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 ore 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
General:				
Proposal Application Identification Form (SPO-H-200)	Section 1, RFP	SPO Website*	X	
Proposal Application Checklist	Section 1, RFP	Attachment A	X	
Table of Contents	Section 5, RFP	Section 5, RFP	X	
Proposal Application (SPO-H-200A)	Section 3, RFP	SPO Website*	X	
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*		
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*		
SPO-H-206B	Section 3, RFP	SPO Website*		
SPO-H-206C	Section 3, RFP	SPO Website*		
SPO-H-206E	Section 3, RFP	SPO Website*		
SPO-H-206F	Section 3, RFP	SPO Website*		
SPO-H-206H	Section 3, RFP	SPO Website*		
SPO-H-206I	Section 3, RFP	SPO Website*		
Certifications:				
Federal Certifications		Section 5, RFP		
Debarment & Suspension		Section 5, RFP		
Drug Free Workplace		Section 5, RFP		
Lobbying		Section 5, RFP		
Program Fraud Civil Remedies Act		Section 5, RFP		
Environmental Tobacco Smoke		Section 5, RFP		
Program Specific Requirements:				

_____ Authorized Signature _____ Date

ATTACHMENT B

Organization: _____
RFP No: _____

Proposal Application
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I. Program Overview **1**

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- **B.** Experience 4
- **C.** Quality Assurance and Evaluation 5
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III. Project Organization and Staffing **7**
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- **B.** Project Organization 10
  - 1. Supervision and Training 10
  - 2. Organization Chart (Program & Organization-wide) (See Attachments for Organization Charts)

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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 and Assessments, and Fringe Benefits
  - SPO-H-206C Budget Justification - Travel: Interisland
  - SPO-H-206E Budget Justification - Contractual Services – Administrative
- **B.** Other Financial Related Materials
  - Financial Audit for fiscal year ended June 30, 1996
- **C.** Organization Chart
  - Program
  - Organization-wide
- **D.** Performance and Output Measurement Tables
  - Table A
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  - Table C
- **E.** Program Specific Requirements

ATTACHMENT C

ATTACHMENT C

Average Monthly Active Families Enrolled by Census Tract
FY 06

Site	Count	Census Track
East Honolulu	39	1-12
East Honolulu	50	35-43
North Shore	91	90-95, 99-100
	180	
Central Oahu	149	83-86
Leeward Oahu	210	87-89
Waianae, including Honokai Hale	264	96-98
	623	
Kauai	**102**	401-416
Maui	190	301-315
Lanai/Molokai	52	316 -318
	242	
West Hawaii Island	**136**	212-218
Honolulu	146	13-34, 78-81
Honolulu	364	44-77
Windward Oahu	177	101-113
	687	
Hilo	109	201-209, 219-221
Puna	88	210-211
	197	

ATTACHMENT D

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

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 E

ardee:
Contract No.:

ATTACHMENT E

REPORT OF EXPENDITURE

Reporting Period Covered:

EXPENDITURE CATEGORIES	CONTRACT COST					
	BUDGET	ACTUAL			BALANCE	% EXPENDED
	TOTAL CONTRACT (a)	Prior Periods to Date (Cumulative) (b)	Current Reporting Period (c)	Contract Period to Date Period b+c (d)	(a) - (d) (e)	(d / a) (f)
A. PERSONNEL COST						
1. Salaries				-	-	#DIV/0!
2. Payroll Taxes & Assessments				-	-	#DIV/0!
3. Fringe Benefits				-	-	#DIV/0!
TOTAL PERSONNEL COST				-		#DIV/0!
B. OTHER CURRENT EXPENSES						
1. Airfare, Inter-Island				-	-	#DIV/0!
2. Airfare, Out-of-State				-	-	#DIV/0!
3. Audit Services	-			-	-	#DIV/0!
4. Contractual Services - Administrative	-			-	-	#DIV/0!
5. Contractual Services - Subcontracts	-			-	-	#DIV/0!
6. Insurance	-			-	-	#DIV/0!
7. Lease/Rental of Equipment	-			-	-	#DIV/0!
8. Lease/Rental of Motor Vehicle	-			-	-	#DIV/0!
9. Lease/Rental of Space	-			-	-	#DIV/0!
10. Mileage	-			-	-	#DIV/0!
11. Postage, Freight & Delivery	-			-	-	#DIV/0!
12. Publication & Printing	-			-	-	#DIV/0!
13. Repair & Maintenance	-			-	-	#DIV/0!
14. Staff Training	-			-	-	#DIV/0!
15. Subsistance/Per Diem	-			-	-	#DIV/0!
16. Supplies	-			-	-	#DIV/0!
17. Telecommunication	-			-	-	#DIV/0!
18. Transportation	-			-	-	#DIV/0!
19. Utilities	-			-	-	#DIV/0!
20. Misc	-			-	-	#DIV/0!
21. Program Activities	-			-	-	#DIV/0!
22. Admin Acctg	-			-	-	#DIV/0!
23. EDP supplies/services	-			-	-	#DIV/0!
TOTAL OTHER CURRENT EXPENSES						#DIV/0!
C. EQUIPMENT PURCHASES						
D. MOTOR VEHICLE PURCHASES						
TOTAL EXPENDUTURES	-	-	-	-	-	#DIV/0!

For Official Use Only

DECLARATION: I declare that this report, including any accompanying schedules or statements has been examined by me and to the best of my knowledge and belief is a true, correct and complete report, made in good faith, for the reporting period(s) stated.

Report Prepared By:

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) Date

Form POST 210 11/17/94

Awardee:
Contract No. (As Applicable):

ATTACHMENT E

REPORT OF EXPENDITURES
PERSONNEL COST - SALARIES & WAGES

Reporting Period Covered:

POSITION NUMBER	EMPLOYEE NAME	POSITION TITLE	FULL TIME MO. SALARY	FULL TIME EQUIV. (FTE)	% OF TIME CHARGED TO CONTRACT	SALARY CHARGED TO CONTRACT (CURRENT PERIOD)	TOTAL CONTRACT BUDGET
						0	

For Official Use Only

Signature of Program Reviewer Date

Signature of Fiscal Reviewer Date

DECLARATION: I declare that this report, including any accompanying schedules or statements has been examined by me and to the best of my knowledge and belief is a ture, correct and complete report, made in good faith, for the reporting periods) stated.
Report Prepared By:

Name (Please Type or Print) Phone

Signature of Awardee's Authorized Official Date

Name and Title (Please Type or Print)

ATTACHMENT F

Table A – Performance Measures

Applicant Name Organization _____

RFP No. _____

Column A	Column B	Column C	Column D
Performance Measures **(Child Health and Development)**	Annual Performance Objective for FY 2009	Annual Performance Objective for FY 2010	Applicant's approach in meeting the performance objectives, including the methodology proposed for data collection and reporting. (Attach additional sheets if necessary)
1) 95% of enrolled children have a medical home	95% of children with an IFSP, will have active involvement with a medical home	95% of children with an IFSP, will have active involvement with a medical home	
2) 90% of enrolled children comply with immunization schedules	90% of children with an IFSP, will be in compliance with recommended immunizations as per CDC by age 2 years.	90% of children with an IFSP, will be in compliance with recommended immunizations as per CDC by age 2 years.	
3) 90% of Healthy Start mothers receive early pre-natal care for subsequent pregnancies	90% of enrolled women with a subsequent pregnancy will receive early pre-natal care. ("early" is defined as within the first trimester)	90% of enrolled women with a subsequent pregnancy will receive early pre-natal care.	
4) 90% of eligible prenataly enrolled mothers will utilize WIC services	90% of new, eligible, prenataly enrolled women will utilize WIC services.	90% of new, eligible, prenataly enrolled women will utilize WIC services.	
5) 90% of Healthy Start families will evidence positive parent-child interaction	90% of all families enrolled will evidence positive parent-child interaction.	90% of all families enrolled will evidence positive parent-child interaction.	
6) 90% of Healthy Start families will have a positive environment for child development	90% of families enrolled will have a positive environment for child development	90% of families enrolled will have a positive environment for child development	
7) 95% of enrolled children receive development screens	95% of children with an IFSP, will receive developmental screens according to the recommended schedule per AAP	95% of children with an IFSP, will receive developmental screens according to the recommended schedule per AAP	

Table A – Performance Measures

Applicant Name Organization _____

RFP No. _____

Column A	Column B	Column C	Column D
Performance Measures **(Child Safety)**	Annual Performance Objective for FY 2009	Annual Performance Objective for FY 2010	Applicant's approach in meeting the performance objectives, including the methodology proposed for data collection and reporting. (Attach additional sheets if necessary)
8) 90% of Healthy Start families are administered a post assessment to determine if there is a reduction in risk factors	90% of families of children with an IFSP will be administered a post test to be determined by MCHB	90% of families of children with an IFSP will be administered a post test to be determined by MCHB	
9) 99% of Healthy Start families will have no confirmed reports of CA/N	99% of families of children with an IFSP enrolled in Healthy Start for at least 12 months shall not have a confirmed report for Child Abuse and/or Neglect (CAN) by CWS.	99% of families of children with an IFSP enrolled in Healthy Start for at least 12 months shall not have a confirmed report for Child Abuse and/or Neglect (CAN) by CWS.	
10) 95% of Healthy Start Families known to CWS will have no re-occurrence of confirmed CA/N	95% of families enrolled in Healthy Start who were referred to the program by CWS shall not have a confirmed report for Child Abuse and/or Neglect (CAN) by CWS	95% of families enrolled in Healthy Start who were referred to the program by CWS shall not have a confirmed report for Child Abuse and/or Neglect (CAN) by CWS	

ATTACHMENT G

HEALTHY START BILLING DEFINITIONS

Healthy Start Service Descriptions	Limitations	Documentation	MCHB Billable	MQ Billable
EID screens Completion of the 15 point EID screen	1. Reported time does not include telephone contacts, travel time, wait time, no-shows, cancellations, clean-up time, or time to develop materials. 2. Report includes face-to-face time. 3. Report time does not include phone file screens. 4. FAW must have direct supervision by a professional who meets state civil service requirements. Professional will review and sign off on FAW screen. 5. Only FAW may bill	1. EID screens 2. FAW reports time by 15-minute increments/unit 3. Start and end time	Yes	Yes, except for phone screenings
EID assessments Completion of Family Stress Checklist	1. Reported time does not include telephone contacts, travel time, wait time, no-shows, cancellations, clean-up time, or time to develop materials. 2. Report includes face-to-face time. 3. Report time does not include phone file assessments. 4. FAW must have direct supervision by a professional who meets state civil service requirements. Professional will review and sign off on FAW assessment. 5. Only FAW may bill	1. Kempe Family Stress Checklist 2. FAW reports time by 15-minute increments/unit 3. Start and end time	Yes	Yes, except for phone assessments

Healthy Start Service Descriptions	Limitations	Documentation	MCHB Billable	MQ Billable
Intake Activities from the initial point of referral to the point of development of the IFSP. Included is: gathering information from the family about their strengths, needs, priorities, concerns; explaining the home visiting program; discussing family rights, completing consent forms, etc.	1. Report face-to-face time 2. Can take place in the home or other site 3. All activities prior to initial IFSP except for CDE, CDA, ASQ, ASQ-SE, HOME, NCAST Teach/Feed which will be billed under appropriate descriptor.	1. Case notes 2. Consents 3. Start and end time	Yes	Yes
Comprehensive Developmental Evaluations (CDE): Completion of a CDE utilizing an EIS approved assessment tool to determine eligibility for additional Early Intervention services.	1.Report face-to-face time to complete CDE and CDE report. 2. Reported time does not include: telephone contacts, travel time, wait time, no-shows, cancellations, clean-up time, or time to develop materials. 3. Maximum of 2 qualified providers 4. Maximum of 10 units per CDE for each provider 5. Only CDS bills	1. CDE report 2. Start and end time	Yes	Yes

Healthy Start Service Descriptions	Limitations	Documentation	MCHB Billable	MQ Billable
Comprehensive Developmental Assessment (CDA): Completion of a CDA utilizing an EIS approved tool.	1. Report face-to-face time to complete CDA 2. Reported time does not include: telephone contacts, travel time, wait time, no-shows, cancellations, clean-up time, or time to develop materials. 3. Only CDS bills	1. CDA report 2. Start and end time	Yes	Yes
Ages and Stages: Questionnaire (ASQ) Completion of validated and optional ASQ with caregiver.	1. ASQs are not required once a CDE is completed. 2. Report face-to-face time to complete required ASQ 3. Report time does not include telephone contacts, travel time, wait time, no-shows, cancellations, clean-up time, or time to develop materials. 4. If FSW bills, FSW must have direct supervision by a professional who meets state civil service requirements.	1. ASQ score sheets 2. Start and end time	Yes	Yes
Ages and Stages Questionnaire-Social Emotional (ASQ-SE): completion of validated and optional ASQ-SE with caregiver	1. Report time does not include telephone contacts, travel time, wait time, no-shows, cancellations, clean-up time, or time to develop materials. 2. Report face-to-face time to 3. If FSW bills, FSW must have direct supervision by a professional who meets state civil service requirements.	1. ASQ-SE score sheets 2. Start and end time	Yes	Yes

Healthy Start Service Descriptions	Limitations	Documentation	MCHB Billable	MQ Billable
NCAST Teach and Feed: Completion of the NCAST Teach Completion of the NCAST Feed scale as needed.	1. Report time does not include: telephone contacts, travel time, wait time, no-shows, cancellations, clean-up time, or time to develop materials. 2. If FSW bills, FSW must have direct supervision by a professional who meets state civil service requirements.	1. NCAST Teach score sheet. 2. NCAST Feed score sheet. 3. Start and end time	Yes	Yes
Home: Completion of the Home scale at 6 months of age, or as appropriate	1. Report time does not include: telephone contacts, travel time, wait time, no-shows, cancellations, clean-up time, or time to develop materials. 2. If FSW bills, FSW must have direct supervision by a professional who meets state civil service requirements.	1. Home scales score sheet 2. Start and end time	Yes	Yes
Outreach: This is a "no show" for a scheduled or unscheduled visit, regardless of home or outside of home and the child and/or caregiver is not present.	May be a no show (with a minimum waiting time of 15 minutes) or a cancellation, if the cancellation occurred within twenty-four (24) hours of scheduled visit.	1. Case notes 2. Start and end time.	Yes	No

Healthy Start Service Descriptions	Limitations	Documentation	MCHB Billable	MQ Billable
Transportation: This is the time necessary for a service provider to transport a consumer to services identified on Section VI of the IFSP.	Transportation, support, community liason contact must be reflected on the IFSP.	1. Case notes 2. Start and end time	Yes	No
Travel: This is the time necessary for the provider to travel to a home or community site to provide services identified on the IFSP.	Time reflected is from program site to service site, OR from worker's home to service site when time and distance is a factor.	1. Case notes 2. Start and end time	Yes	No
Care coordination Activities to identify child and family's needs and coordinate services. Includes home visits, consultations and correspondence with other professionals within and outside of the program, and phone calls with family members and other interested persons as appropriate. Care coordination also includes transition activities. Transition or transfer includes activities to support the transition of a child out of the Healthy Start program to another EI program, DOE, or a community preschool program.	1. Face-to-face or phone contacts with parents (assessing and reassessing needs); 2.family members and collateral members to identify and procure services; 3. Face-to-face or phone contacts to mobilize services and support within the community. 4. Recorded time limited to activities prior to initial and annual IFSP. 5. If FSW bills, FSW must have direct supervision by a professional who meets state civil service requirements. 6. All other direct contact activities: will be billed using home visiting or developmental screens.	1. IFSP 2. Case notes 3. For every hour of direct service with family add 1 unit for record keeping. 4. Start and end time	Yes	Yes

Healthy Start Service Descriptions	Limitations	Documentation	MCHB Billable	MQ Billable
IFSP meetings: Time spent to participate in an initial, review, and annual IFSP.	1. Face-to-face time with eligible child or family. 2. Telephone contacts, logistical planning/preparation, travel time, wait time, no show, or cancellations are not recorded. 3. If FSW bills, FSW must have direct supervision by a professional who meets state civil service requirements. 4. Only care coordinator may use this category – all other participants use "Family Training and Consultation".	1. IFSP 2. Case notes 3. Start and end time	Yes	Yes
Home Visits A scheduled or unscheduled home visit with eligible children and family in their natural environment (must include the child). Activities include parenting education, crisis intervention, family strengthening activities, transition activities/discussion.	1. Face-to-face time with eligible child or family. 2. Telephone contacts, logistical planning/preparation, travel time, wait time, no show, or cancellations are not recorded. 3. Clean-up time or time to develop materials/home programs are not recorded 4. Only care coordinator may use this category – all other staff w ho are eligible to bill should use "Family Training and Consultation".	1. Case notes 2. Home visits must be documented on the IFSP. 3. Start and end time must be documented. 4. Add one 15 minute increment for every hour of service. 5. Start and end time	Yes	Yes

Healthy Start Service Descriptions	Limitations	Documentation	MCHB Billable	MQ Billable
Family Training and Consultation: A scheduled or unscheduled home visit with eligible children and family in their natural environment (must include the child). Activities include parenting education, crisis intervention, family strengthening activities, transition activities/discussion.	1. Face-to-face time with eligible child or family. 2. Telephone contacts, logistical planning/preparation, travel time, wait time, no show, or cancellations are not recorded. 3. Clean-up time or time to develop materials/home programs are not recorded	1. Case notes 2. Home visits must be documented on the IFSP. 3. Start and end time must be documented. 4. Add one 15 minute increment for every hour of service 5. Start and end time	Yes	Yes
Consultation and supervision: Consultation or supervision is provided to support and assist the FSW in learning the skills necessary to meet the needs of the family.	Minimum of 1 hour per FSW per week.	1. Supervisor, CDS, or CSp files. 2. Start and end time must be documented. 3. Supervisory notes should minimally document issues, concerns discussed.	Yes	No
Groups Group activities to support the child's or family's goals on their IFSP	Group participation by consumer must be indicated as an intervention on the IFSP. FSW/CDS/CSp bills for straight time. If FSW bills, FSW must have direct supervision by a professional who meets state civil service requirements.	1. Case notes 2. IFSP 3. Records should indicate number and names of group attendees 3. Start and end time	Yes	Yes

Healthy Start Service Descriptions	Limitations	Documentation	MCHB Billable	MQ Billable
Child Team Meeting Scheduled meeting for substantive discussion regarding a family's and child's progress or lack of progress. These would also include Ohana conferencing, CWS multi disciplinary meetings.	This should include as many IFSP team members as necessary and appropriate. Family members should always be invited to participate in meetings regarding their child however they are not required to attend. If a report is required for the meeting, include time to prepare the report. The Child-Team meeting is NOT a part of the IFSP meeting, although the IFPS meeting may be scheduled as a result of the Child-Team meeting.	1. Case notes 2. Start and end time	Yes	Yes
Pre Test: This is a yet to be determined MCHB approved pretest.	Time reflected is for a specific tool to be determined.	1. Case notes 2. Start and end time 3. To be administered within ___ months of intake	Yes	Yes
Post Test: This is a yet to be determined MCHB approved post test.	Time reflected is for a specific tool to be determined.	1. Case notes 2. Start and end time 3. To be administered at discharge.	Yes	Yes
Scoring and Recording: Time for scoring developmental screens, assessments and recording progress notes.	Generally, time allowed is 15 minutes for every hour of service activity time, with reasonable exceptions allowed.	1. Case notes 2. Start and end time	Yes	Yes
Preparation time: time for preparing for service activities; gathering materials, planning activities, making referrals, telephone contacts with other agencies..	Time reflected will be monitored by MCHB	1. Start and end time to be recorded in a record to be determined by the program (e.g., employee time log) anywhere except for CHEIRS data entry	Yes	No

Healthy Start Service Descriptions	Limitations	Documentation	MCHB Billable	MQ Billable
Orientation: This category is to be used for new employees for up to 3 months following date of hire.	Time reflected cannot exceed 5 hours per day. Use other categories when applicable, such as consultation, home visits, groups.	1. Case notes/orientation notes 2. Start and end time.	Yes	No