

# **Attachment A**

## **Proposal Application Checklist**

## Proposal Application Checklist

Applicant: \_\_\_\_\_ RFP No.: HTH 560-CG-POS-17-1 and 2

The applicant's proposal must contain the following components in the order shown below. This checklist must be signed, dated and returned to the purchasing agency as part of the Proposal Application. SPOH forms are on the SPO website. See Section 1.2, Website Reference.\*

Item	Reference in RFP	Format/Instructions Provided	Required by Purchasing Agency	Completed by Applicant
<b>General:</b>				
Proposal Application Identification Form (SPOH-200)	Section 1, RFP	SPO Website*	<b>X</b>	
Proposal Application Checklist	Section 1, RFP	Section 5, RFP	<b>X</b>	
Table of Contents	Section 5, RFP	Section 5, RFP	<b>X</b>	
Proposal Application (SPOH-200A)	Section 3, RFP	SPO Website*	<b>X</b>	
Hawaii Compliance Express	Section 1, RFP	SPO Website*	<b>X</b>	
<b>Cost Proposal (Budget)</b>				
SPOH-205	Section 3, RFP	SPO Website*		
SPOH-205A	Section 3, RFP	SPO Website*		
SPOH-205B	Section 3, RFP,	SPO Website*		
SPOH-206A	Section 3, RFP	SPO Website*		
SPOH-206B	Section 3, RFP	SPO Website*		
SPOH-206C	Section 3, RFP	SPO Website*		
SPOH-206D	Section 3, RFP	SPO Website*		
SPOH-206E	Section 3, RFP	SPO Website*		
SPOH-206F	Section 3, RFP	SPO Website*		
SPOH-206G	Section 3, RFP	SPO Website*		
SPOH-206H	Section 3, RFP	SPO Website*		
SPOH-206I	Section 3, RFP	SPO Website*		
SPOH-206J	Section 3, RFP	SPO Website*		
EIS Budget Instructions and Attachments D-1 through D-4	Section 3, RFP	Section 5, RFP	<b>X</b>	
<b>Federal Certifications</b>				
Debarment & Suspension		Section 5, RFP	<b>X</b>	
Drug Free Workplace		Section 5, RFP	<b>X</b>	
Lobbying		Section 5, RFP	<b>X</b>	
Program Fraud Civil Remedies Act		Section 5, RFP	<b>X</b>	
Organization-Wide Audits		Section 5, RFP		
Environmental Tobacco Smoke		Section 5, RFP	<b>X</b>	
<b>Program Specific Requirements:</b>				
POST 210 & 210A- Report of Expenditures		Section 5, RFP	<b>X</b>	
Table A- Performance Measures		Section 5, RFP	<b>X</b>	
DOH Policy Directive- Interpersonal Relationships		Section 5, RFP	<b>X</b>	
Procurement Circular-Campaign Contributions		Section 5, RFP	<b>X</b>	

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

\_\_\_\_\_  
Date

# **Attachment B**

## **Sample Proposal Table of Contents**

**Proposal Application  
Sample Table of Contents**

<b>I.</b>	<b>Program Overview.....</b>	<b>1</b>
<b>II.</b>	<b>Experience and Capability .....</b>	<b>1</b>
	A. Experience .....	2
	B. Quality Assurance and Evaluation.....	5
	C. Coordination of Services.....	6
	D. Transdisciplinary Method .....	6
<b>III.</b>	<b>Project Organization and Staffing .....</b>	<b>7</b>
	A. Staffing.....	7
	B. Project Organization .....	10
<b>IV.</b>	<b>Service Delivery.....</b>	<b>12</b>
<b>V.</b>	<b>Facilities.....</b>	
<b>VI.</b>	<b>Financial.....</b>	<b>20</b>
	A. Unit Price	
	B. Cost Reimbursement	
	C. Required Forms	
<b>VII.</b>	<b>Litigation.....</b>	<b>20</b>
<b>VIII.</b>	<b>Attachments</b>	

*You may begin inserting any other attachments you may have here, such as:  
Workplans  
Performance and output tables  
Certifications*

*Before inserting each document, insert a "section break/next page" to preserve formatting of each additional document. If you are having problems with formatting, it will be easier to convert all documents to PDF and then insert them into one document.*

# **Attachment C**

## **Federal Citations**

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

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

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

- (1) The prospective primary participant certifies to the best of its knowledge and belief that it and its principals:
- (a) Are not presently debarred, suspended, proposed for disbarment, declared ineligible, or voluntarily excluded from covered transactions by any **Federal** department or agency;
  - (b) Have not within a three-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (**Federal**, State, or local) transaction or contract under a public transaction; violation of **Federal** or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
  - (c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (**Federal**, State, or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this **certification**; and
  - (d) Have not within a three-year period preceding this application had one or more public transactions (**Federal**, State, or local) terminated for cause or default.
- (2) Where the prospective primary participant is unable to certify to any of the statements in this **certification**, such prospective primary participant shall attach an explanation to this proposal.

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

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

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

Name and Title of Authorized Representative

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

## INSTRUCTIONS FOR CERTIFICATION

1. By signing and submitting this proposal, the prospective primary participant is providing the **certification** set out below.
2. The inability of a person to provide the **certification** required below will not necessarily result in denial of participation in this covered transaction. The prospective participant shall submit an explanation of why it cannot provide the **certification** set out below. The **certification** or explanation will be considered in connection with the department or agency's determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a **certification** or an explanation shall disqualify such person from participation in this transaction.
3. The **certification** in this clause is a material representation of fact upon which reliance was placed when the department or agency determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous **certification**, in addition to other remedies available to the **Federal** Government, the department or agency may terminate this transaction for cause or default.
4. The prospective primary participant shall provide immediate written notice to the department or agency to which this proposal is submitted if at any time the prospective primary participant learns that its **certification** was erroneous when submitted or has become erroneous by reason of changed circumstances.
5. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549. You may contact the department or agency to which this proposal is submitted for assistance in obtaining a copy of those regulations (13 CFR Part 145).
6. The prospective primary participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency entering into this transaction.
7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled "**Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transactions**," provided by the department or agency entering into this covered transaction, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

8. A participant in a covered transaction may rely upon a **certification** of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the **certification** is erroneous. A participant may decide the method and frequency by which it determines the ineligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List.
9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the **certification** required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
10. Except for transactions authorized under paragraph 6 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the **Federal** Government, the department or agency may terminate this transaction for cause or default.

