

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

## **Request for Proposals**

**RFP No. HTH530-06-CSHNB-1**

### **Integrated Systems for Children & Youth With Special Health Care Needs**

Issued: June 13, 2006

Note: If this RFP was downloaded from the State Procurement Office RFP Website each applicant must provide contact information to the RFP contact person for this RFP to be notified of any changes. For your convenience, you may download the [RFP Interest form](#), complete and e-mail or mail to the RFP contact person. 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.

June 13, 2006

**REQUEST FOR PROPOSALS**

**INTEGRATED SYSTEMS FOR CHILDREN & YOUTH  
WITH SPECIAL HEALTH CARE NEEDS  
RFP NO. HTH 530-06-CSHNB-1**

The Department of Health, Family Health Services Division, Children with Special Health Needs Branch is requesting proposals from qualified applicants to provide services to promote integrated systems of services for children and youth with special health care needs (CYSHCN). Services are in the areas of transition certification, medical home residency education program for CYSHCN, developmental screening and follow-up, transition to adult health care, navigating the system training, family and self-advocate leadership, and Youth Advisory Council. The contract term will be from January 1, 2007 through April 30, 2008, with the possibility of extension until June 30, 2010. A single contract will be awarded under this request for proposals.

Proposals shall be mailed and postmarked by the United State Postal Service on or before July 21, 2006, or hand-delivered no later than 4:30 p.m., Hawaii Standard Time (HST), on July 21, 2006, 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 shall be rejected. There are no exceptions to this requirement.

The Children with Special Health Needs Branch will conduct an orientation on June 23, 2006 from 8:00 to 9:00 a.m. HST, at the Department of Health, 1250 Punchbowl Street, Room 205, Honolulu, Hawaii. All prospective applicants are encouraged to attend the orientation.

The deadline for submission of written questions is 4:30 p.m., HST, on June 27, 2006. All written questions will receive a written response from the State on or about June 30, 2006.

Inquiries regarding this RFP should be directed to the RFP contact person, Paul Takishita at Children with Special Health Needs Branch, 741 Sunset Avenue, Honolulu, Hawaii 96816, telephone: (808)733-9062, fax: (808)733-9068, e-mail: [paul.takishita@fhsd.health.state.hi.us](mailto:paul.takishita@fhsd.health.state.hi.us).

## **PROPOSAL MAIL-IN AND DELIVERY INFORMATION SHEET**

**NUMBER OF COPIES TO BE SUBMITTED: ONE ORIGINAL AND 2 COPIES**

ALL MAIL-INS SHALL BE POSTMARKED BY THE UNITED STATES POSTAL SERVICE (USPS) NO LATER THAN **July 21, 2006 and received by the state purchasing agency no later than 10 days from the submittal deadline.**

### **All Mail-ins**

Department of Health  
Children with Special Health Needs Branch  
741 Sunset Avenue  
Honolulu, Hawaii 96816

### **DOH RFP COORDINATOR**

Paul Takishita  
For further information or inquiries  
Phone: 733-9062  
Fax: 733-9068

ALL HAND DELIVERIES SHALL BE ACCEPTED AT THE FOLLOWING SITE UNTIL **4:30 P.M., Hawaii Standard Time (HST), July 21, 2006.** 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., July 21, 2006.

### **Oahu:**

Department of Health  
Children with Special Health Needs Branch  
741 Sunset Avenue  
Honolulu, Hawaii 96816

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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.**

### I. Procurement Timetable

**Note that the procurement timetable represents the State's best estimated schedule. Contract start dates may be subject to the issuance of a notice to proceed.**

Activity	Scheduled Date
Public notice announcing RFP	June 13, 2006
Distribution of RFP	June 13, 2006
RFP orientation session	June 23, 2006
Closing date for submission of written questions for written responses	June 27, 2006
State purchasing agency's response to applicants' written questions	June 30, 2006
Discussions with applicant prior to proposal submittal deadline ( <i>optional</i> )	June 16-July 19, 2006
Proposal submittal deadline	July 21, 2006
Discussions with applicant after proposal submittal deadline ( <i>optional</i> )	July 24-28, 2006
Final revised proposals ( <i>optional</i> )	July 31, 2006
Proposal evaluation period	August 2006
Provider selection	August 2006
Notice of statement of findings and decision	August 2006
Contract start date	January 1, 2007

## II. Websites Referenced in this RFP

The State Procurement Office (SPO) website is [www.spo.hawaii.gov](http://www.spo.hawaii.gov)

	For	Click
1	Procurement of Health and Human Services	“Health and Human Services, Chapter 103F, HRS...”
2	RFP website	“Health and Human Services, Ch. 103F...” and “RFPs”
3	Hawaii Administrative Rules (HAR) for Procurement of Health and Human Services	“Statutes and Rules” and “Procurement of Health and Human Services”
4	Forms	“Health and Human Services, Ch. 103F...” and “For Private Providers” and “Forms”
5	Cost Principles	“Health and Human Services, Ch. 103F...” and “For Private Providers” and “Cost Principles”
6	Standard Contract -General Conditions	“Health and Human Services, Ch. 103F...” “For Private Providers” and “Contract Template – General Conditions”
7	Protest Forms/Procedures	“Health and Human Services, Ch. 103F...” and “For Private Providers” and “Protests”

### Non-SPO Websites

(Please note: website addresses may change from time to time. If a link is not active, try the State of Hawaii website at [www.hawaii.gov](http://www.hawaii.gov))

	For	Go to
8	Tax Clearance Forms (Department of Taxation Website)	<a href="http://www.hawaii.gov/tax/">http://www.hawaii.gov/tax/</a> click “Forms”
9	Wages and Labor Law Compliance, Section 103-055, HRS, (Hawaii State Legislature website)	<a href="http://www.capitol.hawaii.gov/">http://www.capitol.hawaii.gov/</a> click “Bill Status and Documents” and “Browse the HRS Sections.”
10	Department of Commerce and Consumer Affairs, Business Registration	<a href="http://www.hawaii.gov/dcca">http://www.hawaii.gov/dcca</a> click “Business Registration”
11	Campaign Spending Commission	<a href="http://www.hawaii.gov/campaign">www.hawaii.gov/campaign</a>

## III. 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.

## IV. 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 applicant 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.

