State of Hawaii
Department of Health
Adult Mental Health Division

Request for Proposals

RFP No. HTH 420-2-12
Representative Payee Services
Island of Kauai

Date Issued
October 19, 2011

Date Due
November 17, 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.

October 19, 2011

REQUEST FOR PROPOSALS

REPRESENTATIVE PAYEE SERVICES
ISLAND OF KAUAI

RFP No. HTH 420-2-12

The Department of Health, Adult Mental Health Division ("DIVISION"), is requesting proposals from qualified applicants to provide Representative Payee Services on the Island of Kauai. The contract term shall be from January 1, 2012 through December 31, 2012.

Proposals shall be mailed, postmarked by the United State Postal Service on or before November 17, 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 November 17, 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 Wednesday, October 26, 2011, from 9:00 a.m. to 10:00 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 November 2, 2011. All written questions shall receive a written response from the State on or about November 8, 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
November 17, 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), November 17, 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 **November 17, 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, November 17, 2011.**

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Section 1

Administrative Overview

Section 1
Administrative Overview

Applicants are encouraged to read each section of the RFP thoroughly. While sections such as the administrative overview may appear similar among RFPs, state purchasing agencies may add additional information as applicable. It is the responsibility of the applicant to understand the requirements of *each* RFP.

I. Procurement Timetable

Note that the procurement timetable represents the State's best estimated schedule. Contract start dates may be subject to the issuance of a notice to proceed.

Activity	Scheduled Date
Public notice announcing Request for Proposals (RFP)	10/19/11
Distribution of RFP	10/19/11
RFP orientation session	10/26/11
Closing date for submission of written questions for written responses	11/02/11
State purchasing agency's response to applicants' written questions	11/08/11
Discussions with applicant prior to proposal submittal deadline (optional)	TBD
Proposal submittal deadline	11/17/11
Discussions with applicant after proposal submittal deadline (optional)	TBD
Final revised proposals (optional)	TBD
Proposal evaluation period	11/21/11 – 11/30/11
Provider selection	12/02/11
Notice of statement of findings and decision	12/02/11
Contract start date	01/01/12

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: **Wednesday, October 26, 2011** Time: **9:00 a.m. – 10:00 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: **November 2, 2011** **Time:** **2:00 P.M.** **HST**

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

Date: **November 8, 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.) (N/A)

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 shall 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. Monitoring the financial status and billing practices of providers;
12. Identifying and investigating fraud and abuse;
13. Analyzing the effectiveness of the program in meeting its objectives;
14. Conducting research activities;
15. Providing technical assistance to the providers;
16. Providing consumer eligibility information to the providers; and
17. Payments to the non-Medicaid Rehabilitation Option ("MRO") contracted providers.

B. Planning activities conducted in preparation for this RFP

The DIVISION published a Request for Information on May 19, 2011, seeking the public's input on the design of this service on the island of Kauai, the availability of potential service providers, staffing capabilities for services and culturally specific service capabilities.

C. Description of the goals of the service

The goals for the services described in this RFP include, but are not limited to:

1. Provide money management for registered consumers of the DIVISION.
2. Develop a budget in collaboration with consumers and their DIVISION-assigned case manager.
3. Establish a bank account for consumers to ensure an efficient and flexible financial system to implement this money management service.
4. Ensure the timely and appropriate payment of rent, utilities, transportation, food, clothes and other essential daily living needs of consumers.
5. Provide a daily or weekly amount of money for the consumer's personal use.
6. Provide ongoing money management and budgeting training and assessments of consumers' ability to manage their resources independently.
7. For consumers who begin to demonstrate the ability to become financially self-sufficient, provide opportunities for increased independence and work towards achieving complete independence from rep payee services.
8. Establish effective linkages with the United States Social Security Administration, state operated and purchase of service case management providers, and other pertinent continuity community agencies.
9. Maintain oversight of consumers' finances to ensure appropriate disbursement and receipt of funds and mitigate any detrimental reduction to these funds.

Many consumers receive federal and other financial support. The ability to manage these funds appropriately can vary with some consumers being unable to manage or direct the management of their own funds to those who are independent in these money management tasks. The purpose of representative payee services is to help to ensure that benefit payments are used for basic needs, which provide the consumer with a more stable environment.

A Representative Payee Program is required to provide money management for registered consumers of the DIVISION. The representative payee shall be directly responsible for the payment of rent, utilities and transportation, disbursement of funds for food and clothing for the consumer and the provision of a daily or weekly amount of money for each consumer's personal use from their entitlements. Preference will be provided to applicant's who propose to locate a representative payee, physically, on the island of Kauai.

The representative payee agency shall collaborate with the DIVISION'S Utilization Management process and community designated case manager to effectively service their consumers.

For consumers who begin to demonstrate the ability to be responsible with money and become self-sufficient, involvement with the representative payee program may decrease. For other consumers who are unable to become self-sufficient, program services may be required indefinitely.

The program shall have effective linkages with the United States Social Security Administration, the CENTERS, community designated case manager, the consumers, and a bank for establishing an efficient and flexible financial system in order to implement this money management service.

The representative payee program shall be committed to:

1. Providing services consistent with the Comprehensive, Continuous, Integrated System of Care ("CCISC") model (see Attachment D), with particular attention to principles 3 and 4;
2. Treating consumers with dignity and respect;
3. Empowering consumers to achieve maximum autonomy and self-reliance;
4. Ensuring services for all consumers for the duration of their need; and
5. Acknowledging the right of consumers to make choices and included in decision making.

D. Description of the target population to be served

The target population of services as outlined in this RFP shall be eligible and registered consumers with the DIVISION.

E. Geographic coverage of service

Island of Kauai.

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 applicants who are awarded contracts may change.

The DIVISION considers itself the payer of last resort, and expects applicants 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 applicants as possible.

II. General Requirements

A. Specific qualifications or requirements

1. 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 standards. (N/A)

2. Providers shall have an administrative structure in place capable of supporting the activities required by the RFP. Specifically, there shall be clinical, financial, accounting and management information systems, and an organizational structure to support the activities of the provider.

3. The provider shall have a written plan for disaster preparedness.

4. The provider shall cooperate with the DIVISION in approved research, training, and service projects provided that such projects do not substantially interfere with the provider's service requirements as outlined in this RFP.

5. The provider shall comply with all specified, applicable existing policies, procedures, directives, and provider manual of the DIVISION and, any applicable policies, procedures, directives, and provider manual developed in the future.

6. Whenever requested, the provider shall submit a copy of its operating policies and procedures to the DIVISON. The copy shall be provided at the provider's expense with revisions and updates as appropriate.

7. The provider shall assign staff to attend provider meetings as scheduled by the DIVISION.

8. The provider shall notify and obtain the approval of the DIVISION prior to the presentation of any report of statistical or analytical material based on information obtained through this contract. Formal presentation shall include, but not be limited to, papers, articles, professional publications, and presentations. The provider shall not advertise, distribute, or provide to any consumer, any material relating to the contract that has not been approved by the DIVISION. The provider shall not change the material without the consent of the DIVISION. All consumer satisfaction surveys and methodology must be reviewed and approved by the DIVISION prior to implementation.

9. Consumer Management Requirement

   a. Incorporate "best practices/evidence-based practices" in any consumer service.

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

   b. Documented evidence of consumer input into all aspects of representative payee service related decisions.

   c. Consumers shall be served in the "least restrictive" environment as determined by the consumer's level of care assessment, as established in section 334-104, Hawaii Revised Statutes and in any appropriate federal guidelines.

   d. Consumers shall be made aware of and have access to community resources appropriate to their level of care and treatment needs.

e. Consumers shall receive services in a manner compatible with their cultural health beliefs, practices and preferred language.

f. In accordance with chapter 11-175, Hawaii Administrative Rules, and any appropriate federal guidelines, the provider shall respect and uphold consumer rights. The provider shall recognize the rights of authority of the consumer in the delivery of services, in deciding on appropriate treatment and services and in providing input into the decisions of all aspects of service.

g. The provider shall provide the DIVISION's Quality Management program with a written record of sentinel events, incidents, grievances, and appeals and efforts to address the situation and improve services on-site.

h. 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 C.R.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).

i. The applicant shall describe how they protect confidential information. The provider shall not use or disclose patient health information (PHI) in any manner that is not in full compliance with HIPAA regulations or with the laws of the State of Hawaii. The provider shall maintain safeguards, as necessary, to ensure that PHI is not used or disclosed except as provided by the contract or by law. 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 of disclosure of PHI that is not provided in this contract or by law.

j. The provider shall maintain confidential records on each consumer pursuant to section 334-5, Hawaii Revised Statutes, 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.

k. Written consumer consent shall be obtained for individuals and services funded by the DIVISION including:

1) Consent to release information by DIVISION funded

service providers as needed for continuity of care, including after care services;

2) Consent for claims to be submitted, on behalf of the consumer, for reimbursement or third party billing;

3) Consent to enter registration and treatment information into the confidential Statewide DIVISION information system; and

4) Other consent documents as needed.