## **CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS**

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

- (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
- (b) Establishing an ongoing drug-free awareness program to inform employees about—
  - (1) The dangers of drug abuse in the workplace;
  - (2) The grantee's policy of maintaining a drug-free workplace;
  - (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
  - (4) The penalties that maybe imposed upon employees for drug abuse violations occurring in the workplace;
- (c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a) above;
- (d) Notifying the employee in the statement required by paragraph (a), above, that, as a condition of employment under the grant, the employee will—
  - (1) Abide by the terms of the statement; and
  - (2) Notify the employer in writing of his or her conviction of or a violation of a criminal drug statute occurring in the workplace no later than give calendar days after such conviction;
- (e) Notify the agency in writing within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
- (f) Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d)(2), with respect to any employee who is so convicted—
  - (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
  - (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

(3) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

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

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

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

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## CERTIFICATION REGARDING LOBBYING

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

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

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
- (3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

### Statement for Loan Guarantees and Loan Insurance

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

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

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Signature

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Title

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Organization

## **Certification Regarding Program Fraud Civil Remedies Act (PFCRA)**

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

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

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## GUIDELINES FOR ORGANIZATION-WIDE AUDITS

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

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

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

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

The audit report shall include the following:

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

(rev. 5/3/04)

## **CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE**

Public Law 103-227, Part C – Environmental Tobacco Smoke, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan or loan guarantee. The law does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug or alcohol treatment. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 per day and/or the imposition of an administrative compliance order on the responsible entity.

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

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**Organization**

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**Authorized Signature**

**Date**

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**Title**

# **Attachment D-1**

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

**Service Providers and Definitions of Billable Activities**

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

**Service Providers:**

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

A. Direct Service

1. Occupational Therapist (OTR) (state registration required)
2. Physical Therapist (RPT) (state license required)
3. Speech-Language Pathologist (SLP) (state license required)

B. Special Instruction Staff

1. Special Educator (degree in special education required; Masters preferred)
2. Teacher (degree in early childhood education; degree in elementary education with a focus in early childhood or special education; 5<sup>th</sup> year teaching certificate with a focus on early childhood or special education. In addition, must have successfully passed at least one course in behavioral management with a grade of “C” or higher.)

C. Direct Service Support Staff

1. General Educator (bachelor’s degree in education or related field)

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

**Definitions of Billable Activities:**

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

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

All children referred to EI shall receive a MDE. The purpose of the MDE is to determine initial Part C eligibility and/or to identify present levels of development. The MDE includes an evaluation of the child’s present level of functioning in each of the following developmental areas: cognition; physical (including vision and hearing); communication; social or emotional; and adaptive, and also include a review of pertinent records related to the child’s current health status and medical history. The Battelle Developmental Inventory-2 (BDI-2) is Hawaii’s approved tool to determine the child’s eligibility and present level of development. The BDI-2 shall be completed by two professionals from separate disciplines or professions, which may

include a social worker/care coordinator. All approved evaluators must be trained to utilize the BDI-2. The child's parent or legal guardian is a required member of the evaluation team. The maximum amount of billable time to complete the BDI-2 is 90 minutes per evaluator. A separate report shall be written for each MDE completed; writing the report is not billable.

**Multidisciplinary Developmental Evaluation (MDE-2):**

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

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

The IFSP is developed jointly by the family and staff, including at least one person who was directly involved in conducting the BDI-2, the CC, and as appropriate, persons who will be providing services to the child and family. In preparation for the meeting, the evaluator(s) may use time to draft the Present Levels of Development and/or direct service provider(s) may use time to review reports and draft IFSP objectives. The maximum amount is 60 minutes regardless of how many disciplines prepare the IFSP; maximum of one staff per discipline.

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

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

**Eligibility Meeting (child not eligible):**

The Eligibility Meeting is conducted by the Care Coordinator. When the child is not eligible for early intervention services, the evaluator(s) may attend the meeting to assist with reviewing the evaluation report, provide strategies, and share community resources information.

**Evaluation/Assessment:**

There are two purposes for an evaluation/assessment:

- A. If it has been determined that additional information is needed regarding a child's development in a specific domain, an evaluation/ assessment tool in that domain can be completed. Eligibility must have already been determined and services initiated. A

maximum of 60 minutes is allowable for the evaluation/assessment; an evaluation/assessment report is required but not billable.; or

- B. If it has been determined that there are continuing concerns in an area, the BDI-2 may be completed to determine the need for services in a specific domain. A maximum of 45 minutes is allowable for the completion of the BDI-2 domain assessment; an evaluation/assessment report is required but not billable.

**Direct Services:**

The provision of services to an eligible child and caregiver, foster parent, preschool teacher, etc., to support the child's development and be based on the IFSP. The majority of services shall be provided in the child's natural environment. A maximum of 60 minutes per direct service session is allowed; direct service notes are required for each service provided but not billable.

