

State of Hawaii
Department of Health
Adult Mental Health Division

Request for Proposals

RFP No. HTH 420-1-12 Community-Based Case Management- Recovery Services Statewide

Date Issued
August 17, 2011

Date Due
September 30, 2011

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.

August 17, 2011

REQUEST FOR PROPOSALS

**COMMUNITY-BASED CASE MANAGEMENT –
RECOVERY SERVICES
STATEWIDE
RFP No. HTH 420-1-12**

The Department of Health, Adult Mental Health Division (“DIVISION”), is requesting proposals from qualified applicants to provide Community-Based Case Management - Recovery Services, statewide. The contract term shall be from February 1, 2012 through January 31, 2013. Multiple contracts may be awarded under this request for proposals.

Proposals shall be mailed, postmarked by the United State Postal Service on or before September 30, 2011, and received no later than 10 days from the submittal deadline. Hand delivered proposals shall be received no later than 2:00 p.m., Hawaii Standard Time (“HST”), on September 30, 2011, 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 Thursday, August 25, 2011, from 9:00 a.m. to 11:00 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. Teleconferencing capability shall be provided for interested out-of-state or neighbor island organizations/agencies. Please call (808) 586-8282 or (808) 586-8281 for more information.

The deadline for submission of written questions is 2:00 p.m., HST, on August 30, 2011. All written questions shall receive a written response from the State on or about September 16, 2011.

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) 586-8282, 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
September 30, 2011
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

Ms. Enid Kagesa
For further info. or inquiries
Phone: 586-8282
Fax: 586-4745

**ALL HAND DELIVERIES SHALL BE ACCEPTED AT THE FOLLOWING SITE UNTIL
2:00 P.M., Hawaii Standard Time (HST), September 30, 2011.**

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 **September 30, 2011**, 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 **2:00 p.m., HST, September 30, 2011.**

RFP Table of Contents

Section 1 Administrative Overview

I.	Procurement Timetable	1-1
II.	Website Reference	1-2
III.	Authority	1-2
IV.	RFP Organization.....	1-3
V.	Contracting Office	1-3
VI.	Orientation	1-3
VII.	Submission of Questions	1-4
VIII.	Submission of Proposals	1-4
IX.	Discussions with Applicants	1-7
X.	Opening of Proposals.....	1-8
XI.	Additional Materials and Documentation.....	1-8
XII.	RFP Amendments	1-8
XIII.	Final Revised Proposals	1-8
XIV.	Cancellation of Request for Proposals.....	1-8
XV.	Costs for Proposal Preparation.....	1-9
XVI.	Provider Participation in Planning.....	1-9
XVII.	Rejection of Proposals	1-9
XVIII.	Notice of Award.....	1-10
XIX.	Protests.....	1-11
XX.	Availability of Funds	1-11
XXI.	Monitoring and Evaluation	1-12
XXII.	General and Special Conditions of the Contract.....	1-12
XXIII.	Cost Principles	1-12

Section 2 - Service Specifications

I.	Introduction.....	2-1
	A. Overview, Purpose or Need	2-1
	B. Planning activities conducted in preparation for this RFP	2-1
	C. Description of the Goals of the Service.....	2-2
	D. Description of the Target Population to be Served.....	2-3
	E. Geographic Coverage of Service	2-3
	F. Probable Funding Amounts, Source, and Period of Availability.....	2-3
II.	General Requirements.....	2-4
	A. Specific Qualifications or Requirements	2-4
	B. Secondary Purchaser Participation	2-12
	C. Multiple or Alternate Proposals	2-12
	D. Single or Multiple Contracts to be Awarded	2-13
	E. Single or Multi-Term Contracts to be Awarded	2-13
	F. RFP Contact Person	2-14

III.	Scope of Work	2-14
	A. Service Activities	2-14
	B. Management Requirements	2-26
IV.	Facilities	2-37

Section 3 - Proposal Application Instructions

	General Instructions for Completing Applications	3-1
I.	Program Overview	3-2
II.	Experience and Capability	3-2
	A. Necessary Skills	3-2
	B. Experience.....	3-2
	C. Quality Assurance and Evaluation.....	3-3
	D. Coordination of Services.....	3-6
	E. Facilities.....	3-7
III.	Project Organization and Staffing.....	3-7
	A. Staffing.....	3-7
	B. Project Organization	3-8
IV.	Service Delivery.....	3-9
V.	Financial.....	3-11
	A. Pricing Structure	3-11
	B. Other Financial Related Materials	3-12
VI.	Other	3-13
	A. Litigation.....	3-13

Section 4 – Proposal Evaluation

I.	Introduction.....	4-1
II.	Evaluation Process	4-1
III.	Evaluation Criteria	4-2
	A. Phase 1 – Evaluation of Proposal Requirements	4-2
	B. Phase 2 – Evaluation and Acceptance of MIS Requirements.....	4-2
	C. Phase 3 – Evaluation of Proposal Application.....	4-3
	D. Phase 4 – Recommendation for Award	4-11

Section 5 – Attachments

- Attachment A. Competitive Proposal Application Checklist
- Attachment B. Sample Proposal Table of Contents for the POS Proposed Application
- Attachment C. Draft of Special Conditions
- Attachment D. Denver Acuity Scale
- Attachment E. Comprehensive Continuous, Integrated System of Care Model

	By Kenneth Minkoff, M.D.
Attachment F.	MISA Psychopharmacology Guidelines
Attachment G.	QMHP and Supervision
Attachment H.	Mental Health Professional
Attachment I.	Mental Health Worker
Attachment J.	Mental Health Assistant
Attachment K.	Certifications
Attachment L.	Form SPO-H-205A Instructions

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)	8/17/11
Distribution of RFP	8/17/11
RFP orientation session	8/25/11
Closing date for submission of written questions for written responses	8/30/11
State purchasing agency's response to applicants' written questions	9/16/11
Discussions with applicant prior to proposal submittal deadline (optional)	
Proposal submittal deadline	9/30/11
Discussions with applicant after proposal submittal deadline (optional)	
Final revised proposals (optional)	
Proposal evaluation period	10/06/11 –
	11/10/11
Provider selection	11/16/11
Notice of statement of findings and decision	11/16/11
Contract start date	2/01/12

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) 586-8282 Fax: (808) 586-4745**

VI. Orientation

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

Date: **Thursday, August 25, 2011** Time: **9:00 a.m. – 11:00 a.m.**

Location: Department of Health
Adult Mental Health Division, Uluakupu
2385 Waimano Home Road, Bldg. 4, Room 36
Pearl City, HI 96782

Teleconferencing capability shall be provided for interested out-of-state and neighbor island organizations/agencies. Please call (808) 586-8282 or (808) 586-

8281 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: **August 30, 2011** **Time:** **2:00 P.M.** **HST**

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

Date: **September 16, 2011**

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 applicant proposal identification.
 - 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.** 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 the United States Postal System (“USPS”) and received by the State purchasing agency no later than the submittal deadline indicated on the attached Proposal Mail-In and Delivery Information Sheet. All hand deliveries shall be received by the State purchasing agency by the date and time designated on the Proposal Mail-In and Delivery Information Sheet. Proposals shall be rejected when:

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

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

Faxed proposals and/or submission of proposals on diskette/CD or 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 without a DIVISION approved repayment plan that is in arrears on existing contracts 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: Loretta J. Fuddy, A.C.S.W., M.P.H.	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.

XIX. 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

XX. 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.

XXI. 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

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 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 provider and subcontractors;
9. Reviewing and analyzing utilization of services and reports provided by the provider;
10. Handling unresolved consumer grievances and appeals with the providers;
11. Certifying Medicaid Rehabilitation Option (“MRO”) providers;
12. Authorizing and paying MRO services and claims;
13. Monitoring the financial status and billing practices of providers;
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 providers;
18. Providing consumer eligibility information to the providers; and
19. Payments to the non-MRO contracted providers.

B. Planning activities conducted in preparation for this RFP

The DIVISION published a Request for Information on September 16, 2010, seeking the public’s input on the design of the this service, the availability of potential service providers, and the staffing and quality management capabilities

of providers. Based on these findings, the DIVISION has allocated funding to provide services to consumers by contracting with purchase of service providers. These services shall reflect national standards of care and best practices and shall be based on a philosophy of recovery-focused and culturally competent treatment, psychosocial rehabilitation and other community supports.

C. Description of the goals of the service

The goal of this service is to **promote consumer recovery into independence** by providing an essential range of community-based case management and rehabilitative services.

The DIVISION is committed to building a system of care which is rooted and grounded in the recovery model. “Mental Health Recovery is a journey of healing and transformation enabling a person with a mental health problem to live a meaningful life in a community of his or her choice while striving to achieve his or her full potential.” (See: National Consensus Statement on Mental Health Recovery. Substance Abuse and Mental Health Services Administration [SAMHSA] Publication: SMA05-4129, 2006.)

With this RFP, the DIVISION seeks to purchase a specific array of services to promote consumer recovery.

1. The services by type include:
 - a. Case Management
 - b. Biopsychosocial Rehabilitation
 - c. Treatment Services, including:
 - 1) Medication Management
 - 2) Nursing
 - 3) Individual psychotherapy
 - 4) Group psychotherapy
 - d. Peer Supports

2. These types of services are delivered in a clinical sequence that includes:
 - a. Outreach
 - b. Intake Assessment and Individual Recovery Planning
 - c. Provision of Clinical Services, including:
 - 1) Symptom Assessment and Management
 - 2) Integrated Services that Addresses Co-Morbidity
 - 3) Psychiatric Treatments
 - 4) Peer Support Services
 - 5) Biopsychosocial Rehabilitation (“BPSR”) Skill-Building Services
 - 6) Forensic Services

- 7) Natural Supports
 - d. Collaboration, Liaison and Advocacy
 - e. Service Changes, Transfer or Termination

D. Description of the target population to be served

The target population to be served is adults with severe and persistent mental illness (“SPMI”) who meet DIVISION’s eligibility criteria. Due to numerous factors, it is difficult to provide an exact number of consumers to be served. For the purposes of planning, however, the DIVISION anticipates serving approximately 6,585 consumers in this service statewide by the end of 2012, with an annual average projected increase of about 1,130 consumers each year. The breakdown per county is as follows:

County	2010	Annual projected referrals in 2011	Projected total 2011	Annual projected referrals in 2012	Projected total 2012
Oahu	3,024	736	3,760	600	4,360
Maui	399	268	667	214	881
Hilo	698	176	874	141	1,015
Kona	204	48	252	40	292
Kauai	0	0	0	37	37
TOTAL	4,325	1,228	5,553	1,032	6,585

The projections are intended to serve as a very rough estimate based on the DIVISION’s current eligibility criteria and projected growth. The actual number of consumers identified and served through this contract may differ from these estimates, and providers will need the flexibility to adjust their program staffing accordingly.

E. Geographic coverage of service

Statewide.

Applicants may apply for one (1) or more islands or for specific geographical areas of any island. The applicant shall demonstrate capacity to provide the required services in the service area for which they are applying. Applicants shall also specify the number of consumers they intend to serve per county and the specific geographical area in which services will be rendered if not countywide.

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 payer of last resort, and expects providers to seek and obtain third party reimbursement as applicable. (See section on Financial Requirements, Third Party Liability.)

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

1. Temporarily withhold new referrals 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 additional funds become available for similar services, the DEPARTMENT reserves the right to increase funding amounts, drawing from other possible funding sources, such as state or federal grants.

From time to time, the DIVISION may seek outside funding opportunities to transform its existing public mental health services into an improved system of care. Providers of this service may be asked to participate in these opportunities, with funding sources to include, but not be limited to, federal, state, county, and private foundations.

Competition is encouraged among as many providers as possible.

II. General Requirements

A. Specific qualifications or requirements

1. Consumer Management: All aspects of service delivery must be based on the following:
 - a. The service promotes recovery as defined in the “National Consensus Statement on Mental Health Recovery. SAMHSA Publication: SMA05-4129, 2006 and is operationalized according to “The 10 Fundamental Components of Recovery” as described in that document.
 - b. Services 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 SPMI, 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. Providers will be required to incorporate these best practices/evidence-based practices into their service delivery and cooperate with educational and monitoring activities.