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

10. If a subcontractor is used, the provider shall ensure the DIVISION that they, as the provider, have the ultimate responsibility that subcontractor(s) will provide services that meet the criteria of the RFP. Subcontractors must be responsive and responsible to meet the expectations of the provider and the DIVISION. Subcontracting for the provision of Representative Payee services that meet the requirements of this RFP is not allowed.

11. Financial Requirements

a. The State may require applicants 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. Eligibility and enrollment is determined through the assessment process by DIVISION assessors. Eligible consumers are:

1) At least 18 years old
2) Live in Hawaii
3) Have severe and persistent mental illness, be in a state of crisis (short-term services), be victims of natural disasters

and terrorism, or court ordered for treatment by the DIVISION.

d. Notification of Change of Consumer Status.

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

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

The provider shall notify each case manager and the DIVISION of changes in consumer status by calling or faxing the information to the DIVISION, Utilization Management unit within five (5) calendar days of discovery.

e. Changes in consumer status include:

1) Death of the consumer
2) Change in address, including homelessness
3) Change in name
4) Change in phone number
5) Institutionalization (imprisonment or long term care)
6) Short term inpatient psychiatric treatment
7) Third Party Liability (TPL) coverage, especially employer-sponsored, Medicare or Medicaid

f. Consumers shall be disenrolled from DIVISION, if they meet any of the following criteria:

1) Are no longer living in Hawaii
2) Refuse all services that are not court ordered
3) Anticipated to be incarcerated for more than one (1) year

4) No longer meet the criteria for DIVISION funded services either because of a change in diagnosis, functional impairment or legal status.

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

The provider shall establish systems for eligibility determination, billing, and collecting from all eligible sources to maximize third party reimbursements and other sources of funding before using funds awarded by the DIVISION. The provider shall bill the DIVISION only after exhausting the third party denial process, when the service is not a covered benefit or when the consumer is uninsured. The provider shall maintain documentation of denials and of limits of benefit coverage and make these records available to the DIVISION upon request. The DIVISION is the payor of last resort and the provider shall consider payment from third party sources as payment in full. An annual review and reconciliation of amounts collected from third party payors by the provider will be conducted and, if needed, adjustments will be made within ninety (90) days either crediting the DIVISION or providing payment to the provider upon the receipt of the claim.

The provider shall:

1) Provide a list of service expenses, in the format requested by the DIVISION, for recovery purposes.

2) Recover service expenses incurred by consumers from all other TPL resources.

3) Inform the DIVISION of TPL information uncovered during the course of normal business operations.

4) The applicant shall describe all eligible sources of revenue from third parties and plans to pursue additional sources of revenues.

h. Fraud and Abuse Neglect

Through its compliance program, the provider shall identify employees 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 and providers to ensure consumers received services for which the provider and the State are billed; monitoring the time cards of employees that provide services to consumers under cost payment arrangements; investigating all reports of suspected fraud and over-billings (upcoding, unbundling, billing for services furnished by others, billing for services not performed, and other over-billing practices), reviewing for over- or under-utilization, 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 suspicious billing practices (unusual billing patterns, services not rendered as billed and same services billed differently and/or separately). If the billing has not been done appropriately and the 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, adjustments made to billings, and education and training provided to prevent future occurrences.

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

i. All reimbursements for services shall be subject to review by the DIVISION or its agent(s) for medical necessity and appropriateness, respectively. The DIVISION or its agents shall be provided access to medical records and documentation relevant to such a review and the provider 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 DIVISION and its agents access to requested medical records/documents. Reimbursements for services deemed not medically necessary or not following billing guidelines by the DIVISION or its agent shall be denied. Reimbursements received by providers for consumers with third party coverage (including consumers with Medicaid and/or Medicare) will be considered full payment (see Section 2.II.11.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 necessary, reimbursable service.

j. Medicaid

The MQD under the Department of Human Services (DHS) administers medical assistance to qualified, indigent, uninsured and underinsured. Aged, blind, and disabled recipients receive medical, dental, and behavioral health services under QUEST Expanded Access from contracted providers.

k. The provider shall submit claims electronically in the HIPAA compliant 837 format unless a waiver permitting use of the CMS 1500 is granted from the DIVISION. Claims shall be submitted for payment within one hundred twenty (120) calendar days of the date of service. Claims for payment received after one hundred twenty (120) calendar days of the date of service shall be denied for exceeding the filing deadline. For claims that have been denied by the DIVISION, the provider shall have thirty (30) days from the date of denial, to resubmit a claim for payment. Claims resubmitted after thirty (30) days of the date of denial shall be denied for exceeding the filing deadline.

Where a consumer's primary insurance carrier has been billed, the filing deadline will be extended an additional thirty (30) calendar days, for a total of one hundred fifty (150) calendar days from the date of service.

l. If the provider is required to provide encounter data, the HIPAA compliant 837 format shall be utilized to submit that data electronically.

m. When submitting Claims and/or Encounter Data, 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 law, including without limitation, inclusive code sets; and (c) agree that regardless of any provision or term in this Contract, in the event a code is formally retired or replaced, the provider shall 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 retired or replaced codes, the provider understands and agrees that the DIVISION may deny such claims until appropriately coded and resubmitted.

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

13. 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 provider 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 TWO MILLION AND NO/100 DOLLARS ($2,000,000.00) 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 (≤ 2 yrs) ☒ Multi-term (> 2 yrs.)

Contract terms:

Initial term of contract:	1 year
Length of each extension:	1 year
Number of possible extensions:	3
Maximum length of contract:	4 years

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

B. Service Activities
(Minimum and/or mandatory tasks and responsibilities)

1. Have a policy that emphasizes a welcoming, empathic and integrated approach to working with individuals with co-occurring substance and mental illness.

2. Provide money management services that shall include, but are not limited to, the payment of rent, utilities, transportation, food, and clothing for each consumer, assistance with budgeting skills, and providing money on a daily or weekly basis for each consumer's personal use.

3. Develop an initial budget with each consumer upon starting the representative payee program. This shall establish a guide which will allow consumers to practice good money management skills. Budgets

should be re-visited and adjusted each time there is a change in each consumer's financial situation (i.e. rent increase/decrease, benefit increase/decrease).

4. Provide consumers with education on financial issues and practices, allowing them ultimately to resume control of their financial lives and providing them with financial independence. This may include the provision of opportunities to help the consumer use the payee-ship to develop new skills through both learning opportunities and contingency management arrangements with the payee-ship structure. The provider may be required to use the standardized Representative Payee (RP) Managing Your Money Form, rev. 8/09 and RP Monthly Budget Sheet Form, rev. 8/09, provided in Section 5, Attachments E and F.

5. The representative payee manager shall participate in clinical meetings, actively working with each consumer and their case manager, by first determining each consumer's current needs for day-to-day living and use his or her payments to meet those needs, then forging a plan for stepwise disbursement of discretionary money with graduations toward financial autonomy.

6. Maintain appropriate human and technological resources to manage the accounting responsibilities inherent in managing representative payee ship including, but not limited to:

   a. Centralized records, with computer software capabilities.

   b. Professional fiscal staffing who are adequately trained and supervised.

   c. Accounting procedures to assure that the consumers' funds are managed appropriately by having adequate documentation of disbursement of funds, including receipts for each consumer.

7. Establish a line of communication with the local United States Social Security office.

8. Negotiate with financial institutions to provide checking accounts with no or minimal service charges, if needed.

9. Determine each consumer's current needs for day-to-day living and use his or her payments to meet those needs. Providers shall be required to use the standardized RP Weekly Expenses Form, rev. 8/09, provided in Section 5, Attachment G.

10. Save any money left after meeting each consumer's current needs in an interest bearing account or U.S. savings bond. Assist consumers with setting goals to help them strive to save money towards achieving these goals. Providers shall be required to use the standardized RP Individual Savings Goal Form, rev. 8/09, provided in Section 5, Attachment H.

11. Report any changes or events that could affect each consumer's eligibility for benefits or payment amount such as a change in the amount of a pension or wage change. Providers may be required to use the standardized RP Change in Event Form for Demographics, rev. 8/12/11 and RP Change in Event Form for Finances, rev. 10/3/11, provided in Section 5, Attachment I.

12. Keep written records of all payments received from the United States Social Security Administration and how they are spent and/or saved.

13. Provide benefit information to pertinent DIVISION applicants, social service agencies, and medical facilities that serve each consumer.

14. Notify the United States Social Security Administration and the DIVISION of any changes or circumstances that would affect your performance as a representative payee or your decision to continue to serve as representative payee.

15. Complete written reports accounting for the use of funds as outlined by the United States Social Security Administration Representative Payee Report.

16. Assist each consumer in the completion of continuing disability reviews and re-determinations of Supplemental Security Income eligibility.

17. Return any payments to the United States Social Security Administration for which the consumer is not entitled.

18. For consumers receiving Supplemental Security Income, be aware of and track any other income or resources that each consumer has. This is important as other income/resources may impact each consumer's eligibility and or payments. The provider shall be required to use the standardized RP Changes to SSA Form, rev. 8/09, provided in Section 5, Attachment J.

19. Develop and implement a procedure that will allow for the timely disbursement of funds for expenses that each consumer's treatment team has determined to be urgent.

20. Conduct routine consumer satisfaction surveys on the representative payee program and making ongoing program modifications. The provider shall be required to use the standardized RP Consumer Satisfaction Survey Form, rev. 8/09, provided in Section 5, Attachment K.

21. Services shall be authorized by the DIVISION's utilization management process prior to the initiation of services and prior to the expiration of the authorization for continued stay requests. Designated case managers are responsible for these requests. However, it is the program's responsibility to ensure that authorizations have been secured prior to the initiation or continuation of services in order that reimbursement can be approved by the DIVISION.

22. Ensure that each consumer meets the criteria for representative payee services as defined in the AMHD Level of Care Service provided in Section 5, Attachment L.

23. Provide services in a manner consistent with the Comprehensive, Continuous, Integrated System of Care ("CCISC") model, with particular attention to principles 3 and 4.

24. Services shall be provided for up to 25 consumers on the island of Kauai. The expectation is that applicants will be able to access federal funds (i.e., United States Social Security Administration to supplement the number of consumers receiving representative payee services from the DIVISION.

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

1. Personnel

a. Staff providing representative payee services shall, at a minimum, have a high school diploma with one and one-half (1½) years of experience working in the human services field and one and one-half (1½) years of bookkeeping or accounting experience. However, additional education and experience are preferred.

b. The provider shall ensure that staff receives appropriate supervision, including administrative direction.

c. As part of their response to the RFP, the applicant shall submit position descriptions for direct care and supervisory staff responsible for the delivery of services as indicated in Section 3.III.A. Position descriptions shall include the minimum qualifications, including experience for staff assigned to the service.

d. The applicant shall submit an organization-wide and program-specific organization chart as part of their response to the RFP for direct care and supervisory staff. The program-specific chart shall show the position of each staff and the line of responsibility including clinical and administrative supervision.

e. The provider shall ensure and document that its personnel receive appropriate education and training in techniques and modalities relevant to their service activity for the treatment and rehabilitation of individuals with mental illness, following the organization's policy and procedures.

f. Continued education and training to representative payee staff at least semi-annually to maintain and upgrade their skills. The content of the education and training shall be based on a strategic training plan to upgrade the educational and professional qualifications of its staff and shall be developed in conjunction with the DIVISION.

g. The provider shall ensure that all of its personnel attend trainings sponsored or required by the DIVISION, as appropriate to the service(s) they are providing. Training shall include compliance with DIVISION requirements for fraud and abuse prevention.

h. Attend DIVISION provider meetings as scheduled by the DIVISION.

2. Administrative

a. Services shall be authorized by the DIVISION's utilization management process, by prior authorization or registration, and in accordance with the DIVISION's processes as outlined in current DIVISION policies and procedures and directives from the DIVISION Chief. It is the responsibility of each provider to understand and follow these policies, procedures, and directives in order that reimbursement can be approved by the DIVISION. Authorization of services is not a guarantee of payment.

b. The provider shall accept all referrals deemed appropriate by the DIVISION's utilization management process. If the provider is unable to meet the needs of the referral, the provider shall work conjointly to find an alternate approach that will adequately meet the needs of the referred case.

c. There will be a single point of accountability for each consumer entering the system that will be responsible for the continuity of communication, care, and follow up regardless of service, setting,

or provider. In most cases, the single point of accountability will be the DIVISION designated case manager.

d. All consumers shall be registered for services and have a record open within the DIVISION'S information system. When requested by the DIVISION, the provider shall obtain and provide the information necessary to register, open and monitor services received. Providers shall also report all required information when cases are closed or consumers transferred to another level of care within one (1) working day of such action. All consumers shall be registered with the DIVISION and authorized for services as appropriate.

e. The provider shall cooperate with the coordination and the transition of services for newly enrolled consumers with the consumer's current DIVISION provider, Medicaid fee-for-service provider, and/or a QUEST Expanded Access health plan, since many of the eligible consumers already have an established behavioral health care provider.

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

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

f. All applicants shall submit a rate schedule which outlines charges made to consumers for service(s) rendered.

g. DIVISION consumers shall not be charged finance charges, co-payments for services, or no-show fees. Consumers shall be informed that they cannot be terminated by the provider for non-payment of co-payments, finance charges, no-show fees, and non-covered services or for receipt of services from unauthorized provider employees or providers.

h. The provider shall negotiate and develop written agreements, as deemed appropriate, which shall be approved by the DIVISION, with the following parties, which may include, but not be limited

to, hospital facilities, CENTERS and other DIVISION purchase of service providers.

i. The provider shall collaborate with the DIVISION to facilitate outcome evaluation. This collaboration shall involve cooperation in the administration of a consumer satisfaction survey.

3. **Quality assurance and evaluation specifications**

a. The purpose of quality management is to monitor, evaluate, and improve the results of the provider's services in an ongoing manner. Quality care includes, but is not limited to:

1) Provision of services in a timely manner with reasonable waiting times;

2) Provision of services in a manner which is sensitive to the cultural differences of consumers;

3) Provision of services in a manner which is accessible for consumers;

4) Opportunities for consumers to participate in decisions regarding their care;

5) An emphasis on recovery;

6) Appropriate use of services in the provision of care;

7) Appropriate use of best practices and evidence-based practices;

8) Appropriate documentation, in accordance with defined standards;

9) Monitoring and improving clinical outcomes and enhancing quality of life;

10) Consumer satisfaction;

11) User friendly grievance procedures which resolve issues in a timely manner; and

12) Upholding consumer rights.

b. The provider's quality management program shall include at a minimum the content indicated in Section 3, II.C.

c. The provider shall participate in the DIVISION's continuing quality management program and activities as directed by the DIVISION. The provider shall ensure that a staff member be available to participate in system-wide quality management meetings as scheduled by the DIVISION.

d. The Quality Management reporting requirements provide:

1) Information on the activities and actions of the provider's Quality Management and related programs; and

2) Performance measures.

The objectives of the performance measures are:

1) To standardize how the provider specifies, calculates and reports information; and

2) To trend a provider's performance over time and to identify areas with opportunities for improvement.

e. Required Quality Management Activities Reports

The provider shall provide the following reports and information:

1) Annual consumer satisfaction survey report;

2) Written notification of any Quality Management Program (if written Program required) modifications;

3) Senior personnel changes, including professional staff/consultants, within thirty (30) calendar days of change;

4) Annual Quality Management Program evaluation if written Quality Management Program required;

5) Written request for approval of any delegation of quality management activities to subcontractors and providers;

6) Written notification of lawsuits, license suspensions, and revocation to provide Medicaid or Medicare services, or other actions brought against the provider, employees,

subcontractors or providers as soon as possible, but no later than five (5) working days after the applicant is made aware of the event;

7) Notice to Utilization Management of consumer admission and discharge from services or change in level of care in writing within one (1) working day of such action;

8) Written notification of suspected fraud within thirty (30) calendar days of discovery, and of consumer abuse and neglect immediately upon discovery; and

9) Report of the Quality Management activities conducted quarterly. At a minimum, these reports shall include the following:

a) Number of cases selected for quality of care reviews and medical record documentation. Minimum data for each case selected for review shall include (1) sample of records reviewed; (2) findings; (3) actions taken, if applicable; and (4) progress toward meeting performance goals established by agency Quality Management Committee.

b) Aggregated report of any suspected consumer, employee, subcontractor, or provider fraud and the status of any investigations.

c) Number of consumers served per level of service, per month, by county.

d) Average length (in service units) of representative payee service utilization per consumer.

e) Participation with monitoring activities designated by the DIVISION.

f) A report on consumer grievances and appeals. Minimum data for each case shall include: (1) date of grievance or appeal; (2) date of service; (3) type of service; (4) consumer name, age, diagnosis; and (5) date of resolution.

g) Sentinel events.

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

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

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

The achievement of the goals identified through this service will be determined through the achievement of the following:

a. Outcome measures which affect the consumer.

1) Transition status out of program: 3% of consumers successfully transition off representative payee services because they are skilled to manage finances of their own.

2) Transition status within program: 2% of consumers have successfully increased independence within the representative payee program to manage some of their finances on their own (i.e. consumer able to pay phone bill on their own).

3) Social support: evidence of active collaboration with the consumers and case manager is provided to 50% of consumers being served.

4) Education: evidence of education to consumers on financial issues and practices, including opportunities to help the consumer use the payeeship to develop new skills through learning opportunities and contingency management arrangements with the payeeship structure, is provided to 50% of consumers being served.

b. Performance indicators which are benchmarks for the program.

1) Increased coordination: Participation in treatment planning by the representative payee provider with other community providers including, but not limited to, community-based case management providers and CENTERS are done for at least 50% of the consumers being served.

2) Reduction of barriers: staff education is provided to other DIVISION-funded programs to improve collaboration and promote interaction with the representative payee at a minimum of four (4) times a year.

5. **Experience**

The organization providing these services will need to demonstrate the expertise and experience in Representative Payee Services to DIVISION consumers. Applicants with verifiable expertise and experience in serving this target population will be given preference in the evaluation process. Applicants are strongly encouraged to identify all previous experience providing similar services and/or the target population. Details of the applicant's performance in providing these services, past contracts, performance outcomes, and references should be included in their proposal.

6. **Coordination of Services**

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

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

a. Reports shall be submitted in the format and by the due dates prescribed by the DIVISION.

b. The required content and format of all reports shall be subject to ongoing review and modification by the DIVISION as needed.

c. At the discretion of the DIVISION, providers may be required to submit reports in an approved electronic format, replacing some written reports.

8. **Contract Compliance**

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

The DIVISION reserves the right to request additional data, information and reports from the 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 it and providers if the required information, data, medical records, and reports are not provided to the provider within the timeframe established by the provider.

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 inaccurate or incomplete, a penalty will be assessed.

C. Facilities

Not applicable.

IV. COMPENSATION AND METHOD OF PAYMENT

A. Pricing structure or pricing methodology to be used.

Fixed Rate.

Representative Payee services shall be based on a Fixed Rate pricing structure in which the purchasing agency pays the provider based on the number of units of service delivered.

B. Units of service and unit rate:

Billing Code	Services	Rates
90899	Representative Payee Services	$80.00 per consumer, per month

C. Method of compensation and payment.

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

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 (Required). Each tab should be placed on a separate sheet of paper and shall not be counted as a page.*
- *Proposals should be single-spaced, with 1" margins on all sides, utilizing a 12 point font size.*
- *Applicants must also include a Table of Contents with the Proposal Application. A sample format is reflected in Section 5, Attachment B of this RFP.*
- *A written response is required for* ***each*** *item unless indicated otherwise. Failure to answer any of the items will impact upon an applicant's score.*
- *Each section shall be scored in its entirety. Information submitted in another section, shall not be considered.*
- *Other supporting documents may be submitted in an appendix, including visual aids to further explain specific points in the proposal; if used, the information is required to be referenced in the appropriate section.*
- *The Proposal Application shall not exceed 50 pages of main text, not including appendices, attachments, identification form (and/or title page), required forms, and table of contents. Appendices, attachments, identification form (and/or title page), required forms, and table of contents shall not exceed 150 pages. Document pages in excess of the stated page limitation shall not be considered (i.e., page 51, 52, … and 151, 152, …).*
- *This form SPO-H-200A is available on the SPO website (see Section 1, paragraph II, Website Reference). However, the form will not include items specific to each RFP. If using the website form, the applicant must include all items listed in this section.*
- *One (1) original and two (2) copies (one unbound) of each proposal are required.*
- *Applicants are* ***strongly*** *encouraged to review evaluation criteria in Section 4, Proposal Evaluation when completing the proposal.*

The Proposal Application comprises the following sections:

- *Proposal Application Identification Form*
- *Table of Contents*
- *Program Overview*
- *Experience and Capability*
- *Project Organization and Staffing*
- *Service Delivery*
- *Financial*
- *Other (Program Specific Requirements, as applicable)*

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

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

1. Demonstrated skills, abilities, and knowledge relating to the delivery of the proposed services.

2. Demonstrated the ability to respond to consumer complaints, appeals and grievances including those brought to the attention of the DIVISION.

3. Thoroughly describes the agency's vision, mission and goals showing commitment to serving and supporting adults with severe and persistent mental illness in a manner consistent with DIVISION core values and guiding principles.

B. Experience

1. Possess the skills, abilities, knowledge of, and experience relating to the delivery of the proposed services including, but not limited, to previous and current contract performance with the DIVISION and other agencies.

2. The applicant shall provide a description of projects/contracts, including references, pertinent to the proposed services within the most recent five (5) years. The applicant shall include points of contact, addresses, e-mail addresses, and phone numbers. The DEPARTMENT reserves the right to contact references to verify experience. References shall not include employees of the DIVISION.

   a. Detailed list of experience as an agency providing representative payee services.

   b. Detailed list of experience as an agency proving services to adults with severe and persistent mental illness.

   c. If an applicant has prior experience providing representative payee 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 severe and persistent mental illness. Discuss any problems or difficulties encountered in current or prior contracts. Applicant shall provide a point of contact and telephone number for each contract listed. The DEPARTMENT reserves the right to contact any of the listed points of contact to inquire about the applicant's past service performance and personnel.

   f. Success applicant has had in recruiting and retaining quality staff.

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 applicant shall sufficiently describe its quality improvement program which shall be evaluated on the following:

1. Provision of a utilization management system.

2. Provision of a quality management program.

3. A policy and procedure for consumer complaints, grievances and appeals, documentation of actions taken, and demonstration of system improvement.

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

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

2. The Quality Management Program shall address consumer complaints, grievances, appeals, sentinel events and consumer satisfaction.

3. The Quality Management Program shall have a system or policy that outlines how items are collected, tracked, reviewed, and analyzed and reported to the DIVISION as appropriate.

4. The Quality Management Program Work Plan is established annually and selects goals and activities that are based on the annual program evaluation and are relevant to the DIVISION consumer and problem area under review, with designated timelines for the project and indicates department/persons responsible for carrying out the project(s) on the Work Plan.

5. Provision for the periodic measurement, reporting, and analysis of well-defined output, outcome measures and performance indicators of the delivery system, and an indication of how the applicant will use the results of these measurements for improvement of its delivery system.

6. A process of regular and systematic treatment record review, using established review criteria. A report summarizing findings is required. Additionally, the applicant shall develop a written plan of corrective action as indicated.

7. Provision of satisfaction surveys of consumers.

8. Assurance that a staff member be available to represent utilization and quality management issues at meetings scheduled by the DIVISION.

9. Provision of a utilization management system including, but not limited to the following: a) system and method of reviewing utilization; b) method of tracking authorization approvals; c) method of reviewing invoices against authorizations; d) consumer appeals process; e) annual evaluation of the applicant’s utilization management plan; and g) identification of the person in the organization who is primarily responsible for the implementation of the utilization management plan.

10. A policy and procedure for consumer complaints, grievances and appeals which includes documentation of actions taken, and demonstration of system improvement.

11. Assurance that the applicant has established and will maintain and regularly update the following Quality Management policies and procedures:

    a. Consumer complaints, grievances and appeals;

    b. Consumer safety;

    c. Consumer satisfaction;

    d. Disaster preparedness;

    e. Emergency evacuation;

    f. Evidence-Based practice guidelines;

    g. LOCUS/Level of care placement;

    h. Compliance;

    i. Consumer rights and orientation;

    j. Confidentiality/HIPAA;

    k. Treatment records;

    l. Individualized service plans;

    m. Transition of consumers to other programs;

    n. Treatment team;

    o. Use of restraints;

    p. Restricting consumer rights; and

    q. Credentialing staff.

12. A training plan and staff handbook/personnel manual for staff that are responsible for delivery of services. Training shall include, but not be limited to: Substance Abuse, Forensics, Sentinel Events, Risk Management, Compliance, HIPAA Compliance, Consumer Rights,

Treatment Planning, Housing Quality Standards, Health and Safety, and Access and Treatment for Non-English Speaking Consumers.

13. A consumer handbook/brochure(s) that outline services available to the consumer, hours of operations, contact information (phone numbers, and instructions on emergency services), is written at a sixth (6th) grade reading level, provides an overview and the applicant's approach to care, and clearly outlines any major program rules that could lead to discharge from services offered by the organization.

14. A description of the steps that the applicant will take to comply with all of the DIVISION'S reporting requirements as specified in Section 2. III. B. 2, 4, and 7. The applicant shall also indicate how it will use the information in the report to improve its services.

15. Where there is an intention to subcontract, the applicant must demonstrate that services provided by the subcontractor are consistent with all applicable requirements specified in Section 2 including, but not limited to, compliance with reporting requirements. The applicant must describe the monitoring it will perform to ensure subcontractors are compliant with the DIVISION requirements.

16. 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 ISP developed by the DIVISION designated case manager and consumer.

    d. Consumer involvement in service planning.

    e. Statement that the applicant will participate in the use of outcome instruments at the discretion of the DIVISION.

    f. Identification of a fiscal and program contact person.

17. 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 the capability or plan to coordinate services with other agencies and resources in the community. Demonstration or plan of the applicant's coordination efforts shall include, but not be limited to, the following:

1. A history of the applicant's cooperative efforts with other providers of mental health and primary health care services.

2. Memorandum of agreements with other agencies.

3. Applicant's current efforts to coordinate with the DIVISION, CENTERS, HOSPITAL, and other POS providers, and where there is no current coordination, the applicant's plans to do so.

E. Facilities

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

F. Management Information System (MIS) Requirements

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

1. A statement about whether the applicant is a covered entity as defined by HIPAA. A statement that the applicant will comply with all HIPAA privacy, security and transactional code set requirements.

2. An explanation of how the applicant currently manages information in order to submit required information and data in the format prescribed by the DIVISION. Required data elements captured in the provider system and reported to the DIVISION may include, but are not limited to: consumer's last name, first name, middle name, any aliases, social security number, DIVISION-generated unique ID number, DIVISION-generated authorization number(s), Medicaid Identification Number, Medicare Identification Number, other third party insurer numbers, address,

telephone number, admission date, discharge date, service data using DIVISION approved procedure codes, date of birth, gender, and primary language spoken.

3. The DIVISION may add data reporting requirements or specify required formats for downloading data or submitting claims in the future. Applicants are encouraged to describe their flexibility in meeting changing data requirements.

4. For any Fixed Unit of Service Rate contracts, a statement that the applicant shall submit claims electronically in the 837 format.

5. The applicant shall provide a clear statement and describe how their MIS system is fully functional.

6. Where infrastructure is lacking to meet MIS requirement, applicants shall propose solutions, include an implementation plan to create a fully functional MIS system by initiation of a contract, and include the proportion of cost related to this contract in their response to the RFP.

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

III. Project Organization and Staffing

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

A. Staffing

1. Proposed Staffing

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

The applicant 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.

2. Organization Chart

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

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

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

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

3. Evidence of Licensure/Accreditation

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

IV. Service Delivery

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

A. Scope of Work

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

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

1. A clear description of the applicant's demonstrated capability of a service delivery system to meet the goals and objectives of the RFP including, but not limited to, appropriateness to consumer populations, communities and regions.

2. A clear description of the services for consumers from point of entry to discharge, including interventions to be utilized. The description must be consistent with the scope of work found in Section 2.III.A. and with the personnel requirements in Section 2, III.B.1. The description shall also describe the interventions to be used including behavioral supports. Services proposed to be subcontracted out must be included in this description.

3. A clear description of the target population to be served.

4. A reasonable estimate of the number of consumers it could serve and, where applicable, an indication of its total capacity (e.g. total beds available), and the number of units it will provide.

5. A description of the methods the applicant will use to determine when treatment goals are accomplished and when to terminate services. (N/A)

6. A description of the accessibility of services for the target population, and a description of impediments to services and efforts to overcome barriers.

7. The applicant shall provide a thorough description of how they shall not refuse a referral, and that it shall not have an exclusionary policy that is inconsistent with the DIVISION'S guidelines.

8. An indication of the "best practices and/or evidence-based practices" the applicant incorporates and a citation of the literature to support its "best practices and/or evidence-based practices". The applicant shall provide a detailed description of the system it uses to implement and maintain its "best practice and/or evidence-based practices" program integrity.

9. A statement to assure that the applicant shall conform to the DIVISION's standardized assessment package.

10. Where applicable, demonstration that the applicant is capable of providing twenty-four (24) hour coverage for services. (N/A)

11. For services with twenty-four (24) hour, seven (7) days a week coverage, description of how the applicant's on-call system works, i.e., methodology

relative to applicant's answering service. Specifically describe how consumers access applicant's service and staff availability. (N/A)

12. Where the service is housing, residential or day treatment/ intensive outpatient hospital service, a weekly schedule that can be individualized to consumers and consistent with the requirements of the scope of services described in Section 2.III.A. (N/A)

13. The applicant shall thoroughly describe the involvement of the consumer in the decisions regarding the services the consumer receives.

14. The applicant shall describe how it will be ready, able, and willing to provide services throughout the time of the contract period.

15. The applicant shall state that it has read and understands the Request for Proposal and shall describe how it will comply with DIVISION requirements.

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 the RFP.

C. Administrative Requirements

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

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 Representative Payee services described in the RFP. The applicant is requested to furnish a reasonable estimate of the maximum number of service units it can provide for which there is sufficient operating capacity (adequate, planned and budgeted space, equipment

and staff). All budget forms, instructions and samples are located on the SPO Website (see Section 1, paragraph II Websites referred to in this RFP.) The following budget forms shall be submitted with the Proposal Application:

- 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

   a. The applicant shall submit budget sheets that document personnel costs that are reasonable and comparable to other organizations in the community.

   b. The applicant shall submit budget sheets for non-personnel costs and ensure that the costs are reasonable and adequately justified.

   c. The proposal budget shall support the scope of service and requirements of the Request for Proposal.

2. Accounting System

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

   a. The applicant shall submit a cost allocation plan, clearly providing a fiscally sound explanation of how costs are allocated across different funding sources, not related to the DIVISION. This is one measure that indicates the agency's commitment to serving and supporting adults with severe and persistent mental illness in a manner consistent with DIVISION core values and guiding principles.

   b. The applicant shall submit copies of their single audit report, financial audit, or compiled financial statements for fiscal years

(FY) 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 three phases as follows:

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

Evaluation Categories and Thresholds

Evaluation Categories		Possible Points
Administrative Requirements		
Proposal Application		**100 Points**
Program Overview	0 points	
Experience and Capability	20 points	
Project Organization and Staffing	15 points	
Service Delivery	50 points	
Financial	15 Points	
TOTAL POSSIBLE POINTS		**100 Points**

III. Evaluation Criteria

A. Phase 1 - Evaluation of Proposal Requirements

1. Administrative Requirements

2. Proposal Application Requirements

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

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

Ensure that each section is answered completely and thoroughly. Each section shall be scored individually and separately from another section. 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 each section from the RFP from Not Addressed to Excellent. The percentage for the rate level will be multiplied by the maximum number of points for that item. For example, if an item is worth 6 points and the reviewer rated it as Satisfactory response, the score for that item would equal 60% (.06) x 6 = 3.6

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

Rating scale definitions:

Not Addressed: The required information was not present in the Applicant's proposal.

Unsatisfactory: A major item was not addressed or was addressed incorrectly, or was addressed in the wrong category.

Satisfactory: All major items were addressed. Applicant appears to have just restated the requirements in the RFP.

Excellent: The majority items were addressed in an exceptionally clear, concise, or original manner.

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

1. Experience and Capability Total 20 Points

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

a. Provider monitoring scores of less than 80% on the overall score.

b. Provider monitoring scores of less than 80% on the General Review Tool.

c. Non-Compliance with DIVISION's Quality Management and Business Compliance initiatives.

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

a. Necessary Skills (5 points)

1) Demonstrated skills, abilities, and knowledge relating to the delivery of the proposed services.

2) Demonstrated the ability to respond to consumer complaints, appeals and grievances including those brought to the attention of the DIVISION.

3) Thoroughly describes the agency's vision, mission and goals showing commitment to serving and supporting adults with severe and persistent mental illness in a manner consistent with DIVISION core values and guiding principles.

b. Experience (5 points)

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.

c. Quality Assurance and Evaluation (4 points)

Sufficiency of quality assurance and evaluation plans for the proposed services, including methodology.

1) The applicant has sufficiently described its quality improvement program which shall include the following:

   a) Provision of a utilization management system.

   b) Provision of a quality management program.

   c) A policy and procedure for consumer complaints, grievances and appeals, documentation of actions taken, and demonstration of system improvement.

2) A training plan and staff handbook/personnel manual for staff that is responsible for the delivery of services. The plan includes the required trainings listed in Section 3.II.C.12.

d. Coordination of Services (2 points)

Demonstrated capability to coordinate services with other agencies and resources in the community through written documentation.

e. Facilities (1 point)

Adequacy of facilities relative to the proposed services.

f. Management Information Systems (MIS) (3 points)

Demonstrate that their management information system (MIS) shall include, but not be limited to, the following:

1) Relative to HIPAA requirements:

a) The applicant states whether they are a covered entity. A "covered entity" under the HIPAA applies to any of the following:

i) A healthcare provider that conducts certain transactions in electronic form.
ii) A health care clearinghouse.
iii) A health plan.

b) The applicant states they will comply with all HIPAA privacy, security, and transactional code set requirements. (No points if statement is absent or applicant cannot comply)

2) Relative to current MIS:

a) Applicant is able to collect all required information.

b) Applicant is currently able to collect some required information with a plan to upgrade their MIS to collect all information by the time the contract begins.

c) If applicant is not currently able to collect all required information and unable to do so in the future or no description of implementation plan to collect information, no points shall be applied to applicants that provide this response.

3) Relative to the applicant's infrastructure:

a) A clear statement that their MIS system is fully functional.

b) Inclusion of an implementation plan to create a fully functional MIS system by initiation of a contract.

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

2. **Project Organization and Staffing Total 15 Points**

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

a. Staffing (8 points)

1) Proposed Staffing: That the proposed staffing pattern, client/staff ratio, coverage, and proposed caseload capacity is reasonable to insure viability of the services and complies with applicable DIVISION requirements.

2) Staff Qualifications: Minimum qualifications (including experience) for staff assigned to the program, comply with applicable DIVISION requirements.

b. Project Organization (7 points)

1) Supervision and Training: Demonstrated ability to supervise, train and provide administrative direction to staff relative to the delivery of the proposed services and comply with applicable DIVISION requirements.

2) Organization charts: 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 accurately reflect the proposed structure.

3) 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.

3. Service Delivery Total 50 Points

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

Evaluation criteria will include the following:

a. A detailed description of the service that the applicant is proposing to provide including:

1) Demonstrated capability of service delivery system to meet the goals and objectives of the RFP including, but not limited to, appropriateness to consumer populations, communities and regions. **(16 points)**

2) A clear description of the services for consumers from point of entry to discharge, including interventions to be utilized. Any services subcontracted out must be included in the description. **(14 points)**

3) A reasonable estimate of the number of consumers it will serve and where applicable the number of units it will provide. **(5 points)**

b. A statement that the applicant shall not refuse a referral and that is shall not have an exclusionary policy that is inconsistent with the DIVISION's guidelines. **(5 points)**

c. The program incorporates "best practices/evidence-based practice," has literature to support this, and has a system for implementing and maintaining best practice program integrity. **(4 points)**

d. A description by the applicant of the involvement of the consumer in the decisions regarding the services the consumer receives. **(5 points)**

e. A statement by the applicant that they have read the Request for Proposal, will comply with DIVISION requirements, and are ready, able and willing to provide services throughout the time of the contract period. **(1 Point)**

4. Financial **Total 15 Points**

Pricing structure based on a fixed unit rate are reasonable and comparable to other organizations in the community.

a. Personnel costs are reasonable and comparable to similar positions in the community. **(2 points)**

b. Non-personnel costs are reasonable and adequately justified. **(2 points)**

c. The budget supports the scope of service and requirements of the Request for Proposal. **(2 points)**

d. A cost allocation plan clearly providing a fiscally sound explanation of how costs are allocated across different funding sources, not related to the DIVISION. This is one measure that indicates the agency's commitment to serving and supporting adults with severe and persistent mental illness in a manner consistent with DIVISION core values and guiding principles. **(2 points)**

e. The single audit report or financial audit for fiscal years 2007 and 2008 indicates minimal or no material deficiencies and an adequacy of their accounting system. If an Applicant's agency has not had their 2008 financial audit completed, they shall submit a statement indicating when their 2008 audit shall be completed, and may submit their completed audits for 2006 and 2007. Applicant has the cash-flow to sustain their entire organization for a minimum of two months. **(5 points)**

f. 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. **(1 point)**

g. Description of all eligible sources of revenue from third parties and plans to pursue additional sources of revenue. **(1 point)**

C. Phase 3 - Recommendation for Award

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

Section 5

Attachments

A. Proposal Application Checklist
B. Sample Table of Contents
C. Draft Special Conditions
D. Comprehensive, Continuous, Integrated System of Care Model by Kenneth Minkoff, M.D.
E. RP Managing Your Money Worksheet
F. RP Monthly Budget Sheet
G. RP Weekly Expenses Worksheet
H. RP Individual Savings Goal Worksheet
I. RP Change of Event Forms for Demographics and Finances
J. Report of Change of SSA/SSI Recipient
K. RP Consumer Satisfaction Survey
L. RP Level of Care
M. Certifications
N. Form SPO-H-205A Instructions

Attachment A

Competitive POS Application Checklist

Proposal Application Checklist

Applicant: _____ RFP No.: HTH 420-2-12

The applicant's proposal must contain the following components listed below. 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, RFP		
Debarment & Suspension		Section 5, RFP	**X**	
Drug Free Workplace		Section 5, RFP	**X**	
Lobbying		Section 5, RFP	**X**	
Program Fraud Civil Remedies Act		Section 5, RFP	**X**	
Environmental Tobacco Smoke		Section 5, RFP	**X**	
Program Specific Requirements:				

_____ Authorized Signature

_____ Date

Attachment B

Sample Table of Contents for the POS Proposal Application

Proposal Application
Table of Contents

I. Program Overview.....1

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- **B.** Experience.....4
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  - 2. Organization Chart (Program & Organization-wide) (See Attachments for Organization Charts)

IV. Service Delivery.....**12**

V. Financial.....**20**
See Attachments for Cost Proposal

VI. Litigation.....**20**

VII. Attachments
- **A.** Cost Proposal
  - SPO-H-205 Proposal Budget
  - SPO-H-206A Budget Justification - Personnel: Salaries & Wages
  - SPO-H-206B Budget Justification - Personnel: Payroll Taxes and Assessments, and Fringe Benefits
  - SPO-H-206C Budget Justification - Travel: Interisland
  - SPO-H-206E Budget Justification - Contractual Services – Administrative
- **B.** Other Financial Related Materials
  - Financial Audits for fiscal year ended June 30, 2009 and June 30, 2010
- **C.** Organization Chart
  - Program
  - Organization-wide
- **D.** Performance and Output Measurement Tables
- **E.** Program Specific Requirement

Attachment C

Draft Special Conditions

Attachment 5

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. Paragraph 1.4, General Conditions is replaced with the following: 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. 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 TWO MILLION AND NO/100 DOLLARS ($2,000,000.00) aggregate.

c. 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.

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).

For general liability, professional liability, and automobile liability insurance, the insurance coverage shall be primary and shall cover the insured for all work to be performed under the Contract, including changes, and all work performed incidental thereto or directly or indirectly connected therewith. The PROVIDER shall maintain in effect this liability insurance until the STATE certifies that the PROVIDER's work under the Contract has been completed satisfactorily.

Prior to or upon execution of this Contract, the PROVIDER shall obtain a certificate of insurance verifying the existence of the necessary insurance coverage in the amounts stated above. The parties agree that the certificate of insurance shall be attached hereto and be made a part of this Contract.

Each insurance policy required by this Contract shall contain the following clause:

> It is agreed that any insurance maintained by the State of Hawaii will apply in excess of, and not contribute with, insurance provided by this policy.

The general liability and automobile liability insurance policies required by this Contract shall contain the following clause:

> The State of Hawaii and its officers and employees are additional insured with respect to operations performed for the State of Hawaii.

The certificate of insurance shall indicate these provisions are included in the policy.

The PROVIDER shall immediately provide written notice to the contracting department or agency should any of the insurance policies evidenced on its certificate of insurance forms

be cancelled, limited in scope, or not renewed upon expiration.

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."

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.

a. Nonprofit organizations that expend $500,000 or more in a year of federal funds from any source shall have a single audit conducted for that year in accordance with the Single Audit Act Amendments of 1996, Public Law 104-156.

b. If the preceding condition applies, the PROVIDER shall conduct a financial and compliance audit in accordance with the guidelines identified in Exhibit "P," attached hereto and made a part hereof. Failure to comply may result in the withholding of payments to the PROVIDER.

c. Nonprofit organizations that expend less than $500,000 a year in federal funds are exempt from federal audit requirements for that year, however, records shall be

available for review or audit by appropriate officials of the federal awarding agency, the STATE, or General Accounting Office.

d. If the PROVIDER is exempt from federal audit requirements in accordance with subparagraph c., above:

1) The cost of any audit conducted on behalf of the PROVIDER shall not be charged to the federal portion of this Agreement.

2) The PROVIDER shall conduct a financial and compliance audit in accordance with the guidelines identified in Exhibit "K" 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. Federal Citation. Pursuant to the Public Health Service Act, Title V, Section 509; 516, 42 U.S.C. 290bb; Children's Health Act of 2000, Section 520 A-J, 581, 582, Public Law 106-310 and the implementing Federal regulations 45 C.F.R. Part 92, the Substance Abuse and Mental Health Services Administration of the United States Department of Health and Human Services has granted federal funds to the STATE under a Mental Health Transformation Grants, by Grant No. 1H79SM060159-01 Revised, dated November 8, 2010, for the award period from September 30, 2010 through September 29, 2011, subject to the availability of funds, Catalog of Federal Domestic Assistance No. 93.243, which notice of award, grant application, and other applicable documents and conditions are hereinafter collectively referred to as the ("Federal Grant").

9. Certification Regarding Environmental Tobacco Smoke. The PROVIDER shall comply with the requirement of the Pro-Children Act of 1994 and by signing the "Certification Regarding Tobacco Smoke," attached hereto as Exhibit "Q" and made a part of this Agreement, acknowledges that it is a subgrantee of federal funds to be received under the Federal Grant.

10. The PROVIDER shall comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §§794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§ 3601 et seq.), as amended, relating to non-discrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application. “

11. 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

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

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

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 E

RP Managing Your Money Worksheet

Adult Mental Health Division
Representative Payee Program
Managing Your Money Worksheet

Consumer Name:_____ **Date:**_____

Each of us handles our money differently. This exercise is designed to help you to get a handle on your money management practices and to see where you can make changes if necessary.

1. When you want to purchase something and you do not have the cash, what do you do?

_____

2. When you have extra money, where do you keep it?_____

3. How do you pay your monthly expenses? Cash___ Check___ Money order___ Other___

4. Where do you cash checks (bank, grocery store, check cashing service, etc.)?_____

5. What works well about your approach to managing your money?_____

_____

6. What does not work well?_____

_____

The following are some tips on making the most of your money.

1. To save money on your electric bill, turn off lights, TV, etc. when you leave a room and hang clothes if possible instead of using a dryer.

2. Wait for sales before making purchases.

3. Only buy things that you and your family really NEED.

4. Cut back on eating out. Take home lunch to work or school.

5. Make a shopping list before going shopping & avoid shopping for food when you are hungry.

6. Do not cash your checks at check cashing stores to avoid check cashing fees.

7. If you smoke, buy tobacco in bags and roll your own cigarettes.

8. Try to make appointments and shopping trips on the same days to save on gasoline or other means of transportation.

What other ways can you think of to make the most of your money? List some ideas below.

_____

_____

Attachment F

RP Monthly Budget Sheet

Adult Mental Health Division
Representative Payee Program

Monthly Budget Sheet

Consumer Name:_____
Month/Year:_____

Source of Income	Date Received	Amount
G.A. (General Assistance)		
SSI (Supplemental Security Income)		
SSDI (Social Security Disability Insurance)		
Wages/Employer:		
Other (Specify)		
Food Stamps		
Total Received for Month		

Monthly Expenses	Notes (paid to, terms, &/or acct #'s)	Amount
Rent		
Storage Fee		
Utilities		
Phone		
Cable TV		
Food/Clubhouse Meals		
Medical/Dental		
Taxi Coupons		
Allowance		
TOTAL Expenses		

Total Monthly Income ( ) – Total Monthly Expense ( ) = (monthly savings)

I understand that the allowance amount shown on this form will be given to me as indicated above. Any budget changes need to be reviewed with my CM and forwarded to my RP via Change of Event Report.

_____	_____	_____
Consumer Signature	Case Manager Name (Printed)	Case Manager Signature
_____	_____	_____
Representative Payee Name	RP Signature	Date

Recommendation: Continue RP services____ Decrease / Maintain RP services (2x Monthly)_____
(Circle One)

Decrease / Maintain RP services (1x Monthly)_____ Work toward Discharge_____
(Circle One)

Target Date_____

Attachment G

RP Weekly Expenses Worksheet

Adult Mental Health Division
Representative Payee Program

Weekly Expense Worksheet

Weekly Money Tracker Worksheet For:_____ **Start Date:**_____

SUN: I bought (list items below):	Cost of item	THURS: I bought (list items below):	Cost of item
Total Cost of All Items:	**$**	Total Cost of All Items:	**$**
MON: I bought (list items below):	Cost of item	FRI: I bought (list items below):	Cost of item
Total Cost of All Items:	**$**	Total Cost of All Items:	**$**
TUES: I bought (list items below):	Cost of item	SAT: I bought (list items below):	Cost of item
Total Cost of All Items:	**$**		
		Total Cost of All Items:	**$**
WED: I bought (list items below):	Cost of item		
		Total Cost of All Items Purchased	
		from Thursday through Saturday:	**$**
		Cost of Spending—Sun through Wed:	**$** +
		Cost of Spending—Thur through Sat:	**$**
Total Cost of All Items:	**$**	**TOTAL SPENDING FOR THE WEEK=**	**$**
Total Cost of All Items Purchased		**Total Spending for the Week:**	--
from Sunday through Wednesday:	**$**	**Total of Circled Items:**	
		Total Amount I Could Have Saved=	**$**

Use this worksheet to keep track of your spending. Record items purchased throughout the week and the total cost of the items. At the end of the week, go back and circle the items that you could have gone without. Calculate how much money you could have saved by adding all of the circled items, entering that amount next to "Total of Circled Items" and subtract that total from "Total Spending for the Week".

Attachment H

RP Individual Savings Goal Worksheet

Adult Mental Health Division
Representative Payee Program

Individual Savings Goal Worksheet

This exercise is designed to help you to start thinking about setting some financial goals. Please write down three short-term goals (things that you can save enough money for in twelve months or less), three long-term goals (things that you can save enough money for in more than one year but less than five), and the approximate cost of each goal item. Make sure that your goals are realistic and attainable.

Short-term goals		Long-term goals	
Item	Approx. Cost	Item	Approx. Cost

Circle the most important item in each list and estimate how much you need to save each month in order to purchase these items. Set a plan and a target date for each below.

For my short-term goal, I will save $_____ monthly for ____ months. I will purchase this item on _____. For my long-term goal, I will save $_____ monthly for _____ months. I will purchase this item on _____.

_____	_____	_____
Consumer's Name	Signature	Date
_____	_____	_____
Case Manager's Name	CM Signature	Representative Payee

Attachment I

RP Change in Event Forms
For
Demographics (Rev. 8/12/11)
And
Finances (Rev. 10/3/11)

Adult Mental Health Division
Representative Payee Program
Change of Event Report – Demographics

FAX TO: (808) _____
Consumer Name: **Case Manager:**

Check appropriate boxes and complete all information for each box checked.

☐ Change of **RESIDENCE** Date Moved: _____
New Address: _____
☐ ***RENTAL AGREEMENT ATTACHED***

☐ Change in **LEGAL ENCUMBRANCES** Status
☐ Consumer **ADMITTED** Date: _____ ☐ Consumer **DISCHARGED** Date: _____
☐ Jail ☐ Prison ☐ Penal Institution
Name of Institution: _____ ☐ *If **DISCHARGED**, attach discharge paper (1pg)*
☐ **WARRANT/BENCH WARRANT** Date initiated: _____

☐ Change in **MEDICAL/MENTAL INSTITUTION** Status
☐ Consumer **ADMITTED** Date: _____ ☐ Consumer **DISCHARGED** Date: _____
☐ Medical Institution ☐ Mental Institution
Name of Institution: _____ ☐ *If **DISCHARGED**, attach discharge paper (1pg)*

☐ Change in **MARITAL** Status Date: _____
☐ Married ☐ Divorced ☐ Separated
☐ Other ☐ ***ATTACH CERTIFIED ORIGINAL COPY***

☐ Change in **SCHOOL** Status
Start Date: _____ Stop Date: _____

☐ Report **DEATH** of: Date of Death: _____
☐ Consumer ☐ Spouse ☐ Child ☐ Parent
☐ Report **BIRTH** of child Date of Birth: _____
☐ ***ATTACH CERTIFIED ORINGIAL COPY***

☐ Change in **CITIZENSHIP/IMMIGRATION** Status
☐ Outside the US for more than 30 days
☐ Other: _____ ☐ ***ATTACH ORIGINAL***

Information needed for Representative Payee Program:

☐ Change in **COMMUNITY BASED CASE MANAGEMENT or AGENCY** status

☐ Case Management *Agency* to Case Management *Agency* Date: _____

From: _____ To: _____

☐ Case Manager to Case Manager Date: _____

From: _____ To: _____

☐ Discharged from CBCM Date Auth Sent to UM: _____

Adult Mental Health Division
Representative Payee Program
Change of Event Report – Finances

FAX TO: (808)536-7237 (monthly expense changes require one week notice)

Consumer Name: _____

Case Manager/Agency: _____

Income/Pension/Resource Changes:

☐ Started Working Date Work Started: _____

☐ Stopped Working Date Stopped Working: _____

Other - please include income type (i.e., pension, unemployment, monetary settlements), amount, date payment was received, date payment started and/or stopped:_____

☐ Consumer receives SSI and has a change in resources

☐ Consumer is single and has over $2000.00 in resources

☐ Consumer is married and has over $3000.00 in resources

Monthly Expense Change:

☐ Increase ☐ Decrease Rent $ _____ As of: _____ (please attach updated rental agreement)

☐ Increase ☐ Decrease Allowance $ _____ Every: _____ (need purchase receipts for $100 or more!)

☐ For New Bills, please attach statements or invoices from all vendors and indicate amount to be paid (i.e. balance due or monthly payment of $) $_____

☐ Other (please specify) _____

Electronic Funds Transfer: ***Attach voided check***

Name on Account: _____

Bank Name: _____

Type: Checking ☐ Savings ☐

Account #: Bank Routing #:

Statements will be…	Mailed directly to ☐	Hand delivered by consumer ☐

Change of Event Report – Finances

(con't)

Check Request: Case Managers--please **call** your consumer's payee **first** to verify the availability of funds. These requests are limited to **one** per month. Please allow 2 to 5 business days to process and receive. Receipts are **required** for all check requests and must reflect the purpose of the request specified, here.

Request Amount: $_____

Make check payable to: _____

☐ Direct Deposit ☐ Pick Up ☐ Mail

Payable Address: _____

If address different: _____

Purpose of Request

☐ Housing ☐ Food ☐ Clothing ☐ Medical/Dental ☐ Hygiene

☐ Furnishings ☐ Transportation ☐ Other (specify): _____

_____ Consumer Signature

_____ Case Manager Signature

_____ Date

Attachment J

RP Report of Change of SSA/SSI Recipient

Adult Mental Health Division
Representative Payee Program

Report of Change for SSA/SSI Recipient

Name:_____ SSN:_____ Type of benefit: SSA ☐ SSI ☐ Both SSA/SSI ☐

1. Address/Living Arrangement: Apt ☐ Room ☐ Other _____ Date of Change:_____

Old Residence Address:_____

New Residence Address:_____

Rent Amount:_____ Landlord Name/Contact Information:_____

If the recipient lives with others, please list names, DOB/Age, & Relationship below:

Name	Date of Birth/Age	Relationship

☐ Recipient entered jail, prison, or penal institution Date Entered:_____ Date Left:_____

Name of Facility:_____

☐ Recipient entered medical or mental facility/institution Date Entered:_____ Date Left:_____

Name of Facility:_____

2. Marital Status: Married ☐ Divorced ☐ Separated ☐ Other:_____ Date of Change:_____

3. Report of Death/No Contact (missing): Date of Death:_____ No contact since:_____

4. Citizenship/Immigration Status: Outside the US for more than 30 days ☐ Other Change ☐ Please describe below:

_____

5. Income/Pension/Resource Changes: Date Work Started:_____ Date Work Stopped:_____

Other--please include income type (i.e., pension, unemployment, monetary settlements), amount, date the payment was received, date the payment started and/or the date payment stopped:_____

_____

For SSI recipients only: ☐ Single & has over $2,000.00 in resources ☐ Married & has over $3000.00 in resources

6. Other (please describe):_____

The above information is true and accurate to the best of my knowledge.

_____ _____ _____
Name/Title of Individual Acting for Organization Signature Date

Attachment K

RP Consumer Satisfaction Survey

Representative Payee Program

Consumer Satisfaction Survey

Name of your Representative Payee:_____ Date:_____

This survey will help us to determine the quality of our program services. Please circle the number (1 = ☹ through 5 = ☺) that best describes your opinion. Mahalo for your cooperation!

1. Does your payee go over your monthly income and expenses with you and your case manager on a regular basis?

   Definitely NO ☹ 1 2 3 4 5 ☺ Definitely YES

2. Does your payee include you and your case manager in budget-making decisions?

   Definitely NO ☹ 1 2 3 4 5 ☺ Definitely YES

3. Are your monthly bills being paid regularly and on time?

   Definitely NO ☹ 1 2 3 4 5 ☺ Definitely YES

4. Does your payee try to help make monthly bill payments affordable and comfortable for you?

   Definitely NO ☹ 1 2 3 4 5 ☺ Definitely YES

5. Do you have a regularly scheduled time and place to receive your personal allowance?

   Definitely NO ☹ 1 2 3 4 5 ☺ Definitely YES

6. Does your payee provide your financial records (rental & utility receipts, bank statements, etc.) to you and/or your case manager upon request in a timely manner?

   Definitely NO ☹ 1 2 3 4 5 ☺ Definitely YES

7. Do you feel that you are being treated respectfully by the Representative Payee staff?

   Definitely NO ☹ 1 2 3 4 5 ☺ Definitely YES

8. Overall, how satisfied are you with the services that you have been receiving?

   NOT AT ALL Satisfied ☹ 1 2 3 4 5 ☺ VERY Satisfied

9. Do you have any suggestions as to how we can improve our services?

_____

_____

_____

Attachment L

RP Level of Care

REPRESENTATIVE PAYEE
Effective Date 8/2009

Services provided by a professional, para-professional or advocacy organization to assume responsibility for being a representative payee for a person who qualifies for and is receiving SSI or SSDI. The representative payee shall be directly responsible for the payment of rent, utilities, transportation, food, and clothes for the consumer and the provision of a daily or weekly allowance of money for the consumer's personal use from their entitlements.

For consumers who begin to demonstrate the ability to be responsible with money and become self-sufficient, involvement with the representative payee program may decrease. For other consumers who are unable to become self-sufficient, program services may be required indefinitely.

The program shall have effective linkages with the United States Social Security Administration, the Community Mental Health Centers, the consumers, and a bank for establishing an efficient and flexible financial system in order to implement this money management service.

This representative payee program shall be committed to the following:

- **Treating consumers with dignity and respect;**
- **Empowering consumers to achieve maximum autonomy and self-reliance;**
- **Ensuring services for all enrollees for the duration of their need; and**
- **Acknowledging the right of consumers to make choices and to be included in decision-making.**

Level Of Care	LOCUS Level 1
Population Focus	Adults who are registered and eligible for Adult Mental Health Division services who meet the following criteria
Initial Authorization	Unit-Cost Reimbursement Unit-12 months; 12 units
Re-Authorization	Unit-Cost Reimbursement Unit-12 months; 12 units
Admission Criteria	Meets all of the following criteria: 1. Person is an AMHD consumer who is receiving SSI or SSDI 2. Inability to manage financial resources to the degree that at least one of the following risks is present: a. Basic needs of food and shelter are severely compromised b. Cognitive impairment precludes ability to understand basic budgeting skills c. Co-morbidity is severe and consumer would be in imminent danger if controlling own finances 3. There is limited or minimal support in the environment and no other person/organization can act in the fiduciary role for the consumer
Continued Stay Criteria	Meets all of the following: 1. Continues to meet initial criteria

	2. **Functional and environmental conditions have not improved to the point where representative payee is not needed for safety reasons**
Discharge Criteria	**Meets one of the following:** 1. **Consumer's status has improved and is no longer in need of service due to all of the following:** a. **Consumer's functional status has improved so that food and shelter resources can be adequately managed by consumer or support systems** b. **If co-morbidity exists, it is controlled to the point where basic needs can be met through consumer management of resources** 2. **Consumer no longer requires service due to one of the following:** a. **Consumer is no longer eligible for SSI or SSDI;** b. **Consumer is able to successfully manage their own finances; and** c. **Consumer voluntarily withdraws from service**
Service Exclusions	**This service can be received in conjunction with any other service.**
Clinical Exclusion	1. **This service does not replace guardianship when needed.** 2. **Persons who are capable of making their own choices and for whom those choices do not result in imminent danger to self or others would not be appropriate for this service.**

Attachment M

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, In eligibility, 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 undersigned, 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 an mental health of the American people.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	TITLE
APPLICANT ORGANIZATION	DATE SUBMITTED

Attachment N

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)	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. For the first column on the first page of this form, use the column heading, "Organization Total". 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.
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:

Provide a budget by source of funds for this specific service activity.