**Group:**

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

- For groups of 3-4 children, a maximum of 2 providers; 1 direct service staff (e.g., OT, PT, SLP, Sp. Ed., or Teacher) and 1 direct service support staff (e.g., Gen. Ed.) are allowed for billing purposes.
- For groups of 5-8 children, a maximum of 3 providers; no more than 2 direct service staff (e.g., OT, PT, SLP, Sp. Ed., or Teacher) and 1 direct service support staff (e.g., Gen. Ed.) are allowed for billing purposes.
- For groups of 8 or more children, a maximum of 4 providers; no more than 3 direct service staff (e.g., OT, PT, SLP, Sp. Ed., or Teacher) and 1 direct service support staff (e.g., Gen. Ed.) are allowed for billing purposes.
- The billable time is based on the number of service providers, not the number of children in the group. The billable time is shared equally among the children participating in the group. Direct service notes for each child in the group are required but not billable.

**Transition/Transfer (prior to age 3):**

Transition/Transfer includes the activities that occur for a child prior to exiting a program. These activities may include the Transition Conference, Services Support Team Meeting, Individualized Education Plan Meeting (IEP), or transfer to another Part C program and the new provider observes a home visit. Only one home visit observation by new Part C provider for a maximum of 60 minutes is allowed.

**Travel:**

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

# **Attachment D-2**

## **Instructions for: EIS Worksheet and EIS Budget Forms**

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

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

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

### **Process:**

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

### **Complete EIS Worksheets 1- 4, and 7**

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

Complete the number of children estimated to be served as indicated in the RFP for the specific geographical area you are submitted a proposal for. For this number of children, estimate the number of hours for each billable activity by service provider that is

necessary to meet the needs of the children and families. DO NOT include any activity that is provided by a social worker (SW) or care coordinator (CC), as you will either be provided a DOH SW or Human Services Professional (HSP) or will be provided funds to hire a licensed SW and/or CC.

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

**Worksheet 1a: Estimated Hours by Primary Service Provider (PSP) Exceptions**

Worksheet 1a was developed to provide an opportunity to utilize the disciplines noted in this worksheet 1 (i.e., OT, PT, SLP, SPED, or Teacher) to act as a PSP exception when there are not sufficient hours to equal a 1.0 FTE or the FTE you intend to hire.

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

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

**Worksheet 3: Estimated FTE Needed by Service Provider** - This worksheet will help determine the number of direct service staff necessary to provide the billable activities using 1000 billable hours per 1.0 FTE.

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

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

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

**Worksheet 7: Proposed Billable Rate When Primary Service Provider is Used**

There are two options for proposing a billable rate.

- If a General Educator is included in Worksheet 1, the billable rate can be no higher than the rate proposed in Worksheet 4.
- If you do not include a General Educator, you must propose a rate and justify how that rate was determined.

**Complete EIS Budget Form 2**

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

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

1. Transfer salary total for direct service staff (e.g., OT, PT, SLP, Special Educator, Teacher, and General Educator) from EIS Budget Form 2 (use info in Column F – Total Salary, Fringe, and Taxes) to Budget Form 1, A1 Direct Services.
2. Transfer salary total for program administrative staff (e.g., Program Manager, Data Clerk, etc.) from EIS Budget Form 2 (Column D) to Budget Form 1, A2

Personnel Cost, Salaries – Program Staff. Also transfer from EIS Budget Form 2 (Column E) Fringe & Taxes to Budget Form 1, A3: Fringe & Taxes, Program Staff.

### **Complete EIS Worksheets 5-7**

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

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

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

**Worksheet 7: Proposed Billable Rates for Manager Providing Direct Service** - This worksheet provides rates to be used when the Program Manager (PM), due to staff vacancies or increased numbers of children, provides direct services to enrolled children. Billable hours are for MDE, MDE-2, direct services, and evaluation/assessment. Participating in the IFSP is billable only when the PM is participating as the direct service provider. The PM is salaried therefore, overtime is based purely on a straight overtime, taking into consideration staff salary costs and any additional taxes; fringe benefits are not included as they are covered by the PM's salary.

A written request and approval is required prior to the PM providing direct service. If the PM position is filled by an individual who meets the qualifications as a direct service provider (e.g., OT, PT, SLP, Sp. Ed., or Teacher), the PM rate is based on the following formula:  $\text{Annual Salary}/2080 = \text{PM Rate}$ .

For all other disciplines that are different from the current PM's direct service qualifications, a Program Manager rate may be established based on the disciplines that are included in EIS Budget Form 2 by using the steps below.

- Column B: Transfer average of salaries for each of the disciplines that are different from the current PM's discipline to from EIS Worksheet 5, Column B to EIS Worksheet 6, Column B.

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

### **Complete EIS Budget Forms 1, 3, 4, and 5**

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

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

Finalize Budget Form 1 with information from Budget Forms 2 - 5 (as indicated in the instructions) and by completing B, Other Current Expenses. Also complete the section Sources of Funding that summarizes your budget request, agency contribution, and total amount needed to meet the service needs as identified in the RFP.

Budget Form 1, D: EIS Mandated Training supports mandated trainings that are required by EIS, and requires prior approval from the EIS Supervisor or designee. A flat rate of \$150 per full day or \$18.75/hour is reimbursable for direct service staff only. Program Administration staff (e.g., Program Manager, Data Clerk, etc.) and Social Workers/Care Coordinators are not reimbursed under mandated training because these positions are cost reimbursed.

**Budget Form 3: Budget Justification: Agency Administrative Personnel – Salaries, Fringe Benefits and Taxes** - This form includes only Agency Administrative Personnel (e.g., Executive Director, accounting staff, etc.). Do NOT include Program Administration staff (e.g., Program Manager, data clerks, clerical staff, etc.).

Transfer information from EIS Budget Form 3 (Column D) Salary Budgeted to Contract, to Budget Form 1, A4: Personnel Cost, Salaries – Agency

Administrative Staff. Also transfer from EIS Budget Form 3 (Column E) Fringe & Taxes to Budget Form 1, A5: Fringe & Taxes, Agency Administrative Staff.