## V. Contracting Office

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

Children with Special Health Needs Branch  
 Department of Health  
 741 Sunset Avenue  
 Honolulu, Hawaii 96816  
 Phone (808) 733-9062 Fax (808) 733-9068

## VI. Orientation

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

**Date:** June 23, 2006 **Time:** 8:00 to 9:00 a.m. HST  
**Location:** Department of Health, 1250 Punchbowl Street, Room 205,  
 Honolulu, Hawaii

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 next paragraph (VII. Submission of Questions).

## VII. Submission of Questions

Applicants may submit questions to the RFP Contact Person identified in Section 2 of this RFP. All written questions will receive a written response from the state purchasing agency.

Deadline for submission of written questions:

**Date:** June 27, 2006      **Time:** 4:30 p.m. HST

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

**Date:** June 30, 2006

## VIII. Submission of Proposals

- A. Forms/Formats** - Forms, with the exception of program specific requirements, may be found on the State Procurement Office website (See page 1-2, Websites Referenced in this RFP). Refer to the Proposal Application Checklist for the location of program specific forms.
1. **Proposal Application Identification (Form SPO-H-200)** – Provides identification of the proposal.
  2. **Proposal Application Checklist** – Provides applicants with information on where to obtain the required forms, information on program specific requirements, which forms are required, and the order in which all components should be assembled and submitted to the state purchasing agency.
  3. **Table of Contents** – A sample table of contents for proposals is located in Section 5, Attachment B. This is a sample and meant as a guide. The table of contents may vary depending on the RFP.
  4. **Proposal Application (Form SPO-H-200A)** – Applicant shall submit comprehensive narratives that address all of the issues contained in the Proposal Application Instructions, including a cost proposal/budget if required. (Refer to Section 3 of this RFP.)
  5. **Tax Clearance** – A certified copy of a current valid tax clearance certificate issued by the State of Hawaii, Department of Taxation (DOTAX) and the Internal Revenue Service (IRS) will be required either at the time of proposal submittal or upon notice of award at the discretion of the purchasing agency.

Refer to Section 4, subparagraph III.A.1, Administrative Requirements, and the Proposal Application Checklist (located in Section 5) to determine whether the tax clearance is required at time of proposal submittal for this

RFP. Tax clearance application may be obtained from the Department of Taxation website. (See paragraph II, Website Reference.)

- B. Program Specific Requirements** – Additional program specific requirements are included in Sections 2–Service Specifications and/or Section 3–Proposal Application Instructions, as applicable. If Federal and/or State certifications are required, they 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 of this RFP. 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. Wages and Labor Law Compliance** – Before a provider enters into a service contract in excess of \$25,000, the provider shall certify that it complies with section 103-55, HRS, Wages, hours, and working conditions of employees of contractors performing services. Section 103-55, HRS may be obtained from the Hawaii State Legislature website. (See paragraph II, Website Reference.)
- E. Compliance with all Applicable State Business and Employment Laws** – All providers shall comply with all laws governing entities doing business in the State. 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. (See paragraph II, Website Reference.)
- F. Campaign Contributions by State and County Contractors** – Contractors are hereby notified of the applicability of Section 11-205.5, HRS, which states that campaign contributions are prohibited from specified State or county government contractors during the term of the contract if the contractors are paid with funds appropriated by a legislative body. For more information, Act 203/2005 FAQs are available at the Campaign Spending Commission webpage. (See paragraph II, Website Reference.)
- G. 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.**

**H. 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. 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. 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.

Faxed proposals and/or submission of proposals on diskette/CD or by e-mail, website, or other electronic means is not permitted by the state purchasing agency.

## **IX. Discussions with Applicants**

- 1. Prior to Submittal Deadline** – Discussions may be conducted with potential applicants to promote understanding of the purchasing agency's requirements.
- 2. 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 section 3-143-403, HAR.

## **X. Opening of Proposals**

Upon receipt of proposal by a state purchasing agency 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.

## **XI. Additional Materials and Documentation**

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

## **XII. RFP Amendments**

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

## **XIII. 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 best and final offer/proposal. *The applicant shall submit **only** the section(s) of the proposal that are amended, along with the Proposal Application Identification Form (SPO-H-200).* After final revised proposals are received, final evaluations will be conducted for an award.

## **XIV. Cancellation of Request for Proposal**

The request for proposal 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 interests of the State.

## **XV. Costs for Proposal Preparation**

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

## **XVI. Provider Participation in Planning**

Provider participation in a state purchasing agency's efforts to plan for or to purchase health and human services prior to the state purchasing agency's release of a request for proposals, 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 sections 3-142-202 and 3-142-203 of the Hawaii Administrative Rules for Chapter 103F, HRS.

## **XVII. 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: (Relevant sections of the Hawaii Administrative Rules for Chapter 103F, HRS, are parenthesized)

- (1) Rejection for failure to cooperate or deal in good faith. (Section 3-141-201, HAR)
- (2) Rejection for inadequate accounting system. (Section 3-141-202, HAR)
- (3) Late proposals (Section 3-143-603, HAR)
- (4) Inadequate response to request for proposals (Section 3-143-609, HAR)
- (5) Proposal not responsive (Section 3-143-610(a)(1), HAR)
- (6) Applicant not responsible (Section 3-143-610(a)(2), HAR)

### **XVIII. Notice of Award**

A statement of findings and decision shall be provided to all applicants 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 awardee prior to the contract commencement date. The State of Hawaii is not liable for any costs incurred prior to the official starting date.

### **XIX. Protests**

Any applicant may file a protest against the awarding of the contract. The Notice of Protest form, SPO-H-801, is available on the SPO website. (See paragraph II, Website Reference.) 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.