- c. Document evidence of consumer input into all aspects of recovery planning inclusive of service related decisions.
 - d. Consumers shall receive services in a manner compatible with their cultural health beliefs, practices and preferred language.
 - e. Consumers shall be made aware of and have access to community resources appropriate to their level of care and treatment needs.
2. Service Standards: All services of the provider must meet relevant Federal, State and DIVISION requirements. Providers shall maintain documentation to demonstrate compliance with these.
- a. Provider practices must be consistent with the DIVISION policy on Warm and Welcoming Approach.
 - b. Consumers shall be served with respect and 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. The provider shall be pro-active in facilitating timely discharges into “least restrictive” levels of care.
 - c. The provider 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”).
 - d. Services shall uphold consumer rights. In accordance with Chapter 11-175, Hawaii Administrative Rules, and any appropriate federal guidelines, the provider shall respect and uphold consumer rights. Additionally the provider shall educate the consumer of their

rights, both at intake and as needed throughout the course of service.

- e. Services adhere to definitions in Title 42 of the Code of Federal Regulations (“CFR S. 440.169”), including: “Case Management” defined as “services furnished to assist individuals, eligible under the State plan who reside in a community setting or are transitioning to a community setting, in gaining access to needed medical, social, educational, and other services, in accordance with §441.18 of this chapter” and consistent with “case management” as defined by Hawaii Administrative Rules (“HAR 11-175”) as “those activities performed with consumer involvement by a single accountable individual to support the consumer and assure that the consumer has maximal access to and receives all resources and services which can help the consumer reach and maintain an optimal level of community functioning and integration”
- f. The DIVISION will require accreditation by the Commission on Accreditation of Rehabilitation Facilities (“CARF”), The Joint Commission (“TJC”), Council on Accreditation (“COA”), or by another DIVISION-approved accreditation body. Providers that are currently accredited are required to maintain accreditation throughout the contract period. Providers who are not accredited at the time of contract award are required to achieve accreditation within two (2) years from the date of contract award and in the interim, shall meet accreditation requirements.
- g. Written notification shall be made to the DIVISION of lawsuits, license suspensions, changes in licensing and accreditation, and revocation to provide Medicaid or Medicare services, or other actions brought against the provider, employees, subcontractors or providers no later than five (5) working days after the provider is made aware of the event.

3. Policies and Procedures:

- a. The provider shall comply with all specified, applicable DIVISION policies, procedures, directives, and provider manual of the DIVISION.
- b. Eligibility and enrollment is determined by the DIVISION utilizing the DIVISION’s established eligibility determination criteria and process.
- c. The provider shall assign staff to attend mandatory provider meetings and trainings as scheduled by the DIVISION.

- d. The provider shall cooperate with the DIVISION in approved research, training, and service projects provided that such projects do not interfere with the applicant's service requirements as outlined in this RFP.
 - e. The provider shall notify and obtain the approval of the DIVISION prior to formal presentation of any report or statistical or analytical material based on information obtained through this contract. Formal presentations shall include, but not be limited to, published papers, articles, professional publications, and conference presentations.
 - f. Any written material distributed in relation to this contract must carry the following disclosure: "Funding for this program was made possible, in part, by the State of Hawaii, Department of Health, Adult Mental Health Division. The views expressed do not necessarily reflect the official policies of the Department of Health, nor does mention of trade names, commercial practices, or organizations imply endorsement by the State of Hawaii."
 - g. The provider shall have or develop within six (6) months policies, procedures and other documentation or tracking systems that demonstrate the services and requirements in this agreement. Whenever requested, the provider shall submit a copy of its operating policies and procedures to the DIVISION. The copy shall be provided at the provider's expense with revisions and updates as appropriate.
 - h. The provider shall have within six (6) months a written plan for emergency preparedness and disasters that has been accepted by their accreditation body.
4. Confidentiality: Written consumer consent shall be obtained for individuals and services funded by the DIVISION including:
- a. Consent for evaluation and treatment;
 - b. Consent to release information by DIVISION funded service providers as needed for continuity of care or for transition to another service provider, including related after care services;
 - c. Consent for claims to be submitted, on behalf of the consumer, for MRO reimbursement or third party billing;
 - d. Consent to enter registration and treatment information in the confidential Statewide DIVISION information system; and

- e. Other consent documents as needed.
 - f. 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.
5. Privacy Requirements:
- a. The provider is required to comply with all HIPAA requirements. The applicant shall describe how they protect confidential information. The provider shall not use or disclose protected health information (“PHI”) in any manner that is not in full compliance with HIPAA regulations or with the laws of the State of Hawaii.
 - b. The provider 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 or disclosure of PHI that is not provided by contract or by law.
 - c. The provider shall maintain confidential records on each consumer pursuant to section 334-5, Hawaii Revised Statutes (HRS), 42 U.S.C. sections 290dd-3 and 290ee.3 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.
6. Subcontractors: Prior written approval must be obtained from the DIVISION before a subcontractor may be used. The provider shall assure the DIVISION that they, as the provider, 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.
7. Financial Requirements:
- a. The State may require providers to submit an audit as necessary. If the provider 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 provider shall comply with the COST PRINCIPLES developed for Chapter 103F, HRS and set forth in the State

Procurement Office document, SPO H-201. This form (SPO-H-201) is available on the SPO website (see page 1-2, Website Reference).

- c. Third Party Liability (“TPL”) means any individual, entity or Program that is or may be legally obligated for all or part of the expenditures for furnished services.

The provider shall establish systems for determining and continuous monitoring of claims administration and collecting reimbursement from all eligible sources to maximize third party reimbursements and other sources of funding before using funds awarded by the DIVISION.

The provider shall submit claims for payment to the DIVISION only after exhausting the third party denial process, or when it has been verified that the consumer is uninsured. The provider shall maintain documentation of claim payments and denials, and of limits of benefit coverage. The provider shall make these records available to the DIVISION upon request.

The DIVISION is the payor of last resort and the provider shall consider payment from third party sources as payment in full.

8. Claims:

- a. 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 provider to ensure that its subcontractors and providers also provide the 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 agents shall be denied. Reimbursements received by providers 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 provider. The DIVISION has final determination in what is considered a medical necessary, reimbursable service.

- b. For claims that have been denied by the DIVISION, the provider shall have thirty (30) days from the date of denial, to resubmit. Claims resubmitted after thirty (30) days of the date of denial shall be denied for exceeding filing deadline.
- c. The provider shall submit claims electronically in the HIPAA compliant 837 format. Claims shall be submitted for payment within one hundred twenty (120) calendar days of the date of service. Claims for payment received after one hundred twenty (120) calendar days will be denied for exceeding filing deadline.
- d. If the provider is required to provide encounter data, the HIPAA compliant 837 format shall be utilized to submit that data electronically.
- e. When submitting Claims and/or Encounter Data to the DIVISION, the provider shall: (a) use the most current coding methodologies on all forms; (b) abide by all applicable coding rules and associated guidelines as allowed by Federal/State laws, 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 deleted, or replaced, discontinue use of such code and begin use of the new or replacement code following the effective date published by the American Medical Association. Should a provider submit claims using deleted or replaced codes, the provider understands and agrees that the DIVISION may deny such claims until appropriately coded and resubmitted.

9. Medicaid:

- a. The Med-QUEST Division (“MQD”) under the Department of Human Services (“DHS”) administers medical assistance to qualified, indigent, uninsured and underinsured individuals. Aged, blind, and disabled recipients receive medical, dental, and behavioral health services under QUEST Expanded Access from contracted providers.
- b. The provider shall make an application to be certified 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.

- c. 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 Program (“SRSP”)
 - g) Psychosocial Rehabilitation (“PSR”)

10. Fraud and Abuse/Neglect

Through its compliance program, the provider shall identify employees, subcontractors or providers who may be committing fraud and/or abuse. The provider activities may include, but are not limited to, monitoring the billings of its employees, subcontractors or providers to ensure that services that are reimbursed by the State are appropriate and meet medical necessity requirements, including but not limited to, monitoring the time cards of employees that provide services to consumers under cost payment arrangements; investigating all reports of suspected fraud and over-billings (upcoding, unbundling, billing for services furnished by others, billing for services not performed, billing for services beyond the scope of contracted services and 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 provider shall promptly report in writing to the DIVISION instances in which suspected fraud has occurred within thirty (30) days of discovery. The provider shall provide any evidence it has on the fraudulent billing practices. If the billing has not been done appropriately and the provider does not believe the inappropriate billing meets the definition of fraud (i.e., no intention to defraud), the provider shall notify the DIVISION in writing of its findings.

11. Insurance Policies. In addition to the provisions of the General Conditions No. 1.4, the provider, at its sole cost and expense, shall procure and maintain policies of professional liability insurance and other insurance necessary to insure the provider 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 provider shall obtain, maintain, and keep in force throughout the

period of this Contract the following types of insurance:

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 not less than THREE MILLION AND NO/100 DOLLARS (\$3,000,000.00) in the aggregate annually.

Professional Liability insurance issued by an insurance company in the amount of at least ONE MILLION AND NO/100 DOLLARS (\$1,000,000.00) for liability arising out of each occurrence and not less than THREE MILLION AND NO/100 DOLLARS (\$3,000,000.00) in the aggregate annually.

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

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

The insurance shall be obtained from a company authorized by the law to issue such insurance in the State of Hawaii (or meet Section 431: 8-301, Hawaii Revised Statutes, if utilizing an insurance company not licensed by the State of Hawaii).

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

The provider shall ensure that the above policy limits are in place throughout the duration of the contract period. The provider shall also immediately provide written notice to the contracting department or agency should any of the insurance policies evidenced on its Certificate of Insurance form be canceled, limited in scope, or not renewed upon expiration.

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

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

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

Allowed Not allowed

D. Single or multiple contracts to be awarded

(Refer to §3-143-206, HAR)

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.
11. Applicants' past program performance, based on other state agencies' program and/or contract monitoring.

E. Single or multi-term contracts to be awarded

(Refer to §3-149-302, HAR)

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

Contract terms:

Initial term of contract:	<u>1 year</u>
Length of each extension:	<u>1 year</u>
Number of possible extensions:	<u>5</u>
Maximum length of contract:	<u>6 years</u>
The initial period shall commence on the contract start date or Notice to Proceed.	
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 on or before the day and time specified in Section 1, paragraph I (Procurement Timetable) of this RFP. The contact person is Ms. Enid Kagesa. She may be reached at (808) 586-8282, fax (808) 586-4745.

III. Scope of Work**A. Service Activities**

All service activity must meet the “Consumer Management Requirements” II.A.1 of this RFP.

1. Clinical Services:**a. Outreach Services:**

The program shall offer assertive outreach to engage consumers respecting the safety and security of the consumer and the provider.

b. Intake, Assessment and Individual Recovery Planning Services:

- 1) The provider shall have intake policies and procedures which are consistent with their accreditation standards, DIVISION and Medicaid requirements.
- 2) The provider shall ensure that initial face-to-face intake contact is made with each consumer within twenty-four (24) hours of referral when the consumer is in a short term crisis stabilization service, within three (3) business days of referral when the consumer is in a hospital, or within five (5) business days for all other referrals unless otherwise approved by the DIVISION.
- 3) On initial face-to-face contact, the provider shall educate the consumer regarding after-hours contact information.
- 4) Within seventy-two (72) hours of the first contact with the consumer after authorization, the provider shall:
 - a) Obtain all required consents for this service.