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

**Budget Form 5: Budget Justification: Other Personnel – Social Workers and Care Coordinators (SW/CC)** - This budget form is to be used to list SW/CC needed to provide Care Coordination and/or Social Work services. The number is based on a 1:35 ratio for the number of children projected. Determine the number SW/CC needed and complete one row for each position. Refer to Section 2, III, E, c for information on the use of licensed SW and/or CC. For current staff you intend to retain, list the name, position title, and the requested salary. For new staff, write “*New*” in the name column, position title and a requested salary. Determine fringe & taxes for the position and the total costs (Column F). Transfer the total Salary, Fringe & Taxes Budgeted to the Contract (Column F) to Budget Form 1, C: Other Personnel – SW and CC.

Note: The DOH reserves the right to replace POS LSW/CC positions listed on Budget Form 5 with DOH SW/HSP positions. If this occurs, the following budget categories on EIS Budget Form 1 may be reduced or revised: Budget Form 1: D: Other Personnel – SW and CC.

# **Attachment D-3**

## **EIS Worksheets 1-7**

**NOTE:** If this RFP was downloaded from the State Procurement Office RFP Website, each applicant must contact the RFP contact person at (808) 594-0014, or email at [Mae.Braceros@doh.hawaii.gov](mailto:Mae.Braceros@doh.hawaii.gov) to obtain EIS Worksheets 1-7 for Attachment D-3. The State shall not be responsible for any missing addenda, attachments or other information regarding the RFP if a proposal is submitted from an incomplete RFP.

**EIS Worksheets**

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

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

<b>Service/Activity</b>	<b>OT</b>	<b>PT</b>	<b>SLP</b>	<b>SPED</b>	<b>Teacher</b>	<b>Gen. Ed.</b>	<b>TOTAL Hours by Activity</b>
<b>Multi. Dev. Eval. (MDE)</b>							
<b>Multi. Dev. Eval. 2 (MDE-2)</b>							
<b>Assessment</b>							
<b>Eligibility Mtg. (Child not elig.)</b>							
<b>IFSP Prep</b>							
<b>IFSP</b>							
<b>Direct Services (Primary Svc. Provider, Consult, Individual)</b>							
<b>Group</b>							
<b>Transition/Transfer</b>							
<b>Direct Svc. (child sleeping)</b>							
<b>TOTAL Hours by Service Provider</b>							
<b>AVERAGE Hours/Child</b>							

Note: Provide justification for how service hours by discipline and activity were determined.

EIS Worksheet 1a: Estimated Hours by Primary Service Provider Exceptions

If you have determined that you do not have sufficient hours to equal a 1.0 FTE (or the FTE you intend to hire) of one of the service providers listed in Worksheet 1, but you intend to hire at 1.0 FTE (or the FTE you intend to hire), you may choose to use them as a Primary Service Provider Exception for the excess hours not needed in their specific discipline. These additional hours can be used for the two billable activities listed below. They would, however, be billed at a different rate from their discipline-specific rate (see EIS Worksheet 7).

**Family Training and Counseling:**

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

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

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

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

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

EIS Worksheet 3: Estimated FTE by Service Provider

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

EIS Worksheet 4: Proposed Service Delivery Plan

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

EIS Worksheet 5: Proposed Billable Rates

<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>
<b>Service Provider</b>	<b>Average of Salaried Staff by Discipline</b> (from EIS Budget Form 2, Column A)	<b>Average of Fringe &amp; Taxes by Discipline</b> (from EIS Budget Form 2, Column B)	<b>Average Salaried Staff by Discipline</b> (B + C)	<b>Hourly Rate</b> (D/1000)
<b>OT</b>				
<b>PT</b>				
<b>SLP</b>				
<b>SPED</b>				
<b>Teacher</b>				
<b>General Educ.</b>				
<b>TOTALS</b>				

Note: Provide justification for hourly billable rates.

EIS Worksheet 6: Proposed Billable Rates for Manager Providing Direct Service

<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>
<b>Service Provider</b>	<b>Average of Salaried Staff by Discipline</b> (from EIS Worksheet 5, Column B)	<b>Average of Taxes by Discipline (fringe not allowable)</b>	<b>Average Salaried Staff by Discipline</b> (B + C)	<b>Hourly Rate</b> (D/2080)
<b>OT</b>				
<b>PT</b>				
<b>SLP</b>				
<b>SPED</b>				
<b>Teacher</b>				
<b>General Educ.</b>				

Note:

1. A written request and approval is required prior to a Program Manager providing direct service. If the PM position is filled by an individual who meets the qualifications as a direct service provider (e.g., OT, PT, SLP, Sp. Ed., or Teacher), the PM rate is based on the following formula: Annual Salary/2080 = PM Rate.
2. Program Manager billable rate applies only after the Program Manager works 173.33 hours for the month.
3. Vacation/Sick/Paid Time Off (PTO) hours are not included in the number of hours worked.
4. A statement on agency letterhead signed by Program Manager certifying that 173.33 hours of work was performed and the additional hours billed for direct service for the month were also worked. This is required each month that the provider invoices for Program Manager direct services at the approved rate.
5. Program Manager direct service hours will be charged to the program's authorized hours for the discipline in which services were performed.
6. Program/Agency must submit acknowledgement and acceptance of the formula for hours worked and authorized Program Manager rate in order to bill at the Program Manager rate. This is to be sent to the EIS Contracts Unit Supervisor.

EIS Worksheet 7: Proposed Billable Rate When Primary Service Provider Exception is Used

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

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

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

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

Justification:

Primary Service Provider Exception

If you have determined that you do not have sufficient hours to equal a 1.0 FTE (or the FTE you intend to hire) of one of the service providers listed in Worksheet 1, but you intend to hire at 1.0 FTE (or the FTE you intend to hire), you may choose to use them as a Primary Service Provider Exception for the excess hours not needed in their specific discipline. These additional hours can be used for the two billable activities listed below. They would, however, be billed at a different rate from their discipline-specific rate (see EIS Worksheet 7).