<b>Head of State Purchasing Agency</b>	<b>Procurement Officer</b>
Name: Chiyome L. Fukino, M.D.	Name: Ann H. Kinningham
Title: Director of Health	Title: Chief, Administrative Services Office
Mailing Address: P.O. Box 3378 Honolulu, HI 96801-3378	Mailing Address: P.O. Box 3378 Honolulu, Hawaii 96801-3378
Business Address: 1250 Punchbowl Street Honolulu, HI 96813	Business Address: 1250 Punchbowl Street Honolulu, Hawaii 96813

## **XX. 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 Chapter 37, HRS, and subject to the availability of State and/or Federal funds.

## **XXI. 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/Quality of Services
- (4) Financial Management
- (5) Administrative Requirements

## **XXII. General and Special Conditions of Contract**

The general conditions that will be imposed contractually are on the SPO website. (See paragraph II, Website Reference). Special conditions may also be imposed contractually by the state purchasing agency, as deemed necessary.

## **XXIII. Cost Principles**

In order to promote uniform purchasing practices among state purchasing agencies procuring health and human services under Chapter 103F, HRS, state purchasing agencies will utilize standard cost principles outlined in Form SPO-H-201 which is available on the SPO website (see paragraph II, Website Reference). 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**

#### **I. Introduction**

##### **A. Overview, purpose or need**

The Children with Special Health Needs Branch (CSHNB) is soliciting applications for the purpose of providing services to promote integrated systems of services for children and youth with special health care needs (CYSHCN). Specific areas are transition certification, medical home residency education program for CYSHCN, developmental screening and follow-up, transition to adult health care, navigating the system training, family and self-advocate leadership, and Youth Advisory Council. CSHNB has received federal funding from the federal Maternal and Child Health Bureau (MCHB) for this project. To this end, CSHNB is soliciting proposals for services.

##### **B. Planning activities conducted in preparation for this RFP**

A Request for Information (RFI) notice was posted on the SPO State & County Procurement Notices website for the period May 31, 2006 to June 7, 2006, to obtain comments on the draft RFP. A RFI meeting on June 5, 2006 was attended by representatives of 2 organizations. There were no issues or concerns raised either at the meeting or by phone, fax, or e-mail.

##### **C. Description of the goals of the service**

The purpose of this project is to support statewide implementation of the Health Resources and Services Administration component of the *President's New Freedom Initiative* to create inclusive community-based systems of services for CYSHCN. System development addresses the six national outcomes for CYSHCN: 1) family/professional partnerships; 2) comprehensive health care through a medical home; 3) access to adequate health insurance/financing; 4) early and continuous screening; 5) organization of community services for easy use by families; and 6) transition to adult health care, work, and independence.

##### **D. Description of the target population to be served**

The target population is CYSHCN statewide in Hawaii.

CYSHCN are children and youth who have or are at increased risk for chronic physical, developmental, behavioral, or emotional conditions and who require health and related services of a type or amount beyond that generally required by children/youth and their families.

**E. Geographic coverage of service**

Services shall be statewide.

**F. Probable funding amounts, source, and period of availability**

January 1, 2007 – April 30, 2007	\$ 90,000
May 1, 2007 – April 30, 2008	\$270,000
May 1, 2008 – June 30, 2010	Funding to be determined, depending on availability of funds

Funding is from State funds and a grant to CSHNB from the U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau, for “The President's New Freedom Initiative: State Implementation Grants for Integrated Community Systems for Children with Special Health Care Needs” (hereinafter called “CSHNB’s Integrated Systems for CYSHCN grant”).

**II. General Requirements****A. Specific qualifications or requirements, including but not limited to licensure or accreditation**

See “III. Scope of Work” below.

**B. Secondary purchaser participation**

(Refer to §3-143-608, HAR)

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

Planned secondary purchases: None

**C. Multiple or alternate proposals (Refer to §3-143-605, HAR)**

Allowed  Unallowed

**D. Single or multiple contracts to be awarded (Refer to §3-143-206, HAR)**

Single  Multiple  Single & Multiple

**E. Single or multi-term contracts to be awarded (Refer to §3-149-302, HAR)**

Single term ( $\leq 2$  yrs)  Multi-term ( $> 2$  yrs.)

**Contract terms:**

- Initial term of contract: Sixteen (16) months
- Length of each extension: Twelve to fourteen (12-14) months
- Number of possible extensions: Two (2)
- Maximum length of contract: Three (3) years, six (6) months

- The initial period shall commence on the contract start date or the Notice to Proceed, whichever is later.
- Conditions for extensions: Extension is executed prior to contract expiration, funding is available, satisfactory performance.

**F. RFP contact person**

The individual listed below is the sole point of contact from the date of release of this RFP until the selection of the successful provider. Written questions should be submitted to the RFP contact person and received on or before the day and time specified in Section 1, paragraph I (Procurement Timetable) of this RFP.

Paul Takishita, Public Health Administrative Officer  
 Telephone: (808) 733-9062  
 FAX: (808) 733-9068  
 Email address: [paul.takishita@fhsd.health.state.hi.us](mailto:paul.takishita@fhsd.health.state.hi.us)

**III. Scope of Work**

The scope of work encompasses the following tasks and responsibilities:

**A. Service Activities**

(Minimum and/or mandatory tasks and responsibilities)

- #1. Develop and implement a “One Stop/Transition Certification” for pediatricians, other primary care physicians, and other state/community providers, which is based upon the best practices, protocols, and standards (BPS) for referral of CYSHCN to state/community programs. Certify 250 family and professional partners as One Stop Transition Specialists and 30 program sites as One Stop Centers.
- #2. Develop and implement a Pediatric and Family Physician residency (physician-in-training) curriculum and education/training which extends teaching the knowledge, skills, and attributes of the Medical Home for CYSHCN to include the role of the physician in an integrated service system. Provide Medical Home curriculum and training opportunities for Pediatric and Family Practice Residents in their first year of residency. Validate through family survey and interviews, each Resident’s self assessment of his/her identified “Best Practice Application” of the Medical Home. Certify Residents through the “One Stop/Transition Certification” program.
- #3. Develop and provide training to primary care pediatricians and family physicians statewide on the Parents' Evaluation of Developmental Status (PEDS) screening tool for children ages 0-8 years and the integrated

