method/cost-principles-table-hrs-chapter-103f-2/
2. RFP website	http://hawaii.gov/spo2/health/rfp103f/
3. Hawaii Revised Statutes (HRS) and Hawaii Administrative Rules (HAR) for Purchases of Health and Human Services	http://spo.hawaii.gov Click on the "References" tab.
4. General Conditions, AG-103F13	http://hawaii.gov/forms/internal/department-of-the-attorney-general/ag-103f13-1/view
5. Forms	http://spo.hawaii.gov Click on the "Forms" tab.
6. Cost Principles	http://spo.hawaii.gov Search: Keywords "Cost Principles"
7. Protest Forms/Procedures	http://spo.hawaii.gov/for-vendors/vendor-guide/protests-for-health-and-human-services/
8. Hawaii Compliance Express (HCE)	http://spo.hawaii.gov/hce/
9. Hawaii Revised Statutes	http://capitol.hawaii.gov/hrscurrent
10. Department of Taxation	http://tax.hawaii.gov
11. Department of Labor and Industrial Relations	http://labor.hawaii.gov
12. Department of Commerce and Consumer Affairs, Business Registration	http://cca.hawaii.gov click "Business Registration"
13. Campaign Spending Commission	http://ags.hawaii.gov/campaign/
14. Internal Revenue Service	http://www.irs.gov/
(Please note: website addresses may change from time to time. If a State link is not active, try the State of Hawaii website at http://hawaii.gov)	

1.3 Authority

This RFP is issued under the provisions of the Hawaii Revised Statutes (HRS) Chapter 103F and its administrative rules. All prospective applicants are charged with presumptive knowledge of all requirements of the cited authorities. Submission of a valid executed proposal by any prospective applicant shall constitute admission of such knowledge on the part of such prospective applicant.

1.4 RFP Organization

This RFP is organized into five sections:

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

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

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

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

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

1.5 Contracting Office

The Contracting Office is responsible for overseeing the contract(s) resulting from this RFP, including system operations, fiscal agent operations, and monitoring and assessing provider performance. The Contracting Office is:

Department of Health
Early Intervention Section
1350 South King Street, Suite 200
Honolulu, Hawaii 96814
Phone: (808) 594-0014 Fax: (808) 594-0015
Email: mae.braceros@doh.hawaii.gov

1.6 RFP Contact Person

From the release date of this RFP until the selection of the successful provider(s), any inquiries and requests shall be directed to the sole point-of-contact identified above.

1.7 Orientation

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

Date: September 1, 2016 **Time:** 10 a.m. to 12 p.m.

Location: 1350 South King Street, Suite 200, Honolulu, Hawaii 96814

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

1.8 Submission of Questions

Applicants may submit questions to the RFP point-of-contact identified in Section 1.6. Written questions should be received by the date and time specified in Section 1.1 Procurement Timetable. The purchasing agency will respond to written questions by way of an addendum to the RFP.

Deadline for submission of written questions:

Date: September 15, 2016 **Time:** 4:30 p.m. HST

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

Date: September 23, 2016

1.9 Submission of Proposals

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

1. **Proposal Application Identification (Form SPOH-200).** Provides applicant proposal identification.
2. **Proposal Application Checklist.** The checklist provides applicants specific program requirements, reference and location of required RFP proposal forms, and the order in which all proposal components should be collated and submitted to the state purchasing agency.
3. **Table of Contents.** A sample table of contents for proposals is located in Section 5, Attachments. This is a sample and meant as a guide. The table of contents may vary depending on the RFP.
4. **Proposal Application (Form SPOH-200A).** Applicant shall submit comprehensive narratives that address all proposal requirements specified in Section 3, Proposal Application Instructions, including a cost proposal/budget, if required.

- B. Program Specific Requirements.** Program specific requirements are included in Sections 2 and 3, as applicable. Required Federal and/or State certifications are listed on the Proposal Application Checklist in Section 5.
- C. Multiple or Alternate Proposals.** Multiple or alternate proposals shall not be accepted unless specifically provided for in Section 2. In the event alternate proposals are not accepted and an applicant submits alternate proposals, but clearly indicates a primary proposal, it shall be considered for award as though it were the only proposal submitted by the applicant.
- D. Provider Compliance.** All providers shall comply with all laws governing entities doing business in the State.
1. **Tax Clearance.** Pursuant to HRS §103-53, as a prerequisite to entering into contracts of \$25,000 or more, providers are required to have a tax clearance from the Hawaii State Department of Taxation (DOTAX) and the Internal Revenue Service (IRS). Refer to Section 1.2, Website Reference for DOTAX and IRS website address.
 2. **Labor Law Compliance.** Pursuant to HRS §103-55, providers shall be in compliance with all applicable laws of the federal and state governments relating to workers' compensation, unemployment compensation, payment of wages, and safety. Refer to Section 1.2, Website Reference for the Department of Labor and Industrial Relations (DLIR) website address.
 3. **Business Registration.** Prior to contracting, owners of all forms of business doing business in the state except sole proprietorships, charitable organizations, unincorporated associations and foreign insurance companies shall be registered and in good standing with the Department of Commerce and Consumer Affairs (DCCA), Business Registration Division. Foreign insurance companies must register with DCCA, Insurance Division. More information is on the DCCA website. Refer to Section 1.2, Website Reference for DCCA website address.

Providers may register with Hawaii Compliance Express (HCE) for online compliance verification from the DOTAX, IRS, DLIR, and DCCA. There is a nominal annual registration fee (currently \$12) for the service. The HCE's online "Certificate of Vendor Compliance" provides the registered provider's current compliance status as of the issuance date, and is accepted for both contracting and final payment purposes. Refer to Section 1.2, Website Reference, for HCE's website address.

Providers not utilizing the HCE to demonstrate compliance shall provide paper certificates to the purchasing agency. All applications for applicable clearances are the responsibility of the providers. All certificates must be valid on the date it

is received by the purchasing agency. The tax clearance certificate shall have an original green certified copy stamp and shall be valid for six (6) months from the most recent approval stamp date on the certificate. The DLIR certificate is valid for six (6) months from the date of issue. The DCCA certificate of good standing is valid for six (6) months from date of issue.

- E. **Wages Law Compliance.** If applicable, by submitting a proposal, the applicant certifies that the applicant is in compliance with HRS §103-55, Wages, hours, and working conditions of employees of contractors performing services. Refer to Section 1.2, Website Reference for statutes and DLIR website address.
- F. **Hawaii Compliance Express (HCE).** Providers *shall* register with HCE for online compliance verification from the DOTAX, IRS, DLIR, and DCCA of good standing compliance. There is a nominal annual registration fee for the service. The “Certificate of Vendor Compliance” (CVC) issued online through HCE provides the registered provider’s current compliance status as of the issuance date, and is accepted for both contracting and final payment purposes. Refer to Section 1.2, Website Reference, for HCE’s website address.

Providers not utilizing the HCE to demonstrate compliance shall provide paper certificates to the purchasing agency. All applications for applicable clearances are the responsibility of the providers. All certificates must be valid on the date it is received by the purchasing agency. The tax clearance certificate shall have an original green certified copy stamp and shall be valid for six months from the most recent approval stamp date on the certificate. The DLIR certificate is valid for six months from the date of issue. The DCCA certificate of good standing is valid for six months from date of issue.

- G. **Campaign Contributions by State and County Contractors.** HRS §11-355 prohibits campaign contributions from certain State or county government contractors during the term of the contract if the contractors are paid with funds appropriated by a legislative body. Refer to Section 1.2, Website Reference for statutes and Campaign Spending Commission website address.
- H. **Confidential Information.** If an applicant believes any portion of a proposal contains information that should be withheld as confidential, the applicant shall request in writing nondisclosure of designated proprietary data to be confidential and provide justification to support confidentiality. Such data shall accompany the proposal, be clearly marked, and shall be readily separable from the proposal to facilitate eventual public inspection of the non-confidential sections of the proposal.

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

- I. **Proposal Submittal.** All mail-ins shall be postmarked by the United States Postal System (USPS) and received by the State purchasing agency no later than the submittal deadline indicated on the attached Proposal Mail-in and Delivery

Information Sheet, or as amended. All hand deliveries shall be received by the State purchasing agency by the date and time designated on the Proposal Mail-In and Delivery Information Sheet, or as amended. Proposals shall be rejected when:

- Postmarked after the designated date; or
- Postmarked by the designated date but not received within 10 days from the submittal deadline; or
- If hand delivered, received after the designated date and time.

The number of copies required is located on the Proposal Mail-In and Delivery Information Sheet. Deliveries by private mail services such as FEDEX shall be considered hand deliveries and shall be rejected if received after the submittal deadline. Dated USPS shipping labels are not considered postmarks.

Submission of proposals by applicants through fax, CD, electronic mail, website or other electronic means is not permitted by the state purchasing agency.

1.10 Discussions with Applicants

- A. **Prior to Submittal Deadline.** Discussions may be conducted with potential applicants to promote understanding of the purchasing agency's requirements.
- B. **After Proposal Submittal Deadline.** Discussions may be conducted with applicants whose proposals are determined to be reasonably susceptible of being selected for award, but proposals may be accepted without discussions, in accordance with HAR §3-143-403.

1.11 Opening of Proposals

Upon the state purchasing agency's receipt of a proposal at a designated location, proposals, modifications to proposals, and withdrawals of proposals shall be date-stamped, and when possible, time-stamped. All documents so received shall be held in a secure place by the state purchasing agency and not examined for evaluation purposes until the submittal deadline.