**Family Training and Counseling:**

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

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

# **Attachment D-4**

## **Budget Forms 1-5**

**NOTE:** If this RFP was downloaded from the State Procurement Office RFP Website, each applicant must contact the RFP contact person at (808) 594-0014, or email at [Mae.Braceros@doh.hawaii.gov](mailto:Mae.Braceros@doh.hawaii.gov) to obtain Budget Forms 1-5 for Attachment D-4. The State shall not be responsible for any missing addenda, attachments or other information regarding the RFP if a proposal is submitted from an incomplete RFP.

# BUDGET

(Period July 1, 2017 to June 30, 2018)

HTH 560-CG-POS-17-1 and 17-2

Attachment D-4

Applicant/Provider/Program: \_\_\_\_\_

RFP No.: \_\_\_\_\_

Contract No. (As Applicable): \_\_\_\_\_

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







**BUDGET JUSTIFICATION**  
**PERSONNEL: PAYROLL TAXES, ASSESSMENTS, AND FRINGE BENEFITS**

Applicant/Provider/Program: \_\_\_\_\_

RFP No.: \_\_\_\_\_ Period: July 1, 2017 to June 30, 2018 Date Prepared: \_\_\_\_\_

Contract No.: \_\_\_\_\_  
(As Applicable)

TYPE	BASIS OF ASSESSMENTS OR FRINGE BENEFITS	% OF SALARY	TOTAL
<b>PAYROLL TAXES &amp; ASSESSMENTS:</b>			
Social Security	As required by law	As required by law	
Unemployment Insurance (Federal)	As required by law	As required by law	
Unemployment Insurance (State)	As required by law	As required by law	
Worker's Compensation	As required by law	As required by law	
Temporary Disability Insurance	As required by law	As required by law	
<b>FRINGE BENEFITS:</b>			
Health Insurance			
Retirement			
<b>SUBTOTAL:</b>			
<b>SUBTOTAL:</b>			
<b>TOTAL:</b>			
<b>JUSTIFICATION/COMMENTS:</b>			



# **Attachment E**

## **Post 210 and 210A**

**NOTE:** If this RFP was downloaded from the State Procurement Office RFP Website, each applicant must contact the RFP contact person at (808) 594-0014, or email at [Mae.Braceros@doh.hawaii.gov](mailto:Mae.Braceros@doh.hawaii.gov) to obtain Post 210 and 210A for Attachment E. The State shall not be responsible for any missing addenda, attachments or other information regarding the RFP if a proposal is submitted from an incomplete RFP.

## REPORT OF EXPENDITURES

Period Covered:		CONTRACT COST				
EXPENDITURE CATEGORIES	EIS Proposed Budget	ACTUAL			BALANCE	% EXPENDED
	Total	Prior Periods to Date (Cumulative)	Current Reporting Period	Contract Period to Date (b) + (c)	(a) - (d)	(d / a)
	(a)	(b)	(c)	(d)	(e)	(f)
<b>A. PERSONNEL COST</b>						
1	Direct Services					
2	Salaries - Program Staff					
3	Fringe & Taxes - Program Staff					
4	Salaries - Agency Administrative Staff					
5	Fringe & Taxes - Agency Admin. Staff					
<b>TOTAL PERSONNEL COST</b>						
<b>B. OTHER CURRENT EXPENSES</b>						
1	Airfare, Inter-Island	Not Allowed				
2	Airfare, Out-of-State	Not Allowed				
3	Audit Services					
4	Contractual Services - Administrative					
5	Insurance					
6	Lease/Rental of Equipment					
7	Lease/Rental of Motor Vehicle					
8	Lease/Rental of Space					
9	Mileage					
10	Postage, Freight & Delivery					
11	Publication & Printing					
12	Repair & Maintenance					
13	Staff Training					
14	Subsistence/Per Diem	Not Allowed				
15	Supplies					
16	Telecommunication					
17	Transportation					
18	Utilities					
19	Foreign/Sign Language Interpretation					
20	Other (Attach List)					
<b>TOTAL OTHER CURRENT EXPENSES</b>		\$ -				
<b>C. OTHER PERSONNEL (SW/CC)</b>						
<b>D. EIS MANDATED TRAINING</b>						
<b>TOTAL (A+B+C+D)</b>		#REF!				
Signature of Program Reviewer		Date	Name (Please Type or Print)		Phone	
Signature of Fiscal Reviewer		Date	Signature of Awardee's Authorized Official		Date	
			Name and Title (Please Type or Print)			



# **Attachment F**

## **Table A – Performance Measures**

**NOTE:** If this RFP was downloaded from the State Procurement Office RFP Website, each applicant must contact the RFP contact person at (808) 594-0014, or email at [Mae.Braceros@doh.hawaii.gov](mailto:Mae.Braceros@doh.hawaii.gov) to obtain Table A – Performance Measures for Attachment F. The State shall not be responsible for any missing addenda, attachments or other information regarding the RFP if a proposal is submitted from an incomplete RFP.