- referral process, and evaluate the effectiveness of this training. Provide 21 training sessions to physicians statewide on the PEDS screening tool and on the BPS for the integrated referral process. Provide 21 training sessions to agencies statewide on the BPS for the integrated referral process and the role of the medical home in supporting developmental screening and referral. Facilitate implementation of PEDS screening and evaluation in a primary care pediatric group practice. Evaluate the associated screening and referral activities of a minimum of 100 physicians for a period between six (6) months to one (1) year after training on the PEDS and the integrated referral process. Evaluate the integration of the referral process by conducting focus groups with agencies and targeted referral sites, between six (6) months to one (1) year after training on the PEDS and the integrated referral process.
- #4. Develop and implement the BPS developed by the project in transitioning youth with special health care needs from pediatric to adult health care, involving pediatric and family physician practices. Implement BPS in 10 Pediatric practices and 3 Family Practice practices to transition a total of 30 youth. Evaluate through family and youth surveys and interviews, as well as physician self-assessment, the impact that established BPS have on the efficacy and quality of the medical transition to adulthood.
- #5. Develop and provide training on navigating the system of services for families of CYSHCN from birth to age three (3) years and prior to age 14 years. Develop curriculum specifically addressing the needs of families navigating the system prior to exiting early intervention services under Part C of the Individuals with Disabilities Education Improvement Act of 2004 for children age 0-3 years. Develop curriculum specifically addressing the needs of families for middle school aged youth, prior to age 14 years. Provide at least 12 training sessions on all islands for each targeted population. Evaluate the effectiveness of the training curriculum by surveying families 6-9 months after the training on their experiences applying the knowledge from the training.
- #6. Establish a resource pool of parents and self-advocates to be linked to programs serving CYSHCN and participate as trainers, family representatives, and partners. Develop a resource pool of 50 parents and self-advocates who are available to participate as trainers, family representatives, and partners to programs serving CYSHCN. Link parents and self-advocates to MCHB-funded programs and other programs serving CYSHCN who are interested in having or increasing family participation in program and policy activities.
- #7. Establish and convene a Youth Advisory Council (YAC), with specific goals toward building skills of personal leadership, self-determination, and community advocacy, and to advise the Hilopa'a Project. Coordinate

eight (8) to twelve (12) meetings each year. Provide the necessary meeting space, equipment, resources and supplies to convene council meetings and to conduct the business of the YAC. Provide administrative support to the YAC by providing assistance in meeting scheduling, member mailings, meeting reminders, agenda development, note taking, minutes distribution, mentorship in effective meeting practices, and reimbursement of stipends and meeting expenses. Mentor youth to provide testimony at the State Legislature, write letters to the editor of the daily newspaper, and plan, coordinate, and host a “Congressional Briefing” to inform congressional staffers of the priority issues of these young self-advocates. Support travel of one youth to National Youth Leadership Conference.

**B. Management Requirements**  
(Minimum and/or mandatory requirements)

**1. Personnel**

Staff shall include, but not be limited to: a) individual(s) affiliated with the Department of Pediatrics, School of Medicine, University of Hawaii who have the capacity to develop and implement a Pediatric and Family Practice residency curriculum and education/training program related to the Medical Home; b) pediatrician(s) who is board-certified and licensed to practice in Hawaii who has the skills, knowledge, ability, and experience to develop and provide developmental screening training; c) pediatrician(s) who is board-certified and licensed to practice in Hawaii who has the knowledge and experience to promote the medical home concept among pediatricians and other primary care providers, and to facilitate the implementation of PEDS screening and evaluation in a primary care pediatric group practice; d) family member(s) of a child with special health care needs under age 21 years, with experience in developing and implementing activities related to the six national outcomes for CYSCHN, to be actively involved in all aspects of the project to ensure that project services are family-centered.

**2. Administrative**

The awardee shall be fully staffed and operational within two weeks of the effective date of the contract.

The awardee may send a representative(s) to an annual Maternal and Child Health Bureau conference in Washington, D.C., as part of the team for CSHNB’s Integrated Systems for CYSCHN grant.

**3. Quality assurance evaluation specifications**

The awardee shall have a quality assurance and evaluation plan that assesses the extent to which the program objectives have been met.

#### **4. Outcome and Performance Measures**

The awardee shall annually complete the Maternal and Child Health (CYSHCN) Performance Measures in Section 5, Attachment C, for CSHNB's non-competing continuation application and progress reports for the Integrated Systems for CYSHCN grant. These performance measures are:

- # 7 Degree to which MCHB supported programs ensure family participation in program and policy activities.
- # 10 Degree to which MCHB supported programs have incorporated cultural competence elements into their policies, guidelines, contracts, and training.
- # 16 Degree to which grantees have assisted States in increasing the percent of children with special health care needs, age 0 to 18, whose families have adequate private and/or public insurance to pay for needed services.
- # 19 Degree to which grantees have assisted States in increasing the percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home.
- # 23 Degree to which grantees have assisted States in increasing the percent of children who are screened early and continuously for special health care needs and linked to medical homes, appropriate follow-up, and early intervention.
- # 31 Degree to which grantees have assisted States in organizing community-based service systems so that families of children with special health care needs can use them easily.
- #37 Degree to which grantees have assisted States in increasing the percentage of youth with special health care needs who have received services necessary to make transitions to all aspects of adult life, including adult health care, work, and independence.

#### **5. Experience**

The awardee shall have experience in planning, developing, implementing, and evaluating activities in the areas of transition certification, medical home residency education program for CYSHCN, developmental screening and follow-up, transition to adult health care, navigating the system training, family and self-advocate leadership, Youth Advisory Council.

#### **6. Coordination of services**

The awardee shall coordinate and work collaboratively with state agencies (e.g., Department of Health Title V Program, Department of Human Services), community organizations, professional organizations (e.g., American Academy of Pediatrics-Hawaii Chapter), family advocacy organizations, university pediatric and family practice residency programs, and/or others, as needed, related to the proposed services.

**7. Reporting requirements for program and fiscal data**

The awardee shall complete annual project reports on performance measures, progress, accomplishments, challenges, and plans.

The awardee shall complete monthly expenditure reports to the purchasing agency of actual expenditures, including personnel costs, within thirty (30) calendar days after the end of each month in which services are delivered.

**8. Pricing structure or pricing methodology to be used**

The pricing structure is cost reimbursement, which reflects a purchase arrangement in which the purchasing agency pays the provider for budgeted agreed-upon costs that are actually incurred in delivering the services specified in the contract, up to a stated maximum obligation.

**9. Units of service and unit rate**

Not applicable.

**10. Method of compensation and payment**

An advance payment will be provided. The advance payment will be equal to one month of the budget for the first contract period, to be made 30 calendar days after the execution of the agreement. The balance shall be paid by monthly reimbursement upon submission of provider invoices. The final payment is based on the receipt of all final reports, invoices, and expenditure plans.

**11. Cultural competence**

The awardee shall incorporate cultural competence for culturally and linguistically diverse groups. Written materials developed for consumers/families shall be easily understood and written at a reading level comparable to the sixth grade or less in English or other language. Oral or written language assistance services shall be offered and provided for consumers/families who have limited English proficiency or communication disabilities. Services shall honor and respect the beliefs,

language, interpersonal styles and behaviors of CYSHCN and their families.

**IV. Facilities**

Not applicable.

## **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 (SPO-H-200A) is available on the SPO website (see Section 1, paragraph II, 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 comprises the following sections:

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

#### **I. Program Overview**

Applicant shall give a brief overview to orient evaluators as to the program/services being offered.

## II. Experience and Capability

### A. Necessary Skills

The applicant shall demonstrate that it has the necessary skills, abilities, and knowledge relating to the delivery of the proposed services. The applicant shall describe previous or current work in each of the service activities (transition certification, medical home residency education program for CYSHCN, developmental screening and follow-up, transition to adult health care, navigating the system training, family and self-advocate leadership, Youth Advisory Council) as detailed in Section 2, III-Scope of Work, A-Service Activities.

### B. Experience

The applicant shall describe projects/contracts within the past five (5) years that are pertinent to the proposed services that are detailed in Section 2, III-Scope of Work, A-Service Activities. The description shall include target population, services provided, and coordination efforts. Points of contact, addresses, and e-mail/phone numbers should be included. The purchasing agency reserves the right to contact 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.

### D. Coordination of Services

The applicant shall demonstrate the capability to coordinate and work collaboratively with other agencies, organizations, and resources in the community, as related to the proposed services. These include state agencies (e.g., Department of Health Title V Program, Department of Human Services), community organizations, professional organizations (e.g., American Academy of Pediatrics-Hawaii Chapter), family advocacy organizations, university pediatric and family practice residency programs, and others. Demonstration of coordination/collaboration efforts shall include, but not be limited to, the following:

1. Description of past or current experience
2. Written agreements
3. Proposed plan

### E. Facilities

Not applicable.

### III. Project Organization and Staffing

#### A. Staffing

##### 1. Proposed Staffing

The applicant shall describe the proposed staffing (employed or contracted) appropriate for the viability of services. (Refer to the Personnel requirements in the Section 2–Services Specifications.)

The applicant shall list names and qualifications of individuals to be employed or contracted (if known), and copies of any written agreements.

##### 2. Staff Qualifications

The applicant shall provide the minimum qualifications (including experience) for staff assigned to the program. (Refer to the Personnel requirements in the Section 2–Services Specifications.)

#### B. Project Organization

##### 1. Supervision and Training

The applicant shall describe its ability to supervise and provide administrative direction relative to the delivery of the proposed services.

##### 2. Organization Chart

The applicant shall specify the position of each staff and line of responsibility/supervision. (Include position title, name, and full time equivalency.) Both the “Organization-wide” and “Program” organization charts shall be attached to the Proposal Application.

### IV. Service Delivery

#### A. Service Activities

1. The applicant shall describe its plan to implement each of the service activities: transition certification, medical home residency education program for CYSHCN, developmental screening and follow-up, transition to adult health care, navigating the system training, family and self-advocate leadership, and Youth Advisory Council. (Refer to the Scope of Work in Section 2–Service Specifications.)

2. The applicant shall provide a detailed workplan (with start and end dates) which includes all service activities and tasks to be completed, related work assignments/responsibilities, and timelines/schedules.

**B. Management**

1. The applicant shall describe its plan to be fully staffed and operational within two weeks of the effective date of the contract, if awarded.

**V. Financial**

**A. Pricing Structure**

1. The applicant shall submit a cost proposal based on cost reimbursement. The cost proposal shall be attached to the Proposal Application. The cost proposal may include travel to Washington, D.C., for a MCHB meeting related to CSHNB's Integrated Systems for CYSHCN grant.
2. All budget forms, instructions and samples are located on the SPO website (see Section 1, paragraph II Websites referred to in this RFP). Refer to the Proposal Application Checklist in Section 5 for the required budget forms to be submitted as part of the Proposal Application.

**B. Accounting System**

In order to determine the adequacy of the applicant's accounting system as described under the administrative rules, the most recent financial audit is requested as part of the Proposal Application.

**VI. Other**

**Litigation**

The applicant shall disclose 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

### I. 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.

### II. 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	15 points
Service Delivery	55 points
Financial	10 Points
<b>TOTAL POSSIBLE POINTS</b>	<b>100 Points</b>

### III. 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 licenses/certificates

##### 2. Proposal Application Requirements

- Proposal Application Identification Form (Form SPO-H-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 (100 Points)

##### I. Program Overview (0 Points)

No points are assigned to Program Overview. The intent is to give the applicant an opportunity orient evaluators as to the service(s) being offered.

##### II. Experience and Capability (20 Points)

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

##### A. Necessary Skills

- Demonstrated skills, abilities and knowledge relating to the delivery of the proposed services.

##### B. Experience

- Demonstrated experience relating to the delivery of the proposed services.

##### C. Quality Assurance and Evaluation

- Sufficiency of quality assurance and evaluation plans, including methodology, for the proposed services.

**D. Coordination of Services**

- Demonstrated experience and capability in coordinating and working collaboratively with other agencies and resources in the community, as related to the proposed services.

**E. Facilities**

- Not applicable.

**III. Project Organization and Staffing (15 Points)**

The State will evaluate the applicant's overall staffing approach to the service that shall include:

**A. Staffing**

- Proposed Staffing: The proposed staff are reasonable and met personnel requirements to insure viability of the services.
- Staff Qualifications: Minimum qualifications (including experience) for staff (hired or contracted) assigned to the program.

**B. Project Organization**

- Supervision and Training: Demonstrated ability to supervise, train and provide administrative direction to staff relative to the delivery of the proposed services.
- Organization Chart: Approach and rationale for the structure, functions, and staffing of the proposed organization for the overall service activity and tasks.

**IV. Service Delivery (55 Points)**

Evaluation criteria for this section will assess the applicant's approach to the service activities and management requirements outlined in the Proposal Application.

**A. Service Activities**

- Adequacy of the plan to implement each of the service activities (transition certification, medical home residency education program for CYSHCN, developmental screening and follow-up, transition to adult health care, navigating the system training, family and self-advocate leadership, Youth Advisory Council) as detailed in Section 2, III-Scope of Work, A-Service Activities.

- Adequacy of the workplan to deliver services in an appropriate, timely, effective manner.

**B. Management**

- Adequacy of the plan to be fully staffed and operational within two weeks of the effective date of the contract, if awarded

**V. Financial (10 Points)**

**A. Pricing Structure**

- Personnel costs are reasonable and comparable to positions in the community.
- Non-personnel costs are reasonable and adequately justified.
- The budget fully supports the scope of service and requirements for this RFP.

**B. Accounting System**

- Adequacy of accounting system.

**C. Phase 3 - Recommendation for Award**

Each notice of award shall contain a statement of findings and decision for the award or non-award of the contract to each applicant.

## **Section 5**

### **Attachments**

- A. Proposal Application Checklist
- B. Sample Table of Contents
- C. Maternal and Child Health (CYSHCN) Performance Measures

## Attachment A Proposal Application Checklist

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

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, paragraph II Website Reference.\*

Item	Reference in RFP	Format/Instructions Provided	Required by Purchasing Agency	Completed by Applicant
<b>General:</b>				
Proposal Application Identification Form (SPO-H-200)	Section 1, RFP	SPO Website*	<b>X</b>	
Proposal Application Checklist	Section 1, RFP	Attachment A	<b>X</b>	
Table of Contents	Section 5, RFP	Section 5, RFP	<b>X</b>	
Proposal Application (SPO-H-200A)	Section 3, RFP	SPO Website*	<b>X</b>	
Tax Clearance Certificate (Form A-6)	Section 1, RFP	Dept. of Taxation Website (Link on SPO website)*		
Cost Proposal (Budget)				
SPO-H-205	Section 3, RFP	SPO Website*	<b>X</b>	
SPO-H-205A	Section 3, RFP	SPO Website* Special Instructions are in Section 5		
SPO-H-205B	Section 3, RFP,	SPO Website* Special Instructions are in Section 5		
SPO-H-206A	Section 3, RFP	SPO Website*	<b>X</b>	
SPO-H-206B	Section 3, RFP	SPO Website*	<b>X</b>	
SPO-H-206C	Section 3, RFP	SPO Website*	<b>X</b>	
SPO-H-206D	Section 3, RFP	SPO Website*	<b>X</b>	
SPO-H-206E	Section 3, RFP	SPO Website*	<b>X</b>	
SPO-H-206F	Section 3, RFP	SPO Website*	<b>X</b>	
SPO-H-206G	Section 3, RFP	SPO Website*		
SPO-H-206H	Section 3, RFP	SPO Website*	<b>X</b>	
SPO-H-206I	Section 3, RFP	SPO Website*		
SPO-H-206J	Section 3, RFP	SPO Website*		
<b>Certifications:</b>				
<b>Federal Certifications</b>		Section 5, RFP		
Debarment & Suspension		Section 5, RFP	<b>X</b>	
Drug Free Workplace		Section 5, RFP	<b>X</b>	
Lobbying		Section 5, RFP	<b>X</b>	
Program Fraud Civil Remedies Act		Section 5, RFP	<b>X</b>	
Environmental Tobacco Smoke		Section 5, RFP	<b>X</b>	
<b>Program Specific Requirements:</b>				
Written agreements (if any)	Section 3, RFP			
Organization charts	Section 3, RFP			
Workplans	Section 3, RFP			
Financial audit	Section 3, RFP			

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

\_\_\_\_\_  
Date

Sample

**Attachment B**  
**Proposal Application**  
**Table of Contents**

**I. Program Overview.....1**

**II. Experience and Capability .....1**

**A. Necessary Skills .....2**

**B. Experience.....4**

**C. Quality Assurance and Evaluation.....5**

**D. Coordination of Services.....6**

**E. Facilities.....6**

**III. Project Organization and Staffing .....7**

**A. Staffing.....7**

        1. Proposed Staffing.....7

        2. Staff Qualifications .....9

**B. Project Organization .....10**

        1. Supervision and Training.....10

        2. Organization Chart (Program & Organization-wide)  
           (See Attachments for Organization Charts)

**IV. Service Delivery.....12**

**V. Financial.....20**  
See Attachments for Cost Proposal

**VI. Litigation.....20**

**VII. Attachments**

**A. Cost Proposal**  
        SPO-H-205 Proposal Budget  
        SPO-H-206A Budget Justification – Personnel - Salaries & Wages  
        SPO-H-206B Budget Justification – Personnel: Payroll Taxes, Assessments,  
        and Fringe Benefits  
        SPO-H-206C Budget Justification – Travel - Interisland  
        SPO-H-206D Budget Justification – Travel - Out of State  
        SPO-H-206E Budget Justification – Contractual Services - Administrative  
        SPO-H-206F Budget Justification – Contractual Services - Subcontracts  
        SPO-H-206H Budget Justification – Program Activities

**B. Other Financial Related Materials**  
        Financial Audit for the latest fiscal year

**C. Organization Chart**  
        Program  
        Organization-wide

**D. Performance and Output Measurement Tables**

Sample

Organization: \_\_\_\_\_

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

Table A

Table B

Table C

**E.** Program Specific Requirement

**Attachment C**  
**Maternal and Child Health (CYSHCN) Performance Measures**

The Applicant shall annually complete the Maternal and Child Health (CYSHCN) Performance Measures for CSHNB's non-competing continuation application and progress report to the Maternal and Child Health Bureau.

**DATA COLLECTION FORM FOR DETAIL SHEET #07**

Using a scale of 0-3, please rate the degree to which your program has included families into their program and planning activities.

<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>Element</b>
				1. Family members participate on advisory committees or task forces and are offered training, mentoring and reimbursement.
				2. Financial support (financial grants, technical assistance, travel, and child care) is offered for parent activities or parent groups.
				3. Family members participate in the planning, implementation and evaluation of the program's activities.
				4. Family members work with their professional partners to provide training (pre-service, in-service and professional development) to MCH/CSHCN staff and providers.
				5. Family members are hired as paid staff or consultants to the program (a family member is hired for his or her expertise as a family member).
				6. Family members of diverse cultures are involved in all of the above activities.

0=Not Met

1=Partially Met

2=Mostly Met

3=Completely Met

Total the numbers in the boxes (possible 0-18 score) \_\_\_\_\_

**DATA COLLECTION FORM FOR DETAIL SHEET #10**

Using a scale of 0-3, please rate the degree to which your program has incorporated the following cultural competence elements into your policies, guidelines, contracts and training.

0	1	2	3	Element
				<b>CORE FUNCTIONS:</b> Our organization incorporates the following culturally competent core function elements:
				1. Performs needs/assets assessments with the culturally diverse groups we serve.
				2. Collects and analyzes data according to different cultural groups (e.g. race, ethnicity, language).
				3. Designs services to meet the needs of culturally diverse groups (e.g. use of traditional healers, flexible times of services, language services).
				4. Uses data on different groups for program development.
				5. Considers barriers and the provision of appropriate strategies to address them.
				6. Evaluates and monitors quality services (via customer satisfaction surveys, focus groups, chart reviews).
				Is there a policy to incorporate cultural competence in the core functions? <i>None</i> ___ <i>Informal</i> ___ <i>Formal</i> ___ <i>In process</i> ___
				<b>TRAINING/HUMAN RESOURCES:</b> Our organization incorporates the following culturally competent training/human resource elements:
				1. Employs a culturally diverse and linguistically and culturally competent staff.
				2. Ensures the provision of training, both in orientation and ongoing professional development, for staff, volunteers, contractors and subcontractors in the area of cultural and linguistic competence.
				Is there a policy to incorporate cultural competence in training and human resources? <i>None</i> ___ <i>Informal</i> ___ <i>Formal</i> ___ <i>In process</i> ___
				<b>COLLABORATION:</b> Our organization collaborates with informal community leaders/groups (e.g. natural networks, informal leaders, spiritual leaders, ethnic media, family advocacy groups) in various aspects of the following categories::
				1. Program planning
				2. Service delivery
				3. Evaluation/monitoring of services
				<b>COLLABORATION:</b> Our organization collaborates with families of culturally diverse groups in various aspects of the following categories:
				4. Program planning
				5. Service delivery

Organization: \_\_\_\_\_

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

				6. Evaluation/monitoring of services
				Is there a policy to support the above mentioned collaborative activities? <i>None</i> ___ <i>Informal</i> ___ <i>Formal</i> ___ <i>In process</i> ___
				<b>RESOURCE ALLOCATION:</b> Our organization's allocation of resources adequately meets the unique access, information and service needs of culturally diverse groups in the following program areas:
				1. Planning
				2. Implementation
				3. Evaluation/Monitoring (e.g. customer satisfaction surveys, focus groups)
				Is there a policy to support the allocation of fiscal resources for the needs and services for culturally diverse groups? <i>None</i> ___ <i>Informal</i> ___ <i>Formal</i> ___ <i>In process</i> ___
				<b>CONTRACTS:</b> Our organization puts language in contracts that addresses our goals to incorporate cultural competence for culturally and linguistically diverse groups in the following areas:
				1. Needs/assets assessments
				2. Outreach
				3. Specialized services
				4. Training for contractors/subcontractors
				5. Sufficient funds to support 1-4
				6. Reporting requirements 1-4
				Is there a policy to support monitoring of contractors/subcontractors? <i>None</i> ___ <i>Informal</i> ___ <i>Formal</i> ___ <i>In process</i> ___

0=Not Met

1=Partially Met

2=Mostly Met

3=Completely Met

Total the numbers in the boxes (possible 0-69 score) \_\_\_\_\_

**DATA COLLECTION FORM FOR DETAIL SHEET #16**

Using a scale of 0-3, indicate the degree to which your program has assisted the State to improve access to adequate health insurance coverage for primary care, specialty care, inpatient and enabling services for children with special health care needs.

0	1	2	3	<b>Element</b>
				<p><b>1. Access to adequate health insurance for children with special health care needs:</b> The program was able to assist the State in improving access to adequate health insurance coverage by: 1) decreasing the number of children with special health care needs without insurance; and/or 2) increasing the number of children with special health care needs with access to insurance that meets their needs; and/ or 3)improving the financing and reimbursement of services needed by children with special health care.</p>
				<p><b>2. Statewide:</b> The program was able to successfully assist the State in implementing activities on a statewide basis.</p>
				<p><b>3. Collaboration:</b> The program was able to assist the State in developing partnerships and collaborating with key stakeholders in the state, such as State agencies (e.g., Medicaid agencies, State insurance commissioners), health insurance companies/managed care organizations, provider organizations (e.g. hospitals, physician groups); employers, unions, and other employee related organizations; families and consumer groups.</p>
				<p><b>4. Dissemination:</b> The program participates in activities to disseminate the project’s results, products, and materials to local, state and/or national audiences.</p>

0=Not Met  
 1=Partially Met  
 2=Mostly Met  
 3=Completely Met

Total the numbers in the boxes (possible 0-18 score)\_\_\_\_\_

**DATA COLLECTION FORM FOR DETAIL SHEET #19**

Using a scale of 0-3, indicate the degree to which your program has assisted the State to develop and implement medical home provision.

<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>Element</b>
				<b>1. Establishment of Medical Home Practice Sites</b> – Through implementation of program activities, the number of medical home practice sites in the State has been increased.
				<b>2. Primary Care Providers Receive Training in the Medical Home Concept</b> - The program has assisted the State to provide training in the medical home concept to primary care providers throughout the State.
				<b>3. Development of Medical Home Information Tools</b> – The program has assisted the State to develop communications tools, including kits, brochures and internet websites accessible to other states and promoted the medical home concept.
				<b>4. Mentoring of Other States</b> – The program has assisted the State to provide mentorship activities to other States in support of fostering the medical home concept nationally.
				<b>5. Development of Medical Home CQI Tools</b> – The program has assisted the State to develop evaluation tools to continuously monitor the progress of care coordination in medical homes in the State, which may be used on a national basis.

0=Not Met

1=Partially Met

2=Mostly Met

3=Completely Met

Total the numbers in the boxes (possible 0-15 score) \_\_\_\_\_

**DATA COLLECTION FORM FOR DETAIL SHEET #23**

Using a scale of 0-3, indicate the degree to which your program has assisted in enhancing early and continuous screening, followed by early intervention for all CYSHCN.

0	1	2	3	Element
				1) The program has assisted the State to expand or enhance its programs for early and continuous screening and intervention and treatment to identify and treat all children with special health care needs. a) Number of infants screened for inherited or other congenital disorders b) Conditions screened (yes/no) i) Hearing loss ii) PKU iii) Hemoglobinopathies iv) Hypothyroidism v) Congenital Adrenal Hyperplasia vi) MSUD vii) MCAD viii) Biotinidase ix) Cystic Fibrosis x) Galactosemia
				2) The program has assisted the State to establish, maintain and coordinate state based surveillance systems to identify infants and children with SHCN (e.g., birth defects, newborn screening, EPSDT, hearing screening, vision screening).
				3) The program has assisted the State to develop and promote policies for early and continuous screening and intervention and treatment for children identified with special health care needs. a) Does the State have a Newborn Screening Advisory Committee b) Does the State have procedures for informed consent c) Does the state have procedures for genetic counseling for families with a infant screened positive in a newborn screening program
				4) The program has assisted the State to ensure that all infants with test results that screen positive will have confirmatory diagnosis as early as possible.
				5) The program has assisted the State to ensure that all infants who screen positive are linked to a medical home.
				6) The program has assisted the State to ensure that all infants who are identified to be at risk for developmental disability will be enrolled in a program of early intervention by 6 months of age
				7) The program has assisted the State to leverage resources to adequately fund public health approaches to early and continuous screening and intervention and treatment for children identified with SHCN. a) Does the state fund medical foods for infants identified with a metabolic disorder such as PKU
				8) The program has assisted the State to ensure that all infants to be at risk for a special health care need will be linked to a family to family support network. a) Number of diagnosed infants referred to family-to family support

0= Not Met  
1=Partially Met  
2=Partially Met  
3=Completely Met

Total the numbers in the boxes (0-18 score) \_\_\_\_\_

**DATA COLLECTION FOR FORM FOR DETAIL SHEET #31**

Using the scale below, indicate the degree to which your program has assisted States to develop and implement an integrated system of care for children with special health needs.

N/A	1	2	3	Element
				<p>1. <b>State Collaboration with Other State Agencies and Private Organizations:</b> The program has assisted the State to establish and maintain an ongoing interagency collaborative process for the assessment of needs with respect to the development of community-based systems of care for CSHCN. State programs collaborate with other agencies and organizations in the formulation of coordinated policies, standards, data collection and analysis, financing of services, and program monitoring to assure comprehensive, coordinated services for CSHCN.</p>
				<p>2. <b>State Support for Communities:</b> The program has assisted the State to emphasize the development of community-based programs by establishing and maintaining a process for facilitating community systems building through mechanisms such as technical assistance and consultation, education and training, common data protocols, and financial resources for communities engaged in systems development to assure that the unique needs of CSHCN are met.</p>
				<p>3. <b>Coordination of Health Components of Community-Based Systems:</b> The program has assisted the State to develop a mechanism in communities across the State for coordination of health services with one another. This includes coordination among providers of primary care, habilitative services, other specialty medical treatment services, mental health services and home health care.</p>
				<p>4. <b>Coordination of Health Services with Other Services at the Community Level:</b> The program has assisted the State to develop a mechanism in communities across the State for coordination and services integration among program serving CSHCN, including early intervention and special education, social services, and family support services.</p>

N/A=This item is not a planned component of the program

1=This item is a planned component of the program: Scheduled activities have not begun

2=This item is a planned component of the program: Scheduled activities have just begun

3=This item is a planned component of the program: Scheduled activities are underway and timely

Total the numbers in the boxes (possible 0-12 score) \_\_\_\_\_

**DATA COLLECTION FORM FOR DETAIL SHEET #37**

Using the scale below, please indicate for each element the degree to which your program has assisted the State to provide comprehensive HRTW services to adolescents and young adults:

N/A	1	2	3	Element
				A. The program has assisted the State to improve coordinated transition from pediatric to adult primary care providers for adolescents with special health care needs in the State.
				B. The program has assisted the State to provide health representation at transition planning meetings aimed at education/ employment/ independence.
				C. The program has assisted the State to provide self-advocacy/determination training in terms of managing one's own health care.

NA=This item is not a planned component of the program

1=This item is a planned component of the program: Scheduled activities have not begun

2=This item is a planned component of the program: Scheduled activities have just begun

3=This item is a planned component of the program: Scheduled activities are underway and timely

Total the numbers in the boxes (possible 0-09 score)\_\_\_\_\_