Procurement files shall be open to public inspection after a contract has been awarded and executed by all parties.

1.12 Additional Materials and Documentation

Upon request from the state purchasing agency, each applicant shall submit additional materials and documentation reasonably required by the state purchasing agency in its evaluation of the proposals.

1.13 RFP Amendments

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

1.14 Final Revised Proposals

If requested, final revised proposals shall be submitted in the manner and by the date and time specified by the state purchasing agency. If a final revised proposal is not submitted, the previous submittal shall be construed as the applicant's final revised proposal. *The applicant shall submit **only** the section(s) of the proposal that are amended, along with the Proposal Application Identification Form (SPOH-200).* After final revised proposals are received, final evaluations will be conducted for an award.

1.15 Cancellation of Request for Proposal

The RFP may be canceled and any or all proposals may be rejected in whole or in part, when it is determined to be in the best interest of the State.

1.16 Costs for Proposal Preparation

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

1.17 Provider Participation in Planning

Provider participation is encouraged in the state purchasing agency's efforts to plan for or to purchase health and human services prior to the release of a RFP, including the sharing of information on community needs, best practices, and providers' resources, shall not disqualify providers from submitting proposals, if conducted in accordance with HAR §§3-142-202 and 3-142-203.

1.18 Rejection of Proposals

The State reserves the right to consider as acceptable only those proposals submitted in accordance with all requirements set forth in this RFP and which demonstrate an understanding of the problems involved and comply with the service specifications. Any proposal offering any other set of terms and conditions contradictory to those included in this RFP may be rejected without further notice.

A proposal may be automatically rejected for any one or more of the following reasons:

- (1) Rejection for failure to cooperate or deal in good faith. (HAR §3-141-201)
- (2) Rejection for inadequate accounting system. (HAR §3-141-202)
- (3) Late proposals (HAR §3-143-603)

- (4) Inadequate response to request for proposals (HAR §3-143-609)
- (5) Proposal not responsive (HAR §3-143-610(a)(1))
- (6) Applicant not responsible (HAR §3-143-610(a)(2))

1.19 Notice of Award

A statement of findings and decision shall be provided to each responsive and responsible applicant by mail upon completion of the evaluation of competitive purchase of service proposals.

Any agreement arising out of this solicitation is subject to the approval of the Department of the Attorney General as to form, and to all further approvals, including the approval of the Governor, required by statute, regulation, rule, order or other directive.

No work is to be undertaken by the provider(s) awarded a contract prior to the contract commencement date. The State of Hawaii is not liable for any costs incurred prior to the official starting date.

1.20 Protests

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

- (1) A state purchasing agency’s failure to follow procedures established by Chapter 103F of the Hawaii Revised Statutes;
- (2) A state purchasing agency’s failure to follow any rule established by Chapter 103F of the Hawaii Revised Statutes; and
- (3) A state purchasing agency’s failure to follow any procedure, requirement, or evaluation criterion in a request for proposals issued by the state purchasing agency.

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

Head of State Purchasing Agency	Procurement Officer
Name: Virginia Pressler, M.D.	Name: Gordon Takaki
Title: Director of Health	Title: Public Health Administrative Officer

Mailing Address: P.O. Box 3378, Honolulu, Hawaii 96801-3378	Mailing Address: 3652 Kilauea Avenue, Honolulu, Hawaii 96816
Business Address: 1250 Punchbowl Street, Honolulu, Hawaii 96813	Business Address: (Same)

1.21 Availability of Funds

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

1.22 General and Special Conditions of Contract

The general conditions that will be imposed contractually are on the SPO website. Special conditions may also be imposed contractually by the state purchasing agency, as deemed necessary

1.23 Cost Principles

To promote uniform purchasing practices among state purchasing agencies procuring health and human services under HRS Chapter 103F, state purchasing agencies will utilize standard cost principles as outlined on the SPO website. Refer to Section 1.2 Website Reference for website address. Nothing in this section shall be construed to create an exemption from any cost principle arising under federal law.

Section 2

Service Specifications

Section 2

Service Specifications

2.1 Introduction

A. Overview, Purpose or Need

Children with Special Health Needs Branch, Early Intervention Section (EIS), is soliciting proposals for the purpose of providing family-centered, community-based evaluation, treatment and consultation services for infants and toddlers, birth to age three (3) years, who, in addition to having developmental delays and/or a diagnosed physical or mental condition that has a high probability of resulting in a developmental delay, have complex medical needs that further impact their development, and their families, on Oahu. These children hereinafter referred to as children with special needs. In conformity with the child's Individualized Family Support Plan ("IFSP"), services to be provided shall minimally include: family training, counseling, and home visits; occupational therapy; physical therapy; speech-language pathology; special instruction; and social work services. As the lead agency, EIS is mandated to ensure that the child receives services based on criteria

outlined in Public Law 108-446, known as the Individuals with Disabilities Education Act (“IDEA”), Part C; Hawaii Revised Statutes (“HRS”) §321.351 – 321.357; Hawaii Administrative Rules (HAR), Chapter 11-140, Early Intervention Services for Infants and Toddlers; and Hawaii IDEA Part C Early Intervention Policies and Procedures.

B. Planning Activities Conducted in Preparation for this RFP

A Request for Information (RFI) Meeting was held on July 7, 2016 to share planning information with prospective service providers for EI service programs statewide. The RFI Meeting’s agenda may be referenced by contacting:

Mae Braceros
Phone: (808) 594-0014
Fax: (808) 594-0015
Email: mae.braceros@doh.hawaii.gov

Participation in the planning activities, including the RFI Meeting, is optional and is not required to respond to a subsequent request for proposal. The purchasing agency reserves the right to incorporate or not incorporate any recommendations presented in response to the request for information in a request for proposal. Neither the purchasing agency nor interested parties responding have any obligation under the request for information.

C. Description of the Service Goals

The goals of the service are to enhance the development of children with special needs; enhance the capacity of families to meet the special needs of their children; expand the children’s opportunities for participation in community settings in which children without disabilities participate; and decrease the future need for special education services.

D. Description of the Target Population to be Served

A child and his/her family are eligible for services if the child is under age three (3) years and meets the eligibility criteria established by the purchasing agent for the following categories:

1. A developmental delay in one (1) or more of the following areas of development: cognition, physical (including vision or hearing); communication; social or emotional; and adaptive, as defined by EIS eligibility criteria; or
2. A diagnosed physical or mental health condition that has a high probability of resulting in a developmental delay. Examples of these conditions include chromosomal abnormalities, severe sensory impairments (i.e., permanent hearing loss and/or impaired vision), genetic or congenital disorders, disorders secondary to the exposure to toxic substances (including fetal alcohol syndrome), severe attachment disorders, and other conditions specified by the EIS.

In addition to the above, to be eligible for being served as part of the RFP, the infants and toddlers shall have complex medical needs which includes being:

- Technologically dependent with or without a ventilator;
- Stable with cardiopulmonary needs requiring more than ten (10) hours of skilled nursing supervision; or
- Not technologically dependent and who require close monitoring.

E. Geographic Coverage of Service

The geographic area is the entire Island of Oahu. The estimated number of children who will receive services monthly and the available funds are indicated below. However, the Awardee shall accept and provide services to all children referred who meet eligibility for this program.

Geographic Area	Estimated Monthly # of Children	Estimated Funding
Island of OAHU	70	\$600,040

Note: The purchasing agency reserves the right to exercise the option to refer eligible children to this program in unusual or emergency circumstances.

F. Probable Funding Amounts, Source, and Period of Availability

Approximately \$600,040 per fiscal year is from state and federal sources, based on availability of funding. An additional amount may be appropriated by the Legislature and/or the Part C Federal Grant during the course of a fiscal year, however, the legislative intent regarding the use of the funds must be consistent with this RFP.

2.2 Contract Monitoring and Evaluation

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

- (1) Performance/Outcome Measures
- (2) Output Measures
- (3) Quality of Care/Services
- (4) Financial Management
- (5) Administrative Requirements

2.3 General Requirements

A. Specific Qualifications or Requirements

Including but not limited to Licensure or Accreditation.

B. Secondary Purchaser Participation

(Refer to HAR §3-143-608)

After-the-fact secondary purchases will be allowed, and subject to approval by the primary purchaser.

Planned secondary purchases: none

C. Multiple or Alternate Proposals

(Refer to HAR §3-143-605)

Allowed Unallowed

D. Single or Multiple Contracts to be Awarded

(Refer to HAR §3-143-206)

Single Multiple Single & Multiple

Criteria for multiple awards:

E. Single or Multi-term Contracts to be Awarded

(Refer to HAR §3-149-302)

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

Contract terms:

1. Initial term of the contract shall be from **July 1, 2017**, or the State’s Notice to Proceed, up to and including **June 30, 2018**.
2. The length of each extension shall be one (1) year.
3. The number of possible extensions shall be four (4).
4. The maximum length of the contract shall be five (5) years.

The initial period shall commence on the contract start date or the Notice to Proceed, whichever is later.

Requests for extensions must be in writing and must be executed prior to the contract’s expiration date.