**Table A -- Performance Measures**

Column A	Column B	Column C	Column D	Column E	Column F	Column G
Annual Performance Measures <b>(Unduplicated Counts)</b>	Objective for <b>FY 2018</b> (07-01-17 to 06-30-18)	Objective for <b>FY 2019</b> (07-01-18 to 06-30-19)	Objective for <b>FY 2020</b> (07-01-19 to 06-30-20)	Objective for <b>FY 2021</b> (07-01-20 to 06-30-21)	Objective for <b>FY 2021</b> (07-01-20 to 06-30-21)	Explanation of any significant variance (plus or minus of 10%) (Attach additional sheets as necessary)
1. With parental consent, 100% of children with an IFSP, have active PCP involvement with a medical home (e.g. invited to IFSP mtg., copy of IFSP sent, child medical information obtained and in chart).	a = total # children in program <u>WITH</u> parental consent b = # with parental consent but no PCP involvement b ÷ a = _____%	a = total # children in program <u>WITH</u> parental consent b = # with parental consent but no PCP involvement b ÷ a = _____%	a = total # children in program <u>WITH</u> parental consent b = # with parental consent but no PCP involvement b ÷ a = _____%	a = total # children in program <u>WITH</u> parental consent b = # with parental consent but no PCP involvement b ÷ a = _____%	a = total # children in program <u>WITH</u> parental consent b = # with parental consent but no PCP involvement b ÷ a = _____%	
2. 100% of children will have their health insurance information entered into the EIS database.	a = total # of children in the program b = # w/o insurance information in the EIS database. b ÷ a = _____%	a = total # of children in the program b = # w/o insurance information in the EIS database. b ÷ a = _____%	a = total # of children in the program b = # w/o insurance information in the EIS database. b ÷ a = _____%	a = total # of children in the program b = # w/o insurance information in the EIS database. b ÷ a = _____%	a = total # of children in the program b = # w/o insurance information in the EIS database. b ÷ a = _____%	
3. 100% of families with children who are Medicaid & Tricare eligible will have provided consent to share information for billing purposes.	a = total # of Medicaid & Tricare eligible children b = # of Medicaid & Tricare with no consent to share Information. b ÷ a = _____%	a = total # of Medicaid & Tricare eligible children b = # of Medicaid & Tricare with no consent to share Information. b ÷ a = _____%	a = total # of Medicaid & Tricare eligible children b = # of Medicaid & Tricare with no consent to share Information. b ÷ a = _____%	a = total # of Medicaid & Tricare eligible children b = # of Medicaid & Tricare with no consent to share Information. b ÷ a = _____%	a = total # of Medicaid & Tricare eligible children b = # of Medicaid & Tricare with no consent to share Information. b ÷ a = _____%	

**Table A -- Performance Measures**

Column A	Column B	Column C	Column D	Column E	Column F	Column G
Annual Performance Measures <b>(Unduplicated Counts)</b>	Objective for <b>FY 2018</b> (07-01-17 to 06-30-18)	Objective for <b>FY 2019</b> (07-01-18 to 06-30-19)	Objective for <b>FY 2020</b> (07-01-19 to 06-30-20)	Objective for <b>FY 2021</b> (07-01-20 to 06-30-21)	Objective for <b>FY 2021</b> (07-01-20 to 06-30-21)	Explanation of any significant variance (plus or minus of 10%) <i>(Attach additional sheets as necessary)</i>
4. At least 90% of families who have non-mandated support services identified as a need in their child's IFSP, shall have been referred for all identified services (e.g. respite, parent-to-parent support, community resources for housing, continuing education).	a = # of families with non-mandated support service needs  b = # of them who were referred for identified services  b ÷ a = _____%	a = # of families with non-mandated support service needs  b = # of them who were referred for identified services  b ÷ a = _____%	a = # of families with non-mandated support service needs  b = # of them who were referred for identified services  b ÷ a = _____%	a = # of families with non-mandated support service needs  b = # of them who were referred for identified services  b ÷ a = _____%	a = # of families with non-mandated support service needs  b = # of them who were referred for identified services  b ÷ a = _____%	
5. 100% of staff will meet the highest level of professional standards and competencies outlined in the Hawaii IDEA Part C Early Intervention (EI) Policies and Procedures.	a = # of authorized licensed or certified staff  b = # of staff with their professional license or certification  b ÷ a = _____%	a = # of authorized licensed or certified staff  b = # of staff with their professional license or certification  b ÷ a = _____%	a = # of authorized licensed or certified staff  b = # of staff with their professional license or certification  b ÷ a = _____%	a = # of authorized licensed or certified staff  b = # of staff with their professional license or certification  b ÷ a = _____%	a = # of authorized licensed or certified staff  b = # of staff with their professional license or certification  b ÷ a = _____%	
6. 100% of staff will attend all EIS-mandated trainings within the required timelines.  <i>Within six (6) months of hire for new staff, and other EIS mandated trainings.</i>	a = # of staff requiring mandated training  b = # of staff who received mandated training w/in timeline  b ÷ a = _____%	a = # of staff requiring mandated training  b = # of staff who received mandated training w/in timeline  b ÷ a = _____%	a = # of staff requiring mandated training  b = # of staff who received mandated training w/in timeline  b ÷ a = _____%	a = # of staff requiring mandated training  b = # of staff who received mandated training w/in timeline  b ÷ a = _____%	a = # of staff requiring mandated training  b = # of staff who received mandated training w/in timeline  b ÷ a = _____%	