- b) Provide an orientation to their program to the consumer, which shall include signed receipts of the consumer rights in DIVISION policy and Hawaii statute, including how to file a grievance with the provider and DIVISION, and a signed receipt of privacy information and rights.
 - c) Perform an Initial Assessment and Plan, which shall include an assessment of the immediate needs and strengths of the person, as well as actions needed immediately.
 - d) Develop a Crisis Plan, the goal of which is to stabilize, prevent hospitalization, manage and reduce risk of harm, displacement from housing or other negative consequences that affect functioning and community tenure.
 - i) The plan shall include identification of early signs of relapse, steps to prevent crisis, identification of people, places or events that trigger responses and increase risk for relapse, and identification of strengths and natural resources.
 - ii) When present, a Wellness Recovery Action Plan (“WRAP”) shall inform the crisis interventions.
 - iii) Forensic consumers (those on Conditional Release, Released on Conditions, or otherwise under the authority of a court) shall have a specific crisis plan to mitigate the risk of admission or re-admission to the HOSPITAL.
- 5) Within thirty (30) days of admission, complete an Integrated Intake Assessment for each consumer referred for service.
- a) The assessment shall be comprehensive and updated as necessary as new information becomes available.
 - b) The assessment should be done in person, with the consumer, and use collateral sources, including

- significant others and former and concurrent providers.
- c) The assessment shall include, but not be limited to: legal issues; current and past psychiatric symptoms and treatments; co-occurring substance abuse and treatments, cognitive functioning, medical needs and treatments; psychosocial issues, in particular, trauma and abuse or neglect, suicide and violence risk, education and work, and natural supports; family and developmental history; mental status examination; activities of daily living; strengths, preferences and needs; and assistive technology, if needed.
 - d) The assessment shall include DIVISION required screening tools and assessment tools when screenings are positive.
 - e) The Integrated Intake Assessment process shall include as its outcome an Interpretive Summary that is based on the assessment data, and integrates and interprets from a broader perspective all history and assessment information collected. It should identify co-occurring disabilities and address how they are to be considered when developing the recovery plan.
- 6) At the start of services and at a minimum every three months thereafter, or when the consumer's acuity has changed, the provider shall use the Denver Acuity Scale, attached hereto as Attachment D, to distinguish between Low, Moderate and High need consumers. Such data may be utilized in the future to authorize units based on each Consumer's level of acuity. Accumulated data shall be submitted to the DIVISION on a quarterly basis.
- 7) Within 30 days of admission and at a maximum every 180 days thereafter, collaborate with each consumer to produce a fully updated, individualized recovery plan, referred to herein as the Recovery Plan ("RP").
- a) The RP shall meet requirements of accrediting bodies, state and federal standards including Medicaid and shall be consistent with DIVISION policies and procedures.

- b) The RP shall be individualized and make clear each consumer's needs, strengths, goals and preferences; how each member of the team will help the consumer achieve their RP goals; and what specific biological, psychological and social treatment services will be provided, including linkage to other providers or resources.
 - c) The RP language shall be objective, understandable to the consumer, be written with clear objectives, interventions or activities, time frames, accountabilities, and measures of success; and it shall be recovery-oriented, helping the consumer reach their highest level of independent functioning within their natural environment.
 - d) The case manager shall be responsible for coordinating the development of the RP planning meeting, including inviting all attendees. At a minimum, this includes the consumer, the staff person identified as primarily responsible for the consumer's care and a Qualified Mental Health Professional ("QMHP") at a level appropriate for that care, as well as representation of other disciplines to be involved in service activities.
 - e) The case manager shall be responsible for monitoring the implementation of the RP and shall act as the communications liaison for the team both internally and externally to the provider.
- c. Provision of Clinical Treatment Services:

The provider shall document the clinical necessity for and provide or arrange for each of the clinically necessary services listed below, with the goal of meeting an objective, measurable outcome on the recovery plan. Services are to be provided by an appropriately credentialed member of the team. Except where specifically excluded, services themselves may be delivered in individual or group settings.

1) Symptom Assessment and Management Services:

The provider will either assure or provide ongoing assessment and intervention to assist consumers with

symptoms that may impair the consumer's ability to function at their potential. Activities include but are not limited to:

- a) Ongoing comprehensive assessment of each consumer's mental illness symptoms including the risk potential for suicide, violence and deterioration in psychiatric status, accurate diagnosis, and the consumer's response to treatment.
 - b) The team shall utilize a comprehensive, evidence based programming for education, monitoring, and skill building as clinically indicated for medication and symptom management. A goal of this process is the development of personalized strategies for empowering consumers to manage their mental illness and educate and utilize their support system to assist in a knowledgeable, informed manner.
 - c) A team member who requires clinical assistance shall have timely access to consultation from a QMHP from within their agency. Additionally, the provider shall have training, supervision and protocols in place to ensure that staff is proactive in seeking such assistance.
- 2) Integrated Services that Address Co-Morbidity, including Substance Use Disorders, Trauma, and Complex Medical Conditions: (See also General Requirements, Consumer Management.)
- a) The provider shall provide treatment in a manner consistent with the most current DIVISION Practice Philosophies and implement treatment models consistent with the Continuous, Comprehensive Integrated System of Care included in Section 5, Attachment E. Additionally, prescribing staff shall adhere to the Psychopharmacology Practice Guidelines presented in Section 5, Attachment F
 - b) The team shall use the DIVISION's approved tools for screening, assessment, and reporting co-occurring data.
 - c) Groups and individual interventions to address substance use and trauma shall utilize evidence

based curriculum and programming which target these co-morbidities.

- 3) Psychiatric Treatment:
- a) Psychiatric treatment shall be directed to help each consumer identify/target the symptoms and occurrence patterns of his or her mental illness and develop internal, behavioral, or adaptive methods to help lessen the effects of symptoms.
 - b) Services shall focus on the overall health of the consumer. This includes addressing side effects of medication and integrating medical issues in the RP and crisis plans.
 - c) Services shall include psycho-education regarding mental illness and other co-occurring illnesses and the effects and side effects of prescribed medications.
 - d) Psychiatric services shall include the promotion of and linkage to health enhancing activities.
 - e) Generally after a face-to-face evaluation, the psychiatrist or Advance Practice Registered Nurse with Prescriptive Authority (“APRN-Rx”) shall assess the need for, evaluate and prescribe medications for the treatment of psychiatric disorders, including the impact of co-occurring conditions. Administration and monitoring shall occur under the oversight of a psychiatrist or APRN-Rx.
 - f) Psychiatric services shall be under the oversight of a licensed psychiatrist, APRN-Rx, or Registered Nurse (“RN”), as appropriate to the scope of that person’s licensure;
 - g) Psychiatric services shall be available by providers present in the geographic location in which the case management services are provided, with the same coverage availability as other contracted services in that location. Interim psychiatrist services from other agencies may be utilized when psychiatrist

vacancies exist for up to one hundred twenty (120) days with DIVISION approval.

4) Peer Support Services:

All providers shall use certified peer specialists to provide services covered under this contract. The role of peers is to work in collaboration with Recovery Team members to assist consumers:

- a) To understand recovery and the value of every individual's recovery experience; to identify their strengths and needs for recovery; to understand and set goals for recovery; to determine the objectives needed to reach their recovery goals; and to create their own WRAP (Mary Ellen Copeland: Wellness Recovery Action Plan).
- b) Within the agency, the role of the peer is to enhance the system's recovery orientation by advocating for recovery-based practices; to provide the "consumer's point of view" at team meetings, treatment planning meetings, and psychiatrist visits; to supplement case managers; to serve as unofficial liaisons between non-consumer staff and clients; and to challenge stigma and bias toward consumers.
- c) The role of the peer includes educating the consumer about recovery planning, WRAP, medication adherence, health and wellness, how to use transportation, and how to access community resources.

5) If a Provider chooses to offer Biopsychosocial Rehabilitation (BPSR) Services:

Services shall be holistic and embrace all aspects of a consumer's life, including housing, social networks, employment, education, health, mental health and natural supports.

Skill training shall be conducted in a group BPSR format, as specified in the RP.

- a) Focus of BPSR services shall be on social, intrapersonal and vocational/recreational skills

training. These services shall be designed to help consumers:

- i) Structure their time effectively,
 - ii) Develop communication and emotional regulation skills;
 - iii) Develop social skills to have meaningful personal relationships;
 - iv) Create opportunities to practice social skills, and receive feedback and support;
 - v) Familiarize themselves with available social and recreational opportunities and increase their use of such opportunities;
 - vi) Develop prevocational skills, including personal appearance and hygiene, attendance and punctuality, acceptance of supervision, ability to get along with co-workers, quality of work, work attitude and ability to learn; and
 - vii) Develop vocational skills.
- b) Services shall follow DIVISION-approved formats, including, but not limited to, evidence based practice group skill-building formats, such as WRAP, Illness Management and Recovery (“IMR”), Social and Independent Living Skills (“SILS”), or Seeking Safety, including local adaptations of such formats that use standardized assessment and/or treatment tools.
- c) The consumer-to-staff ratio in group educational/skill building services shall be no greater than 15 members to each staff or peer provider.
- 6) Forensic Services:

For Consumers with forensic involvement, the provider shall provide:

- a) Consumer support to fulfill their forensic responsibility which may include coordination and collaboration with legal partners, keeping updated on charges, status and requirements;

- b) Adherence to DIVISION requirements when treating DIVISION forensically encumbered individuals which include close coordination with the assigned DIVISION Forensic Co-Coordinator;
- c) Interventions which target and reduce criminogenic risk, such as mental illness, housing, substance abuse, and criminal thinking;
- d) Specific planning for re-entry to the community following admission to the HOSPITAL, Kahi Mohala, or other DIVISION contracted facility; and
- e) Specific services to assess the risk of, develop a plan to address, and implement services to prevent admission or re-admission to the HOSPITAL, Kahi Mohala, or other DIVISION contracted facility.

7) Natural Supports:

With consumer agreement, the provider may provide or link the consumer to the following services for consumers' natural supports, such as families and other major supports:

- a) Ongoing communication and collaboration, both face-to-face and by telephone;
- b) Introduction and referral to family self-help programs and advocacy organizations that promote recovery;
- c) Intervention to restore contact, resolve conflict, and maintain relationships with family and/or other significant people; and
- d) Individualized psycho-education about the consumer's illness and the role of the family and other significant people in the therapeutic process.

d. Collaboration, Liaison and Advocacy:

The provider shall advocate for the needs of the consumer and have liaison and linkage with collaborating providers and agencies. Areas of needed services often occurring in individuals with SPMI are: legal, human service, disability rights, entitlements and medical.

- 1) The provider shall coordinate and collaborate with crisis response partners, which include the consumer's natural supports.
 - 2) When CMO services are involved, the team will collaborate with CMO workers to facilitate and/or provide de-escalation interventions and arrange for transportation (which is not a billable service), as appropriate and necessary.
 - 3) The provider shall facilitate registration and participation with other entities, such as the Social Security Administration's Ticket to Work Employment Network ("EN") program and cooperative agreements with existing Employment Networks at the time of activation of EN functions.
 - 4) The case manager shall be knowledgeable about services that are accessible and relevant to consumer interests in order to provide up-to-date information (See DIVISION CBCM RS Resource Guide).
 - 5) The provider shall develop partnerships with other agencies, community services, or primary care providers to ensure continuity of service provision. The team leader and QMHP(s) shall provide added support and intervention when needed to assure that collaborative care is provided to the consumer.
- e. Service Changes, Transition, Transfer or Termination:
- 1) Discharges and transfers must follow the most current DIVISION policy or protocol for discharge.
 - 2) The provider shall communicate any changes in consumer services and status to other services partners. (Example: Notifying the Representative Payee when the consumer is scheduled to be incarcerated for over 30 days, or consumer was discharged.)
 - 3) The provider shall have processes and procedures for planning transfers or concluding services with a consumer that no longer requires CBCM-RS services or is no longer eligible to receive those services.
 - 4) When a consumer is transitioned, the case manager shall work with the consumer and recovery team to ensure a smooth transition, including the transfer of information.
 - 5) When transfer or termination is foreseeable, the transfer or termination shall be made part of an RP update process that

specifies how the consumer is expected to continue receiving services, if necessary. Clear documentation is made of the consumer's understanding of the process and transition communication where a specific receiving provider is identified.

- 6) When transfer or termination or did not occur, the action shall be made part of the record and attempts at outreach, transfer, referral or collaboration, as well as the result, shall be documented.
- 7) Consumers shall be discharged from CBCM-RS if they are no longer living in Hawaii, refuse all services that are not court ordered, are incarcerated over thirty (30) days, or if they no longer meet DIVISION eligibility criteria.

