

State of Hawaii
Department of Health
Adult Mental Health Division

Request for Proposals

RFP No. HTH 420-6-10
Crisis Services - Statewide

Date Issued
February 3, 2010

Date Due
March 8, 2010

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.

February 3, 2010

REQUEST FOR PROPOSALS

**CRISIS SERVICES - STATEWIDE
RFP No. HTH 420-6-10**

The Department of Health, Adult Mental Health Division (DIVISION), is requesting proposals from qualified applicants to provide Crisis Services, statewide. The contract term is to be from June 1, 2010 through May 31, 2011. Multiple contracts may be awarded under this request for proposals.

Proposals shall be mailed, postmarked by the United State Postal Service on or before Monday, March 8, 2010, and received no later than 10 days from the submittal deadline. Hand delivered proposals shall be received no later than 4:00 p.m., Hawaii Standard Time (HST), on Monday, March 8, 2010, 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 rejected. There are no exceptions to this requirement.

The DIVISION shall conduct an orientation on Wednesday, February 10, 2010 from 10:00 a.m. to 11:15 a.m., HST. The time and place for the RFP orientation session is stated in Section 1, Administrative Overview of the RFP. All prospective applicants are encouraged to attend the orientation.

The deadline for submission of written questions is 9:00 a.m., HST, on Tuesday, February 16, 2010. All written questions will receive a written response from the State on or about Monday, February 22, 2010.

Inquiries regarding this RFP should be directed to the RFP contact person, Ms. Enid Kagesa, at 1250 Punchbowl Street, Room 256, Honolulu, Hawaii 96813, telephone: (808) 586-8287, fax: (808) 586-4745.

PROPOSAL MAIL-IN AND DELIVERY INFORMATION SHEET

**NUMBER OF COPIES TO BE SUBMITTED:
THE 3 COPIES MUST INCLUDE ONE (1) SIGNED ORIGINAL AND ONE (1) SINGLE
SIDED, UNBOUND COPY.**

**ALL MAIL-INS SHALL BE POSTMARKED BY UNITED STATES POSTAL SERVICE
(USPS) NO LATER THAN
March 8, 2010
and received by the state purchasing agency no later than 10 days from the submittal
deadline.**

All Mail-ins

Department of Health
Adult Mental Health Division
P.O. Box 3378
Honolulu, Hawaii 96801-3378

RFP Contact Person

Enid Kagesa
For further info. or inquiries
Phone: 586-8287
Fax: 586-4745

**ALL HAND DELIVERIES SHALL BE ACCEPTED AT THE FOLLOWING SITE UNTIL
4:00 P.M., Hawaii Standard Time (HST), March 8, 2010.**

Drop-off Site

Oahu:

Department of Health
Adult Mental Health Division
1250 Punchbowl Street, Room 256
Honolulu, Hawaii

BE ADVISED: All mail-ins postmarked by USPS after **March 8, 2010**, shall be rejected.
Deliveries by private mail services such as FEDEX shall be considered
hand deliveries. Hand deliveries shall not be accepted if received after
4:00 p.m., HST, March 8, 2010.

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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 Request for Proposals (RFP)	02/03/10
Distribution of RFP	02/03/10
RFP orientation session	02/10/10
Closing date for submission of written questions for written responses	02/16/10
State purchasing agency's response to applicants' written questions	02/22/10
Discussions with applicant prior to proposal submittal deadline (optional)	
Proposal submittal deadline	03/08/10
Discussions with applicant after proposal submittal deadline (optional)	
Final revised proposals (optional)	
Proposal evaluation period	03/10/10 – 03/26/10
Provider selection	03/31/10
Notice of statement of findings and decision	03/31/10
Contract start date – planned	06/01/10

II. Website Reference

The State Procurement Office (SPO) website is <http://hawaii.gov/spo>

	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 “The RFP Website” (located under Quicklinks)
3	Hawaii Administrative Rules (HAR) for Procurement of Health and Human Services	“Statutes and Rules” and “Procurement of Health and Human Services”
4	Forms	“Health and Human Services, Ch. 103F...” and “For Private Providers” and “Forms”
5	Cost Principles	“Health and Human Services, Ch. 103F...” and “For Private Providers” and “Cost Principles”
6	Standard Contract -General Conditions	“Health and Human Services, Ch. 103F...” “For Private Providers” and “Contract Template – General Conditions”
7	Protest Forms/Procedures	“Health and Human Services, Ch. 103F...” and “For Private Providers” and “Protests”

Non-SPO websites

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

	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	http://www.hawaii.gov/campaign

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. Failure to comply with any requirements may result in the rejection of the proposal.

Applicants are advised that the entire RFP, appendices, amendments, memorandum, written responses to questions and answers, and the corresponding proposal shall be a part of the contract with the successful 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 provider 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:

**Department of Health
Adult Mental Health Division
1250 Punchbowl Street, Room 256
Honolulu, Hawaii 96813
Phone: (808) 586-8287 Fax: (808) 586-4745**

VI. Orientation

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

Date: **Wednesday, February 10, 2010** Time: **10:00 a.m. – 11:15 a.m.**

Location: Department of Health
Adult Mental Health Division, Uluakupu
2385 Waimano Home Road, Bldg. 4, Room 45
Pearl City, HI 96782

Teleconferencing capability shall be provided for interested neighbor island organizations/agencies. Please call (808) 586-8287 for more information.

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 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: **February 16, 2010** **Time:** **9:00 a.m.** **HST**

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

Date: **February 22, 2010**

VIII. Submission of Proposals

- A. Forms/Formats** - Forms, with the exception of program specific requirements, may be found on the State Procurement Office website referred to in II. Website Reference. Refer to the Proposal Application Checklist (Attachment A) for the location of program specific forms.
- 1. Proposal Application Identification (Form SPO-H-200).** Provides identification of the proposal.
 - 2. Proposal Application Checklist.** Provides applicants with information on where to obtain the required forms; information on program specific requirements; which forms are required and the order in which all components should be assembled and submitted to the state purchasing agency.

3. **Table of Contents.** A sample table of contents for proposals is located in Section 5, Attachment B. This is a sample and meant as a guide. The table of contents may vary depending on the RFP.
 4. **Proposal Application (Form SPO-H-200A).** Applicant shall submit comprehensive narratives that address all of the proposal requirements contained in Section 3 of this RFP, including a cost proposal/budget if required. (Refer to Section 3 of this RFP.)
- B. Program Specific Requirements.** Additional program specific requirements are included in Sections 2, Service Specifications and 3, Proposal Application Instructions, as applicable. If required, Federal and/or State certifications 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. Tax Clearance.** Pursuant to HRS Section 103-53, as a prerequisite to entering into contracts of \$25,000 or more, providers shall be required to submit a tax clearance certificate issued by the Hawaii State Department of Taxation (DOTAX) and the Internal Revenue Services (IRS). The certificate shall have an original green certified copy stamp and shall be valid for six (6) months from the most recent approval stamp date on the certificate. Tax clearance applications may be obtained from the Department of Taxation website. (Refer to this section's part II. Website Reference.)
- E. Wages and Labor Law Compliance.** If applicable, by submitting a proposal, the applicant certifies that the applicant is in compliance with HRS Section 103-55, Wages, hours, and working conditions of employees of contractors performing services. Refer to HRS Section 103-55, at the Hawaii State Legislature website. (See part II, Website Reference.)
- **Compliance with all Applicable State Business and Employment Laws.** All providers shall comply with all laws governing entities doing business in the State. Prior to contracting, owners of all forms of business doing business in the state except sole proprietorships, charitable organizations unincorporated associations and foreign insurance companies shall be registered and in good standing with the Department of Commerce and Consumer Affairs (DCCA), Business Registration Division. Foreign insurance companies must register

with DCCA, Insurance Division. More information is on the DCCA website. (See paragraph II, Website Reference.)

- F. Hawaii Compliance Express (HCE).** Providers may register with HCE for online proof of DOTAX and IRS tax clearance, Department of Labor and Industrial Relations (DLIR) labor law compliance, and DCCA good standing compliance. There is a nominal annual fee for the service. The “Certificate of Vendor Compliance” issued online through HCE provides the registered provider’s current compliance status as of the issuance date, and is accepted for both contracting and final payment purposes. Refer to this section’s part II. Website Reference for HCE’s website address.
- G. Campaign Contributions by State and County Contractors.** Providers are hereby notified of the applicability of HRS Section 11-205.5, 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, FAQs are available at the Campaign Spending Commission webpage. (See paragraph II, Website Reference.)
- H. 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.

All proposals become the property of the State of Hawaii. The successful proposal shall be incorporated into the resulting contract and shall be public record. The State of Hawaii shall have the right to use all ideas, or adaptations to those ideas, contained in any proposal received in response to this RFP. Selection or rejection of the proposal shall not affect this right.

Note that price is not considered confidential and will not be withheld.

- I. Confidentiality of Personal Information.** Act 10 relating to personal information was enacted in the 2008 special legislative session. As a result, the Attorney General’s General Conditions of Form AG Form 103F, *Confidentiality of Personal Information*, has been amended to include Section 8 regarding protection of the use and disclosure of personal information administered by the agencies and given to third parties.

J. Proposal Submittal. All mail-ins shall be postmarked by United States Postal System (USPS) and received by the State purchasing agency no later than the submittal deadline indicated on the attached Proposal Mail-In and Delivery Information Sheet. All hand deliveries shall be received by the State purchasing agency by the date and time designated on the Proposal Mail-In and Delivery Information Sheet. Proposals shall be rejected when:

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

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

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

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.

In order to provide equal treatment to all applicants, questions from applicants shall be submitted in writing and answers to applicants shall be distributed to all known interested parties.

B. After Proposal Submittal Deadline. Discussions may be conducted with applicants whose proposals are determined to be reasonably susceptible of being selected for award, but proposals may be accepted without discussions, in accordance HAR Section 3-143-403.

From the issue date of this RFP until an applicant is selected and the selection is announced, communications with State staff may be conducted pursuant to Chapter 3-143, HAR.

X. Opening of Proposals

Upon receipt of a 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.

The DIVISION reserves the right to conduct an on-site visit to verify the appropriateness and adequacy of the applicant's proposal before the award of the contract.

XII. RFP Amendments

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

XIII. Final Revised Proposals

If requested, final revised proposals shall be submitted in the manner, and by the date and time specified by the state purchasing agency. If a final revised proposal is not submitted, the previous submittal shall be construed as the applicant's best and final offer/proposal. *The applicant shall submit **only** the section(s) of the proposal that are amended, along with the Proposal Application Identification Form (SPO-H-200).* After final revised proposals are received, final evaluations will be conducted for an award.

XIV. Cancellation of Request for Proposal

The RFP 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 RFP, 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 HAR Sections 3-142-202 and 3-142-203.

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.

The DIVISION also reserves the right to waive minor variances in proposals providing such action is in the best interest of the State. Where the DIVISION may waive minor variances, such waiver shall in no way modify the RFP requirements or excuse an applicant from full compliance with the RFP specifications and other contract requirements if the applicant is awarded the contract.

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. (HAR Section 3-141-201)
- (2) Rejection for inadequate accounting system. (HAR Section 3-141-202)
- (3) Late proposals (HAR Section 3-143-603)
- (4) Inadequate response to request for proposals (HAR Section 3-143-609)
- (5) Proposal not responsive (HAR Section 3-143-610(a)(1))
- (6) Applicant not responsible (HAR Section 3-143-610(a)(2))
- (7) Proof of collusion among applicants, in which case all proposals involved in the collusive action shall be rejected and any participant to such collusion shall be barred from future bidding until reinstated as a qualified applicant.
- (8) An applicant with a DIVISION approved repayment plan that is in arrears with the State or has defaulted on previous contracts.
- (9) An applicant shows any noncompliance with applicable laws.
- (10) An applicant's lack of financial stability and viability.

- (11) An applicant adds any provisions reserving the right to accept or reject an award, or enters into a contract pursuant to an award, or adds provisions contrary to those in the solicitation.

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.

Upon receipt and acceptance of the winning proposal, the DIVISION shall initiate the contracting process. The applicant who has been awarded a contract shall be notified in writing that the DIVISION intends to contract with the applicant. This letter shall serve as notification that the applicant should begin to develop its programs, materials, policies and procedures for the contract. The DIVISION will not reimburse applicants for costs incurred related to services not delivered.

The DIVISION reserves the right to review any applicant's provider contracts or agreements prior to the notification of award of the contract. Upon award of the contract, the applicant shall submit a plan for implementation of services and shall provide progress/performance reports every two (2) weeks beginning two (2) weeks after the notification of contract award. The format to be used shall be approved by the DIVISION. The purpose of the reports is to ensure that the applicant will be ready to provide services as of the implementation date of the contract and that all required elements are in place. If the applicant is not able to demonstrate readiness to implement the contract, the award shall be withdrawn by the DIVISION and the next qualified applicant shall replace the applicant.

After the award of the contract, prior to implementation, an on-site readiness review will be conducted by a team from the DIVISION and will examine the applicant's staffing and provider contracts, fiscal operations, and other areas specified prior to review.

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 (5) 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 L. Fukino, M.D.	Name: Amy Yamaguchi
Title: Director of Health	Title: Administrative Officer, Adult Mental Health Division
Mailing Address: P.O. Box 3378 Honolulu, Hawaii 96801-3378	Mailing Address: P.O. Box 3378 Honolulu, Hawaii 96801-3378
Business Address: 1250 Punchbowl Street, Honolulu, Hawaii 96813	Business Address: 1250 Punchbowl Street, Honolulu, Hawaii 96813

XX. Availability of Funds

The award of a contract and any allowed renewal or extension thereof, is subject to allotments made by the Director of Finance, State of Hawaii, pursuant to Chapter 37, HRS, and subject to the availability of State and/or Federal funds.

XXI. Monitoring and Evaluation

Any deviation from the contract scope and requirements may result in the temporary withholding of payments pending correction of a deficiency or a non-submission of a report by the provider, in the disallowance of all or part of the cost, or in the suspension of contract services pending correction of a deficiency.