2.4 Scope of Work

The State Department of Health (DOH), EIS provides services for special needs children from birth to age three (3), and their families. As the lead agency under the IDEA, Part C, EIS is mandated to: (1) maintain a statewide comprehensive, coordinated, multidisciplinary interagency system of early intervention for children with special needs and their families; (2) enhance the State’s capacity to provide quality early intervention services; (3) enhance the State’s capacity to identify, evaluate, and serve eligible children in historically underrepresented populations, particularly minority, low income, inner-city, rural, and homeless; and (4) enhance the family’s capacity to support their child’s

development. Services shall be collaborative, multidisciplinary, family centered, comprehensive, and culturally appropriate, and shall be based on the child's evaluation results as well as the family's concerns and priorities.

The Provider shall:

1. When deemed appropriate by the team, utilize a Primary Service Provider (PSP) approach and Coaching Model. The PSP works with the child and caregiver (e.g., family member, foster parent, childcare provider, etc.) to support all outcomes and objectives in the IFSP, and receives support from consultants who represent the identified areas of need. There are several PSP models:
 - a. The preferred model utilizes a general educator as the PSP.
 - b. Depending on the needs of the child, there are times when it is most appropriate for the therapist or special instructor in the child's major area of delay to assume the role of the PSP.
 - c. An exception to the above allows a Physical Therapist (PT), Occupational Therapist (OT), Speech-Language Pathologist (SLP), Special Educator (SPED), or Teacher to act as a PSP in situations when the child does not require that specific service, based on the evaluation results. The PROVIDER shall propose a separate billing amount for a "PSP Exception" as agreed to, and approved by EIS.

Consultants provide support via visits with the PSP and family, as defined by the child's IFSP. The purpose of the visits is to observe and provide input and recommendations to support the child and family in meeting the IFSP outcomes and objectives. For example, if communication and fine motor delays are the child's major needs, the PSP could be a general educator who receives consultation from the SLP and the OT who provides appropriate strategies to meet the identified delays. Additionally, consults may occur during team meetings with or without family present.

2. Provide appropriate services to meet the child and family's needs. This requires that the PROVIDER shall make services available:
 - a. In conformity to the IFSP. The frequency, intensity, and duration of services shall be determined by the IFSP team at the IFSP meeting.
 - b. In collaboration with the parent(s) or legal guardian(s), hereinafter referred to as parents.
 - c. By the best qualified team personnel based on the child's identified needs, which shall consult with parents, other service providers, and community representatives, such as the child's physician, to ensure an effective provision of services.

- d. At no cost to families, consistent with the STATE's system of payments and fees.
- e. To assist the family to increase their ability to support their child's development.
- f. In the child and family's natural environment or the setting where the child would be if the child did not have special needs. The natural environment includes, but is not limited to: the family's home; the home of the caregiver; a preschool, park, library, beach; or community playgroups.
- g. Within the child and family's daily routines. The following are examples of providing services in natural environments and within the child and family's daily routine:
 - (1) An IFSP objective is “. . . eating with a spoon.” Because eating generally occurs at home, it would be appropriate to support this outcome in the child's home during meal time. The home is the natural environment; the child's daily routine is eating a meal. If the child was at the home of a caregiver or a preschool, the service could be provided at that site during meal time.
 - (2) An IFSP objective is “. . . playing with other children.” Because playing with other children (i.e. socialization) should occur with the child's typically developing peers and with children within their daily routines and activities, services should be provided at locations such as parks, beaches, or community playgroups.

If the service cannot be provided in a natural environment, the Provider shall have written justification in the IFSP as to why the child's outcomes/objectives cannot be met at the home or community setting, and shall offer an alternative.

- 3. Provide on-going supervision and training for staff, as follows:
 - a. The Provider shall ensure that all program staff, including experienced and newly hired staff, are provided on-going training to assure that services are appropriately provided to meet the developmental needs of the child and to support the family. This includes training in the PSP and Coaching Model and how services should support the child and family's daily routines.
 - b. The Provider shall ensure that on-going supervision by a trained and qualified supervisor in the PSP and Coaching Model occurs regularly, to assure that: services are appropriately provided to meet the developmental needs of the child and to support the family; the PSP and Coaching Model is appropriately being implemented; and services are provided within the child and family's

daily routines.

A. Service Activities

In each contract year, the Provider shall:

1. Accept and process referrals from the EIS' statewide Early Intervention Referral Line; other IDEA Part C referral sources; physicians; Public Health Nurses (PHN); and families.
2. Identify an interim Care Coordinator (CC) for each child/family at the time of the referral to the Early Intervention (EI) program. The interim CC shall support the family from the first contact with the family until the on-going CC is identified at the initial IFSP meeting. The interim CC shall contact the child's family within two (2) working days of referral to arrange a face-to-face intake meeting at which time the interim CC shall: provide intake services as described below; support the family throughout the evaluation process, encouraging the family's participation in the evaluation process; and facilitate the development of the Initial IFSP, supporting the family's active participation in the IFSP process.
3. Provide Intake services. At the Intake meeting, the interim CC shall inform families about the early intervention services and system, explain their family rights and advocacy services and have the parents complete appropriate forms and consents. They shall also explain to the family that once the child's medical needs are stabilized, the child/family will be transitioned to the community early intervention program in the geographical region where the family resides.
4. Complete timely Multidisciplinary Evaluations (MDEs). Within forty-five (45) days of referral to early intervention, each child shall receive a MDE to determine his or her eligibility for early intervention services and/or to determine areas of delay. IDEA, Part C, requires that the MDE shall be timely, comprehensive, and conducted by a multidisciplinary team of two or more disciplines or professions. The MDE shall be conducted by personnel trained on appropriate methods and procedures utilizing the Battelle Developmental Inventory-2 (BDI-2). The interim CC shall participate in the Initial MDE and shall encourage families to actively participate in the evaluation and assessment process. All subsequent MDEs shall be completed within timelines as specified by EIS. The results of the MDEs shall be used to support the development of the IFSPs.
5. Complete an assessment of the child and family. The assessment of the child identifies the child's unique strengths and needs and appropriate early intervention services to meet the needs. The Family-Directed Assessment (FDA) identifies the family's resources, priorities, and concerns and the supports and services necessary to meet the developmental needs of their child. The FDA shall be voluntary and be based on information obtained through an assessment tool and interview with the family.

6. Complete timely IFSPs for all eligible infants and toddlers and their families. Within forty-five (45) days of referral to early intervention, an Initial IFSP shall be completed for each Part C eligible child. The IFSP shall be reviewed every six months, or more frequently, if requested by a member of the multi-disciplinary team, which includes the family. An Annual IFSP shall be completed within twelve (12) months of the Initial IFSP. IFSPs shall be developed jointly with the family; functional outcomes and strategies shall be based on information from evaluations and assessments and the family's concerns and priorities. The Initial and Annual IFSPs shall include: the child's parent or parents, other family members and advocates or persons outside of the family, if requested by the family; the CC; at least one individual who evaluated the child; and individuals who will be providing services. The IFSP Review shall minimally include the child's parents and the CC, although participation by all noted for the Initial and Annual IFSP should be included to the extent possible.
7. Provide care coordination, as an on-going service and process of shared responsibilities between families and professionals. The CC shall coordinate and facilitate the Initial IFSP meeting and shall: provide on-going support to the family; coordinate and monitor the delivery of services; coordinate with medical, health, and other community providers; meet regularly with the family for input as to how services are progressing for their child and themselves; facilitate and participate in all IFSP meetings; and facilitate and participate in the transition process.
8. The Provider shall ensure that the following services are available and will be provided by program staff based on the identified needs of the child and family: care coordination; family training, counseling, and home visits; occupational therapy; physical therapy; special instruction; speech-language pathology; and social work services. The Provider shall connect families to the following services if they are not available by program staff: assistive technology devices and services; audiology services; sign language and cued speech; health services necessary to enable the child to benefit from other early intervention services; medical services only for diagnostic or evaluation purposes; nursing services; nutrition services; psychological services; vision services; transportation; and related costs that are necessary to enable the child and family to receive other services described in this paragraph. Services should be provided to enhance the family's capacity to support their child's development and support the socialization of their children with their typically developing peers.
9. Provide services in the child and family's natural environment and within their daily routines. The Provider shall ensure that services are provided in a variety of natural environments, including the family's home, home of a childcare provider, a preschool, Early Head Start programs, and community locations, such as parks, beaches, and community playgroups.
10. Provide opportunities to support families, recognizing that families possess a wide range of strengths, concerns and aspirations beyond the need for specialized

health and developmental services for their child. Family support services shall focus on promoting and building on existing strengths and abilities, increasing knowledge and self-sufficiency, and reflect the needs and wants of the family. The Provider shall also develop strategies to identify difficult-to-reach families, specifically the under-represented populations including minority, low income, inner-city, rural, and homeless, and encourage them to participate in early intervention activities to support their child's development.

11. Assist families to access a medical home for the eligible child. The Provider shall assist families to access a medical home for preventive care, anticipatory guidance and well-child care. A medical home is defined as the physician or primary care provider (PCP) for the child. To support collaboration with a medical home, developmental evaluation and assessment results shall be shared with parent/legal guardian consent. The PCP, also with parent consent, shall be included as an IFSP team member and strongly encouraged to participate in IFSP meetings and support the provision of early intervention services.
12. Implement transition services prior to the child's third birthday. Each IFSP shall include a transition plan that outlines steps to be taken to support the transition of the child from IDEA, Part C into other settings, including the Department of Education (DOE), or a community-based preschool or day care, or elsewhere.