2. Services for coding and billing:

- a. The provider will deliver the clinical services described in the sections above.
- b. The specific services to be procured under this agreement are limited to those in the following table.

AMHD Service	Billing Code	Unit	MQD Rate
Intensive Case Management / Community Based Case Management, face-to-face contact	H2015	15 minutes	\$20.25
Intensive Case Management / Community Based Case Management, case assessment	H2015 - U1	15 minutes	\$20.25
Intensive Case Management / Community Based Case Management, treatment planning	H2015 - U2	15 minutes	\$20.25
Intensive Case Management / Community Based Case Management, collateral contact with no consumer contact	H2015 - U3	15 minutes	\$20.25
Intensive Case Management / Community Based Case Management, telephone treatment planning with Hawaii State Hospital / Kahi Mohala	H2015 - HT	15 minutes	\$20.25
Intensive Case Management / Community Based Case Management, telephone consultation with consumer	H2015 - U5	15 minutes	\$20.25
Psychosocial Rehabilitation	H2017	15 minutes	\$3.30
AMHD Licensed Psychiatrist Services	Billing Code	Unit	MQD Rate
Initial Evaluation	90801	n/a	\$104.43
Individual Psychotherapy Insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient	90804	n/a	\$46.62

Individual Psychotherapy Insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient; with medical evaluation and management services	90805	n/a	\$52.02
Individual Psychotherapy Insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient	90806	n/a	\$75.00
Individual Psychotherapy Insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient; with medical evaluation and management services	90807	n/a	\$78.00
Family Psychotherapy (without the patient present)	90846	n/a	\$71.55
Family Psychotherapy (conjoint psychotherapy) (with patient present)	90847	n/a	\$82.73
Group Psychotherapy (multiple-family group)	90849	n/a	\$28.98
Group psychotherapy (other than of a multiple-family group)	90853	n/a	\$27.20
Therapeutic, prophylactic or diagnostic injection (specify material injected); subcutaneous or intramuscular	96372	n/a	\$38.28
AMHD Licensed Advance Practice Registered Nurse in Behavioral Health Services	Billing Code	Unit	MQD Rate
Initial Evaluation	90801	n/a	\$78.32
Individual Psychotherapy Insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient	90804	n/a	\$34.97
Individual Psychotherapy Insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient; with medical evaluation and management services	90805	n/a	\$39.01
Individual Psychotherapy Insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient	90806	n/a	\$56.25
Individual Psychotherapy Insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient; with medical evaluation and management services	90807	n/a	\$58.50
Family Psychotherapy (without the patient present)	90846	n/a	\$53.66

Family Psychotherapy (conjoint psychotherapy) (with patient present)	90847	n/a	\$62.05
Group Psychotherapy (multiple-family group)	90849	n/a	\$21.73
Group psychotherapy (other than of a multiple-family group)	90853	n/a	\$20.40
Therapeutic, prophylactic or diagnostic injection (specify material injected); subcutaneous or intramuscular	96372	n/a	\$28.71

- c. Fees identified above for the Licensed Psychiatrist and Licensed Advance Practice Registered Nurse in Behavioral Health Services are to be billed directly to Medicaid. For the uninsured, services may be billed to the DIVISION.
- d. The DIVISION's fee schedule is based on established Medicaid rates. In the future, any changes or updates to Medicaid's rates or billing codes shall be followed and applied.
- e. Costs for peer services shall initially be paid on a cost-reimbursement basis. Applicants shall provide a separate budget to cover the costs for peer specialists. However in the future, should peer services become a MRO covered service, the cost for peer specialists shall be reimbursed on a fee basis at the rate determined by Medicaid.

B. Management Requirements

(Minimum and/or mandatory requirements)

1. Program Operations

The provider's program shall meet the following standards:

- a. Size and Intensity
 - 1) The provider shall maintain the following service ratios:
 - a) A team shall serve a maximum of thirty (30) consumers per case manager. This ratio assumes a caseload mix of consumers with varying needs.
 - b) 75% of case managers must meet the minimum qualification of the Mental Health Worker ("MHW").
 - c) The Psychiatrist to consumer case load ratio shall not exceed 1:250.

- d) The APRN-Rx to consumer ratio shall not exceed 1:250.
 - e) The RN to consumer ratio should not exceed 1:150.
 - f) The BPSR education and skill building groups shall not exceed 15 consumers to a group.
 - g) The Peer Support Worker to consumer ratio shall not exceed 1:150.
- 2) Each consumer shall be contacted by the case manager either in person or by phone as often as clinically necessary, but no less than once per month. The provider shall use the following guidelines in determining frequency of case manager contact with the consumer:
- a) Consumers served one (1) time per month may be those who have had stability, as measured by no recent hospitalization or emergency room visit; continued decrease in frequency and duration of crisis episodes; and has increased personal independence.
 - b) Consumers who may require more frequent and face-to-face contact, would be those, for example, who are required assistance with:
 - Treatment participation
 - Medication compliance
 - Housing
 - Basic needs
 - Benefits and income streams
 - Substance abuse
 - Danger to self or others
 - Crisis accidents

b. Hours of Operation

The provider shall:

- 1) Maintain routine business hours.
- 2) Provide flexible programming based on consumer need.
- 3) Be physically or telephonically available 24 hours a day, seven (7) days a week including holidays, and have written

protocols that describe how consumers will access this service/support outside of normal business hours, seven (7) days per week.

- 4) Provide the DIVISION's ACCESS Center with a copy of this protocol and any additional information necessary to manage a consumer's crisis, upon request.

c. Location of service

- 1) Service provision shall generally be in the community and not the office, utilizing natural settings and emphasizing community integration.
- 2) Any service site which requires licensure shall be appropriately licensed and meet federal, state, DIVISION and community standards.
- 3) If a vehicle is used to transport consumers, it shall be maintained according to safety and legal standards.
- 4) All contracted services shall be equally physically available in each geographic area in which the provider is contracted (e.g., all members of a recovery team, or their designees, are physically available to provide services to a consumer in any location in which the provider is contracted to provide services, not on different islands or regions).

d. Coordination

- 1) General responsibility:

Each consumer's entire recovery/treatment team shares responsibility for coordination and continuity of the consumer's care consistent with the DIVISION's current policies and standards. However, the case manager shall be primarily responsible for coordinating the development and monitoring the implementation of the RP and shall act as the communications liaison between team members and service providers with respect to the RP.

- 2) Within the team:

- a) The team shall meet as often as necessary, to coordinate services for high acuity consumers they are serving

- b) The provider shall have a mechanism for communication with the team regarding consumers in crisis or at risk of destabilizing.
- 3) With other providers:
 - a) Actively and promptly assisting with discharges from the HOSPITAL and other DIVISION-funded inpatient beds.
 - b) Participate in discharge and recovery planning meeting at the HOSPITAL and other high acuity services, such as LCRS, or SRSP, as required.
 - c) The provider shall have processes in place to obtain information from the consumer's other service providers, including obtaining pertinent information from collateral sources.
- 4) With other entities:
 - a) The provider shall coordinate their services with other providers as specified in this agreement.
- 5) With the DIVISION.

The provider shall assign staff to attend RS provider, continuity of care and other meetings as scheduled by the DIVISION.

- e. The provider shall be able to provide linguistically appropriate services to assess the need for interpreter services for consumers with limited English proficiency, as well as sign language services for consumers who are deaf or hearing impaired.

2. Personnel

The applicant shall ensure that all staff meet the Minimum Qualifications for their respective positions.

- a. The team leader shall be a QMHP or a Mental Health Professional (MHP). If the team leader is a MHP, they shall be supervised by a QMHP. The team leader shall provide supervision to the program. The definition and role of the QMHP and MHP are defined in Section 5, Attachments G and H.

- b. The psychiatrist shall have completed a psychiatric residency accredited by the Accreditation Council for Graduate Medical Education, shall be board certified or eligible to sit for board examination, licensed to practice in the State of Hawaii and have a minimum of one (1) year of experience working with adults with SPMI.
- c. In geographic areas with a demonstrated shortage of qualified psychiatrists, an Advance Practice Registered Nurse with Prescriptive Authority (“APRN-Rx”) may be used in place of a psychiatrist. The APRN-Rx shall be licensed in the State of Hawaii, as an advance practice registered nurse and certified as an adult psychiatric and mental health nurse practitioner, an adult psychiatric and mental health clinical nurse specialist, or as a family psychiatric and mental health nurse practitioner, and have a minimum of one (1) year of experience working adults with SPMI.
- d. When the program exceeds sixty (60) consumers, a Registered Nurse (RN) is required. The RN shall be licensed to practice in the State of Hawaii and have a minimum of two (2) years of experience, preferably in mental health.
- e. Case Management functions shall be provided by a QMHP, MHP, MHW or Mental Health Assistant (“MHA”). The definition and role of the MHW and MHA are defined in Section 5, Attachments I and J.
- f. Peer Support Workers are consumers who are certified peer specialists and are at a point in their recovery that they serve to inspire and instill hope in other consumers.
 - 1) The DIVISION may grant exceptions to consumers actively in the process of obtaining the necessary certification, upon written request from the provider and written approval by the DIVISION Chief or designee.
 - 2) The provider should consider splitting the full-time equivalency between two (2) or more staff to support their individual recovery goals.
- g. Use of Personnel:
 - 1) A provider wishing to use an APRN-Rx in other situations may do so after submitting a written request and upon

receiving written approval by the DIVISION Chief or designee.

- 2) The provider shall ensure that the service team leader and psychiatrist or APRN-Rx shall be available by phone or face-to-face to provide crisis consultation, 24 hours a day/7 days a week.
 - 3) It is preferred that the psychiatrist or APRN-Rx is co-located with the other members of the recovery team. In cases in which the psychiatrist or APRN-Rx is not on site during working hours, the provider shall develop mechanisms by which all team members may have timely access to the treating psychiatrist or APRN-RX for consultation.
 - 4) The provider shall have a documented mechanism of how their organization will hospitalize consumers in their care and in the area that they live. This mechanism shall not include DIVISION staff or employees of the STATE.
 - 5) The provider shall have a process in place to ensure that staff do not have conflicts of interest or dual relationships with consumers and that staff conduct is consistent with their respective discipline(s) code of ethics, practice standards, or community standard of care.
- h. Personnel documentation: The provider shall maintain records and personnel files which demonstrate that personnel meet the requirements in this RFP including but not limited to: staff competencies, qualifications, credentialing, training and supervision.
- i. DIVISION encourages hiring and retention practices that embrace and reflect the cultural diversity of the consumers we serve.
- j. Training and Competency:
- 1) The provider shall have a process in place to ensure and document that its personnel receive appropriate education and training in techniques and modalities relevant to their service or position for the treatment and rehabilitation of individuals with mental illness.

- 2) The provider shall ensure that all case managers and team leaders obtain, at a minimum, sixteen (16) hours of continuing education and training units each year.
- 3) The provider shall ensure and document that case managers are proficient and competent in the following areas:
 - i) Motivational Enhancement to increase readiness to change.
 - ii) Application of Evidence Based Practices appropriate to their position.
 - iii) Documentation that that meets all applicable Federal, State and DIVISION requirements.

3. Administrative

- a. The provider is required to fully participate in the DIVISION Referral, Registration and Utilization Management (“UM”) activities.
- b. Referrals:
 - 1) The provider shall accept all referrals deemed appropriate by the DIVISION’s utilization management process. If the consumer refuses services or the provider is unable to meet the consumer’s needs, the provider shall make documented, reasonable efforts to assure linkage is made to another provider.
 - 2) When making referrals to other DIVISION funded services, the provider shall refer consumers to services that are clinically indicated, at the appropriate level of care, represent the least restrictive environment and have the long-term goals of community reintegration and independence. Providers shall use the current DIVISION approved UM process.
- c. Registration: All consumers shall be registered for services with the DIVISION and have a record open within the DIVISION’S information system.
- d. UM:
 - 1) The provider shall notify the DIVISION of changes in each

consumer's status in accordance with current DIVISION policies and procedures and directives from the DIVISION Chief or designee.