**Table A -- Performance Measures**

Column A	Column B	Column C	Column D	Column E	Column F	Column G
Annual Performance Measures <b>(Unduplicated Counts)</b>	Objective for <b>FY 2018</b> (07-01-17 to 06-30-18)	Objective for <b>FY 2019</b> (07-01-18 to 06-30-19)	Objective for <b>FY 2020</b> (07-01-19 to 06-30-20)	Objective for <b>FY 2021</b> (07-01-20 to 06-30-21)	Objective for <b>FY 2021</b> (07-01-20 to 06-30-21)	Explanation of any significant variance (plus or minus of 10%) <i>(Attach additional sheets as necessary)</i>
7. 100% of programs will, within 2 weeks of a personnel change in authorized program staff, provide updated personnel information on the required form to EIS.	a = # of times there were personnel changes b = # of times form was submitted to EIS within 2 weeks of effective date of the changes b + a = ____%	a = # of times there were personnel changes b = # of times form was submitted to EIS within 2 weeks of effective date of the changes b + a = ____%	a = # of times there were personnel changes b = # of times form was submitted to EIS within 2 weeks of effective date of the changes b + a = ____%	a = # of times there were personnel changes b = # of times form was submitted to EIS within 2 weeks of effective date of the changes b + a = ____%	a = # of times there were personnel changes b = # of times form was submitted to EIS within 2 weeks of effective date of the changes b + a = ____%	
8. At least 60% of children exiting the EI program will have a timely Transition Conference (TC).  <b>This is to increase by 10% each subsequent year to at least 80%.</b>	a = total # exiting the EI program b = Document family reason (opt out or decline) TC. c = # who received timely TCs. c + (a - b) = ____%	a = total # exiting the EI program b = Document family reason (opt out or decline) TC. c = # who received timely TCs. c + (a - b) = ____%	a = total # exiting the EI program b = Document family reason (opt out or decline) TC. c = # who received timely TCs. c + (a - b) = ____%	a = total # exiting the EI program b = Document family reason (opt out or decline) TC. c = # who received timely TCs. c + (a - b) = ____%	a = total # exiting the EI program b = Document family reason (opt out or decline) TC. c = # who received timely TCs. c + (a - b) = ____%	

**Table A -- Performance Measures**

Column A	Column B	Column C	Column D	Column E	Column F	Column G
Annual Performance Measures <b>(Unduplicated Counts)</b>	Objective for <b>FY 2018</b> (07-01-17 to 06-30-18)	Objective for <b>FY 2019</b> (07-01-18 to 06-30-19)	Objective for <b>FY 2020</b> (07-01-19 to 06-30-20)	Objective for <b>FY 2021</b> (07-01-20 to 06-30-21)	Objective for <b>FY 2021</b> (07-01-20 to 06-30-21)	Explanation of any significant variance (plus or minus of 10%) <i>(Attach additional sheets as necessary)</i>
9. 100% of the time (monthly), a complete and accurate timely submission of the EI database.	a = 12 months b = # of months the EI database was submitted on time. b ÷ a = _____%	a = 12 months b = # of months the EI database was submitted on time. b ÷ a = _____%	a = 12 months b = # of months the EI database was submitted on time. b ÷ a = _____%	a = 12 months b = # of months the EI database was submitted on time. b ÷ a = _____%	a = 12 months b = # of months the EI database was submitted on time. b ÷ a = _____%	

# **Attachment G**

## **DOH Policy Directive – Interpersonal Relationships**

**NOTE:** If this RFP was downloaded from the State Procurement Office RFP Website, each applicant must contact the RFP contact person at (808) 594-0014, or email at [Mae.Braceros@doh.hawaii.gov](mailto:Mae.Braceros@doh.hawaii.gov) to obtain the DOH Policy Directive – Interpersonal Relationships for Attachment G. The State shall not be responsible for any missing addenda, attachments or other information regarding the RFP if a proposal is submitted from an incomplete RFP.

LINDA LINGLE  
GOVERNOR OF HAWAII



STATE OF HAWAII  
DEPARTMENT OF HEALTH  
P. O. BOX 3378  
HONOLULU, HI 96801-3378

INTRA-DEPARTMENTAL DIRECTIVE 04-01  
May 3, 2004 Page 1 of 5

TO: All Deputies, Division and Branch Chiefs, Staff Officers, District Health Officers, and Administrators of Attached Agencies

FROM: Chiyome Leinaala Fukino, M.D.  
Director of Health *Chiyome Leinaala Fukino*

SUBJECT: INTERPERSONAL RELATIONSHIPS BETWEEN STAFF AND CLIENTS/PATIENTS

04-1.1

PURPOSE

This directive provides the policy for the State of Hawaii, Department of Health on interpersonal relationships between staff and clients/patients.

04-1.2

POLICY

- A. Staff shall not use their professional position to exploit others for any reason.
- B. Staff shall avoid engaging in dual/multiple relationships with clients/patients or former clients/patients. When dual/multiple relationships are unavoidable, staff shall take steps ensure that the nature of the dual/multiple relationship shall neither harm nor exploit the client/patient.
- C. Sexual relationships with any client/patient or former client/patient are prohibited. Staff shall not have financial relationships with clients/patients or former clients/patients.

- D. Staff are prohibited from engaging in sexual relationships with clients/patients' relatives or other individuals with whom clients/patients maintain close personal relationships, or to whom clients/patients are reliant upon. Staff are required to set clear, appropriate and culturally sensitive boundaries.
- E. Staff shall neither initiate, assume, nor maintain a treatment relationship to individuals with whom they have had prior sexual relationships. Staff shall inform their supervisor if there have been past relationships with potential clients/patients and arrange to have the care of such patients/clients provided by another qualified staff person.
- F. Staff shall not engage in physical contact with clients/patients when there is a possibility of psychological harm to the clients/patients as a result of the contact (such as cradling or caressing clients/patients). In providing services, staff who are required to have physical contact with clients/patients are responsible for setting clear, appropriate and culturally sensitive boundaries that govern such physical contact.
- G. Staff who anticipate the potential for sexual relationships with former clients/patients shall consult in depth with their supervisors, exploring the various risks and concerns.

04-1.3

**SCOPE**

This directive applies to all Department of Health employees, including volunteers, who provide treatment and/or services and individuals or agencies that are contracted to provide treatment and/or services on behalf of the Department of Health.