The applicant shall comply with all of the requirements of the RFP and contract and the DIVISION shall have no obligation to refer any consumers to the applicant until such time as all of said requirements have been met. 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. Terms of the special conditions may include, but are not limited to, the requirements as outlined in Section 5, Attachment C.

The DIVISION may also be required to make small or major unanticipated modifications to individual contracts. Reasons for such modifications may include, but are not limited to, recommendations made by the DIVISION's technical assistance consultant, national trends, and needs of the Hawaii State Department of Health.

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

I. Introduction

A. Overview, purpose or need

The Adult Mental Health Division (“DIVISION”) of the Hawaii State Department of Health (“DEPARTMENT”) is responsible for coordinating public and private human services into an integrated and responsive delivery system for mental health needs. Provision of direct services to consumers in the public sector is offered through programs offered by the Community Mental Health Centers (“CENTERS”) and the Hawaii State Hospital (“HOSPITAL”). In addition, the DIVISION contracts on a purchase of service basis with private providers for mental health services to supplement the efforts of the CENTERS and the HOSPITAL.

For purposes related to this RFP, the basic functions or responsibilities of the DIVISION include:

1. Defining the services to be provided to consumers by the applicant;
2. Developing the rules, policies, regulations, and procedures to be followed under the programs administered by the department;
3. Procuring, negotiating, and contracting with selected applicants;
4. Determining initial and continuing eligibility of consumers;
5. Enrolling and disenrolling consumers;
6. Reviewing and ensuring the adequacy of the applicant’s employees and providers;
7. Authorizing and determining necessity of DIVISION funded services;
8. Monitoring the quality of services provided by the applicants and subcontractors;
9. Reviewing and analyzing utilization of services and reports provided by the applicants;
10. Handling unresolved consumer grievances and appeals with the applicants;
11. Certifying Medicaid Rehabilitation Option (“MRO”) providers;
12. Authorizing and paying MRO services and claims;
13. Monitoring the financial status and billing practices of applicants;
14. Identifying and investigating fraud and abuse;
15. Analyzing the effectiveness of the program in meeting its objectives;
16. Conducting research activities;
17. Providing technical assistance to the applicants;
18. Providing consumer eligibility information to the applicants;
19. Payments to the non-MRO contracted applicants; and
20. Imposing civil or administrative penalties, monetary penalties and/or financial sanctions for violations of specific contract provisions.

Since persons who are severely and persistently mentally ill typically manifest varying levels of need for care and often experience cyclical episodes of

recurrence of the illness, a variety of service and housing options must be provided simultaneously to the individual and tailored to meet his/her current needs. Among these required services are those which must address the needs of persons when they are homeless, when they are experiencing a bout of illness or in relapse, and when services sought reflect the assumption that services provided to persons who are severe and persistent mentally ill, are community-based, are well-coordinated, and produce outcomes that benefit both the consumer and society.

B. Planning activities conducted in preparation for this RFP

The DIVISION published a Request for Information on October 16, 2008 in the design of Crisis Services, statewide, seeking the public's input on the availability of potential service providers, staffing capabilities for services and culturally specific service capabilities.

C. Description of the goals of the service

The DIVISION is committed to building a system of care which is rooted and grounded in the recovery model. The cornerstone of the recovery process is the centrality of the individual, in their personal definition of meaning and purpose, and the belief that despite the ongoing presence of the illness, people continue to develop.

Hawaii's adult mental health service delivery system is based on the concept of recovery; that consumers can lead fulfilling lives even in the presence of a severe and persistent mental illness. Services are focused on the needs of the individual and shall address not simply symptom relief and stabilization, but on consumer empowerment and the development of skills needed to lead satisfying, hopeful and contributing lives.

The goal for the Crisis Services program described in this RFP is to provide community-based interventions for individuals experiencing an episode of emotional, behavioral or psychological crisis. This is achieved through rapid response to emergent needs, assisting individuals in resolving crises in the least restrictive setting, prevention of more intensive interventions, and through assisting frequent users of crisis services in developing plans to promote their own wellness. The service components included in this program include Crisis Mobile Outreach ("CMO"), Crisis Support Management ("CSM"), Licensed Crisis Residential Service ("LCRS"), Certified Peer Specialist support, and a Crisis Management Fund.

D. Description of the target population to be served

Adults, eighteen (18) years and older, who are experiencing an emotional, behavioral or psychological crisis.

E. Geographic coverage of service

Statewide.

Organizations may apply for one (1) or more counties. Maui County includes Moloka'i and Lana'i. Hawai'i County includes both East and West Hawai'i. Organizations who wish to apply to provide services in more than one county shall demonstrate the ability to successfully manage and monitor services, both clinically and administratively, across distances and geographic boundaries. A multi-county provider will need to have, or have developed prior to implementation, standardized policies and procedures across counties in order to ensure consistent application of the scopes of service.

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

The source of funding is state funds or a combination of state and federal funds. Both profit and non-profit organizations are eligible for state funds. Please note that based on the availability of funds, the amount allocated to providers who are awarded contracts may change.

The DIVISION considers itself the payor of last resort, and expects providers to obtain third party reimbursement as applicable. The DIVISION gives priority to the uninsured.

Start-up costs up to \$2,000.00 will be allowed for the purpose of setting up electronic billing, subject to approval by the DIVISION. Start-up costs should reference the purchase of software that performs the function of creating a Health Insurance Portability and Accountability Act of 1996 ("HIPAA") compliant 837, including optional fields.

The criteria for determining the amount allocated for setting up electronic billing shall be based on the applicant demonstrating that they are able to submit 837 compliant claims files including DIVISION optional fields. Where software is being purchased, applicants must submit documentation from the vendor selected which includes the full purchase price of the software and supporting evidence that the software meets required specifications. Direct contact with the vendor selected which includes the full purchase price of the software and supporting evidence that the software meets required specifications. Direct contact with the vendor to confirm the functionality of the product may be necessary prior to allocation of funds.

Should an applicant wish to use the funding to support the costs of modifying an existing billing system, the applicant must obtain prior approval of their project plan. This plan must include milestones which demonstrate that the modifications will be completed in time to meet the electronic billing deadline referenced in this RFP. The plan must also identify personnel resources, describe the modifications

planned and estimate the number of hours required to complete the project. Payment would be made upon successful acceptance of an 837 claims file by DIVISION.

The request for start-up costs is optional and not required as part of the proposal application package.

If an applicant materially fails to comply with terms and conditions of the contract, the DIVISION may, as appropriate under the circumstances:

1. Temporarily withhold payments pending correction of a deficiency or a non-submission of a report by a provider.
2. Disallow all or part of the cost.
3. Restrict, suspend or terminate the contract.

In the event that the additional funds become available for similar services, the DEPARTMENT reserves the right to increase funding amounts.

Competition is encouraged among as many applicants as possible.

II. **General Requirements**

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

1. The applicant shall have current, valid licenses and certificates, as applicable, in accordance with federal, state and county regulations, and comply with all applicable Hawaii Administrative Rules and provide copies to the DIVISION, as requested.

Residential programs, in accordance with Title 11, Chapter 98 HRS, shall have a Special Treatment Facility license prior to accepting DIVISION consumers into the facility and the license shall remain current throughout the contract period.

2. The DIVISION will require accreditation by the Commission on Accreditation of Rehabilitation Facilities (“CARF”) or Joint Commission on Accreditation of Healthcare Organizations (“JCAHO”), International Center for Clubhouse Development (“ICCD”), Council on Accreditation (“COA”), or by another DIVISION-approved certification/licensing process. Applicants that are currently accredited are required to maintain accreditation throughout the contract period. Applicants who are not

accredited for this service at the time of contract award are required to achieve accreditation within two (2) years from the date of contract award.

3. Applicants shall have an administrative structure in place capable of supporting the activities required by the RFP. Specifically, there shall be clinical, financial, accounting and management information systems, and an organizational structure to support the activities of the applicant.
4. The applicant shall have a written plan for disaster preparedness.
5. The applicant shall cooperate with the DIVISION in approved research, training, and service projects provided that such projects do not substantially interfere with the applicant's service requirements as outlined in this RFP.
6. The applicant shall comply with all specified, applicable existing policies, procedures, directives, and provider manual of the DIVISION and, any applicable policies, procedures, directives, and provider manual developed in the future.
7. Whenever requested, the applicant shall submit a copy of its operating policies and procedures to the DIVISION. The copy shall be provided at the applicant's expense with revisions and updates as appropriate.
8. The applicant shall assign staff to attend provider meetings as scheduled by the DIVISION.
9. The applicant shall notify and obtain the approval of the DIVISION prior to the formal presentation of any report or statistical or analytical material based on information obtained through this contract. Formal presentation shall include, but not be limited to papers, articles, professional publications, and presentations.

The applicant shall not advertise, distribute, or provide to any consumer, any material relating to the contract that has not been approved by the DIVISION. The applicant shall not change the material without the consent of the DIVISION. All consumer satisfaction surveys and methodology must be reviewed and approved by the DIVISION prior to implementation.

10. Consumer Management Requirements:
 - a. Incorporate "best practices/evidence-based practices" in any consumer service.

"Best practices/evidence-based practices" are defined as a body of

contemporaneous empirical research findings that produce the most efficacious outcomes for person with severe and persistent mental illness, have literature to support the practices, are supported by national consensus, and have a system for implementing and maintaining program integrity and conformance to professional standards. The DIVISION has developed fidelity scales based on best practices/evidence-based practices for some services. Applicants will be required to incorporate these best practices/evidence-based practices into their service delivery and cooperate with educational and monitoring activities.

- b. Documented evidence of consumer input into all aspects of recovery planning inclusive of service related decisions.
- c. Consumers shall be served in the “least restrictive” environment as determined by the consumer’s level of care assessment, as established in section 334-104, Hawaii Revised Statutes and in any appropriate federal guidelines, and in accordance with any specific court orders that direct a specific treatment or service placement for an individual consumer.
- d. Consumers shall be made aware of and have access to community resources appropriate to their level of care and treatment needs.
- e. Consumers shall, to the extent it is practicable and clinically appropriate, receive services in a manner compatible with their cultural health beliefs, practices and preferred language.
- f. Any suspected case of physical, emotional or financial abuse or neglect of a consumer who is a vulnerable adult shall be reported by the applicant to Adult Protective Services, or of a child to Child Protective Services, and to the DIVISION immediately upon discovery.
- g. In accordance with Chapter 11-175, Hawaii Administrative Rules, and any appropriate federal guidelines, the applicant shall respect and uphold consumer rights. The applicant shall recognize the rights of authority of the consumer in the delivery of services, in deciding on appropriate treatment and services and in providing input into the decisions of all aspects of service.
- h. The applicant shall provide a written record of sentinel events to the DIVISION’s Quality Management program in a manner consistent with the DIVISION policy on Sentinel Events.

- i. The applicant shall comply with any applicable Federal and State laws such as title VI of the Civil Rights Act of 1964 as implemented by regulations at 45 C.F.R. part 80, the Age Discrimination Act 1975 as implemented by regulations at 45 C.F.R. part 91, the Rehabilitation Act of 1973, and titles II and III of the Americans with Disabilities Act (“ADA”).
- j. The applicant shall describe how they protect confidential information. The applicant shall not use or disclose patient health information (“PHI”) in any manner that is not in full compliance with HIPAA regulations or with the laws of the State of Hawaii. The applicant shall maintain safeguards, as necessary, to ensure that PHI is not used or disclosed except as provided by the contract or by law. The applicant shall not use or further disclose PHI for any purpose other than the specific purposes stated in DIVISION contracts or as provided by law and shall immediately report to DIVISION any use of disclosure of PHI that is not provided in this contract or by law.
- k. The applicant shall maintain confidential records on each consumer pursuant to section 334-5, Hawaii Revised Statutes, 42 U.S.C. sections 290dd-3 and 290ee3 and the implementing federal regulations, 42 C.F.R. Part 2, if applicable, and any other applicable confidentiality statute or rule. Such records shall be made available to the DIVISION upon request.
- l. Written consumer consent shall be obtained for individuals and services funded by the DIVISION including:
 - 1) Consent for evaluation and treatment;
 - 2) Consent to release information by DIVISION funded service providers as needed for continuity of care, including after care services;
 - 3) Consent to enter registration and treatment information in the confidential Statewide DIVISION information system; and
 - 4) Other consent documents as needed.

Consumer consent is not required for oversight activities of the DIVISION and its agents, and in the case of Medicaid Rehabilitation Option Services (“MRO”), the Centers for Medicare and Medicaid Services (“CMS”) Office of the Inspector General (“OIG”), the Med-Quest Division (“MQD”) and their agents.

11. Prior written approval must be obtained from the DIVISION if a subcontractor is used. The applicant shall ensure the DIVISION that they, as the applicant, have the ultimate responsibility that subcontractor(s) will provide behavioral health services that meet the criteria of this RFP. Subcontractors must be responsive and responsible to meet the expectations of the applicant and the DIVISION.

12. Financial Requirements
 - a. The State may require providers to submit an audit as necessary. If the applicant expends \$500,000 or more in a year of federal funds from any source, it shall have a single audit conducted for that year in accordance with the Single Audit Act and Amendments of 1999, Public Law 104-156.

 - b. The applicant shall comply with the cost principles developed for Chapter 103F, HRS and set forth in the document SOP-H-201. This form (SPO-H-201) is available on the SPO website (see page 1-2, Website Reference).

 - c. Eligibility and enrollment is determined by DIVISION assessors utilizing the DIVISION's established eligibility determination criteria and process.

 - d. Notification of Changes in Consumer Status.

As part of education conducted by the DIVISION, consumers shall be notified that they are to provide the applicant, through their case manager, with any information affecting their status. The case manager and/or consumers should report changes to their case manager and/or provider. The provider shall complete the DIVISION Utilization Management ("UM") Admission/Discharge/Update form and send it to UM. The DIVISION shall describe the information that is to be provided and explain the procedures to be followed through the DIVISION staff and in its printed material. The applicant shall also explain the information and the procedures to be followed by the consumers during the orientation process.

It is expected that not all consumers will remember to or be able to provide information on changes to their status. Therefore, it is important for the provider to obtain and forward such information to the DIVISION on a timely basis and inform the consumer of his/her responsibility to report changes to their case manager.