- 2) Services shall be authorized in accordance with current DIVISION policies and procedures and directives from the DIVISION Chief or designee.
- 3) It is the provider's responsibility to provide the DIVISION with accurate and complete clinical information sufficient to establish clinical necessity.
- 4) In cases in which a service would be assessed as necessary by a prudent provider to keep the consumer safe in the community and an authorization for the service has not yet been established, it remains the provider's responsibility to provide the service, using available DIVISION procedures, including but not limited to the UM appeal process, to obtain authorization. It is not permissible, under this contract, to withhold clinically necessary services as described above pending resolution of such a utilization decision.
- 5) The provider shall have their own internal utilization management system, ensuring that the DIVISION is the payor of last resort, and that consumers are in the appropriate level of services for appropriate lengths of stay.

4. Documentation

The provider shall maintain individual clinical records that are kept consistent with all applicable Federal, State and DIVISION standards for medical records. Their content shall be sufficient to support billing and coding requirements. Records shall be timely, legible, and consistent with DIVISION standards for clinical documentation, and contain required signatures, as well as the writer's name and degree if this is not legible in the signature. Services shall be supported by appropriate documentation to be payable.

5. Quality Assurance and Improvement specifications:

- a. General goals:
 - 1) The provider shall adopt a practice of Continuous Quality Improvement ("CQI") and be able to demonstrate that they measure access, safety, effectiveness, efficiency and the

goals outlined in this document. When these areas are not optimal, the provider shall take action to remedy them.

- 2) At a minimum, the provider shall implement the following CQI activities:
 - a) The provider shall have the ability to track and demonstrate compliance with the requirements of this contract, and specifically demonstrate full implementation of all Plans of Improvement.
 - b) The provider shall have or develop the capacity to support a comprehensive risk management program to reduce the likelihood of harm to individual consumers, consumers as a group, staff and the public. Such capacity shall include the ability to identify and adequately analyze adverse and sentinel events.
 - c) The provider shall complete at least one annual CQI activity approved by the DIVISION and one additional annual CQI activity per 300 consumers served during the preceding year, approved by the DIVISION.
 - d) The above CQI activities shall be supported by regular, at a minimum quarterly meetings, with key staff and regular, at least annual evaluation of services.
 - e) The provider shall ensure that all DIVISION, State and Federal consumer rights are met. At a minimum, the provider shall maintain a grievance review process which complies with these standards.

b. Required Reporting:

Upon discovery, or at an alternative timeframe specified by the DIVISION, the provider shall provide the following reports and information:

- 1) Senior personnel changes, including professional staff/consultants, within thirty (30) calendar days of change.

- 2) 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.
 - 3) Sentinel events, in the time frame and with all the information required by the DIVISION'S most recent revision of the sentinel event policy and procedure.
- c. Investigations: The provider shall collaborate with the DIVISION'S quality management processes including, but not limited to, investigations, specific data gathering, and site visits.

6. Output and performance/outcome measurements

- a. The provider shall be required to meet ongoing informational needs of the DIVISION and submit clinical, administrative and financial reports to the DIVISION over the course of the contract period.
- b. Reports shall be furnished to the DIVISION in paper and/or electronic computer format, as specified by the DIVISION, in a format specified by the DIVISION.
- c. At a minimum for this contract, the content of data collection requests from the DIVISION will include:
 - 1) An Annual Mental Health Services Information Project ("MHSIP") survey;
 - 2) Ongoing Quality of Life Inventory ("QOLI") completion and submission to the DIVISION, at the time of each consumer's admission, every six months, and at the time of discharge.
 - 3) Quarterly reports that specify the number of consumers who have received a DIVISION approved Evidence-Based Practice and identifying the practice.

7. Contract Compliance

The State performs periodic reviews, including validation studies, in order to ensure contract compliance.

The DIVISION reserves the right to request additional data, information and reports from the provider, 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. If the provider will not be able to comply with the request, the provider 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 provider, shall in turn, sanction its subcontractors and 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 provider 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 provider 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 be inaccurate or incomplete, a penalty will be assessed.

8. Pricing structure or pricing methodology to be used

Initially, the pricing structure shall be based on a fixed unit of service rate and cost reimbursement.

Fixed Unit: 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).

Cost Reimbursement: The cost for peer support workers shall initially be paid on a cost-reimbursement basis. The applicant shall provide a separate budget to cover the costs for the peer support workers. However, in the future, should peer support worker services become a MRO covered

service, the cost for services provided by peer support workers shall be reimbursed on a fee basis at the rate determined by Medicaid.

9. Method of compensation and payment

Providers shall be compensated for case management services, in accordance with the Fees described above, upon submission of claims identifying the services performed for DIVISION consumers.

IV. 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, the applicant shall describe plans to secure facilities and the general prospective geographical locations which they will be exploring. The applicant shall also describe how the facilities meet Americans with Disabilities Act (“ADA”) requirements, as applicable; comply with HIPAA requirements for maintaining the privacy and confidentiality of protected health information (“PHI”); and describe any provisions for special equipment that may be required for the service.

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 double spacing between each paragraph and section, and 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 the stated page limitation shall not be considered (i.e., page 51, 52, ... and/or page 251, 252, ...).*
- *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 required to address mandatory Management Information System statements that are required in Section 4 of the RFP, Phase 2 of the Evaluation Criteria. Applications will be disqualified from further consideration, if compliance with this section is not addressed.*
- *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*
- *Management Information System Statement*
(Phase 2, Evaluation and Acceptance of Provider Statements, page 4-2)
- *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 successful history of providing the proposed service in the community by providing 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 and their 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 community-based case management 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 community-based case management 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 with the Department of Health.
 - e. List of other current or prior contracts with the public sector in providing services in general for adults with SPMI. 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 State 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 SPMI 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 sections.

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 shall 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 shall 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 Recovery Plan (“RP”) 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 collaborate 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 purchase of service providers, and where there is no current coordination, the applicant’s plans to do so.

Demonstration of a successful history of coordination requires more than simply

stating or submitting copies of agreements with other agencies or providers.

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.

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 Maui.

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 description 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 thorough understanding of the scope of services being proposed 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 community-based case management services. Given limited service units, the applicant shall describe how teams will identify, prioritize and determine how limited units will be used.
2. The applicant shall discuss how consumer involvement is evidenced in every level of organizational planning, decision-making, and development of this proposal and the delivery of CBCM-RS services. The applicant shall describe how the organization solicits, gathers and analyzes consumer feedback and satisfaction information for program and/or service delivery improvement.
3. The applicant shall describe how the agency will use the DIVISION-approved acuity scale, such as the Denver Acuity Scale, to track, measure and move consumers from higher levels of care to more sustainable levels.
4. Describe communication mechanism, regarding consumers served that address: emergent issues, ongoing issues, continuity of services, and decisions concerning the persons served.
5. Barriers to services which may naturally or artificially occur and the applicant's efforts or plans to overcome those barriers.
6. 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.
7. The applicant shall describe how the organization provides supervision and oversight to identify, prevent, mitigate and manage consumer crisis and destabilization.
8. The applicant's incorporation of best-practices or evidence-based practices within their service array and how evidence-based practices and best practices were identified, implemented, monitored and evaluated.
9. The applicant shall describe how their organization tracks and demonstrates that services are being targeted to maximize consumer

independence and community tenure in the last restrictive/intrusive settings. Discuss how the organization's activities to identify, track, and improve consumer outcomes.

10. The applicant shall describe how co-occurring disorders are identified and incorporated into the recovery plan which includes state appropriate interventions, and the collaboration with community partners.
11. The applicant shall discuss the organization's past and/or planned partnerships and collaborations with the criminal justice system, homeless and housing, and employment providers and networks. Examples of problem-solving and negotiating for improving collaborations shall be provided.
12. The applicant shall describe how the organization updates consumer information and oversees services to ensure that the DIVISION is the payer of last resort. This includes changes in insurance status, service that are reimbursed from other funding streams.

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 management 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 CBCM-RS services described in the RFP, except for peer support workers. 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 community-based case management 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-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 CBCM-RS 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 includes and 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 SPMI 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”) 2009 and 2010. The FY 2009 and FY 2010 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 2010 single audit report, financial audit or compiled financial statement completed, they shall submit a statement indicating when the FY 2010 audit report or FY 2010 compiled financial statement shall be completed, and may submit their completed audits or compiled financial statements for FY 2008 and FY 2009.

- c. The applicant has the cash-flow to sustain their entire 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 four (4) phases as follows:

- Phase 1 - Evaluation of Proposal Requirements (Administrative)
- Phase 2 - Evaluation of Proposal Requirements (Management Information Systems)
- Phase 3 – Evaluation of Proposal Application
- Phase 4 - 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	20 points
4. Service Delivery	39 points
5. Financial	16 points
TOTAL POSSIBLE POINTS	100 Points

III. Evaluation Criteria

A. Phase 1 - Evaluation of Proposal Requirements

1. Administrative Requirements

- Proposal Application Identification Form (Form SPO-H-200)
- Proposal Application Checklist (Form SPO-H)

2. Proposal Application Requirements

- Proposal Application Identification Form (Form SPO-H-200)
- Management Information Systems Statement (Phase 2, Evaluation & Acceptance of Provider Statements, Page 3-2)
- 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 and Acceptance of Provider Statements.

Management Information System (MIS)

1. Applicant shall clearly state their organization's ability to comply with all state and federal privacy, security and transactional code set requirements, including HIPAA, 5010, and ICD-10. Applicants that do not include this statement will be disqualified.
2. 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 data elements and reporting capacity to their information system. Applicants that do not include this description in their application will be disqualified.
3. By the time the contract is executed, the applicant shall be able to send HIPAA compliant 837 claim files and receive 835 remittance advice files. Applicants that do not include this statement will be disqualified.

4. Applicant shall provide a statement that they will keep and maintain consumers' addresses. Applicants that do not include this statement will be disqualified.
5. Applicant shall provide a statement that they are ready, able and willing to provide the service throughout the time of the contract period. Applicants that do not include this statement will be disqualified.

C. Phase 3 - 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. (20 x .60 = 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 or; 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.

Exception. For the Facilities (Under Experience and Capability, Section 1.d., the rating will be "Met" or "Unmet." If the applicant's description of the facility complies with the evaluation criteria, the applicant shall receive a "Met" score of one (1) point. If the applicant's description of the facility does not comply with the requirements established in the RFP, the applicant shall receive an "Unmet" score of zero (0) points.

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:

- Provider submitted 50% or less non-referrals QOLI/MHSIP and/or outcome measures selected by the DIVISION.
- History of provider monitoring and oversight scores that did not meet minimum satisfactory requirements.

- History of non-compliance with corrective actions or plans of improvement.
- Substantial failure in providing required reports or other documentation, including satisfaction, outcomes and quality improvement measures, in a timely manner.
- Non-Compliance with the DIVISION's Quality Management, UM, and/or Business Compliance initiatives.
- 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 (11 Points)

- 1) Applicant's proposal thoroughly describes the agency's vision, mission and goals showing commitment to serving and supporting adults with SPMI in a manner consistent with DIVISION core values and guiding principles. **(2 pts)**
- 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 pts)**
- 3) Applicant's proposal indicates a successful history of providing the same or similar community-based mental health services. **(3 pts)**
- 4) Applicant's proposal demonstrates successful capability in coordinating services with other agencies, providers or other resources in the community. **(3 pts)**

b. Quality Assurance and Evaluation (8 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 and acting on opportunities for improvement, and an annual evaluation of program effectiveness. **(2 pts)**

- 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, demonstrated past results, and an annual evaluation of program effectiveness. **(2 pts)**
- 3) The applicant has a program which effectively addresses identification, tracking and resolution of consumer complaints, grievances and appeals. **(2 pts)**
- 4) Describe how the organization updates consumer information and oversees services to ensure that the DIVISION is the payor of last resort. This includes changes in insurance status, service that are reimbursed from other funding streams. **(2 pts)**

c. Coordination of Services (5 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 (1 Point)

(Met or Not Met)

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.