04-1.4

**DEFINITIONS**

- |                   |  |
|-------------------|--|
| Clients/Patients: | Persons under observation, care, treatment, or receiving services. |
| Department:       | Department of Health   |
| Director:         | Director of Health   |

Dual/multiple relationships:	When an employee has, or has had, more than one relationship with a patient or client, either presently or in the past. These may include professional, business, social, or personal relationships. Dual/multiple relationships can occur simultaneously or consecutively.
Staff:	Department employees, including volunteers, and individuals or agencies that are contracted to provide services on behalf of the Department.
Health:	Includes physical and mental health.
Providers:	Any persons, public or private vendors, agencies, or business concerns authorized by the department to provide health care, services, or activities.
Services:	Appropriate assistance provided to a person with a medical illness, developmental disability, mental illness, substance abuse or dependency disorder, or mental retardation. These services include, but are not restricted to assessment, case management, care coordination, treatment, training, vocational support, testing, day treatment, dental treatment, residential treatment, hospital treatment, developmental support, respite care, domestic assistance, attendant care, habilitation, rehabilitation, speech therapy, physical therapy, occupational therapy, nursing counseling, family therapy or counseling, interpretation, transportation, psychotherapy, and counseling to the person and/or to the person's family, guardian or other appropriate representative.
Treatment:	The broad range of services and care, including diagnostic valuation, medical, psychiatric, psychological, and social service care, vocational rehabilitation, career counseling, and other special services which may be extended to a person in need or with a disabling condition.

04-1.5 **RESPONSIBILITIES**

- A. **Director:** Insure this policy is maintained, interpreted, updated, and communicated to all program managers.
- B. **Deputy Directors:** Insure this policy is communicated to, understood and implemented by program managers within their administrations, and insure needed revisions of this policy are communicated to the Director.
- C. **Program Managers:**
  - (1) Insure this policy is communicated to and understood by all vendors, providers, or contractors, and insert a reference to this policy in appropriate contracts.
  - (2) Insure this policy is enforced.
  - (3) Investigate alleged or reported infractions of this policy and take corrective actions as may be indicated.
  - (4) Recommend needed changes to this policy to their Deputy Directors.
- D. **Employees:** Comply with this policy and report alleged infractions of this policy to their supervisors or superiors.
- E. **Providers:** Insure this policy is communicated, understood, and implemented.

04-1.6 **PROVISO**

If there is a conflict between this policy and a collective bargaining agreement, the collective bargaining agreement shall prevail.

04-1.7      REFERENCES

- A.      Discrimination in Public Accommodations, Chapter 489, Hawaii Revised Statutes, as amended.
- B.      Fair treatment, Section 84-13, Hawaii Revised Statutes, as amended.
- C.      Rights of persons with developmental or mental retardation, Section 333F-8, Hawaii Revised Statutes, as amended.
- D.      Rights of recipients of mental health services, Chapter 334E, Hawaii Revised Statutes, as amended.
- E.      Sex Discrimination, Title 12, Chapter 46, Subchapter 4, Hawaii Administrative Rules, as amended.
- F.      Disability Discrimination, Chapter 46, Subchapter 9, Hawaii Administrative Rules.

**This document should be placed in the Personnel Manual of Policies and Procedures under Section 11, SUBJECT: EMPLOYEE RELATIONS.**

# **Attachment H**

## **Campaign Contributions - Prohibited**

**NOTE:** If this RFP was downloaded from the State Procurement Office RFP Website, each applicant must contact the RFP contact person at (808) 594-0014, or email at [Mae.Braceros@doh.hawaii.gov](mailto:Mae.Braceros@doh.hawaii.gov) to obtain the Campaign Contributions by State and County Contractors Prohibited for Attachment H. The State shall not be responsible for any missing addenda, attachments or other information regarding the RFP if a proposal is submitted from an incomplete RFP.



**STATE OF HAWAII  
STATE PROCUREMENT OFFICE**

P.O. Box 119  
Honolulu, Hawaii 96810-0119  
Telephone: (808) 587-4700  
e-mail: [state.procurement.office@hawaii.gov](mailto:state.procurement.office@hawaii.gov)  
<http://hawaii.gov/spo>

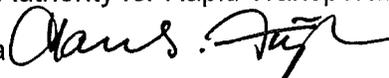
January 8, 2013

PROCUREMENT CIRCULAR NO. 2013-01

TO: Office of the Governor, Chief of Staff  
Office of the Lieutenant Governor, Chief of Staff  
Executive Department Heads  
Hawaii State Public Library System, State Librarian

Chief Procurement Officers (CPOs):  
Department of Education (DOE), Superintendent  
University of Hawaii (UH), President  
Office of Hawaiian Affairs (OHA), Chairperson of the Board  
Hawaii Health Systems Corporation (HHSC), President and  
Chief Executive Officer  
Judiciary, Administrative Director of the Courts  
Senate, President  
House of Representatives, Speaker

Counties of Hawaii, Kauai, Maui, and City & County of Honolulu  
Executive Branch, Finance Director  
Legislative Branch, Chairpersons of the County Council  
Board/Departments of Water Supply, Manager/Chief Engineer  
Honolulu Authority for Rapid Transportation, Executive Director

FROM: Aaron S. Fujioka 

SUBJECT: Campaign Contributions by State and County Contractors Prohibited  
Pursuant to Hawaii Revised Statutes (HRS) §11-355

Procurement Circular No. 2006-02, dated February 22, 2006 is replaced with this updated circular regarding campaign contributions by State and County contractors.

The following statement or similar language is required to be included in all solicitations to inform potential offerors of the mandate:

**CAMPAIGN CONTRIBUTIONS BY STATE AND COUNTY CONTRACTORS PROHIBITED**

If awarded a contract in response to this solicitation, offeror agrees to comply with HRS §11-355, which states that campaign contributions are prohibited from a State and county government contractor during the term of the contract if the contractor is paid with funds appropriated by the legislative body between the execution of the contract through the completion of the contract.

Information on campaign spending issues should be directed to the Campaign Spending Commission's Executive Director or its General Counsel at 586-0285.

Your staff may contact Donn Tsuruda-Kashiwabara at 586-0565 or e-mail [donna.tsuruda-kashiwabara@hawaii.gov](mailto:donna.tsuruda-kashiwabara@hawaii.gov) for any procurement questions, or you may call me at 587-4700.