The applicant shall notify each case manager and the DIVISION of changes in consumer status by calling or faxing the information to

the DIVISION, UM unit within five (5) calendar days of discovery.

e. Changes in Consumer Status include:

- 1) Death of the consumer
- 2) Change in address, including homelessness
- 3) Change in name
- 4) Change in phone number
- 5) Institutionalization (imprisonment or long term care)
- 6) Short term inpatient psychiatric treatment
- 7) Loss of Permanent Residency Status for non-U.S. citizens receiving services
- 8) Third Party Liability (“TPL”) coverage, especially employer-sponsored, Medicare or Medicaid

f. Disenrollment from DIVISION

Consumers shall be disenrolled if they no longer meet DIVISION eligibility criteria.

g. TPL means any individual, entity or Program that is or may be liable for all or part of the expenditures for furnished services. The DEPARTMENT will take all reasonable measures to identify legally liable third parties and treat verified TPLs as a resource of the consumer.

The applicant shall establish systems for determining and continuous monitoring of clinical eligibility for this service, billing, and collecting from all eligible sources to maximize third party reimbursements and other sources of funding before using funds awarded by the DIVISION. The applicant shall bill the DIVISION only after exhausting the third party denial process, or when the consumer is uninsured. The applicant shall maintain documentation of denials and of limits of benefit coverage and make these records available to the DIVISION upon request. The DIVISION is the payor of last resort and the applicant shall consider payment from third party sources as payment in full. An annual review and reconciliation of amounts collected from third

party payors by the applicant will be conducted and, if needed, adjustments will be made within ninety (90) days either crediting the DIVISION or providing payment to the applicant upon the receipt of a claim.

The Applicant shall:

- 1) Provide a list of service expenses, in the format requested by the DIVISION, for recovery purposes.
- 2) Recover service expenses incurred by consumers from all other TPL resources.
- 3) Inform the DIVISION of TPL information uncovered during the course of normal business operations.
- 4) The applicant shall describe all eligible sources of revenue from third parties and plans to pursue additional sources of revenues.

h. Fraud and Abuse/Neglect

Through its compliance program, the applicant shall identify employees or providers who may be committing fraud and/or abuse. The applicant activities may include, but are not limited to, monitoring the billings of its employees and providers to ensure consumers receive services for which the applicant and the State are billed; monitoring the time cards of employees that provide services to consumers under cost payment arrangements; investigating all reports of suspected fraud and over-billings (up-coding, unbundling, billing for services furnished by others, billing for services not performed, and other over-billing practices); reviewing for over- or under-utilization of services; verifying with consumers the delivery of services and claims; and reviewing and trending consumer complaints regarding employees, subcontractors and providers.

The applicant shall promptly report in writing to the DIVISION instances in which suspected fraud has occurred within thirty (30) days of discovery. The applicant shall provide any evidence it has on the billing practices (unusual billing patterns, services not rendered as billed and same services billed differently and/or separately). If the billing has not been done appropriately and the applicant does not believe the inappropriate billing meets the definition of fraud (i.e., no intention to defraud), the applicant shall notify the DIVISION in writing of its findings, adjustments made

to billings, and education and training provided to prevent future occurrences.

Any suspected case of physical, emotional or financial abuse or neglect of a consumer who is a dependent adult must be reported by the applicant to Adult Protective Services, or of a child to Child Protective Services, and to the DIVISION immediately upon discovery.

- i. All reimbursements for services shall be subject to review by the DIVISION or its agent(s) for medical necessity and appropriateness, respectively. The DIVISION or its agents shall be provided access to medical records and documentation relevant to such a review and the applicant agrees to provide access to all requested medical records/documents. It is the responsibility of the applicant to ensure that its subcontractors and providers also provide DIVISION and its agents access to requested medical records/documents. Reimbursements for services deemed not medically necessary or not following billing guidelines by the DIVISION or its agent shall be denied. Reimbursements received by applicants for consumers with third party coverage (including consumers with Medicaid and/or Medicare) will be considered full payment (see Section 2.II.A.12.g.). Any DIVISION overpayments for services shall be recouped by the DIVISION from the applicant.

The DIVISION has final determination in what is considered a necessary, reimbursable service.

- j. Medicaid

The MQD under the Department of Human Services (“DHS”) administers medical assistance to qualified, indigent, uninsured and underinsured. Aged, blind, and disabled recipients receive medical, dental, and behavioral health services under Quest Expanded Access from contracted providers. A large group of Medicaid eligible recipients receive medical and behavioral health services from contracted Medicaid Managed Care Health Plans under the QUEST and QUEST-Net programs. A small population of Medicaid Quest Expanded Access, QUEST, and QUEST-Net recipients are enrolled in a behavioral health carve-out program for severely mentally ill adults. This behavioral health carve-out program is contracted by MQD. Some of the services provided to the individuals in the carve-out program are similar or identical to services provided by the DIVISION and consumers enrolled in this program shall receive services through them.

- k. The applicant shall submit claims electronically in the HIPAA compliant 837 format unless a waiver permitting use of the CMS 1500 is granted from the DIVISION. Claims shall be submitted for payment within sixty (60) calendar days of the date of service. Claims for payment received after sixty (60) calendar days of the date of service shall be denied for untimeliness. Claims denied for untimeliness may not be appealed.

For claims that have been denied by the DIVISION, the applicant shall have thirty (30) days from the date of denial, to resubmit a claim for payment. Claims resubmitted after thirty (30) days of the date of denial shall be denied for un-timeliness. Where a Consumer's primary insurance carrier has been billed, the filing deadline will be extended an additional thirty (30) calendar days, for a total of ninety (90) calendar days from the date of service.

- l. If the applicant is required to provide encounter data, the HIPAA compliant 837 format shall be utilized to submit that data electronically.
- m. When submitting Claims and/or Encounter Data to DIVISION, the applicant shall: (a) use the most current coding methodologies on all forms; (b) abide by all applicable coding rules and associated guidelines, including without limitation inclusive code sets; and (c) agree that regardless of any provision or term in this Contract, in the event a code is formally retired or replaced, discontinue use of such code and begin use of the new or replacement code following the effective date published by the appropriate coding entity or government agency. Should an applicant submit claims using retired or replace codes, the applicant understands and agrees that the DIVISION may deny such claims until appropriately coded and resubmitted.
- n. The applicant shall make an application as a provider under the MRO within one (1) month of contract award for certification by the DIVISION, and receive certification within six (6) months of contract award for MRO services. Providers must maintain certification, and shall have a ninety (90) day period to take corrective action. The DIVISION shall, on behalf of the DHS, certify providers to deliver services under the MRO.
- 1) MRO services are:
 - a) Intensive Case Management (Case Management)

- b) Crisis Mobile Outreach (CMO)
- c) Crisis Support Management (CSM)
- d) Licensed Crisis Residential Services (LCRS)
- e) Intensive Outpatient Hospital Services (Partial Hospitalization) (IOH)
- f) Specialized Residential Services
- g) Psychosocial Rehabilitation (PSR)
- h) Therapeutic Living Program (TLP)

13. Insurance Policies. In addition to the provisions of the General Conditions No. 1.4, the applicant, at its sole cost and expense, shall procure and maintain policies of professional liability insurance and other insurance necessary to insure the applicant and its employees against any claim or claims for damages arising by reason of personal injuries or death occasioned directly or indirectly in connection with the performance of this contract. Subcontractors and contractors shall also be bound by this requirement and it is the responsibility of the applicant to ensure compliance with this requirement.

The applicant shall name the State of Hawaii as an additional insured on all such policies, except on professional liability insurance coverage. The applicant shall provide certificates of insurance to the DIVISION for all policies required under this contract.

Policy limits are listed as follows:

General Liability: Policies shall not be less than ONE MILLION AND NO/100 DOLLARS (\$1,000,000.00) per occurrence and not less than THREE MILLION AND NO/100 DOLLARS (\$3,000,000.00) in the aggregate annually.

Professional Liability: Policies shall not be less than ONE MILLION AND NO/100 DOLLARS (\$1,000,000.00) per occurrence and not less than THREE MILLION AND NO/100 DOLLARS (\$3,000,000.00) in the aggregate annually.

Automobile Insurance: Policies shall not be less than ONE MILLION AND NO/100 DOLLARS (\$1,000,000.00) per accident.

All policies shall be made by occurrence and not on a claims made basis.

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

After-the-fact secondary purchases will be allowed.
There are no planned secondary purchases.

C. Multiple or alternate proposals
(Refer to HAR Section 3-143-605)

Allowed Not Allowed

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

Single Multiple Single & Multiple

Criteria for multiple awards:

The State needs the flexibility to award funding to more than one (1) applicant. In the event that more than one (1) applicant's proposal for a service meets the minimum requirements in Section III, Scope of Work, the proposal will be reviewed in accordance with the following additional criteria in determining the funding allocations:

1. Interest of the State to have a variety of providers in order to provide choices for consumers.
2. Interest of the State to have geographic accessibility.
3. Readiness to initiate or resume services.
4. Ability to maximize third party reimbursement.
5. Proposed budget in relation to the proposed total number of service recipients.
6. If funded in the past by the DIVISION, ability of applicant to fully utilize funding.
7. Previous DIVISION contract compliance status (e.g. timely submittal of reports and corrective action plans).
8. Accreditation status.
9. Applicants' past fiscal performance based on the DIVISION's fiscal monitoring.

10. Applicants' past program performance, based on the DIVISION's program monitoring.

E. Multi-term contracts to be awarded

(Refer to HAR Section 3-149-302)

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

Initial term of contract:	<u>1 year</u>
Length of each extension:	<u>1 year</u>
Number of possible extensions:	<u>4</u>
Maximum length of contract:	<u>5 years</u>
The initial period shall commence on the contract start date or Notice to Proceed, whichever is later.	
Conditions for extension: Contract extensions shall be requested in writing, and must be executed prior to contract expiration.	

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 by the day and time specified in Section I (Procurement Timetable) of this RFP. The contact person is Ms. Enid Kagesa. She can be reached at (808) 586-8287.

III. Scope of Work

The scope of work encompasses the following tasks and responsibilities:

A. Service Activities

(Minimum and/or mandatory tasks and responsibilities)

The Crisis Services Program is designed to provide face-to-face, short term intensive mental health services in a variety of community settings. Services are initiated during a mental health crisis with the intent of helping the individual to cope with immediate stressors, identify and use available resources and individual strengths, and to assist the individual in returning to their baseline level of functioning. The Crisis Services program includes the following three (3) primary service components: Crisis Mobile Outreach ("CMO"); Crisis Support Management ("CSM"); and Licensed Crisis Residential Service ("LCRS"). Additional services which are included in the program are Certified Peer Specialist Support and the Crisis Management Fund.

All primary service components and additional services must be provided, with the exception that in remote and rural areas or in areas where the need for licensed

crisis beds is not sufficient enough to financially support the service, an applicant may propose a reasonable and adequate alternative to the LCRS component.

In each geographical area that it proposes to serve, the applicant shall designate a Qualified Mental Health Professional (“QMHP”) to lead the CMO team(s). The CMO QMHP shall provide clinical oversight and accountability of the entire crisis services program, in order to ensure seamless entry and coordination of care.

At each level of service (CMO, CSM, LCRS), the applicant shall provide screening and assessment of a scope necessary to gather essential demographics and adequately plan for each individual’s needs and stabilization. For CMO, the assessment is to be comprehensive enough to ensure a thorough assessment of immediate risks, needs, strengths, and supports and includes an immediate safety plan, and at the same time remains sensitive to the level and nature of the crisis and each individual’s immediate ability to contribute to a comprehensive assessment. For each subsequent level of service requested (CSM, LCRS), the assessment should build off of the CMO assessment and include additional necessary demographic information; additional psychiatric, medical, family and developmental history; and develop interventions and goals appropriate to that service.

1. All staff assigned by the applicant to the Crisis Services Program described in this RFP shall be trained and be able to demonstrate competency in the following areas to include, but not be limited to:
 - a. Screening, assessment, including suicide and risk assessment, and treatment planning;
 - b. De-escalation and safe intervention with individuals with challenging behaviors;
 - c. Provision of recovery-based services;
 - d. Integrated dual-diagnosis treatment;
 - e. Knowledge of commonly used psychotropic medications and recognition of side effects;
 - f. Providing services in a culturally sensitive manner; and
 - g. The effects of trauma and trauma informed care.
2. The applicant shall have a policy that emphasizes a welcoming, empathic and integrated approach to working with individuals with co-occurring substance and mental illness.

Service Specific requirements:

3. CMO:

The CMO component is the central point of access for the Crisis Services program. CMO provides immediate triage, stabilization and linkage, and shall receive requests and authorization for outreach only from the DIVISION's ACCESS Line Program.

The CMO component provides clinical oversight, accountability and referral to all other components of the Crisis Services program. The CMO service shall:

- a. Provide a face-to-face intervention at the scene of the crisis within 45 minutes of dispatch by the ACCESS Line.
- b. Provide initial screening and assessment to determine the nature of the crisis, evaluate the immediate need for service, apply clinically appropriate interventions, determine ongoing needs, and to ensure linkage with additional resources, including other components of the Crisis Services program as necessary. The CMO assessment shall include, at a minimum, an individuals:
 - 1) Sources of stress,
 - 2) Brief mental health history,
 - 3) Current symptoms,
 - 4) Co-occurring disorders,
 - 5) Immediate medical needs,
 - 6) Medications and allergies,
 - 7) Strengths and vulnerabilities,
 - 8) Support network,
 - 9) Cultural considerations,
 - 10) Current level of functioning, and
 - 11) Plan for immediate needs.
- c. When referring individuals to additional Crisis Service components (CSM, LCRS, and Certified Peer Specialist), provide CMO screening and assessment results to the applicants crisis services staff in order to ensure a seamless entry and coordination of care.
- d. When referring individuals to additional Crisis Services components (CSM, LCRS, and Certified Peer Specialist), ensure that the referral is requested through the ACCESS Line and additional service components are authorized prior to referral.

