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

Request for Proposals

RFP No. HTH 560-CG-09-1
RFP Title:
Infant and Toddler Development Services

Issued: November 27, 2007

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.

November 27, 2007

REQUEST FOR PROPOSALS

EARLY INTERVENTION PROGRAMS
RFP No. HTH 560-CG- 09-1

The Department of Health, Family Health Services Division, Children with Special Health Needs Branch, Early Intervention Section (EIS) is requesting proposals from qualified applicants to provide family-centered, community-based, comprehensive, multi-disciplinary services to infants and toddlers under the age of three (3), with developmental delays, and their families. Services shall include family training, counseling, and home visits; special instruction; speech language pathology and audiology services, and sign language and cued language services; occupational therapy; physical therapy; psychological services; service coordination services; medical services only for diagnostic or evaluation purposes; early identification, screening, and assessment services; health services necessary to enable the child to benefit from other early intervention services; social work services; vision services; assistive technology devices and assistive technology services; and transportation and related costs that are necessary to enable an infant or toddler and the family to receive another service. All services shall be delivered as conveniently and non-intrusively as possible, and within the child and family's natural environment. The contract term will be from July 1, 2008 through June 30, 2010, with an option to extend for specified periods of time not to exceed two (2) years or for not more than two (2) additional twelve (12) month periods. Multiple contracts will be awarded under this request for proposals.

Proposals shall be mailed and postmarked by the United States Postal Service on or before **January 18, 2008**, **or hand delivered no later than 4:30 p.m., Hawaii Standard Time (HST), on January 18, 2008**, at the drop-off site 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.

Early Intervention Section will conduct an orientation on December 11, 2007 from 9:30 a.m. to 11:30 a.m. HST, at 1350 South King Street, Suite 200, 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 *December 14, 2007*. All written questions will receive a written response from the State on or about *December 21, 2007.*

Inquiries regarding this RFP should be directed to the RFP contact person, Owen Tamanaha, at Early Intervention Section, 1350 South King Street, Suite 200, Honolulu, Hawaii 96814, telephone: (808) 594-0025, fax: (808) 594-0015, e-mail: owen.tamanaha@doh.hawaii.gov

PROPOSAL MAIL-IN AND DELIVERY INFORMATION SHEET

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

ALL MAIL-INS MUST BE POSTMARKED BY U.S. POSTAL SERVICE
BEFORE 12:00 MIDNIGHT
January 18, 2008

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

DOH RFP COORDINATOR
Owen Tamanaha
For further info. or inquiries
Phone: 594-0025
Fax: 594-0015

ALL HAND DELIVERIES WILL BE ACCEPTED AT THE FOLLOWING SITE UNTIL **4:30 P.M., Hawaii Standard Time (HST), January 18, 2008.**

Drop-off Site

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

BE ADVISED: All mail-ins postmarked by USPS after **12:00 midnight, January 18, 2008**, **will not be accepted**.
Hand deliveries will **not** be accepted after **4:30 p.m., HST, January 18, 2008.**

Deliveries by private mail services such as FEDEX shall be considered hand deliveries and will not be accepted if received after **4:30 p.m., HST, January 18, 2008.**

Submission of proposals through telefacsimile, electronic mail, and/or computer diskette is *not* permitted by the state purchasing agency.

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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	Nov. 27, 2007
Distribution of RFP	Nov. 27, 2007
RFP orientation session	Dec. 11, 2007
Closing date for submission of written questions for written responses	Dec. 14, 2007
State purchasing agency's response to applicants' written questions	Dec. 21, 2007
Discussions with applicant prior to proposal submittal deadline (optional)	N/A
Proposal submittal deadline	Jan. 18, 2008
Discussions with applicant after proposal submittal deadline (optional)	N/A
Final revised proposals (optional)	N/A
Proposal evaluation period	Jan-Mar 2008
Provider selection	Mar. 2008
Notice of statement of findings and decision	Mar. 2008
Contract start date	July 1, 2008, or Notice to Proceed

II. Websites Referenced in this RFP

The State Procurement Office (SPO) website is 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"
8	HRS 321 (Hawaii Administrative Rules, Chapter 103F, HRS)	"Health and Human Services, Ch. 103F…" and "Statutes and Rules"

Non-SPO Websites

	For	Go to
8	Tax Clearance Forms (Department of Taxation Website)	http://www.hawaii.gov/tax/ click "Forms"
9	Wages and Labor Law Compliance, Section 103-055, HRS, (Hawaii State Legislature website)	http://www.capitol.hawaii.gov/ click "Bill Status and Documents" and "Browse the HRS Sections."
10	Department of Commerce and Consumer Affairs, Business Registration	http://www.hawaii.gov/dcca click "Business Registration"
11	Campaign Spending Commission	www.hawaii.gov/campaign
12	Department of Health, Early Intervention Section	www.hawaii.gov/health/family-child-health/eis
13	Hawaii Early Intervention State Plan	www.hawaii.gov/health/family-child-health/eis
14	HIPAA (Health Information Privacy Act)	www.hhs.gov/ocr/hipaa
15	FERPA (Family Educational Rights and Privacy Act)	www.ed.gov/policy/gen/guid/fpco/
16	Part C, IDEA (Individuals with Disabilities Education Act)	www.hawaii.gov/health/family-child-health/eis

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

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

State of Hawaii
Department of Health
Children with Special Health Needs Branch
Early Intervention Section
1350 South King Street, Suite 200
Honolulu, Hawaii 96814
Phone (808) 594-0025 Fax (808) 594-0015

VI. Orientation

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

Date: **December 11, 2007** **Time:** **9:30 – 11:30 a.m.**
Location: **Early Intervention Section Conference Room**
1350 South King Street, Suite 200
Honolulu, Hawaii 96814

Applicants are encouraged to submit written questions prior to the orientation. Impromptu questions will be permitted at the orientation and spontaneous answers provided at the state purchasing agency's discretion. However, answers provided at the orientation are only intended as general direction and may not represent the state purchasing agency's position. Formal official responses will be provided in writing. To ensure a written response, any oral questions should be submitted in writing following the close of the orientation, but no later than the submittal deadline for written questions indicated in the 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: **December 14, 2007** **Time:** **4:30 p.m. HST**

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

Date: **December 21, 2007**

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 Referred to 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, Attachments. 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 (**current through July 1, 2008**) issued by the State of Hawaii, Department of Taxation (DOTAX) and the Internal Revenue Service (IRS) will be required **at the time of award notice**. 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 and/or 3, Service Specifications and the Proposal Application Instructions, as applicable. If Federal and/or State certifications are required, they are listed on the Proposal Application Checklist located 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 form 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 be register 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.) Further information is available in Section 5, Attachment G. of this RFP.

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 - Proposals must be postmarked by USPS and received within ten days of the date designated on the Proposal Mail-In and Delivery Information Sheet or hand delivered by the date and time designated on the Proposal Mail-In and Delivery Information Sheet attached to this RFP. Proposals shall be rejected when:

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

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

Submission of proposals by applicants through telefacsimile, electronic mail, and/or computer diskette is *not* permitted by the state purchasing agency.

IX. Discussions with Applicants

A. Prior to Submittal Deadline. Discussions may be conducted with potential applicants to promote understanding of the purchasing agency's requirements.

B. After Proposal Submittal Deadline - Discussions may be conducted with applicants whose proposals are determined to be reasonably acceptable 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

The applicant's final revised proposal, *as applicable* to this RFP, must be postmarked by the date and time specified by the state purchasing agency and received within ten days or hand delivered by the date and time specified by the state purchasing agency. Final revised proposals shall be rejected when:

- Postmarked after the designated date; or
- Postmarked by the designated date but not received within ten days; or
- If hand carried, received after the designated date and time.

If a final revised proposal is not submitted, the previous submittal shall be construed as their 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 (1), HAR)

(6) Applicant not responsible (Section 3-143-610 (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.

Head of State Purchasing Agency	Procurement Officer
Name: Chiyome Leinaala Fukino, M.D.	Name: Owen Tamanaha
Title: Director of Health	Title: Public Health Administrator Officer
Mailing Address: P.O. Box 3378 Honolulu, HI 96801-3378	Mailing Address: 1350 S. King St. #200 Honolulu, Hawaii 96814
Business Address: 1250 Punchbowl St.	Business Address: Same as above

Honolulu, HI 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. Additional funds may be appropriated by the Legislature during the course of a fiscal year, however, the legislative intent regarding the use of the funds must be consistent with this RFP.

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

Children with Special Health Needs Branch, Early Intervention Section (EIS), is soliciting proposals for the purpose of providing family-centered, community-based evaluation, treatment and consultation services for infants and toddlers, birth to age three (3) years, with developmental delays and their families. Services to be provided shall minimally include occupational therapy, physical therapy, speech-language pathology, special education, and social work services. As the lead agency, EIS is mandated to ensure that these children and their families receive services based on criteria outlined in P.L. 108-446, known as the Individuals with Disabilities Education Act (IDEA), Part C, and the Hawaii Early Intervention State Plan. To this end, EIS is soliciting proposals for services to maintain a statewide comprehensive, multi-disciplinary, trans-disciplinary, interagency system of services for these children and their families.

B. Planning activities conducted in preparation for this RFP

Request for Information (RFI) meetings were held on November 8, 2007 to share planning and analytical information with prospective service providers for planned services. The RFI meetings' agenda and minutes may be referenced by contacting:

Owen Tamanaha
Telephone: 808-594-0025
FAX: (808) 594-0015
Email: ***owen.tamanaha@doh.hawaii.gov***

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

C. Description of the goals of the service

The goals of the service are to enhance the development of infants and toddlers with special needs, minimize their potential for developmental delay, expand their opportunities for participation in community settings in which children without

disabilities participate, and enhance the capacity of families to meet the special needs of their infants and toddlers.

D. Description of the target population to be served

A child and his/her family is eligible for services if the child is under age 3 and has:

1. a developmental delay in one (1) or more of the following areas of development: cognitive development, physical development (including vision or hearing); communication development; social or emotional development; and adaptive development; or
2. a diagnosed physical or mental condition that has a high probability of resulting in a developmental delay. Examples of these conditions include chromosomal abnormalities, severe sensory impairments (including hearing and vision), genetic or congenital disorders, disorders secondary to the exposure to toxic substances (including fetal alcohol syndrome), and severe attachment disorders.

E. Geographic coverage of service

The applicant may apply to provide service for one (1) or more of the geographic areas listed below. Estimated numbers of children to be served monthly within each geographic area and available funds are indicated below. However, the Awardee shall accept and provide services to all children referred to the program serving each geographic area:

Area	Geographic Description	Estimated Monthly Number of Children	Estimated Funding
Oahu			
Waianae Coast	From Kaena Point to Kahe Point	125	758,495
Kapolei	**(W-E)** From Kahe Point to west side of Ft. Weaver Road. **(N-S)** From & including Makakilo to the coast line. Includes but not limited to communities of Makakilo, Kapolei, Ko Olina, Kalaeloa, & Ewa Beach.	165	1,001,213
Waipahu	**(W-E)** From east side of Ft. Weaver Road/Kunia Road to west side of Waimano Home Road/Lehua Ave., including Pearl City Peninsula. **(N-S)** From & including Royal Kunia to the coastline. Includes but is not limited to the communities of Waipahu, Royal Kunia & Pacific Palisades.	160	970,873

Central Oahu	Includes Mililani (zip code 96789) & the communities of Waipio Gentry, Crestview, Seaview & Waikele.	160	970,873
Honolulu-South	**(W-E)** From & including Hickam Air Force Base & the communities of Foster Village & Salt Lake. **(N-S)** From H-1/Moanalua Freeway (Hwy 78) to the coastline. Includes the communities of Hickam Air Force Base, Salt Lake, Naval housing, lower Kalihi & downtown. Excludes Aliamanu Military Housing	115	697,815
Honolulu-Central	**(W-E)** From Liliha St. up to but not including zip code 96816. **(N-S)** Koolau Range to the coastline.	160	970,873
Honolulu-East	**(W-E)** From and including 96816 zip code to and including Kalama Valley. **(N-S)** Koolau Range to the coastline.	125	758,495
Kailua/Waimanalo	Marine Corps Base Hawaii to Makapuu Point. Includes parts of Kaneohe below Likelike/ Hwy 630 (Mokapu Blvd.). Includes the communities of Marine Corps Base Hawaii, Kailua, Waimanalo, & Kaneohe Bay Drive.	115	697,815
Big Island (Hawaii)			
Kohala/Hamakua	From Anaehoomalu Bay to & including Ookala.	40	242,718
Hilo/Puna	From & including Laupahoehoe to & including Volcano Village.	120	728,155
Kau District	From & including Milolii to but excluding Volcano Village.	10	60,679
Maui	Island of Maui	210	1,274,271
Lanai	Island of Lanai	8	48,551
Molokai	Island of Molokai	25	151,699
Kauai	Island of Kauai	110	667,475
TOTAL		**1648**	**$10,000,000**

Applicants must submit a separate proposal for each geographic area for which they wish to provide services.

Note: The purchasing agency reserves the right to refer families residing outside the Awardees' contracted geographic service boundaries. This option shall be exercised when the purchasing agency's Early Childhood Services Programs (ECSP) on the islands of Oahu and Hawaii (Big Island) are at capacity and are unable to accept new referrals from their designated geographic program areas. Families who would normally be referred to the ECSP where they reside, but are unable to receive early intervention services because the ECSP is at or over capacity, shall be given referral options. Families needing alternate referral options shall be referred to the closest contracted provider. The purchasing agency reserves the right to refer no families to contracted provider agencies other than those families who reside within the provider's contracted geographic area.

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

Approximate total of $10,000,000 per fiscal year from state and federal sources, based on availability of funding. Additional funds may be appropriated by the Legislature during the course of a fiscal year, however, the legislative intent regarding the use of the funds must be consistent with this RFP.

II. General Requirements

A. Specific qualifications or requirements, including but not limited to licensure or accreditation (See section II. B. 1)

B. Secondary purchaser participation
(Refer to §3-143-608, HAR)

After-the-fact secondary purchases: allowable, subject to approval by the primary purchaser.

Planned secondary purchases: none

C. Multiple or alternate proposals

[ ] Allowed [X] Unallowed

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

[ ] Single [ ] Multiple [X] Single & Multiple

Single contracts will be awarded for the islands of Maui, Lanai, Molokai, and Kauai. The islands of Oahu and Hawaii (Big Island) shall be divided into

geographic areas. Contracts for these islands will be awarded based on specific geographic areas. (See Section 2.I.E.)

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

[X] Single term (≤ 2 yrs) [ ] Multi-term (> 2 yrs.)

Contract terms:

- Initial term of the contract shall be two (2) years, from July 1, 2008 up to, and including, June 30, 2010.
- The length of each extension shall be one (1) year.
- Maximum number of possible extensions shall be two (2) extensions.
- Maximum length of the contract shall be four (4) years.
- The initial period shall commence on the contract start date or the Notice to Proceed, whichever is later.
- Requests for extensions must be in writing and must be executed prior to the contract's expiration date.

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 or providers. 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.

Owen Tamanaha, Public Health Administrative Officer
Telephone: (808) 594-0025
FAX: (808) 594-0015
Email address: *owen.tamanaha@doh.hawaii.gov*

III. Scope of Work

The State Department of Health (DOH), EIS provides services for children, from birth to age three (3), with special needs and their families. As the lead agency under Individuals with Disabilities Act (IDEA), Part C, EIS is mandated to (1) maintain a statewide comprehensive, coordinated, multi-disciplinary, interagency system of early intervention for infants and toddlers and their families; (2) enhance the State's capacity to provide quality early intervention services; and (3) enhance the State's capacity to identify, evaluate and meet the needs of historically under-represented populations, particularly minority, low income, inner-city, rural populations and homeless. Services shall be collaborative, multi-disciplinary, family-centered, comprehensive, and culturally

appropriate, and shall be based on the child's evaluation results as well as the family's concerns and priorities. Awardees must:

Utilize a transdisciplinary service delivery model to the extent possible. The transdisciplinary model utilizes a primary provider (generally from the discipline which most closely meets the child's major need) who works with the child and caregiver (e.g., family member, foster parent, childcare provider, etc.) on all outcomes in the IFSP, and receives support from consultants who represent the other identified areas of need. For example, communication is the child's major need, but the child also has fine motor delays. The primary provider could be the SLP; the OT consults with the primary provider and the family to ensure that appropriate activities to meet the fine motor delays are provided.

Provide services in the child's and family's natural environment to the extent possible. This requires that services shall be:

- In the setting where the child would be, if the child did not have a disability. This includes, but is not limited to: the family's home, home of the childcare provider, a community setting such as a park, library, or beach.
- Embedded in the child's and family's daily routines.
- In conformity to the Individualized Family Support Plan (IFSP).
- In collaboration with the parents or legal guardians;
- At no cost to families;
- By qualified service personnel, who shall consult with parents, other service providers, and community representatives, such as the child's physician, to ensure an effective provision of services.

For example, an IFSP objective is eating with a spoon. Because eating generally occurs at home, it would be appropriate to support this outcome in their home during lunch time. The home is the natural environment; the daily routine is eating lunch. If the child was at a childcare center, the service could be provided at that site during lunchtime.

If the service cannot be provided in a natural environment, there must be a justification as to why the child's goal cannot be met at the home or a community setting. Parental choice is not an appropriate justification.

The scope of work encompasses the following tasks and responsibilities:

A. Service Activities

In each contract year, the Awardee shall:

1. Accept and process referrals from the Early Intervention Section's statewide Hawaii Keiki Information Services System (HKISS) and other Part C referral sources. All children with special needs shall access early intervention

services through referral from HKISS and, on occasion, other community referral sources such as physicians and Public Health Nurses (PHN).

2. Identify an interim care coordinator for each child/family at the time of their referral to the early intervention program AND the on-going care coordinator at the Initial IFSP. Care coordination is an on-going service and process of shared responsibilities between families and professionals. The interim care coordinator shall help identify the strengths and needs of children and families, and schedule and participate in the comprehensive developmental evaluation and schedule and facilitate the Initial IFSP meeting. The on-going care coordinator will be identified at the Initial IFSP meeting and may be the interim care coordinator or a different team member. The role of the on-going care coordinator is to assist in obtaining the appropriate services and support, participate in the Annual Comprehensive Developmental Assessments, observe/participate in the delivery of direct services, and support/participate in transition activities to support transition of the child/family to the next setting.

3. Provide Intake services. Program staff shall contact the child's family within 2 working days of referral to arrange a face-to-face meeting to discuss the early intervention service system and family rights consistent with IDEA, Part C and complete appropriate forms and consents.

4. Provide Comprehensive Developmental Evaluation and Annual Comprehensive Developmental Assessments. Within 45 days of referral to IDEA, Part C each child shall receive a Comprehensive Developmental Evaluation (CDE) to determine his or her eligibility for early intervention services and/or to determine areas of delay. IDEA, Part C requires that the CDE shall be timely, comprehensive, and conducted by a multi-disciplinary team of two or more disciplines or professions. The CDE shall be conducted by personnel trained on appropriate methods and procedures utilizing a state-approved diagnostic tool (e.g. Hawaii Early Learning Profile (HELP), the Battelle, and/or the Early Intervention Developmental Profile). The care coordinator shall participate in the CDE and shall encourage families to actively participate in the assessment.

5. Develop an Individualized Family Support Plan (IFSP) for all eligible infants and toddlers and their families. The Initial IFSP shall be completed within 45 days of referral to IDEA, Part C and be reviewed every six months, or earlier, if requested by a member of the multi-disciplinary team, which includes the family. An annual IFSP shall be completed within 12 months of the Initial IFSP. An annual re-assessment shall be completed prior to the annual IFSP. The IFSP shall be developed jointly with the family and appropriate qualified personnel involved in the provision of early intervention services and shall be based on evaluations, assessments, recommendations through an multidisciplinary process, and the family's concerns and priorities.

6. Provide or link children and families with the following services. The Awardee shall provide family training, counseling, and home visits; special instruction; speech-language pathology; occupational therapy; physical therapy; care coordination; early identification, screening and assessment services; and social work services. The Awardee shall connect families to the following services: audiology services and sign language and cued language services; psychological services; medical services only for diagnostic or evaluation purposes; health services necessary to enable the infant or toddler to benefit from other early intervention services; vision services; assistive technology devices and assistive technology services; and transportation and related costs that are necessary to enable the infant or toddler and the family to receive other services described in this paragraph. All services shall be delivered as conveniently and non-intrusively as possible, utilizing a transdisciplinary model and within the child and family's natural environment.

7. Support families. Opportunities to support families shall be available to families, recognizing that families possess a wide range of strengths, concerns and aspirations beyond the need for specialized health and developmental services for their child. Family support services shall focus on promoting and building on existing strengths and abilities, increasing knowledge and self-sufficiency, and reflect the needs and wants of the family.

8. Assist families access a medical home for the eligible child. The Awardee shall assist families to access a medical home for preventive care, anticipatory guidance and well-child care. IFSP services shall be coordinated with the medical home with parent consent.

9. Implement transition activities prior to the child's third birthday. Each IFSP shall include a transition plan that outlines steps to be taken to support the transition of the child from IDEA, Part C into Department of Education (DOE), or a community-based preschool or day care.

   Transition services shall include the following components:
   - Discussion and training for parents, encouraging them to voice their dreams and expectations for their child regarding potential future services, placements and other matters related to the transition;
   - Procedures to prepare the toddler for changes in service delivery, including steps to help the toddler/family adjust to, and function successfully in a new setting;
   - With written parental consent, the transition of information (e.g. evaluation and assessment information, copies of prior IFSPs) about the child to DOE, or other community service provider, to ensure continuity of services;

- With parent consent, DOE shall be notified of children possibly eligible under Part B, no later than when the child is 2 years 9 months of age, but as early as 2 years 3 months of age;
- For children possibly eligible under IDEA, Part B, at least 90 days prior to (and up to nine months before, at the discretion of all parties) the child's date of eligibility under Part B, a transition conference shall be convened to discuss future service options. Minimally, the transition conference shall include the family, the care coordinator, and a representative from the school district for Part B;
- For children probably not eligible under IDEA, Part B, at least 90 days prior to the child's third birthday (and up to nine months before, at the discretion of the family), a transition conference shall be convened of the family, the care coordinator, and any agency representatives who may likely serve the child, to discuss future service options.

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

1. Personnel

a. Staff shall include, at a minimum, Program Manager (PM), Social Worker (SW), Occupational Therapist (OT), Physical Therapist (PT), Speech Language Pathologist (SLP), Special Educator (SPED), clerical and/or data staff.

- Direct service staff (i.e., OT, PT, SLP, and SPED) and SW staff. They shall meet the highest professional standards and competencies as identified in the Hawaii Early Intervention State Plan. Professional staff must be licensed or certified to practice in Hawaii, as applicable. Direct service staff shall be hired or subcontracted.

  Prior to hiring or subcontracting program staff who do not meet above requirements, the Awardee shall submit a written request to the EIS Supervisor outlining a plan that identifies the training the staff person will take to assure they have the necessary skills to provide the early intervention service as well as the supervision to be provided to support the individual's provision of services.

- Program Manager. A 1.0 FTE Program Manager is required if the program serves a minimum of 75 children. If there are fewer than 75 children, the FTE may be less than 1.0 FTE.

- Data/Clerical Support. The number of data clerks and other clerical support shall be based on the number of children served by the Awardee's program. One (1.0 FTE) data clerk shall be allowed for the first 100 children served by the program. When the number of children served approaches 125, the Awardee shall submit a written request to the Early Intervention Section Supervisor to hire additional data/clerical support, if necessary.

b. The Awardee may propose to utilize additional staff to support the above direct service staff (e.g. Certified Occupational Therapy Aide [COTA], Physical Therapy Aide [PTA], Communication Aide). If proposed, the Awardee shall include in the proposal the roles and responsibilities of the additional staff and how they will assure appropriate supervision will be provided.

c. The Awardee's PM and all new program staff shall attend IDEA, Part C orientation within 6 months of hire. In addition, the PM shall collaborate with the EIS's Personnel Development Specialist to identify other trainings to meet program, staff and family needs.

d. The Awardee shall provide staff training at least twice each year to upgrade skills and to stay abreast of the most current techniques for providing early intervention services for children with special needs and their families. Additionally, the Awardee shall ensure that professional direct service staff stays abreast of current practice skills within each discipline's area of expertise (e.g. Continuing Education Units (CEU), discipline specific conferences, etc).

2. Administrative

The Awardee shall:

a. Submit appropriate reports and data required by EIS within the timelines provided. Records that support reports and data shall be maintained by the Awardee and made available for monitoring and review by the EIS staff upon request.

b. Maintain confidential data and records on each child pursuant to the state's current Hawaii Early Intervention State Plan including the federal Health Insurance Portability Act ("HIPAA") and the federal Family Educational Rights Privacy Act ("FERPA").

All child records and data shall be made available for review by the EIS staff upon request. The records shall include but not be limited to:

(1) Documentation that either the 45 day timeline for CDE and the IFSP has been met, or if not, reasons why; (2) the child's IFSPs; (3) Evaluations and progress reports on the child's identifiable outcomes; (4) Documentation of services provided; (5) Documentation of procedural guidelines provided to families; and (6) Other information as may be required by EIS or by the DOH.

c. Attend, no more than twice a year and at their own expense, meetings of POS Awardees of early intervention services.

d. Provide a schedule for services that identifies days and hours of operation, including evenings, Saturdays, days for staff training, etc.

e. Provide services in the child and family's natural environment and at days/times that support the family's schedule.

f. Ensure that families are informed of, and understand their rights to the following:

- Completion of a CDE/IFSP within 45 days to determine a child's eligibility for services;
- Inclusion of other family members, friends or advocates, or even an attorney at IFSP meetings;
- Care coordinator to assist in getting needed services;
- Written prior notice before any evaluation or services are provided;
- Interpreter services if English is not the family's native or primary language;
- Examination and copy of the child's records;
- No release of personally identifiable information concerning anyone in the family without prior written approval;
- That they have the right to disagree with any recommendations made, or complain about the provision of services and may discuss concerns with their child's care coordinator, the program manager, or the DOH Early Intervention Section supervisor;
- That if they are not satisfied with services, they may make a written request for mediation and/or a due process hearing; and
- That services shall be continued pending the outcome of a family's complaint, mediation, and/or due process hearing.

g. Comply, as a covered entity, with the provisions of Hawaii Revised Statutes Chapter 371 Part II, Language Access. This requires that

families be linked with interpreter services if English is not the family's native or primary language.

h. Have policies and procedures concerning behavior management which emphasizes positive reinforcement techniques and the least restrictive approaches that ensure that the staff providing services shall not subject children to physical, verbal, sexual, or psychological abuse and punishment, and to ensure that children are treated with respect and dignity.

i. Have policies and procedures concerning incidents of neglect and abuse. The policies and procedures shall include, but not be limited to:

    1. Provision for immediate medical attention as soon as injury is suspected;
    2. Submission of written reports of the incident to the State's Early Intervention Section within seven (7) days of the incident; and
    3. Immediate notification to the State and other appropriate government investigative bodies of all incidents of abuse, neglect, or where there is a substantial risk that child abuse or neglect may occur in the reasonable foreseeable future.

j. Make an acknowledgement of the DOH, Early Intervention Section, as the Awardee's program sponsor on all printed materials (e.g. newsletters, brochures, etc.).

k. Cooperate fully with all centralized billing efforts of the Department of Health to maximize federal reimbursements and other third party collection efforts, including but not limited to the following: Title IV-E training and administrative claiming forms; Title XIX carve-out and Medicaid fee-for-service; and private insurance recoverable costs, with appropriate parental consents.

l. Be appropriately staffed and operationally able to provide services to 50% of the contracted number of children within 3 months of the contract award date, and be fully staffed to provide services to 100% of the contracted number of children within 6 months of contract award.

m. Secure, identify, record, and maintain records of all equipment leased or purchased under the contract and make acknowledgement of the DOH as the owner of said equipment.

    Note: Equipment and supplies purchased with State funds shall become the property of the State at the end of a contract. If the

contract is terminated with cause or without cause at the scheduled expiration of the time of performance specified in the contract, all equipment and unused supplies and materials leased or purchased with funds paid to the Awardee under the contract shall become the property of the State, as it so specifies, and shall be disposed of as directed by the State, except, if applicable, as otherwise may be provided under a Federal grant. Under this circumstance, federal law will not allow a transfer of equipment and supplies without compensation to the federal government.

3. Quality assurance evaluation specifications

a. The Awardee shall conform to the following federal and state requirements:
- IDEA, Part C
- HRS 321.351 – 321.354
- Hawaii Early Intervention State Plan

b. The Awardee shall have a quality assurance plan which determines:
- how the quality of services provided to eligible children and their families will be assessed or evaluated;
- whether the program meets the above federal and state requirements; and
- how staff will be evaluated and supported;

c. The Awardee shall cooperate fully with all quality assurance efforts of the Department of Health (DOH), including, but not limited to:
- supporting IDEA Part C monitoring activities;
- completing self-assessments when directed;
- developing Corrective Action Plans as necessary;
- participating in the internal review procedures;
- providing data as required; and
- other activities as determined by EIS.

4. Outcome and Performance Measures

As a means toward achieving the goal of improving the developmental status of infants and toddlers with special needs and their families, EIS requires the reporting of performance measures. This approach proposes that the Awardee shall take responsibility for achieving the performance objectives for specific early intervention indicators. Performance measures are addressed in Section 5, Attachment E., Table A-Performance Measures.

5. Experience

The Awardee shall have the necessary skills, abilities, knowledge of, and experience relating to the delivery of the proposed services to children, birth to three years of age, with special needs and their families. Preference shall be given to Applicants who have experience providing the required services to children birth to age 3 with special needs and their families.

6. Coordination of Services

The Awardee shall possess the capability to coordinate services with other agencies and resources within the geographical community for which the Awardee has applied.

7. Reporting requirements for program and fiscal data

a. The Awardee shall submit data and other reports, as required by EIS, within the timelines and formats set by EIS.

b. The Awardee shall submit an annual variance report within 30 calendar days after the end of each fiscal year in the format requested by EIS, documenting the organization's achievement towards the planned performance objectives for the budget period and explaining any significant variances (+/- 10%).

c. The Awardee shall follow all data collection requirements, including participation in the EIS data system, submission of Federal child count data and data for the early intervention Medicaid carve-out, and any other billing efforts by EIS designed to maximize private, state and federal reimbursements.

d. The Awardee shall submit monthly unit price reimbursement invoices and encounter reports to the EIS.

e. The Awardee shall submit monthly invoices and expenditure reports on Forms POST 210 and POST 210a for all cost reimbursement items.

f. Invoices shall be paid on the condition that all required reports have been received by the purchasing agency in accordance with established due dates.

8. Pricing structure or pricing methodology to be used

Unit Price Reimbursement. Direct services provided by approved staff shall be reimbursed on a unit price reimbursement method based upon the provision of approved and documented billable activities.

The unit price reimbursement shall be at the standard of 15 minute increments.

For each full time (1.0 FTE) direct service employee, 1297 direct service hours per year (108 hours per month) is expected. Service hours by discipline shall be tracked on a monthly and cumulative basis for each direct service employee.

The number of direct service employees estimated to be needed shall be based on the number of children expected to be served and the estimated number of hours/child. If the number of children increases, prior written approval by the EIS Supervisor shall be required for additional staff.

b. Cost Reimbursement. All other costs, including the salaries/fringe benefits/payroll taxes for administrative staff and program support staff (social workers, data clerks, administrative assistants, program managers, etc.), lease costs, equipment, mileage, supplies, etc. shall be reimbursed based on actual costs incurred on a month-to-month basis, with the approved budget serving as the basis for these expenditures. Actual monthly costs shall be submitted; the Awardee shall not simply bill 1/12 of the total approved budget for cost reimbursable items. If additional operational costs (e.g., mileage, equipment, supplies, etc.) are necessary to support increases in the number of children served, the budget for operational costs may be negotiated and increased accordingly.

Social Workers. The Awardee shall determine the number of social workers needed by utilizing a ratio standard of one (1.0 FTE) for every 35 children provided care coordination by the Awardee's program. It is estimated that 80% of the children served by the program receive care coordination by program staff. The other 20% receive care coordination by Public Health Nursing, Healthy Start, or Enhanced Healthy Start staff. As the number of children increases, additional social work staff shall be hired only with prior written approval by the EIS Supervisor.

Program Manager. The PM shall be at 1.0 FTE if the program serves a minimum of 75 children. If fewer than 75 children, the FTE of the program manager may be less than 1.0 FTE.

Data/Clerical Support. The number of data clerks and other clerical support shall be based on the number of children served by the Awardee's program. One (1.0 FTE) data clerk shall be allowed for the first 100 children served by the program. When the number of children served approaches 125, the Awardee shall submit a written request to the Early Intervention Section Supervisor to hire additional data/clerical support, if necessary.

9. Units of service and unit rate

The unit of service is a provision of an early intervention service and shall be based on increments of 15 minutes. Unit rates are subject to annual review and adjustment.

10. Method of compensation and payment

Upon execution of the contract, awardees shall receive an advance payment equal to 1/12th of the available funds per geographical area. The advance shall be made 30 days after the execution of the agreement. The balance shall be paid by monthly reimbursement upon submission of provider invoices and expenditure reports. These invoices shall be accompanied by required reports to EIS. The Advance shall be reconciled by the end of the first contract period.

Final payment shall be based on the receipt of all final reports, invoices and expenditure plans.

IV. Facilities

Awardees are required to maintain facilities adequate to ensure confidentiality of records, adequate work areas for staff and accessibility to families, if needed.

The Awardee's facility shall:

- Be within the geographic area that is being applied for (provide address if known);
- Be easily accessible by the public;
- Be recognizable to the public;
- Be available to the public at days/times necessary to support families' schedules (e.g., evenings, weekends); and
- Have telephone/fax number dedicated exclusively to the contracted program.

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 (See Section 2,I.A)

Applicant shall provide a brief overview to orient evaluators to the organization applying in response to this RFP. The overview shall include and/or demonstrate:

- Mission and philosophy of the organization
- Program/services currently being provided, if relevant to this application.
- Knowledge of Part C law, regulations, philosophy, and practices.

II. Experience and Capability

A. Experience (See Section 2, III.B.5)

1. The Applicant shall list and briefly describe previous or current contracts and experiences consistent with this RFP:
   - When, where, and for what period of time the Applicant utilized OTs, PTs, SLPs, SPEDs, and SWs to provide early intervention services to children, birth to age three (3), and their families.
   - When, where, and for what period of time the Applicant utilized OTs, PTs, SLPs, SPEDs, and SWs to children over age 3 and their families. Applicant shall describe the age range of children for whom these services were provided.
   - When, where, and for what period of time the Applicant provided alternative services to children birth to age 3 and their families. Applicant shall describe the services provided.

2. The Applicant shall describe the strengths of the organization to be able to provide the above services, as well as any needs of the organization to provide the above services.

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

B. Quality Assurance and Evaluation (See Section 2, III.B.3)

The Applicant shall describe its own plans for quality assurance and evaluation for the proposed services, including methodology to be used to assess or evaluate the quality and utilization of services. The following shall be addressed in the plan:

- How the quality of services provided to eligible children and their families will be assessed or evaluated.
- How the programs will assure that their procedures meet federal and state requirements.

- How staff will be evaluated and supported.

C. Coordination of Services (See Section 2, III.B.6)

The Applicant shall:

- Describe how they will ensure that the services they provide are coordinated with other providers that serve this population in the geographical area for which the Applicant is applying.
- Identify who they intend to coordinate/collaborate with and why. Letters of agreement are not necessary.

D. Facilities (See Section 2, IV)

The Applicant shall describe how its facilities will be sufficient to meet the proposed service requirements, including its ability to ensure confidentiality of records, provide adequate work areas for staff, and provide appropriate accessibility for families. If facilities are not presently available, Applicant shall describe plans to secure facilities that will meet the following requirements:

The Applicant's facility shall:

- Be within the geographic area that is being applied for (provide address if known).
- Be easily accessible by the public.
- Be recognizable to the public.
- Be available to the public at days/times necessary to support families' schedules (e.g., evenings, weekends).
- Have telephone/fax number dedicated exclusively to the contracted program.

The Applicant shall also:

- Provide data on the number of square feet needed to ensure adequate work areas for staff and other activities that may need to be provided at the program site. In determining and justifying square footage, the Applicant shall take into consideration that at least 90% of the children shall receive services in a natural environment, not at the program site.

- Identify other natural environments in the geographical area being applied for where services can be provided for families who do not want to be served in their home.

- Identify any goals that may not be able to be met in a natural environment and therefore required services at the program site (See Attachment F, Table A: Performance Measures).

III. Project Organization and Staffing

A. **Staffing** (See Section 2, III,B)

1. **Proposed Staffing**

Applicant shall describe in detail its proposed staffing pattern, child/staff ratio, and caseload capacity to ensure viability of services, based on the number of children to be served by the Applicant.

Direct Staff. Core staff must include, at a minimum, Occupational Therapist, Physical Therapist, Speech Language Pathologist, and Special Educator.

If the Applicant plans to utilize additional staff, e.g. Certified Occupational Therapy Aide (COTA), Physical Therapy Aide (PTA), Communication Aide to support the above listed professionals, there shall be justification for why these additional staff are being requested and when and how these additional staff are to be utilized.

Social Workers. The number of social workers to provide care coordination shall be determined by utilizing a ratio standard of 1.0 FTE social worker for every 35 children provided care coordination by the Applicant's program (It is estimated that 80% of the children served by the program receive care coordination by program staff. The other 20% receive care coordination by Public

Health Nursing or Healthy Start staff). As the number of children increases, social work staff may be hired based on written prior approval by the EIS Supervisor or designee.

Program Manager. A 1.0 FTE Program Manager is required if the program serves a minimum of 75 children. If there are fewer than 75 children, the FTE of the program manager may be less than 1.0 FTE.

Data/Clerical Support. The number of data clerks and other clerical support shall be based on the proposed number of children to be served by the Applicant's program. One (1.0 FTE) data clerk shall be allowed for the first 100 children served by the program. When the number of children served approaches 125, the Applicant may submit a written request to the Early Intervention Section Supervisor to hire additional data/clerical support.

2. Staff Qualifications

Program staff and sub-contracted staff shall meet the highest professional standards and competencies as identified in the Hawaii Early Intervention State Plan. (See the Early Intervention State Plan at the following website: *www.hawaii.gov/health/family-child-health/eis*).

Applicant shall:

- Describe qualifications, including experience, of staff assigned to the program.
- Include resumes of proposed staff.

In certain geographic areas it may be difficult to hire staff that meet standards identified in the Hawaii Early Intervention State Plan. In these instances the Applicant shall:

- Outline the background of staff they intend to hire in order to meet the service requirements of this RFP.
- Describe their plan to ensure the staff will be provided with appropriate training, support, and supervision.

Written prior approval by the EIS Supervisor or designee shall be required to hire staff that do not meet the highest professional standards and competencies as identified in the Hawaii Early Intervention State Plan.

3. **Supervision and Training**

Applicant shall describe:

- Who will supervise program staff to assure services are appropriately being provided.
- How and when supervision will occur.
- How training needs will be identified.
- How decisions will be made in supporting staff training needs.
- Whether program staff will be supported by the Applicant's program to stay abreast of the most current techniques within each discipline's area of expertise, or whether that is considered the responsibility of the individual staff member.

B. Project Organization

Organization Chart

The Applicant shall include organization charts for both the "Organization" and the "Program."

IV. Service Delivery (See Section 2, III.A.)

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

A. Service Activities

The Applicant shall:

1. Accept and process referrals from the Early Intervention Section's state-wide Hawaii Keiki Information Services System (HKISS) and other Part C referral sources.
    - Describe who, in addition to H-KISS, may refer children to their POS program.
    - Describe how the Applicant will handle referrals that are in excess of the children they are contracted to serve, knowing that they are responsible for accepting all referrals in their geographical area.

2. Identify an interim care coordinator for each child/family at the time of their referral to the early intervention program.
    - Describe how the interim care coordinator (CC) will be assigned.
    - Identify who is appropriate to be assigned as CC, and why those individuals are appropriate.

3. Provide intake services.
    - Describe the purpose of intake.
    - Describe what is to be accomplished by the end of intake.
    - Describe the steps each person will take to ensure the intake process is both complete and successful.
    - Describe the characteristic and background of individuals who may be responsible for providing intake services.
    - Describe how the Applicant will ensure that families are contacted within 2 working days of the referral.

4. Provide Comprehensive Developmental Evaluations and annual Comprehensive Developmental Assessments.
    - Describe how, within 45 days of referral to IDEA, Part C, each child shall receive a Comprehensive Developmental Evaluation (CDE) to determine his or her eligibility for early intervention services and an annual Comprehensive Developmental Assessment (CDA).
    - Identify who can and should participate in the multi-disciplinary team of two or more disciplines or professions.
    - Identify the tools to be used in completing the CDE. This could include the Hawaii Early Learning Profile (HELP), the Battelle, and/or the Early Intervention Developmental Profile). The care coordinator shall participate in the CDE and shall encourage families to actively participate in the assessment.
    - Describe the role of the family in the CDE process.

5. Develop an Individualized Family Support Plan (IFSP) for all eligible infants and toddlers and their families.

    - Describe how the Applicant will ensure that, within 45 days of referral to IDEA, Part C, each child and family will have an IFSP meeting.
    - Describe how the Applicant will ensure that the IFSP will be reviewed every six months, or earlier, if requested by a member of the multi-disciplinary team or the family and an annual IFSP shall be completed within 12 months of the Initial IFSP.

- Describe how the Applicant will ensure that the IFSP shall be developed jointly with the family and appropriate qualified personnel involved in the provision of early intervention services and be based on evaluations, assessments and recommendations through an interdisciplinary process as well as the family's concerns and priorities.
- Describe how the Applicant will ensure that outcomes and objectives are functional and support the family's daily routines. Applicant shall include examples of functional outcomes and objectives.

6. Provide or link children and families with the following services.
   - Describe how the following services will be provided by program staff: family training, counseling, home visits; special instruction; speech-language pathology, occupational therapy; physical therapy, service coordination services; early identification, screening and assessment services; and social work services.
   - Describe how families will be linked to the following services: audiology services and sign language and cued language services; psychological services; medical services only for diagnostic or evaluation purposes; health services necessary to enable the infant or toddler to benefit from other early intervention services; vision services; assistive technology devices and assistive technology services; and transportation and related costs that are necessary to enable the infant or toddler and the family to receive other services described in this paragraph. Applicant will also describe what it means to "be linked" to these services.
   - Describe how families will be encouraged to have services provided within the child and family's natural environment, especially if they would rather have services at the Applicant's site. Applicant shall provide examples of appropriate natural environments in the geographic region for which the Applicant is applying.

7. Support families.
   - Describe how the level of support needed by each family will be determined
   - Describe how support will be provided to families to help them understand and acknowledge that they possess a wide range of strengths, skills and abilities to support their child's development.
   - Describe the support provided so that families will feel an increase in self-sufficiency.

8. Assist families access a medical home for the eligible child.
   - Describe how Applicant will assist families to access a medical home for preventive care, anticipatory guidance and well-child care. IFSP services shall be coordinated with the medical home with parent consent.

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

10. Provide services in natural environments. Applicant shall provide information on the program's intent and capacity to provide services in the following settings. Based on the geographical area applying for, provide specific examples of community locations where the services may be provided:
    - Home
    - Community preschool
    - Community day care (home of day care provider)
    - Other community locations (e.g. park, Early Head Start)
    - Other (list)

11. Provide information on days/times of program operation. Applicant shall provide information on whether or not they can assure that staff will be available to meet families' service needs by being available at all the days/times noted below. If there are any days/times that the program cannot provide services to the

extent noted below, the Applicant shall provide information on their proposed schedule.

Days/Times:
(Daytime = 8:00 am to 4:30 pm; evening = 4:30 pm to 7:30 pm)

- Monday Daytime/Evening
- Tuesday Daytime/Evening
- Wednesday Daytime/Evening
- Thursday Daytime/Evening
- Friday Daytime/Evening
- Saturday Daytime/Evening
- Sunday Daytime/Evening

12. Utilize a transdisciplinary service delivery model to the extent possible. Applicant shall provide information on how the transdisciplinary service provision model shall be implemented, including how the primary provider will be identified and how consultants will support the model. The Applicant shall also describe in what circumstances, if any, the transdisciplinary model is not appropriate.

B. Management Requirements – Administrative

The Applicant shall:

1. Describe how and when families are informed of, and understand their rights in accordance with Part C requirements.

2. Describe how confidential data will be maintained on each child.

3. Describe how policies and procedures concerning behavior management will be monitored and implemented. Policies and procedures must ensure that staff providing the services will not subject children to physical, verbal, sexual, or psychological abuse and punishment. In addition there must be an emphasis on positive reinforcement techniques and the least restrictive approaches.

4. Describe its policies and procedures concerning incidents of neglect and abuse.

5. Describe how the DOH, Early Intervention Section will be acknowledged as the program's sponsor on all printed materials?

6. Describe how equipment leased or purchased with contract funds will be maintained and identified as State DOH owned equipment.

7. Describe how the program will be fully staffed and operationally able to provide services to 50% of the contracted number of children within 3 months of the contract award, and 100% within 6 months.

8. Describe how data will be collected to ensure accurate reporting of performance objectives.

V. Financial (Section 2, III.B. 7-10)

A. Pricing Structure

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

1. Unit Price Reimbursement. The Applicant shall submit EIS worksheets and budget forms that list billable rates, salaries, related fringe benefits ranges and payroll taxes for each direct service discipline.

   Note: Direct services are to be reimbursed on a unit price (15 minute increments) reimbursement method based upon the provision of approved billing activities. It is expected that each full time (1.0 FTE) direct service employee will meet 1297 direct service hours per year (108 service hours per month). The Applicant's budget details and narrative shall describe how this expectation shall be met. Applicant shall also describe how it will provide an average of 108 billable service hours per month for each direct service FTE. Applicant shall describe how these hours shall be tracked on a monthly and cumulative basis for each direct service employee.

2. Cost reimbursement. The Applicant shall submit EIS worksheets and budget forms that will show in detail how all other costs, including the salaries/fringe benefits/payroll taxes for administrative staff and program support staff (social workers, data clerks, other clerical support, program managers, etc.), lease costs, equipment, mileage, supplies, etc. These costs will be billed based on actual costs incurred on a month-to-month basis, not simply 1/12 of the cost reimbursement portion of the budget. Applicant shall describe the circumstances when additional administrative costs to support increases in the number of direct service staff would be necessary.

The following budget forms, billable activities worksheets and instructions for both are located in Section 5, Attachment D. The EIS Worksheets and EIS Budget Forms must be submitted with the Proposal Application:

- EIS Budget Forms 1 through 7
- EIS Worksheets 1 through 7

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

B. Other Financial Related Materials

1. Accounting System

The Applicant shall attach their most recent financial audit to their Proposal as part of their Proposal Application.

VI. Other

A. Litigation

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

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

An evaluation committee of designated reviewers selected by the contracting office 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

Evaluation Categories	Possible Points
Administrative Requirements	
Proposal Application	
Program Overview	0
Experience and Capability	70
Project Organization and Staffing	25
Service Delivery	95
Financial	90
TOTAL POSSIBLE POINTS	**280**

III. Evaluation Criteria

Phase 1 - Evaluation of Proposal Requirements

1. Administrative Requirements

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

Phase 2 - Evaluation of Proposal Application
(*280 Points*)

A 5-point rating scale will be used to rate the proposal content. Only whole numbers will be assigned (1, 2, 3, 4, or 5), half numbers are not utilized in this 5-point rating scale.

Place Value 1 2 3 4 5
unsatisfactory I----------I----------I----------I----------I **outstanding**
marginally adequate satisfactory above average

5 - Outstanding	▪ *Each bullet identified and addressed clearly.* ▪ *Consistently exceeded required elements by clearly proposing additional services or strategies for implementation to achieve the RFP requirements.*
4 – Above Average	▪ *Bullets addressed clearly in subheading under the appropriate numbered heading.* ▪ *.More than met expectations by providing additional details or specific examples of the services or strategies for implementation.*
3 - Satisfactory	▪ *Competent; general description of "what we do" for all required elements.* ▪ *No additional details, specific examples, or additional services or strategies to achieve RFP.*
2 – Marginally Adequate	▪ *Not all bullets or all components of a bullet were evident under the*

1 - Unsatisfactory	*appropriate numbered heading of the RFP.* ▪ *Did not answer the question completely in terms of approach, strategies, services, or descriptions.* ▪ *Not all bullets or components of a bullet were addressed or evident in the proposal.* ▪ *Only reiterated the wording of RFP or other attached DOH materials.*

Program Overview: No points are assigned to Program Overview. The intent is to give the applicant an opportunity to orient evaluators as to the service(s) being offered and their understanding of the philosophy that guides early intervention services.

1. ***Experience and Capability (70 Points)***

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

A. *Experience*		
The Applicant has listed and briefly described previous or current contracts and experiences consistent with this RFP: ▪ Does the proposal provide a description of verifiable experience with projects/contracts within the past five (5) years providing OT, PT, SLP, SPED and SW services for children, birth to age three (3), with special needs and their families.		25
▪ Does the proposal provide a description of verifiable experience providing OT, PT, SLP, SPED and SW services for children, over age 3, with special needs and their families. Applicant shall describe the age range of children for whom these same services were provided.		10
▪ Does the proposal provide a description of verifiable experience providing alternative services (e.g., not OTs, PTs, SLPs, SPEDs and SW), to children birth to age 3 with special needs and their families, Applicant shall describe the services provided.		5
▪ The Applicant shall describe the strengths of the organization to be able to provide the above services, as well as any needs of the organization to provide the above services, and how they will overcome the needs.		5

B. *Quality Assurance and Evaluation*		
The Applicant has fully described its own plans for quality assurance and evaluation for the proposed services, including methodology to be used to assess or evaluate the quality and utilization of services, and has addressed: ▪ How the quality of services provided to eligible children and their families will be assessed or evaluated; how the programs will assure that their procedures meet federal and state requirements; and how staff will be evaluated and supported.		10
C. *Coordination of Services*		
The Applicant has fully described: ▪ How they will ensure that the services they provide are coordinated with other providers that serve this population in the geographical area for which the Applicant is applying, and who they intend to coordinate/collaborate with and why.		5
D. Facilities		
The Applicant has fully described its facility that is: ▪ Within the geographic area that is being applied for (provide address if known); easily accessible by the public; recognizable to the public; available to the public at days/times necessary to support families' schedules (e.g., evenings, weekends); and accessible with a telephone/fax number dedicated exclusively to the contracted program.		5
The Applicant has: ▪ Provided data on the number of square feet needed to ensure adequate work areas for staff and other activities that may need to be provided at the program site; identified other natural environments in the geographical area being applied for where services can be provided for families who do not want to be served in their home; and identified any goals that may not be able to be met in a natural environment and therefore required services at the program site.		5

2. *Project Organization and Staffing (25 Points)*

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

A. ***Staffing/Qualifications/Supervision & Training***		
▪ Does the proposal describe in detail, a staffing pattern, direct service staff numbers and child/staff ratio that is reasonable to insure viability of the services and provide adequate coverage?		5
▪ Does the proposal describe in detail, staff qualifications, including education, licensure/certification, and experience that meet the minimum necessary qualifications as described in this request for proposal? If Applicant cannot hire staff that meet standards, does the proposal describe how support will be provided to staff that do not meet these standards?		5
Does the Applicant fully describe in detail: ▪ Who will supervise program staff to assure services are appropriately being provided; how and when supervision will occur; how training needs will be identified; how decisions will be made in supporting staff training needs; and the program's philosophy as to whether staff will be supported by the program to stay abreast of the most current techniques within each discipline's area of expertise, or whether that is considered the responsibility of the individual staff member.		10

B. *Project Organization*		
▪ Does the Applicant include an organization chart for both the organization and the program.		5

3. *Service Activities and Management Requirements (90 Points)*

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

Does the Applicant's proposal describe in detail, the process of completing each of the following activities:

▪ Accept and process referrals from the Early Intervention Section's state-wide Hawaii Keiki Information Services System (H-KISS) and other Part C referral sources, describing how the Applicant will handle referrals that are in excess of the children they are contracted to serve, knowing that they are responsible for accepting all referrals in their geographical area.		5
▪ Identify an interim care coordinator and on-going care coordinator for each child/family at the time of their referral to the early intervention program, describing: how the interim care coordinator (CC) will be assigned; who is appropriate to be assigned as CC; and why those individuals are appropriate.		5
▪ Provide intake services, describing: the purpose of intake; what is to be accomplished by the end of intake; the steps each person will take to ensure the intake process is both complete and successful; the characteristics and background of individuals who may be responsible for providing intake services; and how the Applicant will ensure that families are contacted within 2 working days of the referral.		5
▪ Provide Comprehensive Developmental Evaluations and annual Comprehensive Developmental Assessments, describing: how, within 45 days of referral to IDEA Part C, each child shall receive a Comprehensive Developmental Evaluation (CDE) to determine his or her eligibility for early intervention services and an annual Comprehensive Developmental Assessment (CDA); who can and		10

should participate in the multi-disciplinary team of two or more disciplines or professions; the tools to be used in completing the CDE or CDA, which could include the Hawaii Early Learning Profile (HELP), the Battelle, and/or the Early Intervention Developmental Profile; how the care coordinator shall participate in the CDE or CDA and shall encourage families to actively participate in the assessment; the role of the family in the CDE/CDA process.		
▪ Develop an Individualized Family Support Plan (IFSP) for all eligible infants and toddlers and their families, describing how the Applicant will ensure that, within 45 days of referral to IDEA Part C, each child and family will have an IFSP meeting; how the Applicant will ensure that the IFSP will be reviewed every six months, or earlier, if requested by a member of the multi-disciplinary team or the family and an annual IFSP shall be completed within 12 months of the Initial IFSP; how the Applicant will ensure that the IFSP shall be developed jointly with the family and appropriate qualified personnel involved in the provision of early intervention services and be based on evaluations, assessments and recommendations through an interdisciplinary process as well as the family's concerns and priorities; and how the Applicant will ensure that outcomes and objectives are functional and support the family's daily routines. Applicant shall include examples of functional outcomes and objectives.		10
▪ Provide or link children and families with mandated early intervention services, describing: how families will be encouraged to have services provided within their natural environment; how family training, counseling, home visits; special instruction; speech-language pathology, occupational therapy; physical therapy, care coordination, early identification, screening and assessment services, and social work services will be provided by program staff; how families will be linked to audiology services and sign language and cued language services, psychological services, medical services only for diagnostic or evaluation purposes, health services necessary to enable the infant or toddler to benefit from other early		5

intervention services, vision services, assistive technology devices and assistive technology services, and transportation and related costs that are necessary to enable the infant or toddler and the family to receive other services described here; what it means to "be linked" to these services; and how families will be encouraged to have services provided within the child and family's natural environment, especially if they would rather have services at the Applicant's site. The Applicant shall provide examples of appropriate natural environments in the geographic region for which the Applicant is applying.		
▪ Provide support to families, describing how the level of support needed by each family will be determined, including information on: how support will be provided to families to help them understand and acknowledge that they possess a wide range of strengths, skills and abilities to support their child's development; the support provided so that families will feel an increase in self-sufficiency.		5
▪ Assist families to access a medical home for their child, describing how the Applicant will assist families to access a medical home for preventive care, anticipatory guidance and well-child care, and how, with parent consent, IFSP services shall be coordinated with the medical home.		5
▪ Implement transition activities prior to the child's third birthday, describing: how families will be informed, in a positive manner at entry into services, that services for their child will end at age three; how the Applicant will ensure that transition will be discussed at each IFSP meeting; how families' expectations for their children regarding potential future services, placements and other matters related to the transition, will be identified; how toddlers will be prepared to function successfully in a new setting; how families will be informed and supported regarding potential changes in their child's setting; the types of settings that might be appropriate for children exiting from Part C, depending on their skills and abilities; how the Applicant will ensure that Transition Notices and Transition Conferences are sent/held within state and federal required timelines;		5

the purpose of a Transition Conference; and how the Applicant will encourage/ensure that the appropriate individuals attend the Transition Conference.		
▪ Provide services in natural environments and at times/days to support family needs, describing: the program's intent and capacity to provide services in the following settings, including the family's home, community preschool or day care home, or other community locations; and the program's intent and capacity to provide service during workday and weekend hours (7:45 a.m. to 4:30 p.m) as well a evening hours (4.30 p.m. to 7:30 p.m.) Based on the geographical area applying for, provide specific examples of community locations where the services may be provided:		5
▪ Describe: how the transdisciplinary service provision model shall be implemented, including how the primary provider will be identified and how consultants will support the model, including in what circumstances, if any, the transdisciplinary model is not appropriate; and how a transdisciplinary model approach to providing comprehensive early intervention services by a multi-disciplinary team of professionals will be developed, supported and utilized. If the Applicant does not feel the trans-disciplinary model is always appropriate, explain why and what other service delivery model (s) would be recommended.		10

▪ Describe how and when families are informed of, and understand, their rights in accordance with Part C requirements?		5
▪ Describe how confidential data and records will be maintained on each child, including: how policies and procedures concerning behavior management with an emphasis on positive reinforcement techniques and the least restrictive approaches will be monitored to ensure that staff providing the services will not subject children to physical, verbal, sexual, or psychological abuse and punishment; how policies and procedures concerning incidents of neglect and abuse will be implemented; how the DOH, Early Intervention Section will be acknowledged as the program's sponsor on all printed materials; and how equipment leased or purchased with contract funds will be maintained and identified as State DOH owned equipment.		5
▪ Describe how the program will be fully staffed and operationally able to provide services to 50% of contracted number of children within 3 months of contract award, and 100% within 6 months?		5
▪ Describe how data will be collected to ensure accurate reporting of performance objectives (See Table A- Performance Measures)?		5

3. *Financial (90 Points*)

▪ Is the number of projected hours reasonable for the number of children to be served and is there <u>sufficient justification</u> for the number of hours. (From EIS Worksheet 1)		20
▪ Are the proposed billable rates reasonable and is there <u>sufficient justification</u> for the rates. (From EIS Worksheet 5)		30
▪ Are the Agency Administrative Staff costs reasonable and is there <u>sufficient justification</u> for these costs. (From EIS Budget Form 3)		25
▪ Are the Other Current Expenses reasonable and is there <u>sufficient justification</u> for these costs. (From EIS Budget Form 1, Section B)		10
• Are non-personnel costs reasonable and is there <u>sufficient justification</u> for these costs. (From EIS Budget Form 1, Sections C-G)		5

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 Proposal Table of Contents

C. Federal Certifications

D. Early Intervention Budget Instructions and Attachments D-1 through D-4

E. POST 210 and 210A Forms

F. Table A – Performance Measures

G. DOH Policy Directive – Interpersonal Relationships

Attachment A

Proposal Application Checklist

Proposal Application Checklist

Applicant: _____ RFP No.: HTH 560-CG-09-1

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*		
SPO-H-205B	Section 3, RFP,	SPO Website*		
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-206D	Section 3, RFP	SPO Website*		
SPO-H-206E	Section 3, RFP	SPO Website*		
SPO-H-206F	Section 3, RFP	SPO Website*		
SPO-H-206G	Section 3, RFP	SPO Website*		
SPO-H-206H	Section 3, RFP	SPO Website*		
SPO-H-206I	Section 3, RFP	SPO Website*		
SPO-H-206J	Section 3, RFP	SPO Website*		
EIS Budget Instructions and Attachments D-1 through D-4	Section 3, RFP	Section 5, RFP	**X**	
Certifications:				
Federal Certifications		Section 5, RFP		
Debarment & Suspension		Section 5, RFP	**X**	
Drug Free Workplace		Section 5, RFP	**X**	
Lobbying		Section 5, RFP	**X**	
Program Fraud Civil Remedies Act		Section 5, RFP		
Environmental Tobacco Smoke		Section 5, RFP	**X**	
Program Specific Requirements:				
POST 210 & 210A- Report of Expenditures		Section 5, RFP		
Table A- Performance Measures		Section 5, RFP	**X**	
DOH Policy Directive- Interpersonal Relationships		Section 5, RFP		
Procurement Circular-Campaign Contributions		Section 5, RFP		

_____ Authorized Signature

_____ Date

Attachment B

Sample Proposal Table of Contents

Proposal Application
Table of Contents

I. Program Overview **1**

II. Experience and Capability **1**
- **A.** Experience 2
- **B.** Quality Assurance and Evaluation 5
- **C.** Coordination of Services 6
- **D.** Facilities 6

III. Project Organization and Staffing **7**
- **A.** Staffing **7**
- **B.** Project Organization 10

IV. Service Delivery **12**

V. Financial **20**

VI. Litigation **20**

VII. Attachments

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

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

Attachment C

Federal Citations

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

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

(1) The prospective primary participant certifies to the best of its knowledge and belief that it and its principals:

(a) Are not presently debarred, suspended, proposed for disbarment, declared ineligible, or voluntarilyexcluded from covered transactions by any **Federal** department or agency;

(b) Have not within a three-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (**Federal**, State, or local) transaction or contract under a public transaction; violation of **Federal** or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

(c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (**Federal**, State, or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this **certification**; and

(d) Have not within a three-year period preceding this application had one or more public transactions (**Federal**, State, or local) terminated for cause or default.

(2) Where the prospective primary participant is unable to certify to any of the statements in this **certification**, such prospective primary participant shall attach an explanation to this proposal.

Business Name: _____

Date: _____

By: _____
Name and Title of Authorized Representative

_____
Signature of Authorized Representative

INSTRUCTIONS FOR CERTIFICATION

1. By signing and submitting this proposal, the prospective primary participant is providing the **certification** set out below.

2. The inability of a person to provide the **certification** required below will not necessarily result in denial of participation in this covered transaction. The prospective participant shall submit an explanation of why it cannot provide the **certification** set out below. The **certification** or explanation will be considered in connection with the department or agency's determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a **certification** or an explanation shall disqualify such person from participation in this transaction.

3. The **certification** in this clause is a material representation of fact upon which reliance was placed when the department or agency determined to enter into this transaction. If is is later determined that the prospective primary participant knowingly rendered an erroneous **certification**, in addition to other remedies available to the **Federal** Government, the department or agency may terminate this transaction for cause or default.

4. The prospective primary participant shall provide immediate written notice to the department or agency to which this proposal is submitted if at any time the prospective primary participant learns that its **certification** was erroneous when submitted or has become erroneous by reason of changed circumstances.

5. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order
12549. You may contact the department or agency to which this proposal is submitted for assistance in obtaining a copy of those regulations (13 CFR Part 145).

6. The prospective primary participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency entering into this transaction.

7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled "**Certification** Regarding **Debarment**, **Suspension**, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transactions," provided by the department or agency entering into this covered transaction, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

8. A participant in a covered transaction may rely upon a **certification** of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the **certification** is erroneous. A participant may decide the method and frequency by which it determines the ineligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List.

9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the **certification** required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

10. Except for transactions authorized under paragraph 6 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the **Federal** Government, the department or agency may terminate this transaction for cause or default.

CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

This certification is required by the regulations implementing the Drug-Free Workplace Act of 1988: 45 CFR Part 76, Subpart, F. Sections 76.630(c) and (d)(2) and 76.645(a)(1).

Certification Regarding Drug-Free Workplace Requirements (Instructions for Certification)

1. By signing and/or submitting this application, proposal, or grant agreement, the provider/grantee is providing the certification set out below.

2. The certification set out below is a material representation of fact upon which reliance is placed when the Department of Health awards the contract/grant. If it is later determined that the provider/grantee knowingly rendered a false certification, or otherwise violates the requirements of the Drug-Free Workplace Act, the agency, in addition to any other remedies available to the Federal Government, may take action authorized under the Drug-Free Workplace Act.

3. For providers/grantees other than individuals, Alternate I applies.

4. For providers/grantees who are individuals, Alternate II applies.

5. Workplaces under contracts/grants, for providers/grantees other than individuals, need not be identified on the certification. If known, they may be identified in the proposal/grant application. If the provider/grantee does not identify the workplaces at the time of application, or upon award, if there is no application, the provider/grantee must keep the identity of the workplace(s) on file in its office and make the information available for Federal inspection. Failure to identify all known workplaces constitutes a violation of the provider’s/grantee's drug-free workplace requirements.

6. Workplace identifications must include the actual address of buildings (or parts of buildings) or other sites where work under the contract/grant takes place. Categorical descriptions may be used (e.g., all vehicles of a mass transit authority or State highway department while in operation, State employees in each local unemployment office, performers in concert halls or radio studios).

7. If the workplace identified to the agency changes during the performance of the grant, the provider/grantee shall inform the Department of Health of the change(s), if it previously identified the workplaces in question (see paragraph five).

8. Definitions of terms in the Nonprocurement Suspension and Debarment common rule and Drug-Free Workplace common rule apply to this certification. Providers’/Grantees' attention is called, in particular, to the following definitions from these rules:

Controlled substance means a controlled substance in Schedules I through V of the Controlled Substances Act (21 U.S.C. 812) and as further defined by regulation (21 CFR 1308.11 through 1308.15);

Conviction means a finding of guilt (including a plea of nolo contendere) or imposition of sentence, or both, by any judicial body charged with the responsibility to determine violations of the Federal or State criminal drug statutes;

Criminal drug statute means a Federal or non-Federal criminal statute involving the manufacture, distribution, dispensing, use, or possession of any controlled substance;

Employee means the employee of a provider/grantee directly engaged in the performance of work under a contract/grant, including: (i) All direct charge employees; (ii) All indirect charge employees unless their impact or involvement is insignificant to the performance of the grant; and, (iii) Temporary personnel and consultants who are directly engaged in the performance of work under the contract/grant and who are on the provider's/grantee's payroll. This definition does not include workers not on the payroll of the provider/grantee (e.g., volunteers, even if used to meet a matching requirement; consultants or independent contractors not on the grantee's payroll; or employees of subrecipients or subcontractors in covered workplaces).

Certification Regarding Drug-Free Workplace Requirements

Alternate I. (Providers/Grantees Other Than Individuals)

The provider/grantee certifies that it will or will continue to provide a drug-free workplace by:

(a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;

(b) Establishing an ongoing drug-free awareness program to inform employees about –

(1)The dangers of drug abuse in the workplace;
(2) The grantee's policy of maintaining a drug-free workplace;
(3) Any available drug counseling, rehabilitation, and employee assistance programs; and
(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

c) Making it a requirement that each employee to be engaged in the performance of the contract/grant be given a copy of the statement required by paragraph (a);

(d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will –

(1) Abide by the terms of the statement; and
(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

(e) Notifying the agency in writing, within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

(f) Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d)(2), with respect to any employee who is so convicted --
(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

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

The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific contract/grant:

Place of Performance (Street address, city, county, state, zip code)

_____

_____

Check if there are workplaces on file that are not identified here.

Alternate II. (Providers/Grantees Who Are Individuals)

(a) The grantee certifies that, as a condition of the grant, he or she will not engage in the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance in conducting any activity with the grant;

(b) If convicted of a criminal drug offense resulting from a violation occurring during the conduct of any grant activity, he or she will report the conviction, in writing, within 10 calendar days of the conviction, to every grant officer or other designee, unless the Federal agency designates a central point for the receipt of such notices. When notice is

made to such a central point, it shall include the identification number(s) of each affected grant. [55 FR 21690, 21702, May 25, 1990]

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

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

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, ``Disclosure Form to Report Lobbying," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

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

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

_____

Signature

_____

Title

_____

Organization

GUIDELINES FOR ORGANIZATION-WIDE AUDITS

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

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

1. Generally accepted auditing standards issued by the American Institute of Certified Public Accountants.

2. Government Auditing Standards issued by the Comptroller General of the United States.

3. Office of Management and Budget (OMB) Circular A-133, "Audits of states, local governments, and nonprofit organizations," dated June 30, 1997.

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

The audit report shall include the following:

1. The organization-wide financial statements prepared in accordance with generally accepted accounting principles or other comprehensive basis of accounting.

2. A schedule of federal financial assistance in the format prescribed by the OMB Circular A-133.

3. A schedule of the STATE's federal and state contracts received by the organization for the period covered by the financial statements. This schedule shall contain the:

   a. ASO Log Number.

   b. Contract amount for the contract period.

   c. Expenditures charged against the contract during the current audit period and the prior audit periods for expenditure-reimbursement contracts; or amounts of units billed against the contract during the current audit period and the prior audit periods for unit-cost contracts since inception.

4. Auditor's reports on the organization's financial statements, supplemental schedule of expenditures of federal awards, and supplemental schedule of federal and state contracts received by the organization from the STATE.

5. Report on Compliance and on Internal Control over Financial Reporting Based on an Audit of Financial Statements Performed in Accordance with Government Auditing Standards.

6. Report on Compliance with Requirements Applicable to each Major Program and Internal Control over Compliance in Accordance with OMB Circular A-133.

7. Schedule of findings and questioned costs in the format prescribed in OMB Circular A-133.

8. Comments regarding prior year's findings.

(rev. 5/3/04)

CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

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

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

_____

Organization

_____

Authorized Signature **Date**

_____

Title

Attachment D

Early Intervention Budget Instructions and Attachments D-1 through D-4

Attachment D-1

Information to Support Full-time Equivalent (FTE) Computation

Service Providers and Billable Activities

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

Service Providers:

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

- Occupational Therapist (state registration required)
- Physical Therapist (state license required)
- Speech-Language Pathologist (state license required)
- Special Educator (degree in special education required; M.Ed. in SPED preferred)
- Teacher/Early Childhood Educator (B.A. required; early childhood education or elementary education preferred)
- Certified Assistant (certification required, e.g., Certified Occupational Therapist Assistant [COTA], Physical Therapy Assistant [PTA])
- Paraprofessional (minimum of high school diploma)
- Other (someone other than those listed above; must be approved by the EIS Supervisor or designee)

Note: Social Workers (SW) are not included as their activities are not billable as part of this RFP; SW salaries are cost reimbursable.

Billable Activities:

Intake:

Intake includes activities from the initial point of referral to the point of evaluation. Also included is: gathering information from the family about their strengths, needs, priorities, concerns and daily activities; explaining about early intervention services; discussing family rights; completing consent forms, completing page 1 of the CDE template, etc.

Comprehensive Developmental Evaluation (CDE):

The purpose of the multi-disciplinary comprehensive developmental evaluation (CDE) is to determine Part C eligibility and/or identify developmental delays. The multi-disciplinary CDE must be provided by a team of two approved professional service providers (different disciplines). The team shall consist of two professionals from the list above (must have, at minimum, a B.A. or comparable degree), or one professional and a social worker/care coordinator, public health nurse, Child Development Specialist or comparable position. Approved evaluation tools include: the Hawaii Early Learning Profile (HELP), the Battelle Developmental Inventory, and/or the Early Intervention Developmental Profile (Michigan).

Five (5) hours is billable for the CDE which includes, but is not limited to: preparing for the CDE (e.g., reviewing reports), completing the CDE, writing the report, and mentoring

others to develop CDE skills. The 5 hours is to be divided equally between the 2 evaluators (2 ½ each).
If a child is referred to the program with some discipline specific evaluations completed or reports by a physician, a total of a maximum of 2½ hours is approved to complete the CDE, which may include, but is not limited to: updating the CDE with evaluation information provided and writing the report. The 2½ hours may be used by one professional or shared by a team of no more than 2 professionals. If the CDE is completed by 2 professionals, the 2 ½ hours is to be divided equally between the 2 evaluators (1 ¼ each).

Comprehensive Development Assessment (CDA):
The CDA must be completed prior to the Annual IFSP. It is expected that the service providers (i.e., direct service provider[s] and/or consultant[s]) working with the child will update the HELP or other multi-disciplinary CDE tool as part of their on-going treatment. In this situation, a total of 1½ hours is allowable to complete the CDA report. If however, a 2nd professional provider (either not on the IFSP or if the consultant needs an additional appointment) is needed to assist in completing the CDA, a total of 2 ½ hours is allowable to complete the CDA and report. This time is allowable whether the child is care coordinated by the program's staff or by a PHN or Healthy Start staff. The 2½ hours may be used by one professional or shared equally by a team of no more than 2 professionals (1 ¼ each).

Individual Family Support Plan (IFSP):
The IFSP includes participating in an interim, initial, review, or annual IFSP.

Assessment:
Assessment includes completion of other assessment instruments (e.g., Upper Extremity, Picture Vocabulary, REEL, Bayley, etc.) <u>after</u> eligibility is determined and services have been initiated in order to support on-going programming. If the professional completing the Assessment is on the IFSP, it is expected that the assessment will be completed as part of on-going treatment; in this situation a maximum of 1 hour is allowable to complete the assessment report. However, if the individual is not on the IFSP, a maximum of 2 hours is allowable to complete the assessment and accompanying report.

Treatment/Direct Service:
Treatment/direct service includes: the provision of services to an eligible child and caregiver, foster parent, preschool teacher, etc., to support the child's development. The child must be present to bill under Treatment/Direct Services. Services are provided based on the IFSP. Included in this category are:

- <u>Treatment-Individual/Transdisciplinary Services:</u>
  Services provided by one approved service provider directly to one child and care provider to support the child's development. If the provider is supporting the child at a community preschool, Early Head Start program, etc., include the time here.

- Treatment-Group:
  Services provided by one or more approved service provider(s) to a group of children and their families to support the children's development. The billable time is to be shared equally among the children participating in the group.
  - For groups of 2-5 children, a maximum of 2 service providers are allowed for billing purposes.
  - For groups of 6-9 children, a maximum of 3 service providers (no more than 2 professionals) are allowed for billing purposes.
  - For groups of 10 or more children, a maximum of 4 service providers (no more than 3 professionals) are allowed for billing purposes.

- Treatment-Preparation/Notes:
  Time necessary to prepare for individual or group sessions and to write progress notes, quarterly updates, etc. Allowable time includes:
  - Maximum of 1 unit to prepare for an individual session.
  - Maximum of 2 units to prepare for a group session. The 2 units is the total; it can be shared by staff or assigned to one staff person.
  - Maximum of 1 unit to write progress notes, quarterly updates, etc.

Consultation:
Consultation is provided to the primary provider (professional or paraprofessional) while this individual is working with the child/family to support the provision of transdisciplinary services. The purpose of the consultation is to assist the primary provider in learning the skills necessary to meet all the IFSP outcomes. Frequency of consultation is based on the IFSP. It is strongly advised that the consultant only consult when the primary provider is working with the child and family. However, if the schedules of the primary provider and consultant do not match or primary provider is sick/on vacation, the consultant can, on occasion, consult with the child/family without the primary provider present.

Family Training and Counseling:
Family Training and Counseling includes assisting the family of an enrolled child to understand the special needs of their child and to learn how to support their child's development. This may take place with an individual family member or with a group of family members. If, when a provider goes to the family's home to provide a scheduled service goes to the family's home to provide a scheduled service and the child is sleeping, and the provider works only with the family member, bill this under Family Training and Counseling.

If the family training and counseling activity occurs during intake, an evaluation, or treatment activity, it is to be billed as part of that specific category (e.g., CDE, treatment, consultation, etc.) not as part of family training and counseling.

If family training and counseling is provided via a parent group, it is appropriate for families to bring their children for activities while the parent support group is in progress. This activity will then meet two needs, the need for parents to gain knowledge and interact with one another, and also provide an opportunity for the children to interact, socialize

with each other, learn from each other, etc. Bill the family support activity under this category (Family Training and Counseling), sharing the time equally among families present. Bill the child group activity as Treatment – Group; also share the time equally among children present. In addition, note on the invoice that the group was provided to support Family Training & Counseling.

Child-Team Meeting:
Child-Team Meeting includes time scheduled (with or without the child/family) for a substantive discussion regarding a child's progress or lack of progress. 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. Child-Team Meetings may include: meetings among IFSP team members; substantive calls to/from families because the child is sick and cannot receive their required IFSP service; required court appearances; child welfare meetings and Ohana Conferences. Discussion about children at a staff meeting are not considered a "child-team meeting" and cannot be billed under this category.

Transition/Transfer:
Transition/transfer includes activities to support the transition of a child out of an EI program to DOE, Head Start or a community preschool, or to support the transfer a child from an EI program to another EI program.

For children who may <u>transition</u> to DOE, Head Start, or other program that serves children over age 3, it can include:

- Completing DOE or other application forms;
- Attending meetings with the family, including the: Transition Conference, Student Support Team (SST) meetings, evaluation meetings, IEP meetings, meetings with the family in preparation of the IEP meeting, etc.; and/or
- Visiting preschools with the family.

For children <u>transferring to another EI program</u>, it can include:

- Visiting another EI program with the family; and/or
- Participating in an IFSP to support the transfer (bill under IFSP);

For children who <u>have recently transitioned</u> to DOE, Head Start or a community preschool (either prior to age 3 or after age 3), it can include:

- A maximum of 2 sessions (1 hour/session plus transportation time) to support the new service providers in understanding how to successfully provide services to a child enrolled in a DOE, Head Start, or community preschool.

For children over age 3, <u>but not yet transitioned</u>, this <u>does not</u> include attending DOE meetings (e.g., SST, eligibility, IEP) due to either late referral to the program or cancellation of the STT, eligibility meeting or IEP.

Transportation:
Transportation includes the time necessary for a service provider to travel to a community site (e.g., child's or caregiver's home, preschool, etc.) to provide the services identified on

the IFSP. When the service provider's first or last visit of the day results in bypassing the center, the time recorded for transportation is the lesser of the amount of time to return to the office or to reach home. If the family lives outside the program's geographical area, prior written permission is necessary in order to bill for transportation.

No Show:
A "no show" occurs when a service provider travels to an agreed upon location in the community (e.g., home, park, etc.) for an approved activity (e.g., evaluation, direct service) and the child and parent are not present. Cancellations within 48 hours of the appointment are considered a "no show" only if the program cannot substitute another child in that timeframe. Allowable billable time is noted below. Center-based "no shows" are not billable.

The following protocol is to be followed:

1st No Show: 1 hour
A follow-up call must be made to the family regarding the "no show" and to re-schedule the appointment. If the family does not have a phone, a note must be left regarding the missed appointment.

2nd No Show: 30 minutes
Both a note and a phone call must be made to determine (if possible) the reason for the "no show." In addition, it is highly recommended that additional follow-up occur by a social worker or PHN (if the PHN is part of the team) to determine what might be causing the no shows.

3rd No Show: 15 minutes
A letter must be written to the family informing them that they must call to re-schedule treatment.

4th No Show:
Not billable. If services are to be stopped, it is required that the Written Prior Notice be sent to the family informing them that services are stopped unless families call to re-schedule the treatment by a specific date listed in the Notice.

No Show Pattern:
The following example explains how the billing protocol will operate. For weekly or less frequent sessions, starting over with "1st no show" must follow **2** successive "shows."

Week 1 – show = full payment
Week 2 – no show = Considered 1st No Show
Week 3 – show = full payment
Week 4 – no show = Considered 2nd No Show
Week 5 – show = full payment
Week 6 – no show = Considered 3rd No Show
Week 7 – show = full payment
Week 8 – show = full payment
Week 9 – pattern starts over as there were 2 consecutive "shows."

For families receiving multiple visits per week, there must be **4** consecutive "shows" for the pattern to start over again.

The following categories are not included in Worksheet 1 but are important for accurate billing:

EIS Mandated Training:
EIS Mandated Training includes trainings that are required and supported by the Early Intervention Section, and can only be billed with prior permission from the EIS Supervisor or designee. A flat rate of $150 per full day or $100 per half-day is billable. Because training is not reimbursable on an hourly basis, it is not included in Worksheet 1. Instead, determine the cost of 5 days of required training per direct service staff, program manager and SW/CC and include in EIS Budget Form 1G: EIS Mandated Training.

Sub-Contracting:
Sub-contracting can only occur if it was pre-approved by the Director of Health. The billable amount is determined by whether the contractor is filling in for a vacant position or is in addition to the filled positions. Billing is based on the approved hourly amount or the approved sub-contract amount. Below is a description of what to bill:

- Bill at the approved hourly amount (not the sub-contracted amount) if the subcontractor is replacing a position that has FTE in the approved budget but the position is vacant. You can bill up to the number of hours equal to the FTE.
- Bill at the subcontractor hourly rate if the hours are in addition to the approved FTE and included in the approved budget. For subcontracted hours approved in the budget, bill at the rate for the classification up to the number hours allowed.
- For hours in excess of the budgeted amount, EIS approval is needed.

Non-Billable Activities:

It is expected that approximately 38% of the service provider's time is not billable. This includes, but is not limited to the following activities:

Regular Staff Meetings:
Regular staff meetings are pre-arranged meetings attended by all staff. Content varies and while it may include discussions around families and services, that is not the main purpose of the meeting so it is not billable.

Supervisory Meetings:
Supervisory meetings are held between the supervisor and one or more supervisees.

Program Trainings:
Program trainings are trainings identified by the contracted EI program that must be attended by staff to support the provision of early intervention services. For example, it is expected that staff hired to provide early intervention services are trained and knowledgeable both in their area of expertise (e.g., speech language pathology) as well as

in providing services to infants and toddlers under age 3 with developmental delays and their families. It is the program's responsibility to provide the necessary and on-going training to assure that each staff has the requisite skills needed to meet their position responsibilities and is kept current in their specific field of practice.

Lunch/Break Time:
The legally allowable breaks from work.

Vacation/Sick Leave:
Determined by the agency.

Attachment D-2
Worksheets and Budget Forms
Instructions

Instructions: EIS Worksheets and EIS Budget Forms

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

Process:

1. Complete EIS Worksheets 1-4 (Attachment D-3) to determine the FTE needed for direct services, including direct service staff and sub-contracted services. To complete the worksheets you must first decide what type of service providers you will need. Refer to Attachment D-1 for approved service providers and definitions of billable and non-billable activities.
2. Complete EIS Budget Forms 2 and 5 (Attachment D-4) to provide information on requested salaries and contractual rates for each direct service staff.
3. Using information from EIS Budget Forms 2 and 5, complete EIS Worksheets 5 and 6 (Attachment D-3) to propose billable and sub-contracted rates.
4. Complete EIS Worksheet 7 to propose billable rates when Program Managers work overtime to provide direct services.
5. After EIS Worksheets 1-7 and EIS Budget Forms 2 and 5 are completed, complete EIS Budget Forms 3, 4, 6, and 7 (Attachment D-4) and transfer the information to EIS Budget Form 1(Attachment D-4) to summarize and complete your budget request.
6. Remember that detailed justifications are needed to support salaries and other requested support (EIS Budget Forms 2-7), direct service hours (EIS Worksheet 1) and proposed billable hours for direct service staff, sub-contracted staff, and Program Managers' provision of direct services (EIS Worksheets 5-7).

Complete EIS Worksheets 1-4

Worksheet 1: Estimated Hours by Service Provider and Activity Per Month. Fill in the number of children estimated to be served as indicated in the RFP for the specific geographical area. For this number of children, estimate the number of hours for each billable activity by service provider that is necessary to meet the needs of the children and families. DO NOT include any activity that is provided by a social worker (SW), as you will either be provided a DOH SW or Human Services Professional (HSP) or will be provided funds to hire a licensed social worker. It is recommended that if you are currently providing early intervention services, use your current data in estimating the number of billable services that are needed. If you are not currently providing early

intervention services, estimate what you think will be necessary based upon your understanding of early intervention. If you are requesting staff other than those listed in Attachment D-1, you will need to provide justification for the additional positions, including both why they are needed and how they will support eligible children and their families.

Example: You estimate to serve 100 children. Based on previous data, approximately 10 new referrals are received per month that require an Intake and a Comprehensive Developmental Evaluation (CDE). Each Intake averages approximately 1 hour per family. Intake is generally handled 80% of the time by a social worker and are not billable, and 20% by the special educator and are billable. Therefore, the special educator will complete 2 of the 10 Intakes (20%). At 1 hour per Intake, the special educator will spend 2 hours (2 Intakes x 1 hour) with this activity. *Place"2" for Intake under SPED*. Because social work services are not billable, the 8 hours of intake (2 Intakes x 1 hour) handled by the social worker are **not** included. The PT and the SLP together complete the 10 CDEs. Five hours is allowable for each CDE, and the time is to be divided equally between the providers. Therefore the total of 50 hours (10 CDEs x 5 hours) is divided as 25 hours each. *Place "25" for CDE under both the PT and the SLP.*

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

Worksheet 3: Estimated FTE Needed by Service Provider. This worksheet will help determine the number of direct service staff necessary to provide the billable activities. Time study data found that out of 2080 work hours per year (40 hrs./wk. x 52 wks.), an average of 62.35% or 1297 hours were used for billable activities and therefore are billable. The remaining time, 37.65% or 783 hours was used by direct service staff for vacation, sick leave, staff meetings, other training activities, and administrative duties and are not billable.

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

Worksheet 4: Proposed Service Delivery Plan. This worksheet will help determine how you intend to staff the program. You may choose to hire all necessary staff, or hire some staff and sub-contract for other staff.

To complete this worksheet, transfer from Worksheet 3 (Column D) the Total Estimated FTE by provider, to Worksheet 4 (Column B) Total Estimated FTE. Review the Total Estimated FTE to determine how you intend to staff your program. For example, you have determined that you will need 2.2 FTE of occupational therapy. *Place "2.2" in Column B.* Because it is very unlikely that you will be able to hire a staff for .2 FTE, you decide to hire 2.0 FTE and sub-contract for .2 FTE, or 21.6 hours/month. *Place "2" in Column C and "21.6" (1297 x .2 divided by 12 months) in Column D.*

Complete EIS Budget Forms 2 and 5

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

Complete one row for each direct service staff. For current staff, list the name or position number, and the requested salary. For new staff, write *"New"* instead of name and the projected salary. Use the projected salary at 1.0 FTE even if the person will be hired less than 1.0 FTE (this is necessary to determine the billable rate). Fill in fringe & taxes for each position using the same methodology. Fill in the percent of time budgeted to the contract and determine the total salary, fringe and taxes by position as well as the total salary by position.

Transfer information from EIS Budget Form 2 (Column D) Salary Budgeted to Contract, to Budget Form 1, A1: Personnel Cost, Salaries – Program Staff. Also transfer from EIS Budget Form 2 (Column E) Fringe & Taxes to Budget Form 1, A2: Fringe & Taxes, Program Staff.

Budget Form 5: Budget Justification: Sub-Contracted Direct Services. If, based on Worksheet 4, you plan to sub-contract for direct services, complete this form to show the hourly and total cost per individual. Otherwise note "N/A" on Budget Form 5.

Complete one row for each sub-contracted provider. For each sub-contracted provider list the discipline, and estimated number of hours from Worksheet 5. Also list the amount per hour for each sub-contracted service and total amount as indicated.

Complete EIS Worksheets 5-7

Worksheet 5: Proposed Billable Rates. This worksheet will determine the billable rates by position. The billable rate is determined by the average cost by position (average salary + average fringe & taxes) divided by 1297.

Column B: Determine and list the average of the requested salaries by discipline at 1.0 FTE (from EIS Budget Form 2, Column A).
Column C: Determine and list the average of the Fringe & Taxes by discipline (from EIS Budget Form 2, Column B).
Column D: Determine and list the total average of Salaried Staff and Fringe & Taxes by discipline.
Column E: Determine the hourly billable rate by dividing Column D (total salaried staff) by 1297.

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

Transfer from Worksheet 4 (Column D) Total Sub-Contracted Hours/Month needed by discipline to Worksheet 6 (Column B) Total Estimated Sub-Contracted Hours. Transfer from EIS Budget Form 5, Amount per Hour, to Worksheet 6 (Column C) Hourly Rate.

Transfer from Worksheet 6 (Column D) Total Sub-Contracted Costs to Budget Form 1, C: Sub-Contracted Direct Services.

Worksheet 7: Proposed Billable Rates for Manager Providing Direct Service. This worksheet provides rates to be used when the Program Manager, due to staff vacancies or increased numbers of children, provides direct services to enrolled children. Billable hours are for CDE/CDA, treatment services, assessment and Child Team meetings. Participating in the IFSP and transition activities are not billable. Because the Program Manager is salaried, overtime is based purely on a straight overtime, taking into consideration staff salary costs and taxes of the discipline of the Program Manager (not fringe benefits as fringe is covered by the Program Manager's salary). As the discipline of the Program Manager may change due to staff changes, complete this worksheet for each of the listed disciplines that are staff included in EIS Budget Form 2.

Column B: Transfer average of salaries from EIS Worksheet 5, Col. B to EIS Worksheet 7, Col. B.
Column C: Determine the average of taxes only based on salary average (Column C).
Column D: Addd B + C to determine average salary/taxes cost by discipline.
Column E: Determine the hourly rate by dividing Column D by 2080, the number of billable hours/year.

Complete EIS Budget Forms 1, 3, 4, 6, 7

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

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

Finalize Budget Form 1 with information from Budget Forms 2, 3, 4, 6, and 7 and by completing B. Other Current Expenses. Also complete the section Sources of Funding that summarizes your budget request, agency contribution, and total amount needed to meet the service needs as identified in the RFP.

To determine the amount to be included for Budget Form 1, G. EIS Supported Training, follow the instructions in Billable Activities (Attachment D-1), in the section "EIS Supported Training."

Budget Form 3: Budget Justification: Agency Administrative Personnel – Salaries, Fringe Benefits and Taxes. This form includes only Agency Administrative Personnel (e.g., Executive Director, accounting staff, etc.). It does NOT include Program Administration staff such as the Program Manager, data clerks, clerical staff, etc. These costs are included on Budget Form 2.

Transfer information from EIS Budget Form 3 (Column D) Salary Budgeted to Contract, to Budget Form 1, A2: Personnel Cost, Salaries – Agency Administrative Staff. Also transfer from EIS Budget Form 3 (Column E) Fringe & Taxes to Budget Form 1, A4: Fringe & Taxes, Agency Administrative Staff.

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

Budget Form 6: Budget Justification: Equipment Purchases. If you plan on purchasing equipment, complete this form and transfer the cost information to Budget Form 1, D: Equipment Purchases. Include justification for all equipment listed.

Budget Form 7: Budget Justification: Other Personnel – Social Workers. This budget form is to be used to list the SW needed to provide SW services to the number of children noted on Worksheet 1. Although the SW ratio is 1:35, only 80% of the children served by the Program are expected to be care coordinated by Program SWs. Determine the number SW needed and complete one row for each position. For current staff, list the name or position number, and the requested salary. For new staff, write *"New"* instead of name and use the requested salary. Determine fringe & taxes for the position and the total costs (Column F). Transfer the total Salary, Fringe & Taxes Budgeted to the Contract (Column F) to Budget Form 1, E: Other Personnel.

Each 1.0 FTE SW is allowed $200/month ($2400/year) to cover Other Operational Expenses (e.g., mileage, supplies, etc.). Using the total FTE, determine Other Operating Costs and transfer this amount to Budget Form 1, F: Other Operational Expenses.

Note: The DOH reserves the right to replace SW positions listed on Budget Form 7 with DOH SW/HSP positions. If this occurs the following budget categories on EIS Budget Form 1 will be reduced as appropriate: Budget Form 1: D: Equipment; E: Other Personnel; F: Other Operational Expenses; and G: EIS Supported Training.

Attachment D-3

EIS Worksheets 1-7

EIS Worksheets

To Determine Total Direct Service FTE Needed and Costs: Staff FTE and Costs, and Sub-Contracted Hours and Costs

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

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

Billable Activities	OT	PT	SLP	SPED	Teacher	Asst.	Para.	Other*	TOTA L Hours by Activity
Intake									
Comp. Dev. Eval. (CDE)									
Comp. Dev. Assess. (CDA)									
IFSP									
Eval./ Assessment									
Treatment – Individual									
Treatment – Group									
Treatment – Prep./Notes									
Consultation									
Family Trg. & Counseling									
Child Team Meeting									
Transition/ Transfer									
Transportation									
No Show									
TOTAL Hours by Service Provider									
AVERAGE Hours/Child									

Note: Provide justification for how the number of service hours by discipline and activity was determined.

*If you include "Other" staff, provide justification for the additional positions, including both why they are needed and what support they will be providing to children and/or families served.

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

A	B	C	D
Service Provider	**Total Estimated Hours/Month** (from Wksht. 1)	**Months/Year**	**Total Estimated Hours/Year** (B x C)
Occupational Therapist		12 months	
Physical Therapist		12 months	
Speech Lang. Pathologist		12 months	
Special Educator		12 months	
Teacher		12 months	
Assistant		12 months	
Paraprofessional		12 months	
Other		12 months	
TOTALS		**N/A**	

EIS Worksheet 3: Estimated FTE by Service Provider

A	B	C	D
Service Provider	**Total Estimated Hours/Year** (from Wksht. 2, Col. D)	**Direct Service Hours/Year**	**Total Estimated FTE** (B divided by C)
Occupational Therapist		1297	
Physical Therapist		1297	
Speech Lang. Pathologist		1297	
Special Educator		1297	
Teacher		1297	
Assistant		1297	
Paraprofessional		1297	
Other		1297	
TOTALS		**N/A**	

EIS Worksheet 4: Proposed Service Delivery Plan

A	B	C	D
Service Provider	**Total Estimated FTE** (from Wksht. 3, Col. D)	**Total Salaried Staff FTE**	**Total Sub-Contracted Hours/Month**
Occupational Therapist			
Physical Therapist			
Speech Lang. Pathologist			
Special Educator			
Teacher			
Assistant			
Paraprofessional			
Other			
TOTALS			

EIS Worksheet 5: Proposed Billable Rates

A	B	C	D	E
Service Provider	**Average of Salaried Staff by Discipline** (from EIS Budget Form 2, Col. A)	**Average of Fringe & Taxes by Discipline** (from EIS Budget Form 2, Col. B)	**Average Salaried Staff by Discipline** (B + C)	**Hourly Rate** (D/1297)
OT				
PT				
SLP				
SPED				
Teacher				
Assistant				
Paraprofessional				
Other				
TOTALS				

Note: Provide justification for hourly billable rates.

EIS Worksheet 6: Proposed Sub-Contracted Costs

A	B	C	D
Service Provider	**Total Estimated Sub-Contracted Hours** (from Wksht. 4, Col. D)	**Hourly Rate** (from EIS Budget Form 5)	**Total Sub-Contracted Costs** (B x C)
Occupational Therapist			
Physical Therapist			
Speech Lang. Pathologist			
Special Educator			
Teacher			
Assistant			
Paraprofessional			
Other			
TOTALS			

Note: Provide justification for hourly sub-contracted rates.

EIS Worksheet 7: Proposed Billable Rates For Manager Providing Direct Service

A	B	C	D	E
Service Provider	**Average of Salaried Staff by Discipline** (from EIS Worksheet 5, Col. B)	**Average of Taxes by Discipline (fringe not allowable)**	**Average Salaried Staff by Discipline** (B + C)	**Hourly Rate** (D/2080)
OT				
PT				
SLP				
SPED				
Teacher				
Other				

Attachment D-4

Budget Forms 1-7

NOTE: If this RFP was downloaded from the State Procurement Office RFP Website, each applicant must contact the RFP contact person at (808) 594-0025, or email at owen.tamanaha@doh.hawaii.gov to obtain Budget Forms 1-7 for Attachment D-4. The State shall not be responsible for any missing addenda, attachments or other information regarding the RFP if a proposal is submitted from an incomplete RFP.

Attachment E

Post 210 and 210A

NOTE: If this RFP was downloaded from the State Procurement Office RFP Website, each applicant must contact the RFP contact person at (808) 594-0025, or email at owen.tamanaha@doh.hawaii.gov to obtain Post 210 and 210A for Attachment E. The State shall not be responsible for any missing addenda, attachments or other information regarding the RFP if a proposal is submitted from an incomplete RFP.

Attachment F

Table A – Performance Measures

Column A	Column B	Column C	Column D	Column E	
Performance Measures	Annual Performance Objective for FY 2009 (Unduplicated Count)	Annual Performance Objective for FY 2010 (Unduplicated Count)	Annual Performance Objective for FY 2011 (Unduplicated Count)	Annual Performance Objective for FY 2012 (Unduplicated Count)	Applicant's a objectives, inclu (Attach
1. With parental consent, **100%** of children with an IFSP, and who have care coordination provided by the program, will have active involvement with a medical home (e.g. PCP invited to IFSP meetings, copy of IFSP sent to PCP, child medical information obtained and is in chart).	**100%** of children with an IFSP, and who have care coordination provided by the program, will have active involvement with a medical home.	**100%** of children with an IFSP, and who have care coordination provided by the program, will have active involvement with a medical home.	**100%** of children with an IFSP, and who have care coordination provided by the program, will have active involvement with a medical home.	**100%** of children with an IFSP, and who have care coordination provided by the program, will have active involvement with a medical home.	
2. **100%** of children referred to an early intervention program, and who have care coordination provided by the program, will have received a multi-disciplinary evaluation to determine Part C eligibility within 45 days of referral to Part C.	**100%** of children referred to an early intervention program, and who have care coordination provided by the program, will receive a multi-disciplinary evaluation to determine Part C eligibility within 45 days of referral to Part C.	**100%** of children referred to an early intervention program, and who have care coordination provided by the program, will receive a multi-disciplinary evaluation to determine Part C eligibility within 45 days of referral to Part C.	**100%** of children referred to an early intervention program, and who have care coordination provided by the program, will receive a multi-disciplinary evaluation to determine Part C eligibility within 45 days of referral to Part C.	**100%** of children referred to an early intervention program, and who have care coordination provided by the program, will receive a multi-disciplinary evaluation to determine Part C eligibility within 45 days of referral to Part C.	
3. **100%** of children eligible for Part C services, and who have care coordination provided by the program, will have a completed IFSP within 45 days of referral to Part C. (Include only Initial IFSPs initiated by your program).	**100%** of children eligible for Part C services, and who have care coordination provided by the program, will have a completed IFSP within 45 days of referral to Part C.	**100%** of children eligible for Part C services, and who have care coordination provided by the program, will have a completed IFSP within 45 days of referral to Part C.	**100%** of children eligible for Part C services, and who have care coordination provided by the program, will have a completed IFSP within 45 days of referral to Part C.	**100%** of children eligible for Part C services, and who have care coordination provided by the program, will have a completed IFSP within 45 days of referral to Part C.	

Performance Measures	Annual Performance Objective for FY 2009 (Unduplicated Count)	Annual Performance Objective for FY 2010 (Unduplicated Count)	Annual Performance Objective for FY 2011 (Unduplicated Count)	Annual Performance Objective for FY 2012 (Unduplicated Count)	Applicant's a objectives, inclu (Attach
the program, will have received majority of treatment services in natural environments. **This must increase by 5% for FY 2010 and FY 2011, and maintain 90% or higher for FY 2012.**	provided by the program, will have received majority of treatment services in natural environments.	provided by the program, will have received majority of treatment services in natural environments.	provided by the program, will have received majority of treatment services in natural environments.	provided by the program, will have received majority of treatment services in natural environments.	
5. At least **90%** of families who have non-mandated support services identified as a need in their child's IFSP, and care coordination is provided by the program, will have been referred for all identified services (e.g. respite, parent-to-parent support, community resources for housing, continuing education, etc.)	**90%** of families who have non-mandated support services identified as a need in their child's IFSP, and care coordination is provided by the program, will have been referred for all identified services (e.g. respite, parent-to-parent support, community resources for housing, continuing education, etc.)	**90%** of families who have non-mandated support services identified as a need in their child's IFSP, and care coordination is provided by the program, will have been referred for all identified services (e.g. respite, parent-to-parent support, community resources for housing, continuing education, etc.)	**90%** of families who have non-mandated support services identified as a need in their child's IFSP, and care coordination is provided by the program, will have been referred for all identified services (e.g. respite, parent-to-parent support, community resources for housing, continuing education, etc.)	**90%** of families who have non-mandated support services identified as a need in their child's IFSP, and care coordination is provided by the program, will have been referred for all identified services (e.g. respite, parent-to-parent support, community resources for housing, continuing education, etc.)	
6. **100%** of children who turn 3 y.o. during the fiscal year, and who have care coordination provided by the program, will have a transition conference at least 3 months prior to their 3rd birthday, or start of home school.	**100%** of children who turn 3 y.o. during the fiscal year, and who have care coordination provided by the program, will have a transition conference at least 3 months prior to their 3rd birthday, or start of home school.	**100%** of children who turn 3 y.o. during the fiscal year, and who have care coordination provided by the program, will have a transition conference at least 3 months prior to their 3rd birthday, or start of home school.	**100%** of children who turn 3 y.o. during the fiscal year, and who have care coordination provided by the program, will have a transition conference at least 3 months prior to their 3rd birthday, or start of home school.	**100%** of children who turn 3 y.o. during the fiscal year, and who have care coordination provided by the program, will have a transition conference at least 3 months prior to their 3rd birthday, or start of home school.	

Performance Measures	Annual Performance Objective for FY 2009 (Unduplicated Count)	Annual Performance Objective for FY 2010 (Unduplicated Count)	Annual Performance Objective for FY 2011 (Unduplicated Count)	Annual Performance Objective for FY 2012 (Unduplicated Count)	Applicant's a objectives, inclu (Attach
7. At least 15% of children with an IFSP will exit Part C prior to age 3 due to attaining age appropriate developmental levels (Includes children who have care coordination with PHN/Healthy Start). **This must increase 2% each fiscal year.**	**15%** of children with an IFSP will exit Part C prior to age 3 due to attaining age appropriate developmental levels.	**17%** of children with an IFSP will exit Part C prior to age 3 due to attaining age appropriate developmental levels.	**19%** of children with an IFSP will exit Part C prior to age 3 due to attaining age appropriate developmental levels.	**21%** of children with an IFSP will exit Part C prior to age 3 due to attaining age appropriate developmental levels.	
8. 100% of program staff will meet the highest level of professional standards and competencies for the State of Hawaii as identified in the Early Intervention State Plan, including current Hawaii State licensing requirements.	**100%** of staff will meet the highest level of professional standards and competencies for the State of Hawaii as identified in the Early Intervention State Plan, including current Hawaii State licensing requirements.	**100%** of staff will meet the highest level of professional standards and competencies for the State of Hawaii as identified in the Early Intervention State Plan, including current Hawaii State licensing requirements.	**100%** of staff will meet the highest level of professional standards and competencies for the State of Hawaii as identified in the Early Intervention State Plan, including current Hawaii State licensing requirements.	**100%** of staff will meet the highest level of professional standards and competencies for the State of Hawaii as identified in the Early Intervention State Plan, including current Hawaii State licensing requirements.	

Attachment G

DOH Policy Directive – Interpersonal Relationships

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