Transition services shall include the following components:

- a. Discussion and training for parents, encouraging them to voice their dreams and expectations for their child regarding potential future services, placements and other matters related to the transition;
- b. Procedures to prepare the child for changes in service delivery, including steps to help the child and family adjust to, and function successfully in a new setting;
- c. With CC obtained written parent consent, provide for the transition of information (e.g., evaluation and assessment information, copies of prior IFSPs) about the child to DOE, or other community service providers, to ensure continuity of services;
- d. Unless a parent opts out, notify the DOE of children possibly eligible under IDEA, Part B, at least ninety (90) days, but no more than one hundred twenty (120) days prior to the child's third birthday;
- e. For children possibly eligible under IDEA, Part B, at least ninety (90) days prior to (and up to nine (9) months before, at the discretion of all parties) the child's third birthday, convene a Part C transition conference to discuss future service options. Minimally, the transition conference shall include the parents, the CC, and a representative from the school district for IDEA, Part B; and

- f. For children probably not eligible under IDEA, Part B, at least ninety (90) days prior to the child's third birthday (and up to nine (9) months before, at the discretion of the parents), convene a Part C transition conference of the parents, the CC, and any agency representatives who may likely serve the child, to discuss future service options.
13. Provide specialized consultation. Specialized consultation may be provided:
- a. To support the transition of an enrolled children with special needs to a community-based early intervention program in the geographical area where the family resides; or
 - b. To support the continued enrollment and medical needs of children with special needs in a community-based early intervention program in the geographical area where the family resides.

B. Management Requirements (Minimum and mandatory requirements)

1. Personnel
- a. Direct service therapeutic staff shall include, at a minimum, an OT, a PT, and a SLP.
 - Direct service staff shall meet the highest professional standards and competencies as identified in HAR, Chapter 11-140, Early Intervention Services for Infant and Toddlers, and Hawaii IDEA Part C Early Intervention Policies and Procedures. Staff shall be licensed or registered to practice in Hawaii, as applicable. Direct service staff shall be hired or subcontracted.
 - b. Special instruction staff shall include either a SPED or a teacher.
 - SPED shall have a degree in Special Education (Bachelor's or Master's)
 - Teacher shall meet one of the following:
 - 1) Degree in Elementary Education with a focus on Early Childhood or Special Education (Bachelor's or Master's); or
 - 2) 5th Year Teaching Certification with a focus on Early Childhood or Special Education; or
 - 3) Degree in Early Childhood (Bachelor's or Master's) and shall have successfully passed at least one (1) course in behavioral management with a minimum grade of a "C."
 - c. Direct services support staff shall include general educators. A general educator shall minimally have a Bachelor's degree in education (i.e. secondary education) or a related field.
 - d. Program Administrative staff shall include a program manager, clerical staff and data clerk(s).
 - Program Manager (PM). The roles and responsibilities of the PM are to: ensure that the EI program meets state and federal Part C requirements; ensure that the EI program meets the requirements of this RFP and its

contractual requirements; provide staff supervision; monitor the provision of services for compliance with Part C requirements and quality services; and maintain budget oversight. A full-time equivalent (FTE) program manager is required if the program serves a minimum of seventy (70) children. If there are fewer than seventy (70) children, the FTE may be less. Justification for less than a FTE program manager is required.

- Clerical Staff. Each program shall provide clerical staff to assist care coordination and direct service staff (e.g., copy reports, mail forms to families and DOE, develop activities to support programming). One (1) FTE clerk is generally allowable for a program expecting to serve one hundred (100) children; the requested FTE should be determined based on the number of children the program is expected to serve. Justification is required for the FTE requested.
 - Data Clerks. Each program shall ensure that data clerks input data into EIS designated databases to support the contractual requirements and to ensure that data is timely, valid, and reliable. In addition, the skill set of the data clerk shall include but not be limited to: inputting accurate data, downloading files, saving files, and printing reports. One (1) FTE data clerk is generally allowable for a program expecting to serve one hundred (100) children; the requested FTE should be determined based on the number of children the program is expected to serve. Justification is required for the FTE requested.
- e. Social Worker (SW)/Care Coordinator (CC). The Provider shall determine the number of SW/CC needed by utilizing a ratio standard of one (1) FTE for every thirty (30) children served. If the number of children increases, additional SW/CC staff shall be hired only with prior written approval by the EIS Contracts Unit Supervisor. Based on the total number of SW/CC needed, providers may supplement their care coordination staff through the hiring of a CC; however, the Provider shall ensure that at least fifty percent (50%) of CCs are SWs.
- SW shall be a licensed social worker (LSW) in the State of Hawaii.
 - CC shall minimally have a Bachelor's degree in a social service or education field (e.g., psychology, sociology, early childhood, or related field).
- f. Requirements when staff do not meet personnel standards. In certain geographic areas it may be difficult to hire staff who meet standards identified in the HAR Chapter 11-140, Early Intervention Services for Infants and Toddlers; and Hawaii IDEA Part C Early Intervention Policies and Procedures or listed above. In these instances, the PROVIDER shall provide a written request to the EIS Contracts Unit Supervisor for a temporary exception which must be approved prior to hiring staff who do not meet these standards. The written request shall include the following information:
- The background of the staff the Provider intends to hire in order to meet the service requirements of this RFP;

- The Provider's plan to ensure the staff will be provided with appropriate training, support, and supervision; and
 - The Provider's plan, including a proposed timeline, to ensure staff meets the standards identified in the HAR Chapter 11-140, Early Intervention Services for Infants and Toddlers; and Hawaii IDEA Part C Early Intervention Policies and Procedures or meets the service requirements.
- g. The Provider's PM and all new program staff shall attend IDEA, Part C orientation within six (6) months of hire provided by EIS and any other training mandated by EIS. In addition, the PM shall collaborate with EIS' Personnel Development Coordinator to identify other trainings to meet program, staff and family needs.
- h. The Provider shall provide staff training at least twice each year to upgrade skills and to stay abreast of the most current techniques for providing early intervention services for children with special needs and their families. Additionally, the PROVIDER shall ensure that professional direct service staff stays current on practice skills within each discipline's area of expertise (e.g., Continuing Education Units [CEU], discipline specific conferences and trainings).

2. Administrative

The Provider shall:

- a. Utilize the EIS database to track and monitor services to eligible children, to support Medicaid and other required billing activities.
- b. Submit appropriate reports and data required by EIS within the timelines provided. The Provider shall maintain records and data that support reports and shall make them available for monitoring and review by EIS upon request.
- c. Maintain confidential data and records on each child pursuant to the: HAR Chapter 11-140, Early Intervention Services for Infants and Toddlers; Hawaii IDEA Part C Early Intervention Policies and Procedures; Family Educational Rights Privacy Act ("FERPA"); Health Insurance Portability and Accountability Act of 1996 ("HIPAA"); HAR Chapters 487J, 487N and 487R; and Act 10, Special Session Laws of Hawaii, 2008.
- d. Make all child records and data available for review by EIS upon request. The records shall include but not be limited to:
- Documentation that either the forty-five (45) day timeline for the MDE and the Initial IFSP have been met, or if not met, the reasons why;
 - The child's IFSP;
 - Evaluations and progress reports on the child's identifiable outcomes;
 - Documentation of services provided and who provided the services;

- Copies of required consent forms;
- Documentation of procedural guidelines provided to families; and
- Other information that EIS requests in writing for monitoring purposes.

Complete service provider notes are to include: billing code and minutes for service provided; travel time; and signature and title/credentials of service provider. Lack of complete documentation may result in the STATE:

- Not reimbursing for billed activities;
- Postponing reimbursement for billed activities until documentation is verified; or
- Collecting reimbursement from the Provider when required documentation cannot be produced and verified.

- e. Attend no more than four (4) times a year meetings of either the Purchase of Service (POS) Providers or PMs, as determined by EIS.
- f. Provide a schedule for services that identifies days and hours of operation, including evenings, weekends, days that the program will be closed for services due to staff training, other required activities, and holidays.
- g. Ensure that parents are informed of, and understand their rights to the following:
 - (A) The MDE and IFSP shall be completed within forty-five (45) days of referral to, Part C;
 - (B) All services (including direct and consultative services) identified on the IFSP shall be provided within the timeline specified by EIS;
 - (C) Other family members, friends or advocates, or an attorney shall be included at the IFSP meetings as requested by the parents;
 - (D) A CC shall be assigned to ensure the IFSP services are provided to support the child and family;
 - (E) Prior written notice shall be given to the parents, before an evaluation is scheduled, when there is a determination regarding their child's eligibility, or the IFSP is developed or modified;
 - (F) Parents may examine their child's file and may receive, with written request and payment of any applicable fees, copies of the child's records;
 - (G) Personally identifiable information concerning anyone in the family shall not be released without the parent's consent;
 - (H) Parents have the right to disagree with any recommendations made. Only services that parents consent to shall be provided;

- (I) Parents may contact their child's CC, the PM, or the EIS Supervisor if they have concerns regarding services provided;
 - (J) Parents may submit to EIS a formal written complaint or due process hearing request if they think their rights are being violated. Mediation shall be offered whenever a request for a due process hearing is submitted; and
 - (K) Services shall continue pending the outcome of a parent's complaint and/or due process hearing.
- h. Comply, as a covered entity, with the provisions of chapter 321C, HRS, Language Access Plan. This requires that the Provider has resources to link families with interpreter services if English is not the family's native or primary language.
- i. Have resources to provide sign language interpretation when the primary caregiver is in need of sign language interpretation.
 - j. Have policies and procedures concerning behavior management which emphasizes positive reinforcement techniques and the least restrictive approaches that ensure that the staff providing services shall not subject children to physical, verbal, sexual, or psychological abuse and punishment, and to ensure that children are treated with respect and dignity. The policies and procedures shall include, but not be limited to:
 - (A) Provision for immediate medical attention as soon as injury is suspected;
 - (B) Immediate notification to the State and other appropriate government investigative bodies, including Child Welfare Services, of all incidents of abuse, neglect, or where there is a substantial risk that child abuse or neglect may occur in the reasonable foreseeable future; and
 - (C) Submission of written reports of the incident to the State's Early Intervention Section within seven (7) days of the incident.
 - k. Have policies and procedures concerning incidents of child neglect and abuse by the child's family or caregiver. The policies and procedures shall include, but not be limited to:
 - (A) Provision for immediate medical attention as soon as injury is suspected;
 - (B) Immediate notification to the State and other appropriate government investigative bodies, including Child Welfare Services, of all incidents of abuse, neglect, or where there is a substantial risk that child abuse or neglect may occur in the reasonable foreseeable future; and

- (C) Submission of written reports of the incident to the State's Early Intervention Section within seven (7) days of the incident.
- l. Acknowledge the DOH, Early Intervention Section, as the Provider's program sponsor on all informational materials (e.g., newsletters, brochures, and websites).
- m. Provide identification badges for all direct service staff that includes:
 - (A) Staff picture;
 - (B) Staff first and last name;
 - (C) Position;
 - (D) Program name;
 - (E) Date issued; and
 - (F) The following statement: "Contracted by the State of Hawaii, Department of Health, Early Intervention Section."
- n. Cooperate with the DOH's system of payments and fees which includes, but is not limited to: supporting the centralized billing efforts of the DOH to maximize federal reimbursements (e.g., Title XIX Medicaid fee-for-service billing); other third party collections (e.g., billing private insurance); and supporting a sliding fee scale if implemented. Parental consent shall be obtained prior to billing Medicaid, Tricare, or private insurance.
- o. Cooperate with the DOH's system of payments and fees which includes, but is not limited to: supporting the centralized billing efforts of the DOH to maximize federal reimbursements (e.g., Title XIX Medicaid fee-for-service billing); other third party collections (e.g., billing private insurance); and supporting a sliding fee scale if implemented. Parental consent shall be obtained prior to billing Medicaid, Tricare, or private insurance.
- p. Be appropriately staffed and operationally able to provide services to at least fifty percent (50%) of the contracted number of children within three (3) months of the contract award date, and be fully staffed to provide services to one hundred percent (100%) of the contracted number of children within six (6) months of contract award date.
- q. Secure, identify, record, and maintain records of all equipment leased or purchased under the contract and make acknowledgement of the DOH as the owner of said equipment.

Note: Equipment and supplies purchased with State funds shall become the property of the State at the end of a contract. If the contract is terminated with cause or without cause at the scheduled expiration of the time of performance specified in the contract, all equipment and unused supplies and materials leased or purchased with funds paid to the Provider under the

contract shall become the property of the State, as it so specifies, and shall be disposed of as directed by the State, except, if applicable, as otherwise may be provided under a Federal grant. Under this circumstance, federal law will not allow a transfer of equipment and supplies without compensation to the federal government.

- r. Obtain a minimum of ONE MILLION AND NO/100 DOLLARS (\$1,000,000.00) per occurrence and TWO MILLION AND NO/100 DOLLARS (\$2,000,000.00) in the aggregate of general liability insurance and ONE MILLION AND NO/100 DOLLARS (\$1,000,000.00) per accident in automobile insurance. Automobile insurance shall cover owned, non-owned, and rental vehicles utilized in carrying out all the activities as specified in the contract. A waiver for the automobile coverage is possible if no vehicles are used in the course of carrying out the contract. On a case by case basis, the state purchasing agency may require the per occurrence and aggregate amounts to be higher, depending on criteria set in the request for proposal or negotiation between the state purchasing agency and the Provider. The state purchasing agency may also allow for professional liability insurance or other types of insurance coverage, such as an umbrella policy that totals ONE MILLION AND NO/100 DOLLARS (\$1,000,000.00) per occurrence and TWO MILLION AND NO/100 DOLLARS (\$2,000,000.00) in the aggregate.

3. Quality Assurance and Evaluation Specifications

- a. The Provider shall conform to the following federal, state, and program requirements:
 - (A) IDEA, Part C;
 - (B) HRS §321-351 – 321-357;
 - (C) HAR Chapter 11-140, Early Intervention Services for Infants and Toddlers;
 - (D) Hawaii IDEA Part C Early Intervention Policies and Procedures;
 - (E) FERPA Act of 1974, as amended;
 - (F) HIPAA Act of 1996, as amended; and
 - (G) Other requirements, as applicable.
- b. The Provider shall have a quality assurance plan which determines:
 - (A) How the quality of services provided to eligible children and their families will be assessed or evaluated; and
 - (B) Whether the program meets the federal, state, and program requirements in subsection 3a, (A) through (G) above.
- c. Adhere to all quality assurance efforts of the EIS System Improvement and Outcomes Unit, including, but not limited to:

- (A) Supporting IDEA Part C monitoring activities;
- (B) Completing self-assessments as directed;
- (C) Developing Corrective Action Plans (CAP) as necessary;
- (D) Participating in the Coordinated Service Review (CSR) process;
- (E) Providing data as required; and
- (F) Other activities as determined by EIS and required in writing.

4. Outcome and Performance Measures

As a means toward achieving the goal of improving the developmental status of children with special needs and their families, EIS requires the reporting of performance measures. The Provider shall take responsibility for achieving the performance objectives for specific indicators as defined by EIS. Performance measures are addressed in Section 5, Attachment F, Table A-Performance Measures.

5. Experience

The Provider shall have the necessary skills, abilities, knowledge of, and experience relating to the delivery, via a PSP and parent coaching model, of service provision to children, birth to three (3) years of age, with special needs and their families. Applicants who have experience providing the required services to children with special needs via the PSP and Coaching Model are preferred by the STATE.

6. Coordination of Services

The Provider shall possess the capability to coordinate services with other agencies and resources as appropriate, and as required by EIS.

7. Reporting Requirements for Program and Fiscal Data

- a. The Provider shall submit data and other reports, as required by EIS, within the timelines and formats set forth by EIS.
- b. The Provider shall submit an annual Performance Measures Report within thirty (30) calendar days after the end of each fiscal year in the format requested by EIS. The annual Report shall document the organization's achievement towards the planned performance objectives, as defined by the STATE, explaining any significant variances, plus or minus ten percent (+/- 10%).
- c. The Provider shall follow all data collection requirements, including participation in the EIS data system, submission of Federal child count data and data for the EIS Medicaid fee-for-service reimbursement, and any other billing efforts by EIS designed to maximize private, state and federal reimbursements, including supporting family cost participation via a

sliding scale, if implemented.

- d. The Provider shall submit a monthly invoice to EIS, utilizing the State required format and database which includes unit rate reimbursements, and the following reports from the State:
 - (A) Child Encounter Data Report;
 - (B) Staff Summary of Hours of Service Report; and
 - (C) Other Reports as required by EIS and requested in writing.
- e. The Provider shall submit monthly invoices and expenditure reports on Forms POST 210 and POST 210A, addressed in Section 5, Attachment E, for all cost reimbursement items.
- f. The Provider shall submit an updated Employee List and Vacancies, consistent with EIS staffing requirements in this RFP, within two (2) weeks following any change within its EIS program staff, which includes direct service staff, PM, support staff (e.g., clerical and data staff) and SW/CC staff. Some positions require the STATE's prior approval when considering the candidate for hire.
- g. Invoices shall be paid upon confirmation that all required reports and information have been received by the purchasing agency in accordance with established due dates, requirements and formats.

8. Pricing Structure

- a. Unit Rate Reimbursement. Direct services provided by approved staff shall be reimbursed based upon the provision of allowable, approved, and documented billable activities.

For each FTE direct service staff, one thousand (1,000) direct service hours per year or eighty-three (83) hours per month is expected. The number of direct service staff estimated to be needed shall be based on the number of children expected to be served and the estimated number of service hours per child, based on the billable activities by Provider.

Reimbursement shall be based on the actual service time rounded to five (5) minute increments, up to the maximum allowed on the IFSP. Any additional time in excess of the maximum, as recommended in the IFSP requires prior approval from the STATE before PROVIDER may provide the service and bill the STATE. There is a ten (10) minute "grace" period over the maximum IFSP service time per child during each Contract period.

The PROVIDER shall track service hours used by discipline on a monthly and cumulative basis for each direct service staff and compare hours used with the contractual hours included in the Contract. This comparison shall

be provided to the STATE upon request. If the number of children increases or if the child's needs change (e.g., increased need for OT; decreased need for PT) per the child's current IFSP, prior written approval by the STATE shall be required for additional hours provided by discipline or a decrease in hours by discipline.

Unit rate is an hourly rate initially determined via a process described in Attachment D-2, and supported by EIS Worksheets (Attachment D-3) and EIS Budget Forms (Attachment D-4) and subject to negotiation. Unit rates are applied to the billable activities identified on EIS Worksheet 1 and 1a (Attachment D-3) by service provider, and are subject to annual review and adjustment.

- b. **Cost Reimbursement.** The salaries, inclusive of fringe benefits and payroll taxes, for agency administrative staff, program administrative staff (i.e. PM, clerical staff, and data clerk), and other program personnel (i.e. SW and CCs) are allowable expenditures. The PROVIDER may request salary revisions at the start of a new fiscal year, and must receive prior written approval from the STATE before the start of the new fiscal year.

Operational expenditures, including, but not limited to, lease/rental of space, utilities, mileage, and supplies incurred under this Contract, shall be approved by the STATE and reimbursed based upon actual costs incurred during the billing period. Actual expenditures shall be submitted to the STATE on the forms required by the STATE.

If increased operational costs are incurred, the parties mutually agree to negotiate in good faith and modify this Contract through a Contract Modification.

C. Facilities

Providers shall maintain its facilities to provide a safe environment for each child and the child's family, and able to ensure confidentiality of records.

The Provider's facility shall:

1. Be centrally located on the Island of Oahu. Provider may request a satellite site with appropriate justification as to how it will support families in specific regions of Oahu;
2. Be easily accessible by the public, and have designated meeting areas;
3. Be recognizable to the public;
4. Be available to the public on days and times necessary to support families' schedules (e.g., evenings or weekends);
5. Have a telephone and a facsimile number dedicated exclusively to the EIS program;
6. Ensure that the staff have an adequate work area, and an area where confidential records are secured; and
7. Comply with and meet all requirements as set forth in the Americans with

Disabilities Act of 1990 (ADA), as amended.

2.5 Compensation and Method of Payment

Upon execution of the contract, Providers shall receive an advance payment equal to one-twelfth (1/12th) of the available funds per geographical area. The advance shall be made thirty (30) days after the execution of the agreement. The balance shall be paid by monthly reimbursement upon submission of provider invoices and expenditure reports. These invoices shall be accompanied by required reports to EIS. The advance shall be reconciled within the first fiscal year. Final payment shall be based on the receipt of all final reports, invoices, expenditure plans, and tax clearance.

Section 3

Proposal Application Instructions

Section 3

Proposal Application Instructions

General instructions for completing applications:

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

The Proposal Application is comprised of the following sections:

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

3.1 Program Overview

Applicant shall give a brief overview to orient evaluators to the organization applying in response to this RFP. The overview shall include and/or demonstrate the mission and philosophy of the organization.

3.2 Experience and Capability

A. Necessary Skills

The applicant shall demonstrate that it has the necessary skills, qualifications, abilities, and knowledge relating to the delivery of the proposed services.

B. Experience

1. The applicant shall list and briefly describe each previous or current contract(s) and experience(s) consistent with this RFP:

When, where, and for what period of time the Applicant utilized Occupational Therapists (OT), Physical Therapists (PT), Speech-Language Pathologists (SLP), Special Educators (SPED), teachers, general educators and Social Workers (SW) or Care Coordinators (CC) to provide early intervention services to special needs children birth to age three (3) and their families.

2. The Applicant shall list and briefly describe each previous or current contract(s) and experience(s) that served special needs children birth to age three (3) and their families:

When, where, and for what period of time the Applicant utilized OTs, PTs, SLPs, SPEDs, teachers, general educators and SW/CC to special needs children over age three (3) and their families. Applicant shall describe the age range of children for whom these services were provided.

3. The Applicant shall list and briefly describe each previous or current contract(s) and experience(s) that served special needs children birth to age three (3) if not consistent with this RFP:

When, where, and for what period of time the Applicant provided alternative services to special needs children birth to age three (3) and their families. Alternative services are services provided by providers not listed in (1) or (2) above. Applicant shall describe the services provided.

To support (1), (2), and (3) above, the Applicant shall provide information on the ASO Log Number for the contract, the date(s) of the contract, and the department that issued the contract. If the Applicant has current or previous contracts other than with the State of Hawaii, the Applicant shall submit all pertinent information for those contracts.

Applicant should attach references who can attest to the Applicant's knowledge and skills, including names, addresses, emails and phone numbers. The State reserves the right to contact the references to verify experience.

C. Quality Assurance and Evaluation

The applicant shall describe its own 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. The following shall be addressed in the plan:

1. How the quality of services provided to eligible children and their families will be assessed or evaluated.
2. How the program will assure that their procedures meet federal, state, and EI requirements.
3. How the program will assure that the following quality assurance and program requirements are followed:
 - a. Supporting IDEA Part C monitoring activities;
 - b. Completing self-assessments when directed;
 - c. Developing Corrective Action Plans as necessary;
 - d. Participating in the Coordinated Service Review (CSR) process;
 - e. Providing valid and reliable data as required; and
 - f. Following other requirements as determined by EIS.

D. Coordination of Services

The Applicant shall:

1. Describe 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;
2. Describe strategies that will be implemented to help identify difficult-to-reach families and underrepresented populations including minority, low income, inner-city, rural and homeless, and encourage them to participate in early intervention activities to support their child's development; and
3. Identify who they intend to coordinate/collaborate with both within and outside their geographical service area and why. Letters of agreement are not necessary.

E. Facilities

The Applicant shall describe how its facilities will be sufficient to meet the proposed service requirements, including its ability to ensure confidentiality of records; provide adequate work areas for staff; and provide appropriate accessibility for families if needed. If a satellite site is being requested, Applicant shall provide justification as to why it is needed and how it will support families. In addition, if facilities are not presently available, Applicant shall describe plans to secure facilities that will meet the following requirements:

1. Have sufficient space (i.e. square feet) to ensure adequate work areas for staff and other activities that may need to be provided at the program site. In determining and justifying square footage, the Applicant shall take into consideration that at least 90% of the children shall receive the majority of their services in a natural environment, not at the program site;
2. **Be within the geographic area that is being applied for** (provide address if known);
3. Be easily accessible by the public;
4. Be recognizable to the public;
5. Have telephone/fax number dedicated exclusively to the contracted program; and
6. Comply with all requirements as set forth in the Americans with Disabilities Act (ADA).

3.3 Project Organization and Staffing

A. Staffing

1. Proposed Staffing

- a. Direct service therapeutic staff shall include, at a minimum, an OT, PT, and a SLP.
- b. Special instruction staff shall include a SPED and/or a teacher.
- c. Direct service support staff may include a general educator or family trainer and counselor.

For a, b, and c above:

(A) The Applicant shall describe in detail its proposed staffing pattern for direct service therapeutic staff, special instruction staff, and direct service support staff, including a child/staff ratio for each discipline or staff expected to be part of the service delivery team, to ensure services are available, based on the expected number of

children to be served.

(B) The Applicant shall identify how the above staffing pattern shall be used to support the transdisciplinary and Primary Service Provider (PSP) Coaching Models of service delivery.

(C) The Applicant shall describe how staff shall be used in instances when the transdisciplinary and PSP Coaching Models are not appropriate.

- d. Program Manager (PM). A one-point-zero (1.0) FTE PM is required if the program serves a minimum of seventy (70) children. If there are fewer than seventy (70) children, the FTE may be less than one-point-zero (1.0) FTE. The Applicant shall justify if less than a one-point-zero (1.0) FTE PM is needed and can fulfill the responsibilities of the PM identified in Section 2, 2.4, B, 1, d.
- e. Clerical Staff. A 1.0 FTE clerical staff is generally allowable for programs serving 100 children to assist care coordination and direct service staff. The Applicant shall identify and justify the FTE of clerical staff requested to support program staff to fulfill the clerical responsibilities identified in Section 2, 2.4, B, 1, e.
- f. Data Clerks. A 1.0 FTE data staff is generally allowable for programs serving 100 children to input data to support the contractual requirements and to ensure that data is timely, valid, and reliable. The Applicant shall identify and justify the FTE of data staff requested to fulfill the data requirements as described in Section 2, 2.4, B, 1, e.
- g. SW/CC. The number of SW/CC needed to provide care coordination shall be determined by utilizing a ratio standard of one full-time equivalent (1.0 FTE) for every 35 children served. The Applicant shall identify the FTE of SW and CC expected to be needed based on the number of children to be served by the Applicant, ensuring that at least 50% of care coordination staff are SWs, consistent with Section 2, 2.4, B, 1, f. If the number of children increases, additional SW/CC shall be hired only with prior written approval by the EIS Contracts Unit Supervisor.

2. Staff Qualifications

- a. Direct service therapeutic staff, special instruction staff, certified assistants and direct service support staff. Staff and subcontracted staff shall meet the highest professional standards and competencies as identified in the Hawaii Early Intervention State Plan. (See the Early Intervention State Plan at the following website:

www.hawaii.gov/health/family-child-health/eis). The Applicant shall, for each staff who will be part of the program's service delivery team, and included in Section 2, 2.4, B, 1:

- (A) Describe minimum qualifications, including experience, of staff to be hired; and
- (B) Include resumes of proposed staff, if available.

b. Program Administrative Staff. The Applicant shall, for the PM, clerical staff and data clerks:

- (A) Describe minimum qualifications, including experience, for each program administrative staff listed above; and
- (B) Include resumes of proposed administrative staff, if available.

c. SW/CC Staff. The Applicant shall:

- (A) Describe minimum qualifications, including experience, for SW and CC to be hired to provide social work/care coordination services; and
- (B) Include resumes of proposed SW and CC, if available.

3. Requirements When Staff Do Not Meet Personnel Standards.

In certain geographic areas it may be difficult to hire staff who meets standards identified in the Hawaii Early Intervention State Plan. In these instances the Applicant shall provide a written request to the EIS Contracts Unit Supervisor for a temporary exemption which must be approved prior to hiring staff who does not meet these standards. The written request shall include the following information:

- a. The background of staff the Applicant intends to hire in order to meet the service requirements of this RFP;
- b. The Applicant's plan to ensure the staff will be provided with appropriate training, support, and supervision; and
- c. The Applicant's plan, including a proposed timeline, to ensure staff meets the standards identified in the Hawaii Early Intervention State Plan.

4. Supervision and Training

The Applicant shall describe:

- a. How and when staff will be supervised and evaluated;
- b. How and when staff training needs will be identified and supported;
- c. How and when staff will be trained to implement the transdisciplinary and PSP Coaching Models; and

- d. How the Applicant will ensure the safety of staff and families in providing services.

B. Project Organization

Organization Chart

The applicant shall reflect the position of each staff and line of responsibility/supervision. (Include position title, name and full time equivalency) Both the “Agency” and the “Early Intervention Program” organization charts shall be attached to the Proposal Application. If there is only one organizational chart the Applicant shall indicate this and outline administrative versus programmatic responsibilities.

3.4 Service Delivery

The Applicant shall describe in detail their implementation plan to address the following service activities and management requirements, including a work plan of all service activities and tasks to be completed, related work assignments/responsibilities and timelines/schedules. The program’s capacity to provide services in the following settings and days/times shall be included.

A. Service Activities

The Applicant shall:

1. Accept and process referrals from the Early Intervention (EI) Referral Line and other Part C referral sources.
 - a. Describe who, in addition to the EI Referral Line, may refer children to their Purchase of Service (POS) program.
 - b. Describe 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.
2. Identify an interim CC for each child/family at the time of their referral to the early intervention program.
 - a. Identify who is appropriate to be assigned as CC, and why those individuals are appropriate.
 - b. Describe how the interim CC will be assigned.
 - c. Describe the roles/responsibilities of the interim CC.
 - d. Describe how the Applicant will ensure that families are contacted within two (2) working days of the referral.
3. Provide intake services.
 - a. Describe the purpose of intake.
 - b. Describe what is to be accomplished by the end of intake.

- c. Describe the steps each person will take to ensure the intake process is both complete and successful.
4. Complete timely Multidisciplinary Developmental Evaluations (MDEs).
 - a. Describe how the Applicant will ensure that all MDEs are completed by due dates or as needed.
 - b. Identify how the MDE team will be determined.
 - c. Describe the role of the family in the MDE process and how the family, if reticent, will be encouraged to participate in the evaluation.
 - d. Describe the procedure the Applicant will follow if a child is found ineligible for early intervention services.
5. Complete an assessment of the child and family.
 - a. Describe how the unique strengths and needs of the child will be identified.
 - b. Describe how the family will be informed about the voluntary assessment and be encouraged to participate.
 - c. Describe how the family's resources, priorities, and concerns will be identified.
6. Complete timely IFSPs for all eligible infants and toddlers and their families.
 - a. Describe how the Applicant will ensure that all IFSP meetings are completed by due dates or as needed.
 - b. Describe how the Applicant will identify who will be invited to the IFSP meeting.
 - c. Describe the roles and responsibilities of the IFSP team members, including the family, to support the IFSP process.
 - d. Describe how the Applicant will ensure that the family's priorities will be addressed in the IFSP.
 - e. Describe how the CC facilitating the IFSP meeting will handle situations when family priorities are not supported by the evaluation results.
 - f. Describe how the Applicant will ensure that outcomes and objectives are functional and support the family's daily routines. Applicant shall include examples of functional outcomes and objectives.
 - g. Describe how the MDE results will support the development of the IFSP.
7. Provide care coordination services.
 - a. Describe how and when the CC will be identified.
 - b. Describe how the Applicant will ensure that services are coordinated with other appropriate agencies.
 - c. Describe how the program can provide the necessary care coordination services when the CC's caseload exceeds the 1:35 ratio.

8. Provide or link children and families with the following services.
 - a. Describe how the following services will be provided by program staff: care coordination; family training, counseling and home visits; occupational therapy; physical therapy, special instruction; speech-language pathology; and social work services.
 - b. Describe how families will be linked to the following services: assistive technology devices and assistive technology services; audiology services and sign language; cued language services; health services necessary to enable the child and family 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 child and family to receive other services described in this paragraph. The Applicant will also describe what it means to “be linked” to these services.
 - c. Describe how services will be provided to enhance the family’s capacity to support their child’s development.
 - d. Describe how and where the above services can be provided to support the socialization of enrolled children with their typically developing peers.

9. Provide services in the child and family’s natural environment and within the child and family’s daily routines.
 - a. Describe how the interim CC will explain to families the benefits of services being provided in their natural environments and within their daily routines.
 - b. Describe how the CC will respond to the situation where the family would rather have services at the Applicant’s site.
 - c. Provide examples (be specific) 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.

10. Support families.
 - a. Describe how the level of support needed by each family will be determined
 - b. Describe 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.
 - c. Describe the support provided so that families will feel an increase in self-sufficiency.
 - d. Describe strategies that will help identify difficult-to-reach and underrepresented 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.

11. Assist families to access a medical home for their eligible child.
 - a. Describe how Applicant will assist families to access a medical home for preventive care, anticipatory guidance and well-child care if they do not have a medical home.
 - b. Describe how the CC will encourage the family to include the medical home as part of the IFSP team.

12. Implement transition services prior to the child's third birthday.
 - a. Describe how and when families will be informed, in a positive manner, that services for their child will end at age three (3).
 - b. Describe how the Applicant will ensure that transition will be discussed at each IFSP meeting.
 - c. Describe how families' expectations for their children regarding potential future services, placements and other matters related to the transition, will be identified.
 - d. Describe how children will be prepared to function successfully in a new setting.
 - e. Describe how families will be informed and supported regarding potential changes in their child's setting.
 - f. Describe the types of settings that might be appropriate for children exiting from Part C, depending on their skills and abilities.
 - g. Describe how the Applicant will ensure that Transition Notices are sent, and Transition Conferences are held, within state and federal required timelines.
 - h. Describe the purpose of a Transition Conference and how the Applicant will encourage/ensure that the appropriate individuals attend.

B. Management Requirements – Administrative

The Applicant shall:

1. Describe how the program will ensure that reports and data required by EIS are valid and reliable and will be submitted within the required timelines. This includes but is not limited to Medicaid and other required billing activities and reports.
2. Describe how the program will ensure that FERPA, HIPAA, and other administrative requirements will be met, including how data on each child will be kept confidential.
3. Describe how the program will ensure that it can provide services to meet the availability of enrolled children and their families. The Applicant shall provide their proposed schedule:
 - a. Days of the week services can be provided (e.g., Sunday through Saturday).

- b. Times during the day (e.g., daytime is 7:45 a.m. to 4:30 pm., or evenings is 4:30 p.m. to 7:30 p.m.).
 - c. Where services will be provided (e.g., family's home, preschool, daycare setting, beach, park, early intervention program, etc.).
4. Describe how and when families are informed of, and understand their rights in accordance with IDEA Part C, State, and EIS requirements, consistent with Section 2, 2.4, B, 2, g, (A) – (K).
 5. Describe how the Applicant will provide interpreter services, including sign language interpretation, when families are in need of these services, consistent with Section 2, 2.4, B, 2, h and i.
 6. Describe policies and procedures to ensure that staff providing the services will not subject children to physical, verbal, sexual, or psychological abuse and punishment. Describe how these policies and procedures will be monitored, consistent with Section 2, 2.4, B, 2, j.
 7. Describe policies and procedures concerning incidents of neglect and abuse by the child's family or caregiver. Describe how these policies and procedures will be monitored, consistent with Section 2, 2.4, B, 2, k.
 8. Describe how the DOH, Early Intervention Section will be acknowledged as the program's sponsor on all printed materials. Attach a copy of any material(s) currently disseminated to families or a rendering of proposed Agency materials.
 9. Describe the identification badges that all staff will wear when they are in the community. Attach a rendering of the badge, consistent with Section 2, 2.4, B, 2, m.
 10. Describe how DOH's system of payments and fees will be supported to maximize federal reimbursements and other third party collection efforts by the DOH, consistent with Section 2, 2.4, B, 2, n.
 11. Describe how the program will be fully staffed and operationally able to provide services to 50% of the contracted number of children within 3 months of the contract award, and 100% within 6 months.
 12. Describe how equipment leased or purchased with contract funds will be maintained and identified as State DOH owned equipment.
 13. Describe how data will be collected to ensure accurate reporting of performance objectives.

3.5 Financial

The Applicant shall submit a cost proposal utilizing the price structure designated by the state purchasing agency. The cost proposal shall be attached to the Proposal Application. The Applicant shall utilize the following pricing structure methodology:

A. Pricing Structure or Pricing Methodology to be Used

1. **Unit Price Reimbursement.** The Applicant shall submit EIS Worksheets and EIS Budget Forms that provide proposed billable rates, salaries, related fringe benefits ranges and payroll taxes for each direct service staff.

Note: Billable activities are to be reimbursed based on actual time of allowable/ approved billing activities (consistent with Attachment D-1) up to any applicable maximums. It is expected that each full time (1.0 FTE) direct service employee will meet 1000 direct service hours per year (83 service hours per month), or comparable if full-time staff is not needed.

The completion of EIS Worksheets 1 and 1a (Attachment D-3) shall describe how this expectation shall be met. Applicant shall describe how these hours shall be tracked on a monthly and cumulative basis for each direct service employee so the Applicant can provide quarterly information to EIS on the use of the hours. The Applicant shall also provide information (through the completion of EIS Worksheet 1a) as to whether they expect to implement the PP exception if the total hours by specific discipline cannot be met.

2. **Cost reimbursement.** The Applicant shall submit EIS Worksheets and EIS Budget Forms (see Section 5, Attachments D-3 and D-4) that will show in detail how all other costs, including the salaries/fringe benefits/payroll taxes for administrative staff and program support staff (SW, CC, data clerks, other clerical support, PM, etc.), lease costs, equipment, mileage, supplies, etc. These costs shall be billed based on actual costs incurred on a month-to-month basis, not simply 1/12 of the approved cost reimbursement portion of the budget.
3. **Required forms.** The following budget forms, billable activities worksheets and instructions for both are located in Section 5, Attachments D-1 through D-4. The following EIS Worksheets and EIS Budget Forms shall be submitted with the Proposal Application:
 - a. EIS Budget Forms 1 through 8
 - b. EIS Worksheets 1 through 7

Remember that justifications are required for proposed costs and billable activities. Be sure to include them within the proposal narrative or on the specific EIS Budget Form or the specific EIS Worksheet, as directed. Be sure to read the instructions carefully to ensure that all justifications are provided as required.

Note: A revised budget may be requested from the Applicant upon issuance of the notice of statement of findings and decisions.

3.6 Other

A. Litigation

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

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
TOTAL POSSIBLE POINTS	490 points
	490 Points

4.3 Evaluation Criteria

A. Phase 1 - Evaluation of Proposal Requirements

1. Administrative Requirements

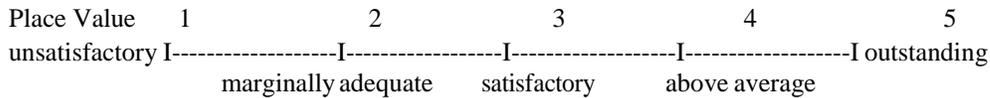
- Application Checklist
- Tax Clearance Certificate (with proposal or when contract is awarded)
- Required direct service staff resumes

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.



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

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

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:

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

<i>B. Quality Assurance and Evaluation</i>	
<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"> ▪ How the quality of services provided to eligible children and their families will be assessed or evaluated; ▪ How the programs will assure that their procedures meet federal, state, and EI requirements; and ▪ How the program will assure that the following quality assurance and program requirements are followed: <ul style="list-style-type: none"> ○ Supporting IDEA Part C monitoring activities; ○ Completing self-assessments when directed; ○ Developing Corrective Action Plans as necessary; ○ Participating in the Coordinated Service Review process; ○ Providing valid and reliable data as required; and ○ Meeting other requirements as determined by EIS? 	20
<i>C. Coordination of Services</i>	
<p>The Applicant has fully described:</p> <ul style="list-style-type: none"> ▪ 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. ▪ Who they intend to coordinate/collaborate with and why. 	5
<i>D. Transdisciplinary and PSP Coaching Models of Services</i>	
<p>The Applicant has fully described:</p> <ul style="list-style-type: none"> ▪ The purpose and philosophy of the Models. ▪ How the service Models shall be implemented, including how the PSP will be identified, who may act in that role, and how consultants will support the Model. ▪ In what circumstances, if any, these Models are not appropriate. 	20

2. Project Organization and Staffing (85 Points)

<i>A. Staffing/Qualifications/Supervision & Training</i>	
<ul style="list-style-type: none"> ▪ 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? 	30
<ul style="list-style-type: none"> ▪ Does the proposal describe how the staff will be used to support these Models? 	10
<ul style="list-style-type: none"> ▪ Does the proposal provide sufficient justification for the FTE of the Program Manager, clerical staff and data staff? 	5

<ul style="list-style-type: none"> ▪ Does the proposal provide sufficient justification for the FTE of the SW/CC? 	5
<ul style="list-style-type: none"> ▪ 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? 	10
<ul style="list-style-type: none"> ▪ Does the proposal describe the plan to ensure that staff who do not meet the standards will be provided with appropriate training, support and supervision? ▪ Does the proposal describe the plan, including proposed timelines, to ensure staff meet the identified standards in the Hawaii IDEA Part C Early Intervention Policies and Procedures? 	10
<ul style="list-style-type: none"> ▪ 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. ▪ Does the proposal fully describe how the safety of staff and families will be ensured when services are being provided? 	10
B. Project Organization	
<ul style="list-style-type: none"> ▪ 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? 	5

3. Service Activities and Management Requirements (185 Points)

A. Service Activities:	
<p>Does the Applicant's proposal describe in detail, the process of completing each of the following activities:</p> <ul style="list-style-type: none"> ▪ Process referrals from the EI Referral Line and other IDEA Part C referral sources, describing: who, in addition to the EI Referral Line, 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? 	5
<ul style="list-style-type: none"> ▪ 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 two (2) working days of the referral? 	5
<ul style="list-style-type: none"> ▪ 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? 	5
<ul style="list-style-type: none"> ▪ Complete timely Multidisciplinary Developmental Evaluations (MDEs), describing: 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? 	10

<ul style="list-style-type: none"> ▪ Complete an assessment of the child and family, describing: 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? 	10
<ul style="list-style-type: none"> ▪ Complete timely Individualized Family Support Plans (IFSPs) for all eligible infants and toddlers and their families, describing: 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? 	10
<ul style="list-style-type: none"> ▪ Provide CC services describing: 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? 	5
<ul style="list-style-type: none"> ▪ Provide or link children and families with mandated early intervention services, describing: 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? 	10
<ul style="list-style-type: none"> ▪ Provide services in the child and family’s natural environment and within the child and family’s daily routines, describing: 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? 	15

<ul style="list-style-type: none"> ▪ Provide support to families, describing: 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? 	10
<ul style="list-style-type: none"> ▪ Assist families to access a medical home for their child, describing: how the Applicant will assist families to access a medical home (primary care physician or 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? 	5
<ul style="list-style-type: none"> ▪ Implement transition activities prior to the child’s third birthday, describing: 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? 	10
<i>B. Management Requirement - Administrative</i>	
<ul style="list-style-type: none"> ▪ 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? 	10
<ul style="list-style-type: none"> ▪ 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? 	5
<ul style="list-style-type: none"> ▪ 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? 	5

<ul style="list-style-type: none"> ▪ 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? 	10
<ul style="list-style-type: none"> ▪ Does the Applicant describe how the program will have the resources to provide interpreter services, including sign language interpretation as needed? 	5
<ul style="list-style-type: none"> ▪ 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? 	5
<ul style="list-style-type: none"> ▪ 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? 	5
<ul style="list-style-type: none"> ▪ 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? 	5
<ul style="list-style-type: none"> ▪ 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? 	5
<ul style="list-style-type: none"> ▪ Does the Applicant describe how centralized billing efforts will be supported to maximize federal reimbursement and other third party collection efforts by the DOH? 	10
<ul style="list-style-type: none"> ▪ 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 three (3) months of contract award, and 100% within six (6) months? 	5
<ul style="list-style-type: none"> ▪ Does the Applicant describe how equipment leased or purchased with contract funds will be maintained and identified as State DOH owned equipment? 	5
<ul style="list-style-type: none"> ▪ Describe how data will be collected to ensure accurate reporting of performance objectives (See Table A- Performance Measures)? 	10

4. Facilities (15 Points)

<ul style="list-style-type: none"> ▪ 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? 	10
<ul style="list-style-type: none"> ▪ 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? 	5

5. Financial (120 Points)

Pricing Structure	
<ul style="list-style-type: none"> ▪ Is the total number of projected hours, including total by staff person, reasonable for the number of children to be served and is there sufficient justification for the number of hours requested. (From EIS Worksheet 1 and 1a)? 	30
<ul style="list-style-type: none"> ▪ Is there a description as to how direct service hours will be tracked for reporting purposes? 	5
<ul style="list-style-type: none"> ▪ Do the projected hours by each staff person support a transdisciplinary model of service provision? 	20
<ul style="list-style-type: none"> ▪ Are the proposed salaries and billable rates reasonable and is there sufficient justification for the salaries and rates. (From EIS Budget Form 2 and EIS Worksheets 5 and 8) 	25
<ul style="list-style-type: none"> ▪ Are the proposed salaries for the program's support staff (e.g., program managers, data clerks, and clerical staff) reasonable and is there sufficient justification for these salaries (From EIS Budget Form 2)? 	10
<ul style="list-style-type: none"> ▪ Are the Agency Administrative staff costs reasonable and is there sufficient justification for these costs. (From EIS Budget Form 3) 	10
<ul style="list-style-type: none"> ▪ Are the Other Current Expenses reasonable and is there sufficient justification for these costs. (From EIS Budget Form 1, Section B) 	10
<ul style="list-style-type: none"> ▪ Are other costs reasonable and is there sufficient justification for these costs. (From EIS Budget Form 1, Sections C-F) 	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.