- e. Utilize Certified Peer Specialist support to assist individuals stabilizing from crisis. Certified Peer Specialists may be requested following the initial response by CMO when on-going Certified Peer Specialist support is clinically indicated to assist the individual to stabilize from their crisis.
- f. Consult with the CMO QMHP, as necessary, and for all LCRS admission decisions in order to ensure that interventions, treatment, and disposition decisions are clinically sound and appropriate.
- g. Maintain disposition responsibility for all cases referred to LCRS for 23/59 Observation. CMO is responsible to maintain periodic contact with LCRS during periods of observation, consult with the LCRS on the clinical issues and need(s) for observation, assist LCRS with disposition of the case, and to ensure that the case is resolved prior to the authorized time (23 hours and 59 minutes from moment of arrival at LCRS) expiring.
- h. Utilize Crisis Management Funds for individuals who lack the resources to acquire emergency medication(s), emergency shelter, and/or food or sustenance for individuals in crisis, as needed and when clinically indicated.
- i. Work closely with hospital emergency departments to provide services for individuals in emotional and psychiatric crisis but do not meet the level for acute psychiatric admission.
- j. Work closely with local police departments to provide support and intervention for individuals with mental illness eligible for Pre-booking Jail Diversion programs.
- k. Provide or arrange for transportation for individuals when necessary to further facilitate crisis stabilization.

4. CSM:

CSM is designed to help ensure that individuals who received a crisis intervention continue to receive support and assistance until they are linked or referred to other support services. For individuals who are enrolled with a health insurance plan, CSM will assist with referral and linkage with their health plans for follow up support. CSM services shall include a consulting psychiatrist to provide medication assessment, prescriptions and medication management for individuals receiving CSM services and who are otherwise not connected with or receiving services from a psychiatrist.

CSM will receive referrals from the DIVISION'S ACCESS Line program when requested by CMO as part of the final disposition of the crisis intervention. All referrals are accepted and provided with a face-to-face contact at the first possible opportunity, but in any event not longer than 24 hours after the referral is received.

The CSM service shall:

- a. Utilize the CMO screening and assessment as a basis for completing a comprehensive assessment, based upon observation and collaboration with the individual in crisis and review of collateral information, and which identifies both immediate and short-term needs for crisis stabilization and on-going support.
- b. Assist individuals with third-party or other payors with referral and linkage to their health insurance plan for follow-up care.
- c. Ensure that a referral for an eligibility determination assessment is arranged through the DIVISION's ACCESS Line, whenever clinically appropriate.
- d. Provide community-based interventions designed to assist the individual stabilize from their crisis event. Community-based interventions may include, but are not limited to, supportive counseling, linkage with medical/psychiatric care, assistance with benefit applications, referrals for shelter or housing, development or revision of a Wellness Recovery Action Plan ("WRAP"), crisis planning, or other similar activities designed to assist in stabilizing and/or preventing crisis.
- e. Utilize Certified Peer Specialist support to assist individuals stabilizing from crisis. Certified Peer Specialists may be requested following the initial contact by CSM when on-going Certified Peer Specialist support is clinically indicated to assist an individual recover from their crisis.
- f. Ensure medication assessment, prescriptions, and medication management are provided to individuals receiving crisis services who are not already under the care of a psychiatrist.
- g. Provide or arrange for transportation when necessary to further facilitate crisis stabilization.

5. LCRS:

The LCRS is designed to provide shelter and support for individuals recovering from crisis. Individuals referred to LCRS include those individuals who have received an outreach by CMO and who would continue to be at high risk without the benefit of 24-hour support services, and those who would be at risk for further, serious de-compensation without the benefit of 24-hour support. Although nursing services are on-site 24-hours per day, the primary focus of LCRS is an individual's psychiatric or behavioral health needs. Individuals who have been assessed as requiring an Intermediate Care Facility/Skilled Nursing Facility ("ICF/SNF") level of care, or whose medical conditions are beyond the scope of the program and would not be eligible for admission.

The LCRS program shall:

- a. Receive admission referrals only from CMO following a crisis intervention.
- b. Ensure that an authorization for admission is received from the DIVISION'S ACCESS Line program prior to admission.
- c. Provide screening, assessment, and treatment planning designed to identify the nature of a crisis, provide continued intervention and support, and assist the individual in developing skills to manage their recovery. Assessment shall include a physical health assessment and referral(s) for health care for physical health issues which require urgent follow-up.
- d. Collaborate with other health care providers, including assigned primary care physicians, psychiatrists, or other behavioral health caregivers, to ensure clinically appropriate, well coordinated care.
- e. Provide medication assessment, prescriptions, and medication management for any individuals admitted to the LCRS who are not otherwise connected with a psychiatrist.
- f. Provide physician to physician contact with primary care providers or psychiatrists when necessary to ensure clinically appropriate treatment and discharge planning.
- g. Provide a safe, structured milieu program that is adequately staffed and monitored based on the acuity and safety needs of the individuals, and which provides opportunity for individuals to recover from their crisis and learn skills necessary to promote their recovery and well-being. All individuals shall be given the opportunity to develop or modify an existing WRAP or other forms of recovery planning.

- h. Recognize that individuals in crisis may demonstrate difficult or challenging behavior related to their psychiatric illness or crisis situation. In the event an individual is referred to a more acute setting for intervention, the LCRS will request a bed hold from DIVISION UM and the individual will remain on the LCRS census until the individual returns or until consultation with DIVISION UM on the status of the consumer occurs.
- i. Individuals may not be summarily discharged from the program solely because their behavior poses a challenge for the milieu without having documented attempts at engagement and de-escalation.
- j. Ensure that ancillary treatment providers are involved in treatment, discharge and follow-up care planning.

6. 23/59 Observation in LCRS:

The primary distinction of 23/59 observation is the continual presence of supportive staff, including nursing care, to ensure close observation and support in a safe and structured environment when additional time is needed by CMO for clinical assessment and when the assessment can be resolved in less than 24 hours.

23/59 observation may be an appropriate crisis services intervention when an individual has presented in crisis, does not meet criteria for hospital or LCRS admission, yet presents in a condition whereby CMO is concerned that being left alone or un-monitored may result in further de-compensation or increased risk of harm.

- a. Services available to someone placed at the LCRS site for 23/59 observation may include, but are not necessarily limited to;
 - 1) Assessment of need;
 - 2) Supportive counseling;
 - 3) Nursing care;
 - 4) Medication monitoring;
 - 5) Social detoxification when that process can be accomplished within the designated timeframe and within the scope of services for the LCRS;
 - 6) Close observation and therapeutic support during acute crisis stabilization;
 - 7) Psychiatric assessment and initiation or re-start and monitoring of medications when clinically appropriate; or

- 8) Facilitating follow-up contact and/or linkage with case management, treatment teams, clinics, or primary care physician.
- b. CMO is the only authorized referral source for this level of service. CMO retains responsibility to ensure a clinically appropriate disposition is arrived at prior to the end of the authorized period.
 - c. An individual placed at the LCRS for 23/59 observation may only receive this service for a maximum of 23 hours and 59 minutes. The time of service begins when the individual arrives at the LCRS site. CMO is responsible to ensure a proper and valid authorization has been received from the ACCESS Line.
 - d. Although this is an observation and stabilization service of less-than-24 hours, the individual receiving this service at the LCRS site will count towards the maximum number of individuals that may occupy the site by the DEPARTMENT's Office of Healthcare Assurance ("OHCA") license.
 - e. Payment for this service may not occur more than one (1) time in any 24-hour period of time for the same individual.
 - f. No more than one (1) individual per LCRS site may be receiving this service at any given time.
 - g. If an individual receiving this service continues to decompensate resulting in a critical level of risk of harm, the individual may be considered for full admission to the LCRS, or transferred to an emergency room for further assessment and/or hospitalization.
 - h. LCRS is responsible to provide observation and support, shall document their observations, and shall make recommendations to CMO on clinically appropriate disposition needs.
 - i. Individuals referred for 23/59 observation do not require full admission to the LCRS but should have documentation in place which outlines, at a minimum, basic, required demographic information, the need for the referral, the nature of the crisis, what the LCRS is observing for, ongoing observations which include periodic assessment of mental status, and recommendations for disposition.
7. CPSS:

The CPSS is assigned to provide continuing intervention and support to individuals who have received an intervention from CMO and/or have been assigned to CSM services. Certified Peer Specialists provide a unique perspective based on their shared experiences and utilize their skills to assist individuals better understand their illness, plan for their recovery, and navigate their way through the service delivery system. A Certified Peer Specialist may not be dispatched as an unaccompanied first-responder to an individual in crisis.

- a. Authorization for Certified Peer Specialist support will be requested by either CMO or CSM from the DIVISION'S ACCESS Line program. An authorization must be requested and be in place before services are provided.
- b. Certified Peer Specialists may assist individuals recovering from a crisis episode in a number of ways which may include, but are not limited to:
 - 1) Providing supportive counseling,
 - 2) Assisting in the development or modification of a WRAP,
 - 3) Assisting with benefit applications,
 - 4) Assisting with scheduling and attending psychiatric, medical or other necessary appointments, or
 - 5) Providing brief 1:1 support for individuals recovering from crisis at home or in an emergency shelter setting.

8. Crisis Management Fund:

The Crisis Management Fund is designed to provide a resource for CMO to provide emergency shelter, medication, and food for individuals experiencing a crisis.

Funds shall be assigned by county.

- a. CMO shall provide accounting and management oversight for the Crisis Management Fund.
- b. Crisis Management Funds shall be used to:
 - 1) Provide emergency shelter for up to three (3) days for individuals in crisis and who would otherwise be at substantial risk for harm if left un-sheltered.
 - 2) Provide up to a 14-day supply of psychotropic medications for individuals in crisis as a result of being without medication.

- 3) Provide nourishment for individuals in crisis. Nourishment may take the form of providing one (1) to two (2) days worth of light meals or an equivalent amount of groceries.
- 4) All purchases shall be approved by the QMHP. All purchases shall be made by the CMO or another member of the Crisis Services program staff. Cash funds shall not be given to individuals to make their own purchases under any circumstances.
- 5) These funds are to be used as a last resort when an individual's own or other resources are unavailable or inaccessible.

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

1. Personnel

The applicant shall ensure that all direct staff meet all the personnel requirements for each service. The applicant shall maintain verification that staff meets personnel requirements in current and complete personnel files. Personnel files shall include any communication from the DIVISION concerning the individual staff.

The applicant's personnel requirements for staff providing Crisis Services include, but are not limited to, the following:

- a. A board certified or -eligible psychiatrist shall be available to the Crisis Services program 24 hours per day, 7 days per week for telephone consultation, on-site evaluation when necessary, physician to physician contact for individuals entering the Crisis Services program and who are already connected to a primary care physician (PCP) or treating psychiatrist, and prescription and medication management services for individuals in the Crisis Services program who are not already receiving services from a psychiatrist, or if the individual's psychiatrist is not available for immediate consultation.

Service specific personnel requirements:

- b. CMO:

- 1) A QMHP shall be assigned to the CMO team in each county and shall provide clinical supervision and oversight for the entire Crisis Services program in that county. The QMHP shall provide on-site intervention and support when clinically necessary and ensure on-call QMHP availability for consultation 24-hours per day, 7 days per week. The QMHP shall ensure that clinical supervision is provided to Crisis Services program staff according to DIVISION requirements and that Crisis Services program staff receive consultation and training. The definition and role of the QMHP is defined in Section 5, Attachment D.
- 2) Mental Health Workers (“MHW”) shall staff the CMO component at a sufficient level to ensure that the needs of the community are met in a consistent and timely manner. The applicant shall ensure an adequate number of CMO staff are available to manage simultaneous multiple responses within required response times. The definition and role of the MHW is defined in Section 5, Attachment E.

c. CSM:

MHWs shall staff the CSM component at a sufficient level to ensure that the needs of the community are met in a consistent and timely manner. The definition and role of the MHW is defined in Section 5, Attachment E.

d. LCRS:

- 1) MHW’s shall staff the program at a minimum ratio of one (1) staff for every eight (8) residents, 24 hours per day, 7 days per week. Program staff is expected to be awake, diligent, and available to provide consumer care and support on all shifts.

Staffing above the minimum requirement may be necessary from time to time due to the acuity of the milieu and needs of residents. The program must have the capacity to adjust staffing patterns whenever necessary in order to maintain a safe and therapeutic milieu.

- 2) A registered nurse (“RN”) is required to be on-site 24 hours per day, 7 days per week.

The RN shall have successfully completed an accredited nursing program, is licensed to practice as a Registered Nurse in the state of Hawai'i, and have a minimum of four (4) years of nursing experience, with at least one (1) of those years in a psychiatric or behavioral health setting.

2. Administrative

- a. Services shall be authorized by the DIVISION's utilization management process, by prior authorization or registration, and in accordance with the DIVISION's processes as outlined in current DIVISION policies and procedures and directives from the DIVISION Chief. It is the responsibility of each program to understand and follow these policies, procedures, and directives in order that reimbursement can be approved by the DIVISION. Authorization of services is not a guarantee of payment.
- b. The applicant shall accept all referrals deemed appropriate by the DIVISION's utilization management process. If the applicant is unable to meet the needs of the referral, the applicant shall work conjointly to find an alternate approach that will adequately meet the needs of the referred case.
- c. There will be a single point of accountability for each individual entering the system that will be responsible for the continuity of communication, care, and follow up regardless of service, setting, or provider. In most cases, the single point of accountability will be the DIVISION designated case manager.
- d. All individuals shall be registered for services and have a record open within the DIVISION'S information system. When requested by the DIVISION, the applicant shall obtain and provide the information necessary to register, open and monitor services received. Applicants shall also report all required information when cases are closed or individuals transferred to another level of care within one (1) working day of such action. All recipients shall be registered with the DIVISION and authorized for services as appropriate.
- e. The applicant shall cooperate with the coordination and the transition of services for newly enrolled consumers with the consumer's current DIVISION provider Medicaid fee-for-service provider, Community Care Services ("CCS"), and/or a QUEST health plan, since many of the eligible consumers already have an established behavioral health care provider.

Individuals who are receiving services from the Child and Adolescent Mental Health Division (“CAMHD”), and will no longer be eligible for services (age 21) with CAMHD, will also need to be transitioned to the DIVISION, if determined to meet DIVISION eligibility criteria, or back to their QUEST health plan or Medicaid fee-for-service if they are determined to no longer meet DIVISION criteria for continued enrollment.

If the consumer is to be enrolled in the DIVISION from a QUEST health plan, CAMHD, Fee-for-Service Program, or CCS, the disenrolling program and the applicant shall equally assist the consumer in the transition process.

- f. All applicants shall submit a rate schedule which outlines charges made to individuals for service(s) rendered.
- g. DIVISION consumers shall not be charged finance charges, co-payments for services or no-show fees. Consumers must be informed that they cannot be terminated by the applicant for non-payment of co-payments, finance charges, no-show fees, and non-covered services or for receipt of services from unauthorized applicant employees or providers.
- h. The applicant shall acknowledge on all printed materials, including program brochures and other publicly distributed matter, and at public presentations, that program funding has been received from the Adult Mental Health Division, Department of Health, State of Hawaii.

3. **Quality assurance and evaluation specifications**

- a. The purpose of quality management is to monitor, evaluate, and improve the results of the applicant’s services in an ongoing manner. Quality care includes, but is not limited to:
 - 1) Provision of services in a timely manner with reasonable waiting times;
 - 2) Provision of services in a manner which is sensitive to the cultural differences of consumers;
 - 3) Provision of services in a manner which is accessible for consumers;
 - 4) Opportunities for consumers to participate in decisions regarding their care;

- 5) An emphasis on recovery;
 - 6) Appropriate use of services in the provision of care;
 - 7) Appropriate use of best practices and evidence-based practices;
 - 8) Appropriate documentation, in accordance with defined standards;
 - 9) Improved clinical outcomes and enhanced quality of life;
 - 10) Consumer satisfaction;
 - 11) User friendly grievance procedures which resolve issues in a timely manner; and
 - 12) Upholds consumer rights.
- b. The applicant's quality management program shall include, at a minimum, the content indicated in Section 3, II.C. and shall specifically address the quality management needs of the services noted herein.
- c. The applicant shall participate in the DIVISION's continuing quality management program and activities as directed by the DIVISION. The applicant shall ensure that a staff member be available to participate in system-wide quality management meetings as scheduled by the DIVISION.
- d. The quality management reporting requirements provide:
- 1) Information on the activities and actions of the applicant's quality management and related programs; and
 - 2) Performance measures.
- The objectives of the performance measures are:
- 1) To standardize how the applicant specifies, calculates and reports information; and
 - 2) To trend an applicant's performance over time and to identify areas with opportunities for improvement.
- e. Required Quality Management Activities Reports

The applicant shall provide the following reports and information:

- 1) Annual consumer satisfaction survey report;
- 2) Written notification of any quality management program (if written program required) modifications;
- 3) Senior personnel and direct care staff changes, including professional staff/consultants, within thirty (30) calendar days of change;
- 4) Annual quality management program evaluation if written quality management program required;
- 5) Written request for approval of any delegation of quality management activities to subcontractors and providers;
- 6) Written notification of lawsuits, license suspensions, and revocation to provide Medicaid or Medicare services, or other actions brought against the applicant, employees, subcontractors or providers as soon as possible, but no later than five (5) working days after the applicant is made aware of the event;
- 7) Notice to UM of consumer admission and discharge from services or change in level of care in writing within one (1) working day of such action;
- 8) Written notification of suspected fraud within thirty (30) calendar days of discovery, and of consumer abuse and neglect immediately upon discovery;
- 9) Written notification of Sentinel Events shall adhere to DIVISION policy;
- 10) Status update reports on progress to date for Joint Plans of Improvement and Plans of Improvement related to sentinel events, provider monitoring, compliance issues, etc.; and
- 11) Report of the quality management activities conducted quarterly. The content of the quarterly reports will be prescribed by the DIVISION and may be amended at any time with prior notification to the provider. At a minimum, these reports shall include the following:

- a) Number of cases selected for quality of care reviews and medical record documentation. Minimum data for each case selected for review shall include (1) sample of records reviewed; (2) findings; (3) actions taken, if applicable; and (4) progress toward meeting performance goals established by the applicant's quality management committee.
- b) Aggregated report of any suspected consumer, employee, subcontractor, or provider fraud and the status of any investigations.
- c) Number of consumers served per level of service per month, by county.
- d) Length of stay of consumers served per consumer, per level of care, by county.
- e) A report on consumer grievances and appeals. Minimum data for each case shall include: (1) date of grievance or appeal; (2) date of service; (3) type of service; (4) consumer name, age, and diagnosis; and (5) date of resolution.
- f) Sentinel events.

4. **Output and performance/outcome measurements.**

The applicant shall be required to meet ongoing informational needs of the DIVISION over the course of the contract period through the production of informational responses in both paper and computer format.

The specific content of these requests cannot be readily specified in advance as the DIVISION is required to provide a variety of ad hoc reports to funding sources including the Legislature and other branches of State government, as well as to national tracking and research groups, the Federal government, advocacy organizations, accreditation bodies, professional groups, stakeholder groups, and others. Regular requests for information to the applicant shall occur in the following areas including, but not limited to, consumer demographics, consumer needs, clinical and service information including encounter data, staffing and capacity patterns, risk management areas, consumer outcomes, regulatory compliance, organizational processes, resource utilization, and billing and insurance areas. The DIVISION will work with the applicant over the contract period to streamline requests for information when those requests are regular and ongoing.

5. **Experience**

Direct care staff shall meet the minimum qualifications as prescribed in this RFP. Applicants with verifiable expertise and experience in serving this target population will be given preference in the evaluation process. Applicants are strongly encouraged to identify all previous experience providing similar services and/or the target population. Details of the applicant's performance in providing these services, past contracts, performance outcomes, and references should be included in their proposal.

6. **Coordination of Services**

Providers are required to demonstrate the coordination of services with other involved agencies or partners including each consumer's case managers/DIVISION personnel and contracted service providers, primary care physicians, justice personnel and agencies, MedQuest, community service providers and organizations. Refer to the Service Activities, Section 2, III.A for coordination of care and activities.

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

- a. Reports shall be submitted in the format and by the due dates prescribed by the DIVISION.
- b. The required content and format of all reports shall be subject to ongoing review and modification by the DIVISION as needed.
- c. At the discretion of the DIVISION, providers may be required to submit reports in an approved electronic format, replacing some written reports.

8. **Contract Compliance**

The State performs periodic reviews, including validation studies, in order to ensure contract compliance. The State is authorized to impose financial penalties if the data is not provided timely and accurately.

The DIVISION reserves the right to request additional data, information and reports from the applicant, as needed, to comply with external requirements and for its own management purposes.

- a. **Timeliness of Data Submitted**

All information, data, medical records, and reports shall be

provided to the DIVISION by the specified written deadlines. The applicant shall be assessed a penalty of \$200.00 per day until the required information, data, medical records, and reports are received by the DIVISION. If the applicant will not be able to comply with the request, the applicant may ask for an extension in writing with an explanation to justify the extension. The DIVISION reserves the right to determine if an extension is acceptable and set a new date for submission.

The applicant, shall in turn, sanction providers if the required information, data, medical records, and reports are not provided to the applicant within the timeframe established by the applicant.

b. Accuracy and Completeness

The information, data, medical records, and reports provided to the DIVISION shall be reasonably accurate and complete. Data and reports shall be mathematically correct and present accurate information. The applicant shall be notified within thirty (30) calendar days from the receipt date of the initial submission of any information, data, medical records, and reports that do not appear to be accurate and complete. The applicant shall be given thirty (30) calendar days to correct the errors or provide documentation to support the accuracy of the initial submission. If at the end of the thirty (30) calendar days the new submission continues to inaccurate or incomplete, a penalty will be assessed.

C. Facilities

LCRS shall adhere to the following facility quality standards:

1. The facility shall be structurally sound so as not to pose any threat to the health and safety of the residents and to adequately protect residents from the elements.
2. The facility shall be accessible and capable of being utilized without unauthorized ingress and egress through other private properties. The facility shall have multiple means of egress in case of fire.
3. Each resident shall be provided with a bedroom with adequate space and security for the resident and the resident's personal effects. Shared rooms may be used provided that no more than two (2) residents of the same gender occupy the same room, and that when shared rooms are used adequate personal space is maintained.

4. Every room in the facility shall be provided with natural or mechanical ventilation, including windows or air conditioning units.
5. The facility shall be free of pollutants that threaten the health and safety of residents. Smoking areas must be clearly identified and must conform to state law for distances away from building entrances.
6. Residents shall have access to bathrooms that are maintained in a clean, sanitary and proper operating condition, are adequately equipped to provide for personal cleanliness, and which may be used in privacy.
7. The facility shall have adequate lighting provided by either a natural source, such as sunlight, or by artificial means.
8. Residents shall have access to a kitchen that is maintained in a clean and sanitary manner and which has adequate space and appliances necessary to store and prepare food. Appliances shall be maintained in proper working condition.
9. The facility shall include, at a minimum, one battery-operated or hard-wired smoke detector on each level of the facility. Smoke detectors shall be maintained in proper working condition at all times. Smoke detectors shall be located in each bedroom and in hallways adjacent to bedrooms. If hearing impaired residents occupy the facility a smoke detector with an alarm system designed for the hearing impaired shall be provided in each bedroom occupied by a hearing impaired resident.
10. The facility shall adhere to all health, fire and safety regulations in accordance with State, City or County regulations governing licensed and residential settings. Program staff will maintain vigilant supervision of the residents and facility in order to ensure adherence to these standards.

IV. COMPENSATION AND METHOD OF PAYMENT

A. Pricing structure or pricing methodology to be used.

CMO, CSM, LCRS, and CPSS services shall be on a Fixed Rate pricing structure for face-to-face contacts in which the purchasing agency pays the provider based on the number of units of service delivered.

The CMO Base Rate payment is a guaranteed, flat rate payment provided by county and is designed to assist in ensuring minimum service capacity in each county.

B. Units of Service and Unit Rate.

<u>Billing Code</u>	<u>Service</u>	<u>Rate</u>
H2011	Crisis Mobile Outreach	\$27.50 per fifteen (15) minutes, per consumer
H2015	Crisis Support Management	\$20.25 per fifteen (15) minutes, per consumer
H0038	Certified Peer Specialist	\$13.75 per fifteen minutes, per consumer
90862	Medication Management, Psychiatrist	\$38.28 per occurrence, per consumer
99367	Joint Recovery Planning, Psychiatrist	\$97.17 per occurrence, per consumer
H0018	LCRS, Treatment Rate	\$211.80 per day, per consumer
S9976	LCRS, Room and Board	\$88.20 per day, per consumer (Oahu) \$130.00 per day, per consumer (Neighbor Islands)

CMO BASE RATE ALLOCATIONS BY COUNTY

CMO monthly base rates to be determined after contract award

CRISIS MANAGEMENT FUND ALLOCATION BY COUNTY

City and County of Honolulu	\$45,000 per year
Hawai'i County	\$30,000 per year
Mau'i County	\$25,000 per year
Kaua'i County	\$10,000 per year

C. Method of Compensation and Payment.

Providers shall be compensated in accordance with the rates described above, upon monthly submission of claims identifying the service performed for DIVISION consumers.

Section II., I., F., describes provisions for an initial payment of up to \$2,000 for the purpose of setting up electronic billing systems.

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 proposal shall be organized and presented in the sections and subsections designated in the RFP and with prescribed content for each section.*
- *The numerical outline for the application, the titles/subtitles, 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 (1) and continuing through the complete proposal.*
- *Proposals may be submitted in a three ring binder (Optional).*
- *Tabbing of sections is required. Each tab should be placed on a separate sheet of paper and shall not be counted as a page.*
- *Proposals should be single-spaced, with 1” margins on all sides, utilizing a 12 point font size.*
- *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.*
- *Each section shall be scored in its entirety. Information submitted in another section, shall not be considered.*
- *Other supporting documents may be submitted in an appendix, including visual aids to further explain specific points in the proposal; if used, the information is required to be referenced in the appropriate section.*
- *The Proposal Application shall not exceed 50 pages of main text, not including appendices, attachments, identification form (and/or title page), required forms, and table of contents. Appendices, attachments, identification form (and/or title page), required forms, and table of contents shall not exceed 200 pages. Document pages in excess of 250 shall not be considered (i.e., page 251 ...).*
- *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.*
- *One (1) original and two (2) copies (one unbound) of each proposal are required.*
- *Applicants are **strongly** encouraged to review evaluation criteria in Section 4, Proposal Evaluation when completing the proposal.*

The Proposal Application comprises the following sections:

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

I. Program Overview

Applicant shall give a brief overview to orient evaluators as to the program/services being offered. No points are assigned to the Program Overview.

II. Experience and Capability

Ensure that each section is answered completely and thoroughly. Each section shall be scored individually and separately from another section. Applicants are responsible to place the appropriate information in each section to be scored.

A. Necessary Skills and Experience

The applicant shall demonstrate that it has the necessary skills, abilities, and knowledge relating to the delivery of the proposed services.

1. Possess the skills, abilities, knowledge of, and experience relating to the delivery of the proposed services including, but not limited, to previous and current contract performance with the DIVISION and other agencies.
2. The applicant shall provide a description of projects/contracts, including references from people in the community, pertinent to the proposed services within the most recent five (5) years. The applicant shall include points of contact, addresses, e-mail addresses, and phone numbers. The State reserves the right to contact references to verify experience.
 - a. Detailed list of experience as an agency providing crisis services.
 - b. Detailed list of experience as an agency providing services to adults with severe and persistent mental illness.
 - c. If an applicant has prior experience providing crisis services for the DIVISION, describe in detail any problems, concerns or difficulties encountered by the agency or by the DIVISION, which

was brought to the agency's attention, and how it was resolved.