2. Project Organization and Staffing Total 20 POINTS

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

a. Staffing (16 Points)

- 1) The proposed staffing patterns, consumer/staff ratio, coverage, and proposed capacity is reasonable to insure viability of the services in the geographic area the applicant is proposing to provide services in, and complies with applicable DIVISION requirements. 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 Maui. **(4 pts)**
- 2) The minimum qualifications for staff assigned to the program comply with applicable DIVISION requirements. The applicant is required to submit copies of position descriptions associated with each service component to demonstrate compliance with established staff minimum qualifications. **(4 pts)**
- 3) The applicant's proposal demonstrates an ability to adequately supervise, train and provide administrative direction to staff relative to the delivery of the proposed services, and complies with applicable DIVISION requirements. The proposal provides evidence of the applicant agency's commitment to recruiting, hiring and retaining well-qualified staff. **(4 pts)**

- 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. **(4 pts)**

b. Project Organization (4 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 pts)**
- 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. **(2 pts)**

3. Service Delivery Total 39 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) Describe in detail how the service will be delivered from point of entry to discharge, including intake, assessment, consumer rights/consent, crisis, recovery planning, psychiatric, case management, rehabilitative skill building services, use of peer supports and maximization of natural supports. Address the following and other issues relevant to quality and continuity of service provision:

- 1) Discuss how consumer involvement is evidenced in every level of organizational planning, decision-making, and development of this proposal and the delivery of CBCM-RS services. **(3 pts)**
- 2) Describe how the organization solicits, gathers and analyzes consumer feedback and satisfaction information for program and/or service delivery improvement. **(3 pts)**
- 3) Discuss the organization's experience and plans to incorporate best practices and evidence-based practices. This should include how evidence-based practices and best practices are identified, implemented, monitored and evaluated. **(3 pts)**
- 4) Given limited service units, describe how the teams will identify, prioritize and determine how limited units will be used. **(3 pts)**
- 5) Describe how the agency will use the DIVISION-approved acuity scale to track, measure and move consumers from higher levels of care to more sustainable levels. Examples of high levels of care are: hospitalization, licensed crisis residential, high acuity units, etc). **(3 pts)**
- 6) Describe communication mechanism regarding consumers served that address; emergent issues, ongoing issues, continuity of services, and decisions concerning the persons served. **(3 pts)**
- 7) Describe how the organization provides supervision and oversight to identify, prevent, mitigate and manage consumer crisis and destabilization. **(3 pts)**
- 8) Describe activates, and partnerships which screens, links and collaborates to improve health care outcomes for consumers. **(3 pts)**
- 9) How does the organization track and demonstrate that services are being targeted to maximize consumer independence and community tenure in the least restrictive/intrusive settings. **(3 pts)**

10) Describe how co-occurring disorders are identified and incorporated into the recovery plan which includes, stage appropriate interventions, and collaboration with community partners. **(3 pts)**

11) Discuss the organization's activities to identify, track, and improve consumer outcomes. **(3 pts)**

12) Discuss the organization's past and/or planned partnerships and collaborations with criminal justice, homeless and housing, and employment providers and networks. Please include examples of problem-solving and negotiating for improving collaborations. **(3 pts)**

b. Describe how the organization updates consumer information and oversees services to ensure that the DIVISION is the payer of last resort. This includes changes in insurance status, service that are reimbursed from other funding streams. **(3 pts)**

4. Financial

Total 16 POINTS

Evaluation criteria for this section will include:

a. Personnel costs: Base salaries and wages range are reasonable for the services rendered. Indicate personnel policies and procedures governing vacation leave, sick leave, overtime pay, and fringe benefits. **(2 pts)**

Operating costs are reasonable and adequately justified and the budgets included supports the scope of services and requirements of the RFP. **(2 pts)**

b. Cost Allocation Plan. Applicant's description of the methods and procedures used to allocate costs to various programs, grants, contracts, and agreements. **(2 pts)**

c. The single audit report, financial audit, or compiled financial statements for FY 2009 and FY 2010 indicates minimal or no material deficiencies and an adequacy of their accounting system. If an applicant's agency has not had their FY 2010 audit or compiled financial statements completed, they should submit a statement indicating when their FY 2010 audit or compiled financial statements shall be completed, and shall submit their completed audits or compiled financial

statements for FY 2008 and 2009. The applicant is required to attach a current cash flow statement that shows their organization's ability to sustain their entire organization for a minimum of two (2) months. **(8 pts)**

- 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. Description of all eligible sources of revenue from third parties and plans to pursue additional sources of revenue. **(2 pts)**

D. Phase 4 - 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. Competitive Proposal Application Checklist**
- B. Sample Table of Contents for the POS Proposal Application**
- C. Draft of Special Conditions**
- D. Denver Acuity Scale**
- E. Comprehensive Continuous, Integrated System of Care Model by Kenneth Minkoff, M.D.**
- F. Psychopharmacology Practice Guidelines**
- G. QMHP and Supervision**
- H. Mental Health Professional**
- I. Mental Health Worker**
- J. Mental Health Assistant**
- K. Certifications**
- L. Form SPO-H-205A Instructions**

Attachment A

Competitive POS Application Checklist

Proposal Application Checklist

Applicant: _____

RFP No.: HTH 420-1-12

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*		
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, Attachment K		
Debarment & Suspension		Section 5, Attachment K	X	
Drug Free Workplace		Section 5, Attachment K	X	
Lobbying		Section 5, Attachment K	X	
Program Fraud Civil Remedies Act		Section 5, Attachment K	X	
Environmental Tobacco Smoke		Section 5, Attachment K	X	
Program Specific Requirements:				
Mandatory Management Information System Statements	Section 4, RFP	Section 4, RFP	X	

Authorized Signature

Date

Attachment B

Sample Table of Contents for the POS Proposal Application

Proposal Application Table of Contents

- I. Program Overview.....1**
- II. Experience and Capability1**
 - 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).....12
- 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, 2009 and June 30, 2008
 - C. Organization Chart
Program
Organization-wide

Attachment C

Draft of 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 five (5) years or for not more than five (5) 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 and federal 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

Denver Acuity Scale

The Denver Acuity Scale

Need dimension	Acuity level				
	1	2	3	4	5
Treatment participation	As scheduled for more than three months	As scheduled for less than three months	Requires help to maintain	Minimal	Refuses all
Medication compliance	As scheduled for more than three months	As scheduled for less than three months	Requires help to maintain	Minimal	No compliance
Housing	Stable housing for more than three months	Stable housing for less than three months	Requires help to maintain	Unstable	No housing
Basic needs	Needs met for more than three months	Needs met for less than three months	Requires help to meet needs	Minimally met	Unmet
Benefits and income stream	Has income and has managed it for more than three months	Has income and has managed it for less than three months	Requires help to manage	Applied for but not received	None; not applied for
Substance abuse	None apparent for more than three months	None apparent for less than three months	Occasional minor impairment	Frequent minor impairment	Frequent major impairment
Danger to self or others	None apparent for more than three months	None apparent for less than three months	Possible	Probable	Imminent
Crisis incidents	Limited or appropriately handled for more than three months	Limited or appropriately handled for less than three months	Intermittent crises	Frequent	Continual

Attachment E

**Comprehensive,
Continuous, Integrated
System of Care Model By
Kenneth Minkoff, M.D.**

Comprehensive, Continuous, Integrated System of Care Model

By Kenneth Minkoff, M.D.

The eight research-derived and consensus-derived principles that guide the implementation of the CCISC are as follows:

1. *Dual diagnosis is an expectation, not an exception:* Epidemiologic data defining the high prevalence of comorbidity, along with clinical outcome data associating individuals with co-occurring psychiatric and substance disorders (“ICOPSD”) with poor outcomes and high costs in multiple systems, imply that the whole system, at every level, must be designed to use all of its resources in accordance with this expectation. This implies the need for an integrated system planning process, in which each funding stream, each program, all clinical practices, and all clinician competencies are designed proactively to address the individuals with co-occurring disorders who present in each component of the system already.
2. *All ICOPSD are not the same; the national consensus four quadrant model for categorizing co-occurring disorders (NASMHPD, 1998) can be used as a guide for service planning on the system level.* In this model, ICOPSD can be divided according to high and low severity for each disorder, into high-high (Quadrant IV), low MH – high SA (Quadrant III), high MH – low SA (Quadrant II), and low-low (Quadrant I). High MH individuals usually have SPMI and require continuing integrated care in the MH system. High SA individuals are appropriate for receiving episodes of addiction treatment in the SA system, with varying degrees of integration of mental health capability.
3. *Empathic, hopeful, integrated treatment relationships are one of the most important contributors to treatment success in any setting; provision of continuous integrated treatment relationships is an evidence based best practice for individuals with the most severe combinations of psychiatric and substance difficulties.* The system needs to prioritize a) the development of clear guidelines for how clinicians in any service setting can provide integrated treatment in the context of an appropriate scope of practice, and b) access to continuous integrated treatment of appropriate

intensity and capability for individuals with the most complex difficulties.

4. *Case management and care must be balanced with empathic detachment, expectation, contracting, consequences, and contingent learning for each client, and in each service setting.* Each individual client may require a different balance (based on level of functioning, available supports, external contingencies, etc.); and in a comprehensive service system, different programs are designed to provide this balance in different ways. Individuals who require high degrees of support or supervision can utilize contingency based learning strategies involving a variety of community based reinforcers to make incremental progress within the context of continuing treatment.
5. *When psychiatric and substance disorders coexist, both disorders should be considered primary, and integrated dual (or multiple) primary diagnosis-specific treatment is recommended.* The system needs to develop a variety of administrative, financial, and clinical structures to reinforce this clinical principle, and to develop specific practice guidelines emphasizing how to integrate diagnosis-specific best practice treatments for multiple disorders for clinically appropriate clients within each service setting
6. *Both mental illness and addiction can be treated within the philosophical framework of a “disease and recovery model” (Minkoff, 1989) with parallel phases of recovery (acute stabilization, motivational enhancement, active treatment, relapse prevention, and rehabilitation/recovery), in which interventions are not only diagnosis-specific, but also specific to phase of recovery and stage of change.* Literature in both the addiction field and the mental health field has emphasized the concept of stages of change or stages of treatment, and demonstrated the value of stagewise treatment (Drake et al, 2001.)
7. *There is no single correct intervention for ICOPSD; for each individual interventions must be individualized according to quadrant, diagnoses, level of functioning, external constraints or supports, phase of recovery/stage of change, and (in a managed care system) multidimensional assessment of level of care requirements.* This principle forms the basis for developing clinical practice guidelines for assessment and treatment matching. It also forms the basis for designing the template of the CCISC, in which

each program is a dual diagnosis program, but all programs are not the same. Each program in the system is assigned a “job”: to work with a particular cohort of ICOPSD, providing continuity or episode interventions, at a particular level of care. Consequently, all programs become mobilized to develop cohort specific dual diagnosis services, thereby mobilizing treatment resources throughout the entire system.

8. *Clinical outcomes for ICOPSD must also be individualized, based on similar parameters for individualizing treatment interventions.* Abstinence and full mental illness recovery are usually long term goals, but short term clinical outcomes must be individualized, and may include reduction in symptoms or use of substances, increases in level of functioning, increases in disease management skills, movement through stages of change, reduction in “harm” (internal or external), reduction in service utilization, or movement to a lower level of care. Systems need to develop clinical practice parameters for treatment planning and outcome tracking that legitimize this variety of outcome measures to reinforce incremental treatment progress and promote the experience of treatment success.

Attachment F

Psychopharmacology Practice Guidelines

Psychopharmacology Practice Guidelines For Individuals With Co-Occurring Substance Abuse (SA) And Serious Mental Illness (SMI)

Overview

The results of the most recent national household survey found that there are:

- 17 1/2 million people with serious mental illness (SMI) in the United States, or
- 8.3% of the population (SAMHSA, 2002). Of these:
 - 5 million or, 28.9% of the SMI, had used an illicit drug in the previous year
 - SMI use illicit drugs at more than twice the rate of non-SMI
 - Four million, or 22.2% of all SMI, had a substance use disorder
 - 11.1 were heavy alcohol users (compared to 8.1% of non-SMI)
 - Adults with nicotine dependence were 1.5 times as likely to have SMI
- Of people in the general population with a substance use disorder, 20.4% were SMI.

In Hawaii, the Adult Mental Health Division has found that approximately 53% of the population it has screened has experienced problems as a result of substance use.

The comorbidity of schizophrenia and SA is of particular concern. While relatively infrequent prior to 1960, there is now a 70-80% lifetime incidence of a substance use disorder in people with schizophrenia.

In summary, there is a high rate of comorbidity between SMI and SA.

General principles of treatment in a drug abusing, seriously mentally ill population:

Issues Related to Screening and Diagnosis

- Diagnostic assessment of individuals with co-occurring disorders is based ideally on obtaining an integrated, longitudinal, strength-based history, which incorporates a careful chronological description of the individual's functioning, including emphasis on onset, interactions, effects of treatment, and contributions to stability and relapse of both disorders at each point in time. Particular focus is on assessing either disorder during periods of time when the other type of disorder is relatively stable. Obtaining information from family members, previous providers, and collateral caregivers is important.
- Initial psychopharmacologic assessment in mental health settings does not require consumers to be abstinent. It should occur as early in treatment as possible, and incorporate capacity to maintain existing non-addictive psychotropic medications during detoxification and early recovery.
- Substance abusers will often deny their substance abuse problems and blame their symptoms on the mental illness. Bipolar disorder in particular may be over diagnosed in a substance abusing population due to the fact that mental status can appear to cycle as a result of intermittent substance abuse. For example, stimulant (cocaine and methamphetamine) abuse can mimic manic episodes, and the "crash" that occurs when a stimulant effect ends can mimic depression.
- Families often blame psychotic symptoms on substance abuse when none is present. Families may not want to accept that their relative has a chronic psychosis. Furthermore,

patients can be delusional about their substance use, reporting using drugs, or being drugged, when this has not occurred.

- Abuse of more than one substance is common.
- Because of the high rate of comorbidity, the evaluator should maintain concern and vigilance when working with an individual with SMI. Urine drug analysis (UDA) may be useful. UDAs are not used as an intrusive or punitive tool, but rather to develop psychotherapeutic intervention/approaches. Examples are:
 - As a tool for ongoing monitoring and feedback and use of motivational techniques to increase readiness for change
 - To encourage and/or reinforce reduction in use or abstinence (i.e. rewarding clean UDAs)
 - Tailoring the treatment approach
 - Diagnostic purposes which would impact on course of illness/treatment

Issues Related to Treatment

- Psychopharmacology alone is inferior to combined psychopharmacologic and psychosocial therapies.
- Motivational enhancement approaches have been shown to be more effective than confrontational or punitive approaches, and are preferred when combining psychotherapy with psychopharmacology.
- Abusers may attempt to abuse any medication including anti-psychotic, anti-anxiety, and anti-depressant medications. Thus, medication adherence is a significant issue during times of substance abuse.
- For diagnosed psychiatric illness, the individual should receive the most clinically effective psychopharmacologic strategy available, regardless of the status of the comorbid substance disorder.
- Substance abusers are less likely to adhere to antipsychotic regimens. Depot neuroleptic medications are used more often in the SA/SMI population, likely due to adherence issues. For patients who do adhere to antipsychotic medications, there is evidence that substance abuse is lessened.
- Treatment of the severely mentally ill with dependency producing drugs is risky, especially in the long-term. Whenever possible, it is best to avoid the use of:
 - Opioids and muscle relaxants for chronic pain
 - Stimulants for attention deficit disorder
 - Benzodiazepines for bipolar disorder or anxiety
 - Barbiturates for chronic headaches
- If an outside physician persists in prescribing dependency-producing drugs to your consumer with mental illness, consultation with an addiction specialist may help in negotiating with the outside physician. (See below for consultation resources)
- Any consideration or consumer attempts to reduce substance use or achieve/maintain abstinence should be encouraged. Illicit drug use should not be condoned or minimized.

Psychopharmacologic treatment principles:

1. Acute **intoxication**: in general, it is best to let the effects of the intoxicating drugs wear off rather than manage these effects with another drug. If the patient is behaviorally out of control, it may be necessary to send the patients to an emergency room for treatment.
2. Treatment of dependence for **opioids, sedatives, alcohol, and stimulants** requires **detoxification**. Social detoxification is the treatment of choice for stimulants and may be satisfactory for the other classes of substances listed here. For significant levels of dependence however, detoxification can occur safely and comfortably using medication for sedative, alcohol, and opioid dependence if the proper structured environment is available. For high levels of sedative and alcohol dependence, withdrawal can be dangerous. A higher level of care other than outpatient (e.g. acute care, LCRS or partial hospital) may need to be considered. Consultation with an addiction specialist is recommended when evaluating for and performing medical detoxification.
3. A number of treatments are available to minimize and prevent substance abuse. Some treatment considerations are:
 - **Opioid Dependence**: The treatment of opioid dependence, either with detoxification or maintenance therapy, in the past has only been allowed by specially licensed treatment programs such as methadone maintenance clinics for outpatients. Now it is possible for any physician who holds a special narcotics license to use the new sublingual formulation of buprenorphine (Suboxone) to treat opioid dependence. Buprenorphine is a partial agonist with very high affinity for the mu opioid receptor. Because of its ceiling effect, it is relatively safe in overdose, and it can detoxify faster than methadone with milder withdrawal symptoms. The patient must be on the equivalent of 30 mg methadone or less, however, before taking it or it may cause withdrawal symptoms because it will replace the offending opioid on the mu receptor without stimulating it as much. The American Academy of Addiction Psychiatrists offers information about buprenorphine and an online course at: "<http://www.aaap.org/buprenorphine/buprenorphine.htm>" The American Psychiatric Association also offers this information at: http://www.psych.org/edu/bup_training.cfm
 - **Alcohol** : The medication most used with the SMI population is disulfiram (Antabuse). A retrospective review showed that treatment with 250 mg daily appears to be effective and well tolerated and associated with reasonable compliance. Reports of disulfiram induced psychosis exist and but they appear to be rare in the United States and are associated with high doses. The theoretical exacerbation of psychosis does not appear to occur. Naltrexone (Revia) maintenance is the other treatment for which there is evidence of effectiveness in the SMI population. There appears to be no evidence that the use of disulfiram and naltrexone together improves efficacy. At present, there is no evidence that acamprosate (Campral) is effective in the SMI population. This is understandable, since this drug is much more difficult to take, requiring three times per day dosing. However, side effects and interaction risks with other medications are minimal.
 - **Cocaine and amphetamine** (including methamphetamine) dependent patients are particularly problematic since use of these drugs typically exacerbates psychosis. Psychopharmacologic treatment of the schizophrenia or schizoaffective disorder is indicated along with psychosocial treatments for stimulant dependence. SAMHSA has published a curriculum titled, "Matrix Intensive Outpatient Treatment for People with

Stimulant Use Disorders”, specifically for treatment of stimulant abusers. Information for obtaining this can be found below.

- **Marijuana** use is associated with more mental illness than occurs in non-users. A study of 14-16 year-olds who smoked marijuana found that they were more likely to ultimately develop a psychotic disorder than controls. While there is no good evidence for a “cannabis psychosis,” people diagnosed with schizophrenia are at higher risk for psychotic episodes. Cannabis is also more associated with positive rather than negative symptoms of schizophrenia. Bipolar patients may be at risk for lengthier affective episodes and rapid cycling. On the web, there are testimonials that marijuana helps bipolar disorder, but the scientific evidence is the opposite.

For non-psychotic individuals, there may be the perception that marijuana is a benign drug. However, emergency room visits associated with marijuana abuse have been rising and this is thought to be related to the increased potency of marijuana in recent years (SAMHSA). There is no specific pharmacologic treatment for marijuana dependence.

- **Nicotine:** Treatment of nicotine dependence should be attempted. Discussion of treatment options and health consequences when done in an empathic and a non-coercive way often helps the therapeutic relationship because the patient can see that the doctor is really interested in his or her health and not in blaming him or her for using drugs. The new drug, varenicline (Chantix), appears to be more helpful than nicotine replacement therapy. It is a partial agonist at the nicotine receptor. In theory, it may offer cognitive benefits in schizophrenia, although this has not been tested.

Addiction psychiatry consultation may be obtained from:

- Jon Streltzer, M.D. 586-7427
- Louise Lettich, M.D. 266-9937
- David Friar, M.D. 233-3775

Selected references:

Joan Epstein, Peggy Barker, Michael Vorburger, Christine Murtha.
*Serious Mental Illness and Its Co-Occurrence
with Substance Use Disorders*, 2002
Substance Abuse and Mental Health Services Administration
Office of Applied Studies, June 2004
<http://www.oas.samhsa.gov>

Ferdinand RF, van der Ende J, Bongers I, Selten JP, Huizink A, Verhulst FC. Cannabis-psychoosis pathway independent of other types of psychopathology. *Schizophr Res*. 2005 Nov 15;79(2-3):289-95.

Kenneth Minkoff, MD. *Psychopharmacology Practice Guidelines for Individuals with Co-occurring Psychiatric and Substance Use Disorders (COD)* January, 2005. <http://www.kenminkoff.com/article1.html>

Petrakis IL, Nich C, Ralevski E. Psychotic spectrum disorders and alcohol abuse: a review of pharmacotherapeutic strategies and a report on the effectiveness of naltrexone and disulfiram. *Schizophr Bull*. 2006 Oct;32(4):616-7.

Shi L, Ascher-Svanum H, Zhu B, Faries D, Montgomery W, Marder SR Characteristics and use patterns of patients taking first-generation depot antipsychotics or oral antipsychotics for schizophrenia. *Psychiatr Serv*. 2007 Apr;58(4):482-8.

Westermeyer, J. Comorbid schizophrenia and substance abuse: a review of epidemiology and course. *American Journal on Addictions*;15:345-355, 2006.

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AMHD Statewide Medical Executive Committee
AMHD Clinical Operations Team

Resources:

Matrix Intensive Outpatient Treatment for People with Stimulant Use Disorders can be obtained at no cost from the Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment. See links below for ordering or downloading:

Counselors Manual: <http://ncadistore.samhsa.gov/catalog/productDetails.aspx?ProductID=17441>

Family Handbook: <http://ncadistore.samhsa.gov/catalog/productDetails.aspx?ProductID=17442>

Client's Handbook: <http://ncadistore.samhsa.gov/catalog/productDetails.aspx?ProductID=17443>

Client's Treatment Companion:

<http://ncadistore.samhsa.gov/catalog/productDetails.aspx?ProductID=17444>

Brief Counseling for Marijuana Dependence-A Manual for Treating Adults
<http://www.kap.samhsa.gov/products/brochures/pdfs/bmdc.pdf>

Attachment G

QMHP and Supervision

Definition and Role of the Qualified Mental Health Professional

The requirements established below are **minimum requirements** that the Department of Health Adult Mental Health Division (“AMHD”) has set for this position. Individual services may have additional academic or experience requirements depending on the intensity of the service. Any additional service specific requirements beyond these minimum requirements will be stated in the Request for Proposal and/or in the contract.

Definition / Role and Activities:

The Qualified Mental Health Professional (“QMHP”) in the AMHD service delivery system is the individual generally responsible for clinical oversight and development of the service. A QMHP may provide a wide range of service and support including, but not limited to the following:

- Oversees the development of each consumer’s treatment plan to ensure it meets the requirements stated of applicable funding streams and sign each treatment plan.
- Serves as a consultant to the treatment team.
- Serves as the LOCUS expert.
- Provides oversight and training.
- Reviews and signs each authorization request for clinical services prior to submittal to ensure that the services requested are medically necessary.
- Provides clinical supervision.
- Provides therapy.
- Provides clinical consultation and training to team leaders and/or direct care providers as needed.

Additionally, for Specialized Treatment Programs such as Intensive Out-Patient Hospital and Specialized Residential Services, the QMHP shall provide day-to-day program planning, implementation, and monitoring.

QMHP Minimum Requirements:

A QMHP is required to have an advanced degree and is licensed to practice in Hawaii as a:

- Licensed Psychiatrist,
- Licensed Psychologist (Ph.D. or Psy.D.),
- Licensed Clinical Social Worker (“LCSW”),
- Licensed Marriage and Family Therapist (“LMFT”), or
- Licensed Advanced Practice Registered Nurse (“APRN” or “APRN-Rx”) in behavioral health currently licensed in the State of Hawaii.

Attachment H

Mental Health Professional

Definition and Role of the Mental Health Professional

The requirements established below are **minimum requirements** that the Department of Health Adult Mental Health Division (“AMHD”) has set for this position. Individual services may have additional academic or experience requirements depending on the intensity of the service. Any additional service specific requirements beyond these minimum requirements will be stated in the Request for Proposal and/or in the contract.

Definition / Role and Activities:

The Mental Health Professional (“MHP”) in the AMHD service delivery system provides a wide-array of clinically-oriented services under the supervision of a Qualified Mental Health Professional (“QMHP”), which may include, but are not limited to, the following:

- Function as a Team Leader and supervise and direct the work of Mental Health Worker and/or Mental Health Assistant staff;
- Provide direct intervention within their scope of practice, including case management, crisis intervention, counseling, individual or group psycho-education, or other interventions which do not include or meet the definition of therapy;
- Provide intake assessment and recovery plan development;
- Attend and contribute to recovery planning or recovery plan review meetings with ancillary treatment providers on behalf of the treatment team; and
- Serve as the AMHD Utilization Management Liaison.

MHP Minimum Requirements:

The MHP is required to be professionally prepared and experienced with an advanced degree and/or licensure. Degrees and license includes the following categories:

- Licensed Social Worker (“LSW”),
- Master of Science in Nursing (“MSN”),
- Advanced Practice Registered Nurse (“APRN”) whose specialty is in a non-behavioral health field,
- Master’s degree with a major in one of the following areas:
 - a) Counseling,
 - b) Psychology,
 - c) Psychosocial Rehabilitation,
 - d) Sociology,
 - e) Human Development,
 - f) Other closely-related fields, as approved in writing, by the AMHD Chief or designee.

All graduate degree work must be completed at and the degree issued by a nationally-accredited academic institution. For degrees issued outside of the United States, the issuing institution must meet similar accrediting standards or be recognized within the United States as having equal standing.

Definition of Experience:

Social Service 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. Example may be in areas such as human services, social welfare, human services worker and criminal justice. Applicable experience will be included regardless if it was paid or unpaid experience.

Supervision:

Clinical supervision of the MHP shall be provided by a QMHP. The frequency and content of supervision should follow accreditation, certification and professional standards and shall be for a minimum one (1) hour of supervision for each 160 hours of work.

Clinical Supervision should minimally include the following components:

- Is guided by a supervisory plan which identifies the skills, knowledge and attitudes that are the focus for development.
- Establishes a learning alliance between the supervisor and supervisee in which the supervisee learns therapeutic skills while developing self awareness at the same time.
- Enhances the professional skills, knowledge, and attitudes necessary to achieving competency in providing quality consumer care.
- Be different from staff development and in-service training.
- Meets requirements for licensing bodies and third party payers.
- Consists of regularly scheduled face-to-face individual meetings.
- Content focus, feedback and evaluation is based on direct observation of work performance.
- Preplanning and preparation are necessary.
- Supervisee is engaged in a critical analysis of the work s/he did and is planning to do.

Attachment I

Mental Health Worker

Definition and Role of the Mental Health Worker

The requirements established below are **minimum requirements** that the Department of Health Adult Mental Health Division (“AMHD”) has set for this position. Individual services may have additional academic or experience requirements depending on the intensity of the service. Any additional service specific requirements beyond these minimum requirements will be stated in the Request for Proposal and/or in the contract.

Definition / Role and Activities:

The Mental Health Worker (“MHW”) in the AMHD service delivery system is an individual who routinely provides much of the front-line consumer-focused work within the community-based mental health system. A MHW may provide a range of clinical and supportive services under the supervision of a Mental Health Professional (“MHP”) or Qualified Mental Health Professional (“QMHP”). Services or interventions provided by the MHW include, but are not limited to, the following:

- Provide specialized services in conjunction with other professionals such as case management, crisis intervention, skill-building activities, and group and/or individual psycho-education.
- Coordinate services with ancillary treatment providers.
- Make referrals to additional services and supports when indicated on the consumer’s Recovery Plan.
- Assist with the development of the Recovery Plan, Crisis Plan or Wellness Recovery Action Plan.
- Monitor, evaluate and document consumer progress.
- Provide supportive counseling.
- Provide screening and gather clinical information for intake or other assessment.
- Participate in the update of recovery plans.

MHW Minimum Requirements:

A MHW is required to have a Bachelors degree from a nationally accredited college or university in one or more of the following fields:

- Social Work,
- Nursing,
- Counseling,
- Psychology,
- Psychosocial Rehabilitation,
- Sociology,
- Human Development,
- Other closely related fields, as approved in writing by the AMHD Chief or

designee, providing the individual has completed:

- 12 credit hours of post high school coursework in the areas of psychology, counseling, social work or other areas of human development, and
- 1 year of experience providing direct services to individuals with mental illness or other behavioral health issues.

Individuals may also qualify as a MHW by having one (1) or more of the following credentials:

- A Certified Psychiatric Rehabilitation Practitioner (“CPRP”)
- A Certified Substance Abuse Counselor (“CSAC”) in the state of Hawai’i providing the individual has completed:
 - 12 credit hours of post high school coursework in the areas of psychology, counseling, social work or other areas of human development, and
 - 1 year of experience working with individuals with mental illness or other behavioral health issues
- A Certified Peer Specialist in the state of Hawai’i (“HCPS”) who possesses a High School Degree or High School Equivalency and, providing the individual has completed:
 - 12 credit hours of post high school coursework in the areas of psychology, counseling, social work or other areas of human development, and
 - 1 year of experience working with individuals with mental illness or other behavioral health issues
- A Registered Nurse (“RN”) with less than a Bachelor’s Degree providing the individual has completed:
 - 12 credit hours of post high school coursework in the areas of psychology, counseling, social work or other areas of human development, and
 - 1 year of experience working with individuals with mental illness or other behavioral health issues
- A Licensed Practical Nurse (“LPN”) providing the individual has completed:
 - 12 credit hours of post high school coursework in the areas of psychology, counseling, social work or other areas of human development, and
 - 1 year of experience working with individuals with mental illness or other behavioral health issues.

All post high school coursework must have been completed at, and the degree issued by a nationally-accredited institution. For degrees issued outside of the United States, the issuing institution must meet similar accrediting standards or be recognized within the United States as having equal standing.

Definition of Experience

Social Service 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. It may be in areas such as human services, social welfare,

human services worker and/or criminal justice. Applicable experience will be included regardless if it was paid or unpaid experience.

Supervision

Clinical supervision of the MHW shall be provided by a QMHP, or an MHP under the supervision of a QMHP. A MHP may provide the supervision for programs that do not require a QMHP. The frequency and content of supervision should follow accreditation, certification and professional standards and shall be for a minimum of one (1) hour of supervision for each 160 hours worked. A team meeting which focuses on administrative detail and general case consultation does not meet the standard for clinical supervision.

Clinical Supervision should minimally include the following components:

- Is guided by a supervisory plan which identifies the skills, knowledge and attitudes that are the focus for development.
- Establishes a learning alliance between the supervisor and supervisee in which the supervisee learns therapeutic skills while developing self awareness at the same time.
- Enhances the professional skills, knowledge, and attitudes necessary to achieving competency in providing quality consumer care.
- Be different from staff development and in service training.
- Meets requirements for licensing bodies and third party payers.
- Consists of regularly scheduled face-to-face individual meetings.
- Content focus, feedback and evaluation is based on direct observation of work performance.
- Preplanning and preparation are necessary.
- Supervisee is engaged in a critical analysis of the work s/he did and is planning to do.

Attachment J

Mental Health Assistant

**Definition and Role of the Mental Health Assistant (MHA)
(Portions Previously Referred to as Para-Professional)**

The requirements established below are **minimum requirements** that the Department of Health Adult Mental Health Division (AMHD) has set for this position. Individual services may have additional academic or experience requirements depending on the intensity of the service. Any additional service specific requirements beyond these minimum requirements will be stated in the Request for Proposal (RFP) and/or in the contract.

Definition / Role and Activities:

The Mental Health Assistant (MHA) in the Department of Health Adult Mental Health Division's (AMHD) service delivery system primarily provides support to consumers. Tasks provided in conjunction with other mental health professionals may include but are not limited to the following:

- Making referrals;
- Providing ongoing support;
- Providing screening, and gather clinical information; and
- Providing input into the recovery plans.

Mental Health Assistant Minimum Requirements:

A Mental Health Assistant is required to possess **one** of the following, numbered options:

- 1) A High School Diploma, or High School Equivalency, **AND**
 - Have 12 credit hours of post high school coursework in the areas of psychology, counseling, social work or other areas of human development **OR**
 - 1 year of supervised experience providing direct services to individuals with mental illness or other behavioral health issues
- 2) Certification as a Peer Specialist in the state of Hawaii (HCPS), **AND**
 - Demonstrate some evidence of mental health activity in the past two years (i.e. advocacy, volunteer, support group involvement etc.)
- 3) Certification as a Substance Abuse Counselor (CSAC) in the state of Hawaii **AND**
 - Have 6 credit hours of post high school coursework in the areas of psychology, counseling, social work or other areas of human development **OR**
 - 6 months of supervised experience providing direct services to individuals with mental illness or other behavioral health issues
- 4) Certification as a Wellness Recovery Action Plan (WRAP) Facilitator, **AND**
 - Have facilitated three (3) WRAP groups, **OR**
 - Have 12 credit hours of coursework in the areas of psychology, counseling, social work or other areas of human development, **OR**

- Have 1 year of supervised experience providing direct services to individuals with mental illness or other behavioral health issues.

5) Network of Care Peer Educator certificate of completion, along with their completed WRAP, **AND**

- Have 24 credit hours of coursework in the areas of psychology, counseling, social work or other areas of human development, **OR**
- Two year of supervised experience providing direct services to individuals with mental illness or other behavioral health issues.

6) Peer Coach Certification, along with completion of their WRAP, **AND**

- Have 24 credit hours of post high school coursework in the areas of psychology, counseling, social work or other areas of human development, **OR**
- 2 year of supervised experience providing direct services to individuals with mental illness or other behavioral health issues.

Definition of Experience:

Social Service 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. Experience may be in areas such as human services, social welfare, human services worker and/or criminal justice. Applicable experience will be included regardless if it was paid or unpaid experience.

In Minimum Requirements #5 and #6 only, completion of BRIDGES, Solutions for Wellness or IMSR should be considered equivalent to 6 credit hours or 6 months of experience. Certification as a Benefits Educator should be considered equivalent to 3 credit hours or 3 months of experience.

If experience or course work is in question, a written request for approval may be submitted to the AMHD Chief or designee.

Supervision:

Clinical supervision of the MHA shall be provided by a QMHP, or an MHP under the supervision of a QMHP. An MHP may provide the supervision for programs that do not require a QMHP. The frequency and content of supervision should follow accreditation, certification and professional standards, but in no event shall be less than one (1) hour of supervision for each (80) hours worked. A Team Meeting which focuses on administrative detail and general case consultation does not meet the standard for clinical supervision.

Clinical Supervision should minimally include the following components:

- Is guided by a supervisory plan which identifies the skills, knowledge and attitudes that are the focus for development

- Establishes a learning alliance between the supervisor and supervisee in which the supervisee learns therapeutic skills while developing self-awareness at the same time.
- Enhances the professional skills, knowledge, and attitudes necessary to achieving competency in providing quality consumer care.
- Be different from staff development and in-service training.
- Meets requirements for licensing bodies and third party payers
- Regularly scheduled face-to-face individual meetings
- Content focus, feedback and evaluation is based on direct observation of work performance
- Preplanning and preparation are necessary
- Supervisee is engaged in a critical analysis of the work s/he did and is planning to do

Attachment K

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 L

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: