

State of Hawaii
Department of Human Services
Benefit, Employment and Support Services Division
Employment and Training Program Office

Addendum 1

August 28, 2009

To

Request for Proposals

RFP No. HMS 903-09-05-S

“Vocational Rehabilitation Services for Temporary Assistance for Needy Families (TANF), Temporary Assistance for Other Needy Families (TAONF) and General Assistance (GA) Recipients”

August 10, 2009

August 28, 2009

ADDENDUM NO. 1

To

REQUEST FOR PROPOSALS
“Vocational Rehabilitation Services for Temporary Assistance for Needy Families (TANF), Temporary Assistance for Other Needy Families (TAONF), and General Assistance (GA) Recipients”
RFP No. HMS-903-09-05-S

The Department of Human Services, Benefit, Employment and Support Services Division, Employment and Training Program Office is issuing this addendum to HMS-903-09-05-S, “Vocational Rehabilitation Services for Temporary Assistance for Needy Families (TANF), Temporary Assistance for Other Needy Families (TAONF), and General Assistance (GA) Recipients” for the purposes of:

- Responding to questions that arose at the orientation meeting of August 17, 2009 and written questions subsequently submitted in accordance with Section 1-V, of the RFP.
- Amending the RFP.
- Final Revised Proposals

The proposal submittal deadline:

- is amended to <new date>.
- is not amended.
- for Final Revised Proposals is <date>.

Attached is (are):

- A summary of the questions raised and responses for purposes of clarification of the RFP requirements.
- Amendments to the RFP.
- Details of the request for final revised proposals.

If you have any questions, contact:

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Responses to Question Raised by Applicants

For HMS-903-09-05-S, “Vocational Rehabilitation Services for Temporary Assistance for Needy Families (TANF), Temporary Assistance for Other Needy Families (TAONF), and General Assistance (GA) Recipients”

1. Is Phase 1 BPS conducted by medical vendor/medical board? And what is the standard documentation that we should expect; can you provide a sample report? Is there a recommendation from the medical board about the individual’s employability?

Yes, phase 1 of the BPS will be conducted by the medical examiner/board. New forms are being developed at this time and will be available upon contract execution.

2. Who is the established SSI advocacy vendor and are there current DHS procedures in place or does this need to be created? Has this relationship been set-up or is the vendor responsible for those arrangements?

The current SSI Advocacy vendor is Legal Aid Society of Hawaii, however this service is set to be re-procured in sometime in 10/09. DHS has established procedures in place for referral for SSI advocacy.

3. Wellness/Rehabilitation Plan-is there a time period for the wellness plan? Or a time limit?

The time frame should be consistent with the treatment plan provided by the medical board and should be reviewed no less than monthly.

4. If a client reports a new or acute condition while they are active in the program, can the contractor refer them back to the State-funded medical provider and can the client change tracks (i.e. work limited to wellness)?

Yes, clients may be referred for a new medical examination if they report a new condition.

5. Referrals to the Department of Vocational Rehabilitation- Has DHS invited DVR into the conversation and told them that potential vendors will be contacting them for coordination and partnership?

Yes, BESSD is currently collaborating with DVR with regard to this program.

6. When the state’s medical contractor conducts the employability assessment and makes the functional capacity determination, can the clinical staff at the vendor who are required to review the documentation and psychosocial,

override the determination recommended by the physician? For example, if vendor has a licensed social worker or physical therapist reviewing documentation and making decisions, the physician's recommendation be overridden by someone with fewer credentials?

No, the Medical Examiner/Board determination may not be overridden by the vendors' less credentialed staff. However, the vendors' staff may make recommendations about a participants' functional capacity based on the psychosocial assessment for the medical examiners/board to consider when rendering a determination.

7. Please clarify how a budget(s) for the proposed services should be submitted?
 - a. Should a single budget be submitted for the initial nine (9) months of statewide services for the TANF, TAONF and GA population?
 - b. Should a single budget be submitted for the initial nine (9) months of statewide services for the TANF and TAONF population only?
 - c. Should a separate budget be submitted for the initial nine (9) months of statewide services for the GA population only?
 - d. Should budget(s) be submitted for a twelve month period?

The applicant should submit a single budget for statewide services for the TANF/TAONF and GA populations for the initial contract period of eight (8) months from November 1, 2009 to June 30, 2010.

8. Please explain why providers must limit the amount of budgeted funds which are used to serve the GA population?

The contracts that are expected to be entered into as a result of this procurement are anticipated to be funded through a combination of State General Funds and TANF Federal funds. The GA population is not eligible for the federal funds and must only utilize state funds. Due to the current financial situation in the state, there is a very limited amount of general funds available.

9. Is the Department requiring that providers hire staff to solely serve the GA population in each of the three service delivery sites in Region I or II?

No, the Department is not requiring that providers hire staff to solely serve the GA population in each of the three service delivery sites, however if staff are to work with both GA and TANF populations their personnel costs would have to be properly cost allocated.

10. Page 2-6, III. Scope of Work, states that providers must, “Accept all individuals referred by the Department or its designees within the maximum caseload limits set by their contract.” Please provide the maximum caseloads the Department will require in the provider contracts? Is the caseload requirement the same for the Region I provider and Region II provider?

The Department is of the opinion that a 1:50 staff to client ratio for TANF/TAONF VR participants and a 1:100 staff to client ratio for GA participants is optimal. However, bidders may propose a different ratio based on their experience and the Department will determine the suitability of the proposal. The caseload requirements will be negotiated to be the same for Region I providers and Region II to ensure equity.

11. Please clarify whether all individuals referred by the Department will have been previously approved to receive TANF, TAONF or GA financial assistance?

The GA participants will be approved for financial assistance prior to be referred to the vendor, while the TANF and TAONF could be either applicants or approved recipients of financial assistance at the time of referral to the vendor. Please see Section III. *Scope of Work, A-1 Service Activities for TANF Population*, page 2-6 and 2-7.

12. Will any applicants for TANF, TAONF or GA assistance be referred to providers? If so, will providers be eligible to claim performance-based payments I, II and III for applicants who are never approved for financial assistance?

Please refer to the answer provided in the previous question. Yes for TANF and TAONF applicants only, as the GA participants that will be referred will be approved for financial assistance prior to being referred to FTW VR.

13. Will providers be required to provide on-going case management services to participants who exit the program and request transitional supportive services which are available for up to one year from case closure? If so, how will providers be compensated for this on-going case management for transitional supports?

Yes, for those participants who maintain full-time employment for an average of 30+ hours per week the provider will be expected to issue Transitional Support Service payments, however, there is no special compensation for this since the Department anticipates the number of participants who qualify to be relatively small for the VR population.

14. What if any is the minimum and/or maximum number of months that providers must provide compliance monitoring of treatment for GA participants?

There are neither a minimum or maximum number of months required, as long as a participant is receiving General Assistance the provider is required to monitor compliance to treatment.

15. Can providers that complete one month of compliance monitoring of treatment for GA participants claim performance-based payment VIII?

Yes, however, please see the response provided below.

16. Can providers claim performance-based payment VIII more than once for the same participant or is it a one-time payment?

Due to the limited amount of General Funds available for this service and the volume of GA participants, this is a one time payment.

17. Will a provider be able to claim Performance-Based Payments if a participant is promoted, transferred or hired in a different subsidized or unsubsidized job with the same employer and/or a different employer?

Yes, as long as there is no break in employment.

18. How will providers be compensated if a participant transfers between “Region I” and “Region II” while participating in this program?

a. Which provider will be eligible to claim Performance-Based Payments under the payment structure if a transfer occurs during program participation?

b. After a participant transfers between “Region I” and “Region II” at any of the times listed above which provider will be required to provide the participant with necessary program services, including employment placement, employment skills development, case management, job coaching, job retention services, and payment of transitional supportive services?

a. **Whichever provider has spent the most time servicing the client during the performance based period.**

b. **Once the participant has transferred to a new unit, the new provider must provide all the VR services required for the client.**

19. What Performance-Based Payments apply if a participant quits or changes jobs or is laid off through no fault of their own, due to the economic troubles likes to be experienced by local businesses in 2009-2010?
- a. Will the Department consider revising the Performance-Based Payments so that employment within a certain period from the confirmed job placement date will be eligible for payment? For example, if the participant has been employed for a certain period with a break of in employment of less than XX consecutive days.
 - b. Will providers be able to claim Performance-Based Payments for program participants who have multiple breaks in employment? If so, how many breaks are permissible?

The following answer addresses both (a) and (b): A break may not exceed 15 days since the performance periods are relatively short. It must be duly documented in HANA and in the case folder. Only medical reasons, death in the immediate family, and lay-off due to employers inability to continue to employ would be acceptable reasons for a break, as long as employment resumes after the incident and the full 60, 90 or 180 days of employment, as applicable, has been completed.

20. In trying to ascertain the most efficient and cost-effective method for providing service to Molokai and Lanai, is there a number of participants for these Islands?

The Department anticipates the number of GA participants to be approximately 10-12 per month for the Islands of Molokai and Lanai combined.

21. How were the regions developed? By census tract? By number of participants in each area?

The regions were developed by taking the total number of participants in each area and dividing in an approximately 60/40 split between Region I and Region II.

22. With the number of GA participants, and funding available, is it correct that the provider will only be monitoring compliance with treatment plan?

Please refer to Section III. *Scope of Work, A-2 Service Activities for GA Population*, page 2-10.

23. Is it correct in saying that GA does not have the 21 day compliance, but TANF/TAONF clients are required to comply based on their treatment plan, level of ability to comply (hours stipulated)?

TANF and TAONF applicants who claim a disability at the time of application or at any time prior to completing the 21-day pay after performance period will be referred for FTW VR services. The intake date starts the 21-day pay-after performance period. Please refer to Section III. *Scope of Work, A-1 Service Activities for TANF Population*, page 2-6 and 2-7. The GA recipients are not required to complete a 21-day pay-after performance period as a condition of eligibility.

24. Is intake for TANF/TAONF immediate upon entrance into HANA pool?

Per Section III, Scope of Work, A-1, Service Activities for TANF Population page 2-7 at the end of the orientation, all the applicants present must complete a HANA intake.

25. With regard to computer equipment and server, are the providers required to purchase or will the State purchase? Will specifications be provided if provider is required to purchase?

With regard to computer equipment and server the State will be responsible to purchase these items.

26. If provider is required to purchase equipment, is leasing an option?

As far as other equipment such as copy machines, fax machines and telephone equipment, the provider is expected to secure these items through either purchase or lease, whichever is most cost effective.

27. May any furniture, telephone equipment, etc. be leased?

Please see the answer provided above.

RFP No. HMS-903-09-05-S “Vocational Rehabilitation Services for Temporary Assistance for Needy Families (TANF), Temporary Assistance for Other Needy Families (TAONF), and General Assistance (GA) Recipients” is amended as follows:

Subsection Page

Section 1, Administrative Overview

None

Section 2, Service Specifications

G	2-3	The first sentence of the second paragraph is amended to read, “The Department intends to award contracts to two (2) different providers for a total combined funding of \$3,000,000.00 per year, prorated at \$2,000,000.00 for the initial 8 month contract period.”
G, 1. Region I Funding	2-4	a. Initial Contract Period The total amount of funding under this procurement to service Region I locations is \$1,200,000.00 of which no more than \$312,000.00 may be used to service the GA population, and the remaining \$888,000.00 is to fund the TANF VR services for the initial eight (8) month contract period effective November 1, 2009 to June 30, 2010.
G. 2. Region II Funding	2-4	a. Initial Contract Period The total amount of funding available for Region II is \$800,000.00 of which no more than \$204,000.00 may be used to service the GA population, and the remaining \$592,000.00 is the fund the TANF VR service for the initial eight (8) month contract period effective November 1, 2009 to June 30, 2010.
E	2-5	Initial term of contract: November 1, 2009 to June 30, 2010.

Section 3, Proposal Application Instructions

No Changes

Section 4, Proposal Evaluation

No Changes

Section 5, Attachments

Attachment C, Glossary	1	<u>Bio-psychosocial Assessment</u>
Attachment C, Glossary	1	Phase III- Combine the information gathered from Phase I and Phase II to develop a comprehensive bio-psychosocial assessment and make a final determination of the participants functionality.