- d. List of contracts performed for the Department of Health.
 - e. List of other current or prior contracts with the public sector in providing services in general for adults with severe and persistent mental illness. Discuss any problems or difficulties encountered in current or prior contracts. Applicant shall provide a point of contact and telephone number for each contract listed. The Department reserves the right to contact any of the listed points of contact to inquire about the applicant's past service performance and personnel.
 - f. Success applicant has had in recruiting and retaining quality staff.
3. Applicant's proposal thoroughly describes the agency's vision, mission and goals showing commitment to serving and supporting adults with severe and persistent mental illness in a manner consistent with DIVISION core values and guiding principles.
 4. Applicant's proposal indicates a sufficient knowledge base, skills and abilities regarding the proposed services and the importance of the proposed services in the context of a comprehensive, community-based mental health system.
 5. Applicant's proposal indicates a satisfactory history of providing the same or similar community-based mental health services.
 6. Applicant's proposal indicates successful capability in coordinating services with other agencies, providers or other resources in the community.

C. Quality Assurance and Evaluation

The applicant shall describe its own plans for the sufficiency of quality assurance and evaluation for the proposed services, including methodology.

The agencies quality assurance shall include, but not be limited to, the following elements, and the information shall be submitted in the appropriate three sections listed above.

1. A written Quality Management Program description and outlined structure which includes the quality committee reporting structure, including governing board involvement, voting composition, and a written process for goal and priority setting following standardized methodology and data collection, which is updated and signed annually.

2. The Quality Management Program shall address consumer complaints, grievances, appeals, sentinel events and consumer satisfaction.
3. The Quality Management Program shall have a system or policy that outlines how items are collected, tracked, reviewed, and analyzed and reported to the DIVISION as appropriate.
4. The Quality Management Program Work Plan is established annually and selects goals and activities that are based on the annual program evaluation and are relevant to the DIVISION consumer and problem area under review, with designated timelines for the project and indicates department/persons responsible for carrying out the project(s) on the Work Plan.
5. Provision for the periodic measurement, reporting, and analysis of well-defined output, outcome measures and performance indicators of the delivery system, and an indication of how the applicant will use the results of these measurements for improvement of its delivery system.
6. A process of regular and systematic treatment record review, using established review criteria. A report summarizing findings is required. Additionally, the applicant shall develop a written plan of corrective action as indicated.
7. Provision of satisfaction surveys of consumers.
8. Assurance that a staff member be available to represent utilization and quality management issues at meetings scheduled by the DIVISION.
9. Provision of a utilization management system including, but not limited to the following: a) system and method of reviewing utilization; b) method of tracking authorization approvals; c) method of reviewing invoices against authorizations; d) consumer appeals process; e) annual evaluation of the applicant's utilization management plan; and g) identification of the person in the organization who is primarily responsible for the implementation of the utilization management plan.
10. A policy and procedure for consumer complaints, grievances and appeals which includes documentation of actions taken, and demonstration of system improvement.
11. Assurance that the applicant has established and will maintain and regularly update the following Quality Management policies and procedures:
 - a. Consumer complaints, grievances and appeals;

- b. Consumer safety;
 - c. Consumer satisfaction;
 - d. Disaster preparedness;
 - e. Emergency evacuation;
 - f. Evidence-Based practice guidelines;
 - g. LOCUS/Level of care placement;
 - h. Compliance;
 - i. Consumer rights and orientation;
 - j. Confidentiality/HIPAA;
 - k. Treatment records;
 - l. Individualized service plans;
 - m. Transition of consumers to other programs;
 - n. Treatment team;
 - o. Use of restraints;
 - p. Restricting consumer rights; and
 - q. Credentialing staff.
12. Where there is an intention to subcontract, the applicant must demonstrate that services provided by the subcontractor are consistent with all applicable requirements specified in Section 2 including, but not limited to, compliance with reporting requirements. The applicant must describe the monitoring it will perform to ensure subcontractors are compliant with the DIVISION requirements.
13. For applicants whose annual contract or estimated reimbursements will be less than \$100,000.00 or whose staff number five (5) or less, a modified Quality Management and Utilization Management Plan are acceptable with prior approval from the DIVISION. A modified quality and utilization management system shall include the following:
- a. A method for tracking authorizations.

- b. A method for assuring that consumers are informed of their rights, including the right to file a complaint, grievance, or appeal a service delivery decision.
 - c. A method of documenting goals and service activity as they relate to the Individualized Service Plan (“ISP”) developed by the DIVISION designated case manager and consumer.
 - d. Consumer involvement in service planning.
 - e. Statement that the applicant will participate in the use of outcome instruments at the discretion of the DIVISION.
 - f. Identification of a fiscal and program contact person.
14. For services described in this RFP, a statement that the applicant shall participate with the DIVISION’S quality and utilization management process including, but not limited to, case reviews, specific data gathering and reporting, peer review, concurrent review, site visitation, special studies, monitoring, credentialing, and training.

D. Coordination of Services

The applicant shall demonstrate, through description and documentation, the capability or plan to coordinate services with other agencies and resources in the community. Demonstration or plan of the applicant’s coordination efforts shall include, but not be limited to, the following:

- 1. A history of the applicant’s cooperative efforts with other providers of mental health and primary health care services.
- 2. Memorandum of agreements with other agencies.
- 3. Applicant’s current efforts to coordinate with the DIVISION, CENTERS, HOSPITAL, and other POS providers, and where there is no current coordination, the applicant’s plans to do so.

E. Facilities

The applicant shall provide a description of its facilities and demonstrate its adequacy in relation to the proposed services. If facilities are not presently available, describe plans to secure facilities. The applicant shall also describe how the facilities meet ADA requirements, as applicable and special equipment that may be required for the services.

F. Management Information System (“MIS”) Requirements

The applicant shall submit a description of its current MIS and plans for the future. The description shall include, but not be limited to, the following:

1. An explanation of how the applicant will ensure that outcome, quality improvement and satisfaction measures will be completed on the required scheduled basis for all Consumers, with data uploaded to DIVISION. Examples include the annual satisfaction survey and the Quality of Life Inventory.
2. A statement about whether the applicant is a covered entity as defined by HIPAA. A statement that the applicant will comply with all HIPAA privacy, security and transactional code set requirements. The applicant shall include the name of their Privacy officer in their application.
3. An explanation of how the applicant currently manages information in order to submit required information and data in the format prescribed by the DIVISION. Required data elements captured in the provider system and reported to the DIVISION may include, but are not limited to consumer’s last name, first name, middle name, any aliases, social security number, DIVISION-generated unique ID number, DIVISION-generated authorization number(s), Medicaid Identification Number, Medicare Identification Number, other third party insurer numbers, address, telephone number, admission date, discharge date, service data using DIVISION approved procedure codes, date of birth, gender, and primary language spoken.
4. The DIVISION may add data reporting requirements or specify required formats for downloading data or submitting claims in the future. Applicants are encouraged to describe their flexibility in meeting changing data requirements.
5. For any Fixed Unit of Service Rate contracts, a statement that the applicant shall submit claims electronically in the 837 format.
6. The applicant shall provide a clear statement and describe how they MIS system is fully functional.
7. Where infrastructure is lacking to meet MIS requirement, applicants shall propose solutions, include an implementation plan to create a fully functional MIS system by initiation of a contract, and include the proportion of cost related to this contract in their response to the RFP.

8. In regards to flexibility, a statement that describes flexibility in adding data elements or reporting requirements is addressed in their information system.

III. Project Organization and Staffing

Ensure that each section is answered completely and thoroughly. Each section shall be scored individually and separately from another section. Applicants are responsible to place the appropriate information in each section to be scored.

A. Staffing

1. Proposed Staffing

The applicant shall describe and demonstrate that (a) the proposed staffing pattern, consumer/staff ratio, coverage, and proposed caseload capacity are reasonable and appropriate to insure viability of the services and complies with applicable DIVISION requirements, and (b) that the applicant's assignment of staff would be sufficient to effectively administer, manage, supervise, and provide the required services. The applicant shall give the number and title of the positions needed to provide the specific service activities. Positions descriptions shall also be submitted. (Refer to the personnel requirements in the Service Specifications, as applicable.)

The applicant's proposal indicates an understanding that staffing beyond the minimum requirements may be necessary at times given the nature of the proposed services, and the applicant's staffing proposal includes plans to address acuity and need when determining staffing patterns for all of the core service components. The applicant has included plans to ensure that services are available in remote, rural areas such as Hana on Mau'i.

The applicant shall fully explain, justify, and demonstrate any proposed use of a subcontractor to be as effective as in-house staff for the provision of the required services; demonstrate that a proposed subcontractor is fully qualified for the specific work that would be subcontracted, by including a description of the proposed subcontractor's experience, capability, project organization, staffing, and proposed services as set forth for applicants in these RFP's; and explain how it would assure quality and effectiveness of the subcontractor, monitor and evaluate the subcontractor, and assure compliance with all the requirements of the RFP.

The applicant shall fully explain, justify, and demonstrate any proposed use of a volunteer to be as effective as in-house staff for the provision of the required services; demonstrate that proposed volunteers are or would be fully qualified for the specific work assigned, could be relied on, and

would be available when and where needed to provide the required services; explain how it would provide sufficient management, supervision, oversight, and evaluation of volunteers, and otherwise assure their work quality and effectiveness; and explain how it will assure that volunteers perform in compliance with the requirements of the RFP.

2. Staff Qualifications

The applicant shall describe in this section of its proposal how it will ensure its compliance with the minimum personnel qualifications which include, but are not limited to, licensure, educational degrees, and experience for staff assigned to the program, and comply with applicable DIVISION requirements. The applicant shall provide the minimum qualifications for staff assigned to the program; include position descriptions and explain how the minimum qualifications and/or actual qualifications would assure delivery of quality of services. (Refer to the qualifications in the Service Specifications, as applicable.)

B. Project Organization

1. Supervision and Training

The applicant shall describe and demonstrate its ability to adequately supervise, train and provide administrative direction to staff relative to the delivery of the proposed services and comply with applicable DIVISION requirements. The description shall include frequency and method of conducting supervision and documentation of same.

The applicant shall explain how the program organization and assignment of personnel are sufficient for the effective administration, management, supervision, and provision of services under the program to meet the projected caseload. The applicant shall describe the training that would be provided for program staff to strengthen their capability to effectively provide the program services.

Applicant's proposal includes a description of the agency's plan for staff orientation and training, which includes detail about frequency and content of training which, at a minimum, meets content requirements outlined in the RFP.

2. Organization Chart

The applicant shall describe their approach and rationale for the structure, functions, and staffing of the proposed organization for the overall service activity and tasks. The organization-wide and program-specific organization charts shall accurately reflect the proposed structure.

The applicant shall provide an “Organization-wide” chart that shows the program placement of the required services within the overall agency, and a “Program” organization chart that shows lines of communication between program administration and staff. Written explanations of both charts shall be included as needed for clarification.

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

The applicant shall demonstrate that the applicant’s proposed organization would be sufficient to effectively administer, manage and provide the required services.

3. Evidence of Licensure/Accreditation

Applicable submission of evidence that the applicant is licensed if licensure is required; and for all applicants, current and valid accreditation of the service(s) the applicant is applying for if it is an accreditable service. The applicant shall submit documentation of appropriate licensure and/or accreditation.

IV. Service Delivery

Ensure that each section is answered completely and thoroughly. Each section shall be scored individually and separately from another section. Applicants are responsible to place the appropriate information in each section to be scored.

A. Scope of Work

The applicant shall include a detailed discussion of the applicant’s approach to applicable service activities and management requirements from Section 2, Item III. - Scope of Work, including (if indicated) a work plan of all service activities which the applicant is proposing to provide and tasks to be completed, related work assignments/responsibilities and timelines/schedules.

A detailed description of the service which the applicant is proposing to provide including:

1. The applicant’s understanding of the role of crisis services within the broader array of community-based mental health services including functional descriptions of each service category, their inter-connectedness, and strategies that might be employed to address the needs of both over- and under-utilizers of crisis services.

2. The clinical relevance of the proposed service array to consumer populations, communities and regions.
3. Barriers to services which may naturally or artificially occur and the applicant's efforts or plans to overcome those barriers.
4. Agencies, providers or organizations with which it might be important to have collaborative relationships in order to successfully implement the proposed services, including how those relationships are identified, built and contribute to consumer recovery, challenges around linkage, and the role of the case management organization.
5. The applicant's ability to provide flexible, 24/7 coverage, including a description of on-call, answering service or other after-hours systems necessary to ensure thorough implementation of the service array.
6. The applicant's incorporation of best-practices or evidence-based practices within their service array and their plans to implement the proposed services utilizing best- or evidence-based practices.
7. The applicants understanding of cultural competence and their efforts to provide culturally relevant services and support for the consumer's role in decisions regarding services being planned or provided.

B. General Requirements

The applicant shall state/describe how it will comply with the general requirements specified in Section 2.II., and document the information in the appropriate section of their RFP proposal application.

C. Administrative Requirements

The applicant shall describe how it will comply with the administrative requirements specified in Section 2.III.B.2., and document the information in the appropriate section of their RFP proposal application.

V. Financial

Ensure that each section is answered completely and thoroughly. Each section shall be scored individually and separately from another section. Applicants are responsible to place the appropriate information in each section to be scored.

A. Pricing Structure

The applicant shall submit a cost proposal utilizing the pricing structure designated by the state purchasing agency. The cost proposal shall be attached to the Proposal Application.

The DIVISION will use a fixed price structure for the Crisis Services described in the RFP. The applicant is requested to furnish a reasonable estimate of the maximum number of service units it can provide for which there is sufficient operating capacity (adequate, planned and budgeted space, equipment and staff). All budget forms, instructions and samples are located on the SPO Website (see Section 1, paragraph II Websites referred to in this RFP.) The following budget forms shall be submitted with the Proposal Application for each crisis service program component:

- SPO-H-205 – Budget
- SPO-H-205A – Organization-Wide Budget by Source of Funds (special instructions are located in Section 5)
- SPO-H-206A – Budget Justification – Personnel: Salaries & Wages
- SPO-H-206B – Budget Justification – Personnel: Payroll Taxes, Assessments & Fringe Benefits
- SPO-H-206C – Budget Justification – Travel-Inter-Island
- SPO-H-206D – Budget Justification – Travel-Out of State
- SPO-H-206E – Budget Justification – Contractual Services - Administrative
- SPO-H-206F – Budget Justification – Contractual Services - Subcontracts
- SPO-H-206H – Budget Justification – Program Activities
- SPO-H-206I – Budget Justification – Equipment Purchases

B. Other Financial Related Materials

1. Proposal Budget Costs for each Crisis Service program component
 - a. Personnel costs are reasonable and comparable to other organizations in the community; non-personnel costs are reasonable and adequately justified, and the budget included supports the scope of services and requirements of the RFP.
 - b. A cost allocation plan clearly provides a fiscally sound explanation of how costs are allocated across different funding sources, not related to the DIVISION.
2. Accounting System

In order to determine the adequacy of the applicant's accounting system as described under the administrative rules, the following documents are requested as part of the Proposal Application (may be attached):

- a. The applicant shall submit a cost allocation plan, clearly providing a fiscally sound explanation of how costs are allocated across different funding sources, not related to the DIVISION. This is one measure that indicates the agency's commitment to serving and supporting adults with severe and persistent mental illness in a manner consistent with DIVISION core values and guiding principles.
- b. The applicant shall submit copies of their single audit report, financial audit, or compiled financial statements for fiscal years (FY) 2007 and 2008. The FY 2007 and FY 2008 reports or financial statements shall indicate minimal or no material deficiencies and an adequacy of their accounting system.

If an applicant has not had their FY 2008 single audit report, financial audit or compiled financial statement completed, they shall submit a statement indicating when the FY 2008 audit or FY 2008 compiled financial statement shall be completed, and may submit their completed audits or compiled financial statements for FY 2006 and FY 2007.

- c. The applicant has the cash-flow to sustain their organization financially for a minimum of two months without receiving any payments for this service being procured.
3. The applicant shall describe all eligible sources of revenue from third parties and plans to pursue additional sources of revenue and how the applicant will prevent billing more than one (1) payer and submit overpayments to the DIVISION. The applicant may not bill other payers for services already paid for by the DIVISION or bill the DIVISION for services eligible for payment by another payer.
4. The applicant shall describe its billing/claims process and how it ensures accurate and timely submission of billing/claims based on written documentation which supports the bill/claim, and how it processes adjustments, reconciles payment, and posts payment.

VI. Other

A. Litigation

The applicant shall disclose any pending litigation to which they are a party, including the disclosure of any outstanding judgment. If applicable, please explain.

Section 4

Proposal Evaluation

Section 4 Proposal Evaluation

I. Introduction

The evaluation of proposals received in response to the RFP will be conducted comprehensively, fairly and impartially. Structural, quantitative scoring techniques will be utilized to maximize the objectivity of the evaluation.

II. Evaluation Process

The procurement officer or an evaluation committee of designated reviewers selected by the head of the state purchasing agency or procurement officer shall review and evaluate proposals. When an evaluation committee is utilized, the committee will be comprised of individuals with experience in, knowledge of, and program responsibility for program service and financing.

The evaluation will be conducted in three phases as follows:

- Phase 1 - Evaluation of Proposal Requirements
- Phase 2 - Evaluation of Proposal Application
- Phase 3 - Recommendation for Award

Evaluation Categories and Thresholds

<u>Evaluation Categories</u>	<u>Possible Points</u>
Administrative Requirements	
Proposal Application Sections	
1. Program Overview	0 points
2. Experience and Capability	25 points
3. Project Organization and Staffing	25 points
4. Service Delivery	35 points
5. Financial	15 points
TOTAL POSSIBLE POINTS	100 Points

III. Evaluation Criteria

A. Phase 1 - Evaluation of Proposal Requirements

- 1. Administrative Requirements**
- 2. Proposal Application Requirements**
 - Proposal Application Identification Form (Form SPO-H-200)
 - Table of Contents
 - Program Overview
 - Experience and Capability
 - Project Organization and Staffing
 - Service Delivery
 - Financial (All required forms and documents)
 - Program Specific Requirements (as applicable)

B. Phase 2 - Evaluation of Proposal Application (100 Points)

Ensure that each section is answered completely and thoroughly. Each section shall be scored individually and separately from all other sections. The scores from each section will be added together to arrive at a total score. Applicants are responsible to place the appropriate information in each section to be scored.

The RFP Review Committee shall use the scale in the table below to rate the applicant’s response to each section from the RFP. Each section will be rated from Not Addressed to Excellent using the rating scale definitions outlined below. The percentage for the rate level will be multiplied by the maximum number of points for that section. For example, if a section is worth 20 points and the reviewer rated it as Satisfactory, the score for that section would equal 12. (.60 x 20 = 12)

0	20% (.20)	40% (.40)	60% (.60)	80% (.80)	100% (1.00)
Not Addressed	Unsatisfactory	Somewhat satisfactory	Satisfactory	Very Satisfactory	Excellent

Use the following rating scale definitions as a general guide for scoring:

Not Addressed: A majority of the items rated in the section were not addressed in the proposal, or were addressed incorrectly.

Unsatisfactory: Applicant appears to have just re-stated the requirements outlined in the RFP or, applicant's submission fails to indicate a clear understanding of the scope of services or other requirements of the RFP.

Somewhat satisfactory: A major item was addressed but in the wrong category or was not covered completely; significant lack of original effort in formulating responses; much of the proposal simply repeats back what the RFP stated as requirements; responses indicate a limited understanding of at least some of the scope of services or other requirements of the RFP.

Satisfactory: All major items were addressed. Applicant's submission reflects an understanding of the scope of service and other requirements of the RFP.

Very satisfactory: All major items were addressed completely and thoroughly. Proposal includes concise, detailed descriptions of how the provider intends to deliver services. Concepts are stated clearly and evidence of creative or original thinking is present; applicant includes evidence of having researched the services and indicates a solid understanding of the scope of services or other requirements of the RFP.

Excellent: The majority of items were addressed in an exceptionally clear, concise, or original manner; applicant not only indicates a full understanding of the scope of services and other RFP requirements but also the implications of the service for the broader community and the necessity of coordinating services closely with other providers. Applicant's proposal includes value added services or service components which go beyond the minimum requirements outlined in the RFP.

Program Overview: No points are assigned to Program Overview. The intent is to give the applicant an opportunity to briefly orient evaluators as to the applicant's understanding of the service array and the service(s) being offered.

1. Experience and Capability Total 25 Points

Up to 10 points may be deducted from agencies who in the past demonstrated unsatisfactory performance. Indicators for unsatisfactory performance may include, but are not limited to:

- a. History of Provider monitoring and oversight scores that did not meet minimum satisfactory requirements.
- b. History of non-compliance with corrective actions or plans of improvement.

- c. Substantial failure in providing required reports or other documentation, including satisfaction, outcomes and quality improvement measures, in a timely manner.
- d. Non-Compliance with DIVISION's Quality Management, Utilization Management and/or Business Compliance initiatives.
- e. Prior termination or non-extension of contracts due to contract performance issues.

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

a. Necessary Skills and Experience (10 points)

- 1) Applicant's proposal thoroughly describes the agency's vision, mission and goals showing commitment to serving and supporting adults with severe and persistent mental illness in a manner consistent with DIVISION core values and guiding principles.
- 2) Applicant's proposal indicates a sufficient knowledge base, skills and abilities regarding the proposed services and the importance of the proposed services in the context of a comprehensive, community-based mental health system.
- 3) Applicant's proposal indicates a satisfactory history of providing the same or similar community-based mental health services.
- 4) Applicant's proposal indicates successful capability in coordinating services with other agencies, providers or other resources in the community.

b. Quality Assurance and Evaluation (5 points)

- 1) The applicant has sufficiently described its quality management program which shall, at a minimum, include the following: program structure and accountabilities, resources devoted to the program including staffing and oversight, selection of performance measures and standards, frequency of internal performance monitoring, identification of

opportunities for improvement, and an annual evaluation of program effectiveness.

- 2) The applicant has sufficiently described its utilization management program which shall include, at a minimum, the following: program structure and accountabilities, resources devoted to the program including staffing and oversight, selection of performance measures and standards, frequency of internal performance monitoring, identification of opportunities for improvement, and an annual evaluation of program effectiveness.
- 3) The applicant has a program which effectively addresses identification, tracking and resolution of consumer complaints, grievances and appeals.

c. Coordination of Services (3 points)

Applicant's proposal demonstrates a successful history of coordination of services with other agencies and programs in the community, or for new organizations, an indication that collaboration and coordination of care is necessary for successful recovery and includes a plan for establishing collaborative relationships with other agencies and providers.

Demonstration of a successful history of coordination requires more than simply submitting copies of agreements with other agencies or providers.

d. Facilities (2 points)

Applicant has the minimum, necessary facilities in which to provide the proposed services. Agency facilities are located near major transportation alternatives or are otherwise geographically accessible to a broad range of consumers. Agency facilities are managed and maintained in a manner which ensures a safe, sanitary and comfortable environment for consumers receiving services.

e. Management Information Systems ("MIS") (5 points)

The applicant shall submit a description of its current MIS and plans for the future. The description shall include, but not be limited to, the following:

An explanation of how the applicant currently manages information in order to submit required information and data in the format prescribed by the DIVISION. Required data elements captured in the provider system and reported to the DIVISION may include, but are not limited to: consumer's last name, first name, middle name, any aliases, date of birth, gender, primary language, address, telephone number, social security number, DIVISION-generated unique ID number, DIVISION-generated authorization number(s), Medicaid Identification Number, Medicare Identification Number, other third party insurer numbers, admission date, discharge date, and service data using DIVISION approved procedure codes. The explanation must also include a description of how the applicant obtains and updates information within the organization as well as how the organization will provide updated information to the DIVISION. Examples might include how the organization ensures that when a clinician is informed of a change in address, that information is forwarded to other departments in the organization as well as making sure the DIVISION is informed of the change, or how recommended changes in diagnosis are communicated from the treating psychiatrist to the billing department.

- 1) An explanation of how the applicant will ensure that outcome, quality improvement and satisfaction measures will be completed on the required scheduled basis for all Consumers, with data uploaded to DIVISION. Examples include the annual satisfaction survey and the Quality of Life Inventory.
- 2) A clear statement indicating whether or not the applicant is a covered entity as defined by HIPAA. If the applicant is a covered entity the applicant's response to the RFP must include the name of the applicant's Privacy officer.
- 3) The Applicant's response to the RFP must clearly state an intention to comply with all state and federal privacy, security and transactional code set requirements, including HIPAA. Applicants that do not include this statement will be disqualified.
- 4) The DIVISION may add data reporting requirements or specify required formats for downloading data or submitting claims in the future. Applicants shall include a description of their flexibility in adding

applicable DIVISION requirements. The proposal provides evidence of the applicant agency's commitment to recruiting, hiring and retaining well-qualified staff.

- 4) Applicant's proposal includes a description of the agency's plan for staff orientation and training, which includes detail about frequency and content of training which, at a minimum, meets content requirements outlined in the RFP.

b. Project Organization (5 points)

- 1) The applicant included agency-wide and program-specific organizational charts and role descriptions with their proposal. The agency-wide and program-specific organization charts and role descriptions adequately reflect the applicant's understanding of the proposed services, service delivery requirements and the organizational structure and support necessary to fully implement and provide the proposed services.
- 2) Applicant included copies of all necessary, relevant licenses and accreditation documentation for program components where licensing and accreditation is required or, applicant submitted a comprehensive plan for meeting licensing and/or accreditation requirements before services are implemented.

3. Service Delivery Total 35 Points

Evaluation criteria for this section will assess the applicant's approach to the service activities and management requirements outlined in the Proposal Application. This section should reflect that the applicant has a thorough understanding of the scope of services being proposed and that the applicant's service delivery system is capable of meeting the goals and objectives of the RFP. Evaluation of this section will include but not necessarily be limited to descriptions of:

- a. The applicant's understanding of the role of crisis services within the broader array of community-based mental health services, including functional descriptions of each service category, their inter-connectedness and strategies that might

be employed to address the needs of both over- and under-utilizers of crisis services. **(5 points)**

- b. The clinical relevance of the proposed service array to consumer populations, communities and regions. **(5 points)**
- c. Barriers to services which may naturally or artificially occur and the applicant's efforts or plans to overcome those barriers. **(5 points)**
- d. Agencies, providers or organizations with which it might be important to have collaborative relationships in order to successfully implement the proposed services, including how those relationships are identified, built and contribute to consumer recovery, challenges around linkage, and the role of the case management organization. **(5 points)**
- e. The applicant's ability to provide flexible, 24/7 coverage, including a description of on-call, answering service or other after-hours systems necessary to ensure thorough implementation of the service array. **(5 points)**
- f. The applicant's incorporation of best-practices or evidence-based practices within their service array and their plans to implement the proposed services utilizing best- or evidence-based practices. **(5 points)**
- g. The applicants understanding of cultural competence and their efforts to provide culturally relevant services and support for the consumer's role in decisions regarding services being planned or provided. **(5 points)**

4. Financial Total 15 Points

Evaluation criteria for this section will include:

- a. Personnel costs are reasonable and comparable to similar positions in the community; non-personnel costs are reasonable and adequately justified and the budgets included supports the scope of services and requirements of the RFP; **(3 points)**

- b. A cost allocation plan clearly provides a fiscally sound explanation of how costs are allocated across different funding sources, not related to the DIVISION;
(3 points)

- c. The single audit report, financial audit, or compiled financial statements for fiscal years 2007 and 2008 indicates minimal or no material deficiencies and an adequacy of their accounting system. If an applicant's agency has not had their FY 2008 audit or compiled financial statements completed, they should submit a statement indicating when their FY 2008 audit or compiled financial statements shall be completed, and may submit their completed audits or compiled financial statements for FY 2006 and FY 2007. The applicant has the cash-flow to sustain the organization for a minimum of two months;
(3 points)

- d. An indication of the third party reimbursements the applicant is eligible to receive and of the plans the applicant has made or is making to obtain as many third party reimbursements as possible without collecting payment from more than one (1) payer;
(3 points)

- e. Description of all eligible sources of revenue from third parties and plans to pursue additional sources of revenue.
(3 points)

C. Phase 3 - Recommendation for Award

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

Section 5

Attachments

- A. Proposal Application Checklist**
- B. Sample Table of Contents**
- C. Draft Special Conditions**
- D. QMHP and Supervision**
- E. Mental Health Worker**
- F. Certifications**
- G. Form SPO-H-205A Instructions**

Attachment A

Competitive POS Application Checklist

Proposal Application Checklist

Applicant: _____ RFP No.: HTH 420-6-10

The applicant's proposal must contain the following components. This checklist must be signed, dated and returned to the purchasing agency as part of the Proposal Application. SPOH forms are on the SPO website. See Section 1, paragraph II Website References.*

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*	X	
SPO-H-205A	Section 3, RFP	SPO Website* Special Instructions are in Section 5	X	
SPO-H-205B	Section 3, RFP,	SPO Website* Special Instructions are in Section 5		
SPO-H-206A	Section 3, RFP	SPO Website*	X	
SPO-H-206B	Section 3, RFP	SPO Website*	X	
SPO-H-206C	Section 3, RFP	SPO Website*	X	
SPO-H-206D	Section 3, RFP	SPO Website*	X	
SPO-H-206E	Section 3, RFP	SPO Website*	X	
SPO-H-206F	Section 3, RFP	SPO Website*	X	
SPO-H-206G	Section 3, RFP	SPO Website*		
SPO-H-206H	Section 3, RFP	SPO Website*	X	
SPO-H-206I	Section 3, RFP	SPO Website*	X	
SPO-H-206J	Section 3, RFP	SPO Website*		
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	X	
Environmental Tobacco Smoke		Section 5, RFP	X	
Program Specific Requirements:				

Authorized Signature

Date

Attachment B

Sample Table of Contents for the POS Proposal Application

Proposal Application Table of Contents

- I. Program Overview.....1**
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 - A. Necessary Skills2
 - B. Experience.....4
 - C. Quality Assurance and Evaluation.....5
 - D. Coordination of Services.....6
 - E. Facilities.....6
- III. Project Organization and Staffing7**
 - A. Staffing.....7
 - 1. Proposed Staffing.....7
 - 2. Staff Qualifications9
 - B. Project Organization10
 - 1. Supervision and Training.....10
 - 2. Organization Chart (Program & Organization-wide)
(See Attachments for Organization Charts)
- IV. Service Delivery.....12**
- V. Financial.....20**
See Attachments for Cost Proposal
- VI. Litigation.....20**
- VII. Attachments**
 - A. Cost Proposal
 - SPO-H-205 Proposal Budget
 - SPO-H-206A Budget Justification - Personnel: Salaries & Wages
 - SPO-H-206B Budget Justification - Personnel: Payroll Taxes and Assessments, and Fringe Benefits
 - SPO-H-206C Budget Justification - Travel: Interisland
 - SPO-H-206E Budget Justification - Contractual Services – Administrative
 - B. Other Financial Related Materials
Financial Audits for fiscal year ended June 30, 2008 and June 30, 2007
 - C. Organization Chart
 - Program
 - Organization-wide

Attachment C

Draft Special Conditions

SPECIAL CONDITIONS

1. The General Conditions is attached hereto as Attachment 4 and made a part of this Contract.

2. The Special Conditions is attached hereto as Attachment 5 and made a part of the Contract.

3. 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.

4. Insurance. The PROVIDER shall obtain, maintain, and keep in force throughout the period of this Contract the following types of insurance:

a. General liability insurance issued by an insurance company in the amount of at least ONE MILLION AND NO/100 DOLLARS (\$1,000,000.00) for bodily injury and property damage liability arising out of each occurrence and THREE MILLION AND NO/100 DOLLARS (\$3,000,000.00) aggregate.

b. Automobile insurance issued by an insurance company in an amount of at least ONE MILLION AND NO/100 DOLLARS (\$1,000,000.00) per occurrence.

c. Professional liability insurance issued by an insurance company in the amount of at least ONE MILLION AND NO/100 DOLLARS (\$1,000,000.00) per occurrence and THREE MILLION AND NO/100 DOLLARS (\$3,000,000.00) aggregate.

Prior to or upon execution of this Contract, the PROVIDER shall obtain a certificate of insurance verifying the existence of the necessary insurance coverage. The parties agree that the certificate of insurance shall be attached hereto as Exhibit "B" and be made a part of this Contract. If the

scheduled expiration date of the insurance policy is earlier than the expiration date of the time of performance under this Contract, the PROVIDER, upon renewal of the policy, shall promptly cause to be provided to the STATE an updated certificate of insurance. If the PROVIDER's insurance policy is being cancelled, either the insurance company shall give the STATE thirty (30) calendar days written notice of the intended cancellation or the PROVIDER shall notify the STATE in writing within fifteen (15) calendar days of receipt of the intended cancellation from the insurance company.

5. Option to Extend Contract. Unless terminated, this Contract may be extended by the STATE for specified periods of time not to exceed four (4) years or for not more than four (4) additional twelve (12) month periods, without resolicitation, upon mutual agreement and the execution of a supplemental agreement. This Contract may be extended provided that the Contract price shall remain the same or is adjusted per the Contract Price Adjustment provision stated herein. The STATE may terminate the extended agreement at any time in accordance with General Conditions no. 4.

6. Contract Price Adjustment. The Contract price may be adjusted prior to the beginning of each extension period and shall be subject to the availability of state funds.

7. Audit Requirements. The PROVIDER shall conduct a financial and compliance audit in accordance with the guidelines identified in Exhibit "C" attached hereto and made a part hereof. Failure to comply with the provisions of this paragraph may result in the withholding of payments to the PROVIDER.

8. The PROVIDER shall have bylaws or policies that describe the manner in which business is conducted and policies that relate to nepotism and management of potential conflicts of interest.

Attachment D

QMHP AND SUPERVISION

Definition and Role of the Qualified Mental Health Professional and Mental Health Professional

Qualified Mental Health Professional (QMHP)

A Qualified Mental Health Professional (“QMHP”) is defined as a Licensed Psychiatrist, Licensed Clinical Psychologist (Ph.D. or Psy.D.), Licensed Clinical Social Worker (LCSW), Licensed Marriage and Family Therapist (LMFT), or Licensed Advanced Practice Registered Nurse (APRN) in behavioral health currently licensed in the State of Hawaii.

The QMHP shall oversee the development of each consumer’s treatment plan to ensure it meets the requirements stated in the Community Plan 2003 and sign each treatment plan.

The QMHP shall serve as a consultant to the treatment team.

The QMHP shall serve as the LOCUS expert.

The QMHP shall provide oversight and training.

The QMHP shall review and sign each authorization request for clinical services prior to submittal to ensure that the services requested are medically necessary.

The QMHP shall provide clinical consultation and training to team leaders and/or direct care providers as needed.

Additionally, for Specialized Residential Treatment Programs, the QMHP shall provide day-to-day program planning, implementation, and monitoring.

Mental Health Professional (MHP)

Except for Assertive Community Treatment (“ACT”), the team leader is not required to be a QMHP. Non-QMHP team leaders shall be clinically supervised by a QMHP.

Non-QMHP team leaders are defined as Mental Health Professionals (“MHP”) and shall meet the following minimum requirements:

- Licensed Social Worker (LSW); or
- Master of Science in Nursing (MSN); or
- APRN in a non-behavioral health field; or
- Master’s degree from accredited school in behavioral health field
 - a) Counseling, or
 - b) Human Development, or
 - c) Marriage, or
 - d) Psychology, or
 - e) Psychosocial Rehabilitation, or
 - f) Criminal Justice.

- Master's degree in health related field with two (2) years experience in behavioral health; or
- Licensed Registered Nurse with two (2) years experience in behavioral health.

The MHP may supervise para-professional staff if the MHP is clinically supervised by a QMHP.

The MHP may function as the DIVISION Utilization Management Liaison.

Supervision:

Clinical supervision of all staff is ongoing and shall be sufficient to ensure quality services and improve staff clinical skills and is according to community standards, scope of license as applicable, and agency policies and procedures. Treatment team meetings are consumer focused whereas clinical supervision is staff focused. Therefore, treatment team meetings do not need to meet clinical supervision requirements.

One-on-one clinical supervision of MHP team leaders and direct care providers, if there is no MHP team leader, shall be performed by the QMHP at a minimum of once per month. If a MHP is the team leader, the MHP shall provide one-on-one monthly clinical supervision of non-MHP and non-QMHP staff.

The supervision shall be documented in writing, legible, signed and dated by the QMHP or MHP as directed by the provider agency's policies and procedures.

The DIVISION funded PROVIDER shall have policies and procedures to select and monitor the MHP team leaders if non-QMHP team leaders are used.

The QMHP and non-QMHP staff does not have to work in the same physical setting but shall have routine meetings as defined in the PROVIDER's policies and procedures.

Attachment E

Mental Health

Worker

Mental Health Worker

Definition

A mental health worker may:

- Provide all direct treatment services to consumers that do not require a licensed qualified mental health professional,
- Provide specialized services in conjunction with other professionals,
- Coordinate services,
- Make referrals,
- Develop treatment plans,
- Monitor and evaluate progress,
- Provide ongoing support,
- Provide intake and assessments, and
- Make changes to treatment plans.

Educational and Experience Requirement

Mental health workers shall meet the following minimum requirements:

- Bachelor's degree with a minimum of twelve (12) semester credit hours in courses such as counseling, criminal justice, human services, psychology, social work, social welfare, sociology, or other behavioral sciences and one and one-half (1 ½) years of specialized experience.

Definition of Experience

Specialized experience is progressively responsible professional work experience that involved helping individuals and their families find satisfactory ways of identifying their problems, coping with their conditions, and functioning effectively within their environments. This experience may include identification and evaluation of the consumer's problems and needs the development of a service or treatment plan the initiation and implementation of the treatment plan monitoring of services and evaluation/assessment of the consumer's progress.

Supervision

A mental health worker's clinical supervisor is the team leader who is a QMHP or MHP.

Attachment F

Certifications

CERTIFICATIONS

1. CERTIFICATION REGARDING DEBARMENT AND SUSPENSION

The undersigned (authorized official signing for the applicant organization) certifies to the best of his or her knowledge and belief, that the applicant, defined as the primary participant in accordance with 45 CFR Part 76, and its principals:

- (a) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal Department or agency;
- (b) have not within a 3-year period preceding this proposal 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 or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (b) of this certification; and
- (d) have not within a 3-year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause or default.

Should the applicant not be able to provide this certification, an explanation as to why should be placed after the assurances page in the application package.

The applicant agrees by submitting this proposal that it will include, without modification, the clause titled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion--Lower Tier Covered Transactions" in all lower tier covered transactions (i.e., transactions with sub-grantees and/or contractors) and in all solicitations for lower tier covered transactions in accordance with 45 CFR Part 76.

2. CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

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

- (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
- (b) Establishing an ongoing drug-free awareness program to inform employees about--
 - (1) The dangers of drug abuse in the workplace;
 - (2) The grantee's policy of maintaining a drug-free workplace;
 - (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
 - (4) The penalties that 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 grant be given a copy of the statement required by paragraph (a) above;
- (d) Notifying the employee in the statement required by paragraph (a), above, that, as a condition of employment under the grant, the employee will--
 - (1) Abide by the terms of the statement; and
 - (2) Notify the employer in writing of his or her conviction 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).

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

Office of Grants and Acquisition Management
Office of Grants Management
Office of the Assistant Secretary for Management and Budget
Department of Health and Human Services
200 Independence Avenue, S.W., Room 517-D
Washington, D.C. 20201

3. CERTIFICATION REGARDING LOBBYING

Title 31, United States Code, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions," generally prohibits recipients of Federal grants and cooperative agreements from using Federal (appropriated) funds for lobbying the Executive or Legislative Branches of the Federal Government in connection with a SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal (non-appropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING \$100,000 in total costs (45 CFR Part 93).

The undersigned (authorized official signing for the applicant organization) 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 under-

signed, 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 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 Federally 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 of Lobbying Activities," in accordance with its instructions. (If needed, Standard Form-LLL, "Disclosure of Lobbying Activities," its instructions, and continuation sheet are included at the end of this application form.)
- (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, 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.

4. CERTIFICATION REGARDING PROGRAM FRAUD CIVIL REMEDIES ACT (PFCRA)

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

5. CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

Public Law 103-227, 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, early childhood development services, 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 also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such Federal funds. The law does not apply to children's services provided in private residence, portions of facilities used for inpatient drug or alcohol treatment, service providers whose sole source of applicable Federal funds is Medicare or Medicaid, or facilities where WIC coupons are redeemed.

Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

By signing the certification, the undersigned certifies that the applicant organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.

The applicant organization agrees that it will require that the language of this certification be included in any subawards which contain provisions for children's services and that all subrecipients shall certify accordingly.

The Public Health Services strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of tobacco products. This is consistent with the PHS mission to protect and advance the physical and mental health of the American people.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	TITLE	
APPLICANT ORGANIZATION		DATE SUBMITTED

Attachment G

Form SPO-H-205A Instructions

**Instructions for Completing
FORM SPO-H-205A ORGANIZATION - WIDE BUDGET BY
SOURCE OF FUNDS**

Applicant/Provider:	Enter the Applicant's legal name.
RFP#:	Enter the Request For Proposal (RFP) identifying number of this service activity.
For all columns (a) thru (d)	<p>Report your total organization-wide budget for this fiscal year by source of funds. Your organization's budget should reflect the total budget of the "organization" legally named. Report each source of fund in separate columns, by budget line item.</p> <p>For the first column on the first page of this form, use the column heading, "Organization Total".</p> <p>For the remaining columns you may use column headings such as: Federal, State, Funds Raised, Program Income, etc. If additional columns are needed, use additional copies of this form.</p>
Columns (b), (c) & (d)	Identify sources of funding in space provided for column titles.
TOTAL (A+B+C+D)	Sum the subtotals for Budget Categories A, B, C and D, for columns (a) through (d).
SOURCE OF FUNDING: (a) (b) (c) (d)	Identify all sources of funding to be used by your organization.
TOTAL REVENUE	Enter the sum of all revenue sources cited above.
Budget Prepared by:	Type or print the name of the person who prepared the budget request and their telephone number. If there are any questions or comments, this person will be contacted for further information and clarification. Provide signature of Applicant's authorized representative, and date of approval.

Special Instructions by the State Purchasing Agency: