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

Request for Proposals

RFP No. HTH 560-CG-12-2
RFP Title:
Infant and Toddler Early Intevention Services: Complex Medical Needs

Issued: February 24, 2012

Note: If this RFP was downloaded from the State Procurement Office RFP Website each applicant must provide contact information to the RFP contact person for this RFP to be notified of any changes. For your convenience, you may download the RFP Interest form, complete and e-mail or mail to the RFP contact person. The State shall not be responsible for any missing addenda, attachments or other information regarding the RFP if a proposal is submitted from an incomplete RFP.

February 24, 2012

INFANT AND TODDLER EARLY INTERVENTION SERVICES: COMPLEX MEDICAL NEEDS

RFP No. HTH 560-CG-12-2

The Department of Health, Family Health Services Division, Children with Special Health Needs Branch, Early Intervention Section (EIS) is requesting proposals from qualified applicants to provide family-centered, community-based, comprehensive, multi-disciplinary services to infants and toddlers under the age of three (3), infants and toddlers under the age of three (3), who, in addition to having developmental delays and/or a diagnosed physical or mental condition that has a high probability of resulting in a developmental delay, have complex medical needs that further impact their development, and their families, on Oahu. Services provided by program staff shall include: care coordination; family training, counseling, and home visits; occupational therapy; physical therapy; special instruction; speech-language pathology; and social work services. Program staff shall connect families to the following services if they are not available by program staff: assistive technology devices and services; audiology services; sign language and cued language services; health services necessary to enable the child to benefit from other early intervention services; medical services only for diagnostic or evaluation purposes; nursing services; nutrition services; psychological services; and vision services. Transportation and related costs that are necessary to enable the child and family to receive other services described in this paragraph shall also be provided. All services shall be delivered as conveniently and non-intrusively as possible, and within the child and family's natural environment. The contract term will be from January 1, 2013, or the State's Notice To Proceed, through June 30, 2015, with an option to extend for specified periods of time not to exceed three (3) years or for not more than three (3) additional twelve (12) month periods. Multiple contracts will be awarded under this request for proposals.

Proposals shall be mailed and postmarked by the United States Postal Service on or before **April 18, 2012, and received no later than 10 days from the submittal deadline. Hand delivered proposals shall be received no later than 4:30 p.m., Hawaii Standard Time (HST), on April 18, 2012**, at the drop-off site designated on the Proposal Mail-in and Delivery Information Sheet. Proposals postmarked or hand delivered after the submittal deadline shall be considered late and shall be rejected. There are no exceptions to this requirement.

The Early Intervention Section will conduct an orientation on March 6, 2012 from 9:30 a.m. to 11:30 a.m. HST, at 1350 South King Street, Suite 200, Honolulu, Hawaii. All prospective applicants are encouraged to attend the orientation.

The deadline for submission of written questions is 4:30 p.m., HST, on March 13, 2012. All written questions will receive a written response from the State on or about March 22, 2012.

Inquiries regarding this RFP should be directed to Sue Brown, Early Intervention Section, 1350 South King Street, Suite 200, Honolulu, Hawaii 96814, telephone: (808) 594-0006, fax: (808) 594-0015, e-mail: sue.brown@doh.hawaii.gov.
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PROPOSAL MAIL-IN AND DELIVERY INFORMATION SHEET

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

ALL MAIL-INS SHALL BE POSTMARKED BY THE UNITED STATES POSTAL SERVICE (USPS) NO LATER THAN ***April 18, 2012,*** **and received by the state purchasing agency no later than 10 days from the submittal deadline**.

All Mail-ins

Department of Health
Early Intervention Section
1350 South King Street, Suite 200
Honolulu, Hawaii 96814
Attn: Sue Brown

DOH RFP COORDINATOR

Gordon Takaki
Phone: (808) 733-8365
Fax: (808) 733-8369
Email: gordon.takaki@
doh.hawaii.gov

ALL HAND DELIVERIES SHALL BE ACCEPTED AT THE FOLLOWING SITE UNTIL **4:30 P.M., Hawaii Standard Time (HST),** ***April 18, 2012*****.** Deliveries by private mail services such as FEDEX shall be considered hand deliveries. Hand deliveries shall not be accepted if received after 4:30 p.m., ***April 18, 2012***.

Drop-off Site

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

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

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Section 1

Administrative Overview

Section 1
Administrative Overview

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

I. Procurement Timetable

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

Activity	Scheduled Date
Public notice announcing Request for Proposals (RFP)	February 24, 2012
Distribution of RFP	February 24, 2012
RFP orientation session	March 6, 2012
Closing date for submission of written questions for written responses	March 13, 2012
State purchasing agency's response to applicants' written questions	March 22, 2012
Discussions with applicant prior to proposal submittal deadline (optional)	March-April, 2012
Proposal submittal deadline	April 18, 2012
Discussions with applicant after proposal submittal deadline (optional)	April - May
Final revised proposals (optional)	May 2012
Proposal evaluation period	April - May 2012
Provider selection	June 15, 2012
Notice of statement of findings and decision	June 22, 2012
Contract start date	January 1, 2013

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 http://hawaii.gov)

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

III. Authority

This RFP is issued under the provisions of the Hawaii Revised Statutes (HRS) Chapter 103F and its administrative rules. All prospective applicants are charged with presumptive knowledge of all requirements of the cited authorities. Submission of a valid executed proposal by any prospective applicant shall constitute admission of such knowledge on the part of such prospective applicant.

IV. RFP Organization

This RFP is organized into five sections:

Section 1, Administrative Overview: Provides applicants with an overview of the procurement process.

Section 2, Service Specifications: Provides applicants with a general description of the tasks to be performed, delineates 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
Early Intervention Section
1350 South King Street, Suite 200
Honolulu, Hawaii 96814
Phone: (808) 594-0006
Fax: (808) 594-0015
sue.brown@doh.hawaii.gov

VI. Orientation

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

Date: ***March 6, 2012*** **Time:** **9:30 - 11:30 a.m.**
Location: **1350 South King Street, Suite 200, Honolulu, Hawaii**

Applicants are encouraged to submit written questions prior to the orientation. Impromptu questions will be permitted at the orientation and spontaneous answers provided at the state purchasing agency's discretion. However, answers provided at the orientation are only intended as general direction and may not represent the state purchasing agency's position. Formal official responses will be provided in writing. To ensure a written response, any oral questions should be submitted in writing following the close of the orientation, but no later than the submittal deadline for written questions indicated in the 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: ***March 13, 2012*** **Time:** 4:30 p.m. HST

State agency responses to applicant written questions will be provided by**:**
Date: ***March 22, 2012***

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 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, Attachments. This is a sample and meant as a guide. The table of contents may vary depending on the RFP.

4. **Proposal Application (Form SPO-H-200A)**. Applicant shall submit comprehensive narratives that address all of the proposal requirements contained in Section 3 of this RFP, including a cost proposal/budget if required.

B. **Program Specific Requirements**. Program specific requirements are included in Section 2, Service Specifications and Section 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 Service (IRS). The certificate shall have an original green certified copy stamp and shall be valid for six (6) months from the most recent approval stamp date on the certificate. Tax clearance applications may be obtained from the Department of Taxation website. (Refer to this section's part II. Website Reference.)

E. **Wages and Labor Law Compliance**. If applicable, by submitting a proposal, the applicant certifies that the applicant is in compliance with HRS Section 103-55, Wages, hours, and working conditions of employees of contractors performing services. Refer to HRS Section 103-55, at the Hawaii State Legislature website. (See part II, Website Reference.)

- **Compliance with all Applicable State Business and Employment Laws.** All providers shall comply with all laws governing entities doing business in the State. Prior to contracting, owners of all forms of business doing business in the state except sole proprietorships, charitable organizations unincorporated associations and foreign insurance companies 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 part 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 part 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.

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.

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

IX. Discussions with Applicants

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

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

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.

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.

A proposal may be automatically rejected for any one or more of the following reasons:

(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))

XVIII. Notice of Award

A statement of findings and decision shall be provided to all applicants by mail upon completion of the evaluation of competitive purchase of service proposals.

Any agreement arising out of this solicitation is subject to the approval of the Department of the Attorney General as to form, and to all further approvals, including the approval of the Governor, required by statute, regulation, rule, order or other directive.

No work is to be undertaken by the awardee prior to the contract commencement date. The State of Hawaii is not liable for any costs incurred prior to the official starting date.

XIX. Protests

Any applicant may file a protest against the awarding of the contract. The Notice of Protest form, SPO-H-801, is available on the SPO website. (See paragraph II, Website Reference.) Only the following matters may be protested:

(1) A state purchasing agency's failure to follow procedures established by Chapter 103F of the Hawaii Revised Statutes;

(2) A state purchasing agency's failure to follow any rule established by Chapter 103F of the Hawaii Revised Statutes; and

(3) A state purchasing agency's failure to follow any procedure, requirement, or evaluation criterion in a request for proposals issued by the state purchasing agency.

The Notice of Protest shall be postmarked by USPS or hand delivered to 1) the head of the state purchasing agency conducting the protested procurement and 2) the procurement officer who is conducting the procurement (as indicated below) within five working days of the postmark of the Notice of Findings and Decision sent to the protestor. Delivery services other than USPS shall be considered hand deliveries and considered submitted on the date of actual receipt by the state purchasing agency.

Head of State Purchasing Agency	**Procurement Officer**
Name: Loretta J. Fuddy, A.C.S.W., M.P.H	Name: Gordon Takaki
Title: Director of Health	Title: Public Health Administrative Officer
Mailing Address: P.O. Box 3378, Honolulu, Hawaii 96801-3378	Mailing Address: 3652 Kilauea Ave., Honolulu, Hawaii 96816
Business Address: 1250 Punchbowl Street, Honolulu, Hawaii 96813	Business Address: Same

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 HRS Chapter 37, and subject to the availability of State and/or Federal funds. Additional funds may be appropriated by the Legislature during the course of a fiscal year, however, the legislative intent regarding the use of the funds must be consistent with this RFP.

XXI. 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.

XXII. Cost Principles

In order to promote uniform purchasing practices among state purchasing agencies procuring health and human services under HRS Chapter 103F, state purchasing agencies will utilize standard cost principles outlined in Form SPO-H-201, which is available on the SPO website (see paragraph II, Website Reference). Nothing in this section shall be construed to create an exemption from any cost principle arising under federal law.

Section 2

Service Specifications

Section 2
Service Specifications

I. Introduction

Overview, purpose or need

Children with Special Health Needs Branch, Early Intervention Section (EIS), is soliciting proposals for the purpose of providing family-centered, community-based evaluation, treatment and consultation services for infants and toddlers, birth to age three (3) years, who, in addition to having developmental delays and/or a diagnosed physical or mental condition that has a high probability of resulting in a developmental delay, have complex medical needs that further impact their development, and their families, on Oahu. These children are hereinafter referred to as children with special needs. Services to be provided shall minimally include occupational therapy, physical therapy, speech-language pathology, special instruction, and social work services, as identified on the Individualized Family Support Plan (IFSP). As the lead agency, EIS is mandated to ensure that these children and their families receive services based on criteria outlined in P.L. 108-446, known as the Individuals with Disabilities Education Act (IDEA), Part C, and the Hawaii Early Intervention State Plan. To this end, EIS is soliciting proposals for services to maintain a statewide comprehensive, coordinated, multidisciplinary, transdisciplinary, interagency system of services for these children and their families.

Planning activities conducted in preparation for this RFP

A request for Information (RFI) meeting was held on January 20, 2012 to share planning and analytical information with prospective service providers for planned services. The RFI meeting's agenda and minutes may be referenced by contacting:

Sue Brown
Telephone: 808-594-0006
FAX: (808) 594-0015
Email: **sue.brown@doh.hawaii.gov**

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

Description of the goals of the service

The goals of the service are to enhance the development of children with special needs, enhance the capacity of families to meet the special needs of their children, expand the children's opportunities for participation in community settings in which children without disabilities participate and decrease the future need for special education services.

Description of the target population to be served

A child and his/her family are eligible for services if the child is under age 3 and meets the eligibility criteria established by the Department for the following categories:

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

In addition to the above, to be eligible for being served as part of the RFP, the infants and toddlers shall have complex medical needs which includes being:

- technologically dependent with or without a ventilator;
- stable with cardio-pulmonary needs requiring more than ten (10) hours of skilled nursing supervision; or
- not technologically dependent and who require close monitoring

Geographic coverage of service

The geographic area is the entire island of Oahu. The estimated number of children to be served monthly and available funds are indicated below. However, the Awardee shall accept and provide services to all children referred who meet eligibility for this program.

Area	Estimated Monthly Number of Children	Estimated Funding
Oahu	80	$600,000

Probable funding amounts, source, and period of availability

Approximate total of $600,000 per fiscal year from state and federal sources, based on availability of funding. An additional amount of $250,000 may be appropriated by the Legislature and/or the Part C Federal Grant during the course of a fiscal year, however, the legislative intent regarding the use of the funds must be consistent with this RFP.

II. General Requirements

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

Secondary purchaser participation

(Refer to HAR Section 3-143-608)

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

Planned secondary purchases: none

Multiple or alternate proposals

(Refer to HAR Section 3-143-605)

☐ Allowed ☒ Unallowed

Single or multiple contracts to be awarded

(Refer to HAR Section 3-143-206)

☒ Single ☐ Multiple ☐ Single & Multiple

Note: One contract will be awarded.

Single or multi-term contracts to be awarded

(Refer to HAR Section 3-149-302)

☐ Single term (2 years or less) ☒ Multi-term (more than 2 years)

Contract terms:

1. Initial term of the contract shall be from January 1, 2013, or the State's Notice to Proceed, up to, and including, June 30, 2015.
2. The length of each extension shall be three (3) years.
3. The number of possible extensions shall be one (1).
4. Maximum length of the contract shall be five and one-half (5 ½) years.

The initial period shall commence on the contract start date or the Notice to Proceed, whichever is later.

Requests for extensions must be in writing and must be executed prior to the contract's expiration date.

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(s). Written questions should be submitted to the RFP contact person and received by the day and time specified in Section 1, paragraph I (Procurement Timetable) of this RFP.

Sue Brown, Supervisor
Telephone: (808) 594-0006
FAX: (808) 594-0015
Email address: *sue.brown@doh.hawaii.gov*

III. Scope of Work

The State Department of Health (DOH), EIS provides services for children, from birth to age three (3), with special needs and their families. As the lead agency under the IDEA, Part C, EIS is mandated to: (1) maintain a statewide comprehensive, coordinated, multidisciplinary, transdisciplinary interagency system of early intervention for children with special needs and their families; (2) enhance the State's capacity to provide quality early intervention services; and (3) enhance the State's capacity to identify, evaluate, and serve eligible children in historically underrepresented populations, particularly minority, low income, inner-city, rural, and homeless and (4) enhance the family's capacity to support their child's development. Services shall be collaborative, multidisciplinary, transdisciplinary, family centered, comprehensive, and culturally appropriate, and shall be based on the child's evaluation results as well as the family's concerns and priorities. The Provider shall:

A. Utilize a transdisciplinary service delivery model. The transdisciplinary model utilizes a primary provider (PP) who works with the child and caregiver (e.g., family member, foster parent, childcare provider, etc.) to support all outcomes and objectives in the Individualized Family Support Plan (IFSP), and receives support from consultants who represent the identified areas of need. There are several PP models:

1. The preferred model utilizes a general educator or an educational assistant as the PP.
2. Depending on the needs of the child, there are times when it is most appropriate for the therapist, special instructor, or certified assistant in the child's major area of delay to assume the role of the PP.
3. An exception to the above allows a Physical Therapist (PT), Occupational Therapist (OT), Speech-Language Pathologist (SLP),

Special Educator (SPED), teacher, Certified Occupational Therapy Assistant (COTA) or Physical Therapy Assistant (PTA) to act as a PP in situations when the child does not require that specific service, based on the evaluation results. The Provider shall propose a separate billing amount for a "PP Exception" as part of this RFP (refer to Attachments D-2 and D-3).

Consultants provide support via periodic visits with the PP and family to observe and provide input and recommendations to support the child and family in meeting the IFSP outcomes and objectives. For example, communication and fine motor delays are the child's major needs. The PP could be a general educator or educational assistant with consultation from the SLP and the OT to ensure that appropriate strategies to meet the identified delays are implemented.

B. Provide appropriate services to meet the child's and family's needs. This requires that services shall be provided:

1. In conformity to the IFSP.
2. In collaboration with the parent(s) or legal guardian(s), herein referred to parents.
3. By qualified service personnel, who shall consult with parents, other service providers, and community representatives, such as the child's physician, to ensure an effective provision of services.
4. At no cost to families, consistent with the State's system of payments and fees.
5. To support the socialization of enrolled children with their typically developing peers.
6. In the child's and family's natural environment. The natural environment is the setting where the child would be if the child did not have special needs which includes, but is not limited to: the family's home, the home of the childcare provider, a preschool, a park, a library, or a beach.
7. Within the child's and family's daily routines.

The following are examples of providing services in natural environments and within the child's and family's daily routine:

- An IFSP objective is "....eating with a spoon." Because eating generally occurs at home, it would be appropriate to support this outcome in the child's home during meal time. The home is the natural environment; the child's daily routine is eating a meal. If the child was at the home of a childcare provider or a preschool, the service could be provided at that site during meal time.
- An IFSP objective is "....playing with other children." Because playing with other children (i.e. socialization) should occur with the child's typically developing peers, services should be provided at parks, at the beach, at public libraries, etc.

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

C. Provide on-going supervision and training for staff.

1. The Provider shall ensure that all program staff, including experienced and newly hired staff, is provided on-going training to assure that services are appropriately provided to meet the developmental needs of the child and to support the family. This also includes training in the transdisciplinary model and how services should support the child's and family's daily routines.
2. The Provider shall ensure that on-going supervision regularly occurs, to assure that: services are appropriately provided to meet the developmental needs of the child and to support the family; the transdisciplinary model is appropriately being implemented; and services are provided within the child's and family's daily routines.

D. Service Activities

In each contract year, the Provider shall:

1. Accept and process referrals from the EIS's statewide Hawaii Keiki Information Services System (HKISS) and other IDEA Part C referral sources. All children with special needs shall access early intervention services, to the extent possible, through referral from H-KISS. Neighbor island programs may also receive referrals from community sources such as physicians and Public Health Nurses (PHNs).

2. Identify an interim care coordinator for each child/family at the time of the referral to the early intervention program . The interim care coordinator (CC) shall support the family from the first contact with the family until the on-going CC is identified at the Initial IFSP meeting. The interim CC shall contact the child's family within two (2) working days of referral to arrange a face-to-face Intake meeting at which time the Interim CC shall: provide intake services as described in #3 below; support the family throughout the evaluation process, encouraging the family's participation in the evaluation process; and facilitate the development of the Initial IFSP, supporting the family's active participation in the IFSP process.

3. Provide Intake services. At the Intake meeting, the Interim CC shall inform families about the early intervention services and system, explain their family rights and advocacy services and have the parents complete appropriate forms and consents. They shall also explain to the family that once the child's medical needs are stabilized, the child/family will be

transitioned to the community early intervention program in the geographical region where the family lives.

4. Complete timely Multi-disciplinary Evaluations (MDEs). Within forty-five (45) days of referral to early intervention, each child shall receive a MDE to determine his or her eligibility for early intervention services and/or to determine areas of delay. IDEA, Part C, requires that the MDE shall be timely, comprehensive, and conducted by a multi-disciplinary team of two or more disciplines or professions. The MDE shall be conducted by personnel trained on appropriate methods and procedures utilizing the Battelle Developmental Inventory-2 (BDI-2). The interim CC shall participate in the Initial MDE and shall encourage families to actively participate in the evaluation and assessment process. All subsequent MDEs shall be completed within timelines as specified by EIS. The results of the MDEs shall be used to support the development of the IFSPs.

5. Complete an assessment of the child and family. The assessment of the child identifies the child's unique strengths and needs and appropriate early intervention services to meet the needs. The family-directed assessment identifies the family's resources, priorities, and concerns and the supports and services necessary to meet the developmental needs of their child. The family-directed assessment shall be voluntary and be based on information obtained through an assessment tool and interview with the family.

6. Complete timely IFSPs for all eligible infants and toddlers and their families. Within forty-five (45) days of referral to early intervention, an Initial IFSP shall be completed for each Part C eligible child. The IFSP shall be reviewed every six months, or more frequently, if requested by a member of the multi-disciplinary team, which includes the family. An Annual IFSP shall be completed within 12 months of the Initial IFSP. IFSPs shall be developed jointly with the family; functional outcomes and strategies shall be based on information from evaluations and assessments and the family's concerns and priorities. The Initial and Annual IFSPs shall include: the child's parent or parents; other family members and advocates or persons outside of the family, if requested by the family; the CC; individuals who evaluated the child; and individuals who will be providing services. The IFSP Review shall minimally include the child's parents and the CC, although participation by all noted for the Initial and Annual should be included to the extent possible.

7. Provide care coordination services. Care coordination is an on-going service and process of shared responsibilities between families and professionals. The CC shall be identified at the Initial IFSP meeting and shall: provide on-going support to the family; coordinate and monitor the

delivery of services; coordinate with medical, health, and other community providers; meet regularly with the family for input as to how services are progressing for their child and themselves; facilitate and participate in all IFSP meetings; and facilitate and participate in the transition process.

8. Provide or link children and families with the following services. The Provider shall ensure that the following services are available and will be provided by program staff based on the identified needs of the child and family: care coordination; family training, counseling, and home visits; occupational therapy; physical therapy; special instruction; speech-language pathology; and social work services. The Provider shall connect families to the following services if they are not available by program staff: assistive technology devices and services; audiology services; sign language and cued language services; health services necessary to enable the child to benefit from other early intervention services; medical services only for diagnostic or evaluation purposes; nursing services; nutrition services; psychological services; vision services; and transportation and related costs that are necessary to enable the child and family to receive other services described in this paragraph. Services should be provided to enhance the family's capacity to support their child's development and support the socialization of their children with their typically developing peers.

9. Provide services in the child's and family's natural environment and within the child's and family's daily routines. The Provider shall ensure that services are provided in a variety of natural environments, including the family's home, home of a childcare provider, a preschool, Early Head Start programs, and community locations, e.g., parks, beaches, libraries, etc.

10. Support families. The Provider shall provide opportunities to support families, recognizing that families possess a wide range of strengths, concerns and aspirations beyond the need for specialized health and developmental services for their child. Family support services shall focus on promoting and building on existing strengths and abilities, increasing knowledge and self-sufficiency, and reflect the needs and wants of the family. The Provider shall also develop strategies to identify difficult-to-reach families, specifically the under-represented populations including minority, low income, inner-city, rural, and homeless, and encourage them to participate in early intervention activities to support their child's development.

11. Assist families to access a medical home for the eligible child. The Provider shall assist families to access a medical home for preventive care, anticipatory guidance and well-child care. A medical home is defined as

the physician or primary care provider (PCP) for the child. To support collaboration with a medical home, developmental evaluation and assessment results shall be shared with parent/legal guardian consent. The PCP, also with parent consent, shall be included as an IFSP team member and strongly encouraged to participate in IFSP meetings and support the provision of early intervention services.

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

    Transition services shall include the following components:

    a. Discussion and training for parents, encouraging them to voice their dreams and expectations for their child regarding potential future services, placements and other matters related to the transition;
    b. Procedures to prepare the child for changes in service delivery, including steps to help the child and family adjust to, and function successfully in a new setting;
    c. With written parent consent, provide for the transition of information (e.g., evaluation and assessment information, copies of prior IFSPs) about the child to DOE, or other community service providers, to ensure continuity of services;
    d. Unless a parent opts out, notify the DOE of children possibly eligible under IDEA, Part B, at least ninety (90) days, but no more than one hundred twenty (120) days prior to the child's third birthday.
    e. For children possibly eligible under IDEA, Part B, at least ninety (90) days prior to (and up to nine months before, at the discretion of all parties) the child's third birthday, convene a Part C transition conference to discuss future service options. Minimally, the transition conference shall include the parents, the CC, and a representative from the school district for IDEA, Part B;
    f. For children probably not eligible under IDEA, Part B, at least ninety (90) days prior to the child's third birthday (and up to nine months before, at the discretion of the parents), convene a Part C transition conference of the parents, the CC, and any agency representatives who may likely serve the child, to discuss future service options.

13. Provide specialized consultation. Specialized consultation may be provided:
    a. To support the transition of an enrolled infant or toddler to a community-based early intervention program in the geographical

area where the family lives; or

b. To support the continued enrollment of an infant or toddler with medical needs in a community-based early intervention program in the geographical area where the family lives.

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

1. Personnel

a. Direct service therapeutic staff shall include, at a minimum, an OT, a PT, and a SLP.

Direct service staff shall meet the highest professional standards and competencies as identified in the Hawaii Early Intervention State Plan. Staff shall be licensed or registered to practice in Hawaii, as applicable. Direct service staff shall be hired or subcontracted.

b. Special instruction staff shall include either a SPED or a teacher.

- SPED shall have a degree in Special Education (Bachelor's or Master's)
- Teacher shall meet one of the following:
  1) Degree in Elementary Education with a focus on Early Childhood or Special Education (Bachelor's or Master's)
  2) 5th Year Teaching Certification with a focus on Early Childhood or Special Education
  3) Degree in Early Childhood (Bachelor's or Master's)

  and:

  Shall have successfully passed at least one course in behavioral management with a minimum grade of a "C."

c. Certified assistants (optional) shall include COTAs and/or PTAs. If included as a provider, they shall work under the supervision of an OT or PT as required.

d. Direct services support staff (optional) shall include general educators and/or educational assistants.

- A general educator shall minimally have a Bachelor's degree in education or a related field.
- An educational assistant shall have a minimum of a high school diploma or equivalent.

Although it is optional to include direct services support staff in your proposal, it is highly recommended to support the provision of cost-effective transdisciplinary services.

e. Program Administrative staff shall include a program manager, clerical staff and data clerks.

- Program Manager (PM). The roles and responsibilities of the PM are to: ensure the early intervention program meets state and federal Part C requirements; ensure that the early intervention programs meets the requirements of this RFP and its contractual requirements; provide staff supervision; monitor the provision of services for compliance with Part C requirements and quality services; and maintain budget oversight. A 1.0 full-time equivalent (FTE) program manager is required if the program serves a minimum of 70 children. If there are fewer than 70 children, the FTE may be less than 1.0 FTE. Justification for less than a 1.0 FTE program manager is required.

- Clerical Staff. Each program shall provide clerical staff to assist care coordination and direct service staff (e.g., copy reports, mail forms to families and/or DOE, develop activities to support programming, etc.). A 1.0 FTE clerk is generally allowable for a program expecting to serve 100 children; the requested FTE should be determined based on the number of children the program is expected to serve. Justification is required for the FTE requested.

- Data Clerks. Each program shall ensure that data clerks input data into EIS designated databases to support the contractual requirements and to ensure that data is timely, valid, and reliable. In addition, the skill set of the data clerk shall include but not be limited to: inputting accurate data, downloading files, saving files, printing reports, etc. A 1.0 FTE data clerk is generally allowable for a program expecting to serve 100 children; the requested FTE should be determined based on the number of children the program is expected to serve. Justification is required for the FTE requested.

f. Social Worker (SW)/Care Coordinator (CC). The Provider shall determine the number of SW/CC needed by utilizing a ratio standard of one (1.0 FTE) for every 30 children served. If the number of children increases, additional SW/CC staff shall be hired only with prior written approval by the EIS Supervisor or designee. Each program shall have a minimum of one SW. If, based on the number of SW/CC needed, programs may supplement their care coordination staff through the hiring of CC. SW shall comprise at least 50% of the number of staff to provide care coordination.

- SW shall be licensed in Hawaii (LSW).
- CC shall minimally have a Bachelor's degree in a social service or education field (e.g., psychology, sociology, early childhood, or

related field).

g. Requirements when Staff Do Not Meet Personnel Standards. In certain geographic areas it may be difficult to hire staff who meets standards identified in the Hawaii Early Intervention State Plan or listed above. In these instances the Provider shall provide a written request to the EIS Supervisor for a temporary exemption which must be approved prior to hiring staff who does not meet these standards. The written request shall include the following information:

- The background of staff the Provider intends to hire in order to meet the service requirements of this RFP;
- The Provider's plan to ensure the staff will be provided with appropriate training, support, and supervision; and
- The Provider's plan, including a proposed timeline, to ensure staff meets the standards identified in the Hawaii Early Intervention State Plan or to meet the service requirements of this RFP;

h. The Provider's PM and all new program staff shall attend IDEA, Part C orientation within 6 months of hire provided by EIS and any other training mandated by EIS. In addition, the PM shall collaborate with EIS's Personnel Development Coordinator to identify other trainings to meet program, staff and family needs.

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

2. **Administrative**
The Provider shall:

a. Utilize the EIS database to track and monitor services to eligible children, to support Medicaid and other billing activities, and other required activities.

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

c. Maintain confidential data and records on each child pursuant to the Hawaii Early Intervention State Plan, including complying with the federal Family Educational Rights Privacy Act ("FERPA"), the federal Health Insurance Portability and Accountability Act ("HIPAA"), Chapters 487J, 487N and 487R, Hawaii Revised Statutes (HRS), and Act 10, Special Session Laws of Hawaii, 2008.

   All child records and data shall be made available for review by EIS or departmental staff upon request. The records shall include but not be limited to: (1) documentation that either the forty-five (45) day timeline for the MDE and the Initial IFSP has been met, or if not, reasons why; (2) the child's IFSPs; (3) evaluations and progress reports on the child's identifiable outcomes; (4) documentation of services provided and who provided the services; (5) copies of required consent forms; (6) documentation of procedural guidelines provided to families; and (7) other information as may be required by EIS or by the department.

   Lack of complete documentation may result in the State either not reimbursing for billed activities or postponing reimbursement for billed activities until documentation is verified.

d. Attend, no more than twice a year and at its own expense, meetings of either the Purchase of Service (POS) providers or Program Managers, as determined by EIS.

e. Provide a schedule for services that identifies days and hours of operation, including evenings, Saturdays, days that the program will be closed for services due to staff training, other required activities, holidays, etc.

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

   (A) The MDE and IFSP shall be completed within 45 days of referral to Part C.

   (B) All services (including direct and consultative services) identified on the IFSP shall be provided within the timeline specified by EIS;

   (C) Other family members, friends or advocates, or an attorney shall be included at IFSP meetings as requested by the parents ;

   (D) A CC shall be assigned to ensure IFSP services are provided to support the child and family;

(E) Written prior notice shall be given to the parents before an evaluation is scheduled, there is a determination regarding their child's eligibility, and/or the IFSP is developed or modified.

(F) Parents may examine their child's file and may receive, with written request and payment of any applicable fees, copies of their child's records;

(G) Personally identifiable information concerning anyone in the family shall not be released without the parent's consent;

(H) Parents have the right to disagree with any recommendations made. Only services that the parents consent to shall be provided;

(I) Parents may contact their child's CC, the PM, or the EIS supervisor if they have concerns regarding services provided;

(J) Parents may submit to EIS a formal written complaint or due process hearing request if they think their rights are being violated. Mediation shall be offered whenever a request for a due process hearing is submitted; and

(K) Services shall continue pending the outcome of a parent's complaint and/or due process hearing.

g. Comply, as a covered entity, with the provisions of chapter 371 Part II, HRS, Language Access. This requires that the Provider has resources to link families with interpreter services if English is not the family's native or primary language.

h. Have resources to provide sign language interpretation when the primary caregiver is in need of sign language interpretation.

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

(A) Provision for immediate medical attention as soon as injury is suspected;

(B) Immediate notification to the State and other appropriate government investigative bodies, including Child Welfare Services, of all incidents of abuse, neglect, or where there is a substantial risk that child abuse or neglect may occur in the reasonable foreseeable future; and

(C) Submission of written reports of the incident to the State's Early Intervention Section within seven (7) days of the incident.

j. Have policies and procedures concerning incidents of child neglect and abuse by the child's family or caregiver. The policies and procedures shall include, but not be limited to:

(A) Provision for immediate medical attention as soon as injury is suspected;

(B) Immediate notification to the State and other appropriate government investigative bodies, including Child Welfare Services, of all incidents of abuse, neglect, or where there is a substantial risk that child abuse or neglect may occur in the reasonable foreseeable future; and

(C) Submission of written reports of the incident to the State's Early Intervention Section within seven (7) days of the incident.

k. Acknowledge the DOH, Early Intervention Section, as the Provider's program sponsor on all printed materials, e.g., newsletters, brochures, etc.

l. Provide identification badges for all direct service staff that includes:

(A) Staff picture;
(B) Staff first and last name
(C) Position;
(D) Program name;
(E) Date issued; and
(F) The following statement: "Contracted by the State of Hawaii, Department of Health, Early Intervention Section"

m. Cooperate with the DOH's system of payments and fees which includes, but is not limited to: supporting the centralized billing efforts of the DOH to maximize federal reimbursements (e.g., Title XIX Medicaid fee-for-service billing); other third party collections (e.g., billing private insurance); and supporting a sliding fee scale if

implemented. Parental consent shall be obtained prior to billing Medicaid or private insurance.

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

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

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

p. Obtain a minimum of ONE MILLION AND NO/100 DOLLARS ($1,000,000.00) per occurrence and TWO MILLION AND NO/100 DOLLARS ($2,000,000.00) in the aggregate of general liability insurance **and** ONE MILLION AND NO/100 DOLLARS ($1,000,000.00) per accident in automobile insurance. Automobile insurance shall cover owned, non-owned, and rental vehicles utilized in carrying out all the activities described in Section 2, III. Scope of Work. A waiver for the automobile coverage is possible if no vehicles are used in the course of carrying out the contract. On a case by case basis, the state purchasing agency may require the per occurrence and aggregate amounts to be higher, depending on criteria set in the request for proposal or negotiation between the state purchasing agency and the Provider. The state purchasing agency may also allow for professional liability insurance or other types of insurance coverage, such as an umbrella policy that totals ONE MILLION AND NO/100 DOLLARS ($1,000,000.00) per occurrence and TWO MILLION AND NO/100 DOLLARS ($2,000,000.00) in the aggregate.

3. **Quality assurance evaluation specifications**

a. The Provider shall conform to the following federal, state, and program requirements:

(A) IDEA, Part C;
(B) Hawaii Revised Statutes (HRS) Section 321-351 – 321-357;
(C) Hawaii Early Intervention State Plan;
(D) Family Educational Rights and Privacy Act of 1974 (FERPA) as amended;
(E) Health Insurance Portability and Accountability Act of 1996 (HIPAA) as amended; and
(F) Other requirements as appropriate.

b. The Provider shall have a quality assurance plan which determines:

(A) how the quality of services provided to eligible children and their families will be assessed or evaluated; and
(B) whether the program meets the federal, state, and program requirements in subsection (a) above.

c. The Provider shall adhere with all quality assurance efforts of the DOH, including, but not limited to:

(A) supporting IDEA Part C monitoring activities;
(B) completing self-assessments when directed;
(C) developing Corrective Action Plans as necessary;
(D) participating in the Coordinated Service Review (CSR) process;
(E) providing data as required; and
(F) other activities as determined by EIS.

4. **Outcome and Performance Measures**

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

5. **Experience**

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

required services to children birth to age 3 with special needs and their families via a transdisciplinary method of service provision.

6. **Coordination of Services**

   The Provider shall possess the capability to coordinate services with other agencies and resources as appropriate.

7. **Reporting Requirements for Program and Fiscal Data**

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

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

   c. The Provider shall follow all data collection requirements, including participation in the EIS data system, submission of Federal child count data and data for the early intervention Medicaid fee-for-service reimbursement, and any other billing efforts by EIS designed to maximize private, state and federal reimbursements, including supporting family cost participation via a sliding scale, if implemented.

   d. The Provider shall submit, utilizing the required format, monthly invoices, which include unit price reimbursement invoices and the following reports (from the EIS database) to the EIS:

      (A) Child Encounter Data
      (B) Staff Summary Hours of Service
      (C) Other Reports as required by EIS

   e. The Provider shall submit monthly invoices and expenditure reports on Forms POST 210 and POST 210a, addressed in Section 5, Attachment E., for all cost reimbursement items.

   f. The Provider shall submit an updated staff table, consistent with EIS personnel requirements in this RFP, within two (2) weeks following any staffing change within the early intervention program staff, which includes direct service staff, program management staff, support staff (e.g., clerical/data staff) and SW/CC staff. Resumes of new staff shall be attached to the updated staff table.

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

8. **Pricing structure or pricing methodology to be used**

a. Unit Price Reimbursement. Direct services provided by approved staff shall be reimbursed based upon the provision of allowable, approved, and documented billable activities.

For each full time (1.0 FTE) direct service employee, 1000 direct service hours per year (83 hours per month) is expected. The number of direct service employees estimated to be needed shall be based on the number of children expected to be served and the estimated number of hours served per child, based on the billable activities by service provider identified in Worksheets 1 and 1a.

Reimbursement shall be based on the actual time (i.e., rounded to 5 minute increments), up to the maximum on the IFSP. Any time in excess of the time identified in the IFSP (outside the 10 minute "grace" period) needs prior approval to bill for that time. (See Attachment D-1 for definitions of billable activities.)

The Provider shall track service hours used by discipline on a monthly and cumulative basis for each direct service employee and compare hours used with the contractual hours included in the contract. This comparison shall be provided to EIS quarterly. If the number of children increases or if the needs change (e.g., increased need for OT; decreased need for PT), prior written approval by the EIS Supervisor or designee shall be required for additional hours by discipline or a change in hours by discipline.

b. Cost Reimbursement. All other costs, including the salaries/fringe benefits/payroll taxes for administrative staff and program support staff (PM, SW, CC, clerical staff, data clerks, etc.), lease costs, equipment, mileage, supplies, etc. shall be reimbursed based on actual costs incurred on a month-to-month basis, with the approved budget serving as the basis for these expenditures. Actual monthly costs shall be submitted. If additional operational costs (e.g., mileage, equipment, supplies, etc.) are necessary to support increases in the number of children served, the budget for operational costs may be negotiated and increased accordingly. Salary revisions are allowable only with prior written approval and prior to the start of a new fiscal year.

9. **Unit rate**

The unit rate is an hourly rate initially determined via a process described in Attachment D-2, and supported by EIS Worksheets (Attachment D-3) and EIS Budget Forms (Attachment D-4) and subject to negotiation. Unit rates are applied to the billable activities identified on EIS Worksheet 1 and 1a (Attachment D-3) by service provider, and are subject to annual review and adjustment.

10. **Method of compensation and payment**

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

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

IV. Facilities

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

The Provider's facility shall:

A. Be centrally located on Oahu. Provider may request a satellite site with appropriate justification as to how it will support families in specific regions of Oahu;
B. Be easily accessible by the public;
C. Be recognizable to the public;
D. Be available to the public at days/times necessary to support families' schedules (e.g., evenings, weekends);
E. Have telephone/fax number dedicated exclusively to the contracted program; and
F. Comply with and meet all requirements as set forth in the Americans with Disabilities Act of 1990 (ADA), as amended.

Section 3

Proposal Application Instructions

Section 3
Proposal Application Instructions

General instructions for completing applications:

- *Proposal Applications shall be submitted to the state purchasing agency using the prescribed format outlined in this section.*
- *The numerical outline for the application, the titles/subtitles, and the applicant organization and RFP identification information on the top right hand corner of each page should be retained. The instructions for each section however may be omitted.*
- *Page numbering of the Proposal Application should be consecutive, beginning with page one and continuing through for each section**.** See sample table of contents in Section 5.*
- *Proposals may be submitted in a three ring binder (Optional).*
- *Tabbing of sections (Recommended).*
- *Applicants must also include a Table of Contents with the Proposal Application. A sample format is reflected in Section 5, Attachment B of this RFP.*
- *A written response is required for **each** item unless indicated otherwise. Each item shall be responded to completely and in its entirety **within the required sub-section** – **NO EXCEPTIONS**. Failure to answer any of the items within the sub-section will impact upon an Applicant's score.*
- *Applicants are **strongly** encouraged to review evaluation criteria in Section 4, Proposal Evaluation when completing the proposal.*
- *This form (SPO-H-200A) is available on the SPO website (see Section 1, paragraph II, Website Reference). However, the form will not include items specific to each RFP. If using the website form, the applicant must include all items listed in this section.*

The Proposal Application comprises the following sections:

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

I. Program Overview

Applicant shall give a brief overview to orient evaluators to the organization applying in response to this RFP. The overview shall include and/or demonstrate the mission and philosophy of the organization.

II. Experience and Capability

A. Experience

1. The applicant shall list and briefly describe each previous or current contract(s) and experience(s) consistent with this RFP:

   When, where, and for what period of time the Applicant utilized Occupational Therapists (OT), Physical Therapists (PT), Speech-Language Pathologists (SLP), Special Educators (SPED), teachers, Certified Occupational Therapy Assistants (COTA), Certified Physical Therapy Assistants (PTA), general educators, educational assistants and Social Workers (SW) or Care Coordinators (CC) to provide early intervention services to children birth to age three (3) with special needs and their families.

2. The Applicant shall list and briefly describe each previous or current contract(s) and experience(s) that served children over age three (3) with special needs and their families:

   When, where, and for what period of time the Applicant utilized OTs, PTs, SLPs, SPEDs, teachers, COTAs, PTAs, general educators, educational assistants and SW/CC to children over age 3 with special needs and their families. Applicant shall describe the age range of children for whom these services were provided.

3. The Applicant shall list and briefly describe each previous or current contract(s) and experience(s) that served children birth to age three (3) if not consistent with this RFP:

   When, where, and for what period of time the Applicant provided alternative services to children birth to age 3 and their families. Alternative services are services provided by providers not listed in (1) or (2) above. Applicant shall describe the services provided.

To support (1), (2), and (3) above, the Applicant shall provide information on the ASO Log Number for the contract, the date(s) of the contract, and the department that issued the contract. If the Applicant has current or previous contracts other than with the State of Hawaii, the Applicant shall submit all pertinent information for those contracts.

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

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

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

1. How the quality of services provided to eligible children and their families will be assessed or evaluated;
2. How the programs will assure that their procedures meet federal, state, and EI requirements consistent with Section 2, III, E, 3, a, (A) – (F).
3. How the program will assure that the following quality assurance and program requirements are followed:

    a. Supporting IDEA Part C monitoring activities;
    b. Completing self-assessments when directed;
    c. Developing Corrective Action Plans as necessary;
    d. Participating in the Coordinated Service Review (CSR) process;
    e. Providing valid and reliable data as required; and
    f. Following other requirements as determined by EIS.

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

The Applicant shall:

1. Describe how they will ensure that the services they provide are coordinated with other providers that serve this population;
2. Describe strategies that will be implemented to help identify difficult-to-reach families and underrepresented populations including minority, low income, inner-city, rural and homeless, and encourage them to participate in early intervention activities to support their child's development; and
3. Identify who they intend to coordinate/collaborate with throughout Oahu. Letters of agreement are not necessary.

D. Transdisciplinary Services (Section 2, III, A)

The Applicant shall:

1. Describe the purpose and philosophy of the transdisciplinary service delivery model.
2. Provide information on how the transdisciplinary service provision model shall be implemented, including both options for the preferred primary provider (PP) and how the PP will be identified.
3. Provide information on whether the Applicant intends to utilize the PP exception, and if so, which staff shall act in this role.
4. Provide information on how consultants will support the model.

5. Describe in what circumstances, if any, the transdisciplinary model is not appropriate.

III. Project Organization and Staffing

A. Staffing

1. Proposed Staffing (Section 2, III, E, 1)

a. Direct service therapeutic staff shall include, at a minimum, an OT, a PT, and a SLP.

b. Special instruction staff shall include a SPED and/or a teacher.

c. Certified assistants may include a COTA and/or a PTA (optional).

d. Direct service support staff may include a general educator and/or educational assistants (optional).

For a, b, c, and d above:

(A) The Applicant shall describe in detail its proposed staffing pattern for direct service therapeutic staff, special instruction staff, certified assistants, and direct service support staff, including a child/staff ratio for each discipline or staff expected to be part of the service delivery team, to ensure services are available, based on the expected number of children to be served.

(B) The Applicant shall identify how the above staffing pattern shall be used to support the transdisciplinary model.

(D) The Applicant shall describe how staff shall be used in instances when the transdisciplinary model is not appropriate.

e. Program Manager (PM). A 1.0 FTE PM is required if the program serves a minimum of 70 children. If there are fewer than 70 children, the FTE may be less than 1.0 FTE. The Applicant shall justify if less than a 1.0 FTE PM is needed and can fulfill the responsibilities of the PM identified in Section 2, III, E, 1, e.

f. Clerical Staff. A 1.0 FTE clerical staff is generally allowable for programs serving 100 children to assist care coordination and direct service staff. The Applicant shall identify and justify the FTE of clerical staff requested to support program staff to fulfill the clerical responsibilities identified in Section 2, III, E, 1, e.

g. Data Clerks. A 1.0 FTE data staff is generally allowable for programs serving 100 children to input data to support the contractual requirements and to ensure that data is timely, valid, and reliable. The Applicant shall identify and justify the FTE of data staff requested to fulfill the data requirements as described in Section 2, III, E, 1, e.

h. SW/CC. The number of SW/CC needed to provide care coordination shall be determined by utilizing a ratio standard of one full-time equivalent (1.0 FTE) for every 30 children served. The Applicant shall identify the FTE of SW and CC expected to be needed based on the number of children to be served by the Applicant, ensuring that at least 50% of care coordination staff are SWs, consistent with Section 2, III, E, 1, f. If the number of children increases, additional SW/CC shall be hired only with prior written approval by the EIS Supervisor or designee.

2. **Staff Qualifications**

a. Direct service therapeutic staff, special instruction staff, certified assistants and direct service support staff. Staff and subcontracted staff shall meet the highest professional standards and competencies as identified in the Hawaii Early Intervention State Plan. (See the Early Intervention State Plan at the following website: *www.hawaii.gov/health/family-child-health/eis*). The Applicant shall, for each staff who will be part of the program's service delivery team, and included in Section 2, III, E, 1:

(A) Describe minimum qualifications, including experience, of staff to be hired; and
(B) Include resumes of proposed staff, if available.

b. Program Administrative Staff. The Applicant shall, for the PM, clerical staff and data clerks:

(A) Describe minimum qualifications, including experience, for each program administrative staff listed above; and
(B) Include resumes of proposed administrative staff, if available.

c. SW/CC Staff. The Applicant shall:

(A) Describe minimum qualifications, including experience, for SW and CC to be hired to provide social work/care coordination services; and
(B) Include resumes of proposed SW and CC, if available.

3. **Requirements When Staff Do Not Meet Personnel Standards** (Section 2, III, E, 1, g)
In certain geographic areas it may be difficult to hire staff who meets standards identified in the Hawaii Early Intervention State Plan. In these instances the Applicant shall provide a written request to the EIS Supervisor for a temporary exemption which must be approved prior to hiring staff who does not meet these standards. The written request shall include the following information:

   a. The background of staff the Applicant intends to hire in order to meet the service requirements of this RFP;
   b. The Applicant's plan to ensure the staff will be provided with appropriate training, support, and supervision; and
   c. The Applicant's plan, including a proposed timeline, to ensure staff meets the standards identified in the Hawaii Early Intervention State Plan.

4. **Supervision and Training** (Section 2, III, C)

   The Applicant shall describe:

   a. How and when staff will be supervised and evaluated;
   b. How and when staff training needs will be identified and supported;
   c. How and when staff will be trained to implement the transdisciplinary model; and
   d. How the Applicant will ensure the safety of staff and families in providing services.

B. Project Organization

Organization Chart

The Applicant shall include organization charts for both the "Agency" and the "Early Intervention Program." If there is only one organizational chart the Applicant shall indicate this and outline administrative versus programmatic responsibilities.

IV. Service Delivery

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

A. **Service Activities** (Section 2, III, D)

The Applicant shall:

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

2. Identify an interim CC for each child/family at the time of their referral to the early intervention program.
    a. Identify who is appropriate to be assigned as CC, and why those individuals are appropriate.
    b. Describe how the interim CC will be assigned.
    c. Describe the roles/responsibilities of the interim CC.
    d. Describe how the Applicant will ensure that families are contacted within 2 working days of the referral.

3. Provide intake services.
    a. Describe the purpose of intake.
    b. Describe what is to be accomplished by the end of intake.
    c. Describe the steps each person will take to ensure the intake process is both complete and successful.
    d. Describe that once the child's medical needs are stabilized, the child/family will be transitioned to the community early intervention program in the geographical region where the family lives.

4. Complete timely Multidisciplinary Developmental Evaluations (MDEs).
    a. Describe how the Applicant will ensure that all MDEs are completed by due dates or as needed.
    b. Identify how the MDE team will be determined.
    c. Describe the role of the family in the MDE process and how the family, if reticent, will be encouraged to participate in the evaluation.

d. Describe the procedure the Applicant will follow if a child is found ineligible for early intervention services.

5. Complete an assessment of the child and family.
   a. Describe how the unique strengths and needs of the child will be identified.
   b. Describe how the family will be informed about the voluntary assessment and be encouraged to participate.
   c. Describe how the family's resources, priorities, and concerns will be identified.

6. Complete timely IFSPs for all eligible infants and toddlers and their families.

   a. Describe how the Applicant will ensure that all IFSP meetings are completed by due dates or as needed.
   b. Describe how the Applicant will identify who will be invited to the IFSP meeting.
   c. Describe the roles and responsibilities of the IFSP team members, including the family, to support the IFSP process.
   d. Describe how the Applicant will ensure that the family's priorities will be addressed in the IFSP.
   e. Describe how the CC facilitating the IFSP meeting will handle situations when family priorities are not supported by the evaluation results.
   f. Describe how the Applicant will ensure that outcomes and objectives are functional and support the family's daily routines. Applicant shall include examples of functional outcomes and objectives.
   g. Describe how the MDE results will support the development of the IFSP.

7. Provide care coordination services.
   a. Describe how and when the CC will be identified.
   b. Describe how the Applicant will ensure that services are coordinated with other appropriate agencies.
   c. Describe how the program can provide the necessary care coordination services when the CC's caseload exceeds the 1:35 ratio.

8. Provide or link children and families with the following services.
   a. Describe how the following services will be provided by program staff: care coordination; family training, counseling and home visits; occupational therapy; physical therapy, special instruction; speech-language pathology; and social work services.

b. Describe how families will be linked to the following services: assistive technology devices and assistive technology services; audiology services and sign language; cued language services; health services necessary to enable the child and family to benefit from other early intervention services; medical services only for diagnostic or evaluation purposes; nursing services; nutritional services; psychological services; vision services; and transportation and related costs that are necessary to enable the child and family to receive other services described in this paragraph. The Applicant will also describe what it means to "be linked" to these services.
c. Describe how services will be provided to enhance the family's capacity to support their child's development.
d. Describe how and where the above services can be provided to support the socialization of enrolled children with their typically developing peers.

9. Provide services in the child's and family's natural environment and within the child's and family's daily routines.
   a. Describe how the interim CC will explain to families the benefits of services being provided in their natural environments and within their daily routines.
   b. Describe how the CC will respond to the situation where the family would rather have services at the Applicant's site.
   c. Provide examples (be specific) of appropriate natural environments in the geographic region for which the Applicant is applying, especially if families do not want to be served in their home.

10. Support families.
   a. Describe how the level of support needed by each family will be determined
   b. Describe how support will be provided to families to help them understand and acknowledge that they possess a wide range of strengths, skills and abilities to support their child's development.
   c. Describe the support provided so that families will feel an increase in self-sufficiency.
   d. Describe strategies that will help identify difficult-to-reach and underrepresented families including minority, low income, inner-city, rural, and homeless, and encourage them to participate in early intervention activities to support their child's development.

11. Assist families to access a medical home for their eligible child.
   a. Describe how Applicant will assist families to access a medical home for preventive care, anticipatory guidance and well-child care if they do not have a medical home.

b. Describe how the CC will encourage the family to include the medical home as part of the IFSP team.

12. Implement transition services prior to the child's third birthday.
    a. Describe how and when families will be informed, in a positive manner, that services for their child will end at age three (3).
    b. Describe how the Applicant will ensure that transition will be discussed at each IFSP meeting.
    c. Describe how families' expectations for their children regarding potential future services, placements and other matters related to the transition, will be identified.
    d. Describe how children will be prepared to function successfully in a new setting.
    e. Describe how families will be informed and supported regarding potential changes in their child's setting.
    f. Describe the types of settings that might be appropriate for children exiting from Part C, depending on their skills and abilities.
    g. Describe how the Applicant will ensure that Transition Notices and Transition Conferences are sent/held within state and federal required timelines.
    h. Describe the purpose of a Transition Conference and how the Applicant will encourage/ensure that the appropriate individuals attend.

13. Provide specialized consultation.
    a. Describe how staff will support the transition of enrolled infants and toddlers to community-based early intervention programs in the geographical areas where the families live.
    b. Describe how staff will support the continued enrollment of an infant or toddler with medical needs in a community-based early intervention program.

B. Management Requirements – Administrative (Section 2, III, E, 2)

The Applicant shall:

1. Describe how the program will ensure that reports and data required by EIS are valid and reliable and will be submitted within the required timelines. This includes but is not limited to Medicaid and other required billing activities and reports.

2. Describe how the program will ensure that FERPA, HIPAA, and other administrative requirements will be met, including how data on each child will be kept confidential.

3. Describe how the program will ensure that it can provide services to meet the availability of enrolled children and their families. The Applicant shall provide their proposed schedule:

    a. Days of the week services can be provided (e.g., Sunday through Saturday).
    b. Times during the day (e.g., daytime = 7:45 a.m. – 4:30 pm. or evenings = 4:30 p.m. – 7:30 p.m.
    c. Where services will be provided (e.g., family's home, preschool, daycare setting, beach, park, early intervention program, etc.).

4. Describe how and when families are informed of, and understand their rights in accordance with IDEA Part C, State, and EIS requirements, consistent with Section 2, III, E, 2, f, (A) – (K).

5. Describe how the Applicant will provide interpreter services, including sign language interpretation, when families are in need of these services, consistent with Section 2, III, E, 2, g and h.

6. Describe policies and procedures to ensure that staff providing the services will not subject children to physical, verbal, sexual, or psychological abuse and punishment. Describe how these policies and procedures will be monitored, consistent with Section 2, III, E, 2, i.

7. Describe policies and procedures concerning incidents of neglect and abuse by the child's family or caregiver. Describe how these policies and procedures will be monitored, consistent with Section 2, III, E, 2, j.

8. Describe how the DOH, Early Intervention Section will be acknowledged as the program's sponsor on all printed materials. Attach a copy of any material(s) currently disseminated to families or a rendering of proposed Agency materials.

9. Describe the identification badges that all staff will wear when they are in the community. Attach a rendering of the badge, consistent with Section 2, III, E, 2, j.

10. Describe how DOH's system of payments and fees will be supported to maximize federal reimbursements and other third party collection efforts by the DOH, consistent with Section 2, III, E, 2, m.

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

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

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

V. Facilities (Section 2, IV)

The Applicant shall describe how its facilities will be sufficient to meet the proposed service requirements, including its ability to ensure confidentiality of records, provide adequate work areas for staff, and provide appropriate accessibility for families if needed. If a satellite site is being requested, Applicant shall provide justification as to why it is needed and how it will support families. In addition, if facilities are not presently available, Applicant shall describe plans to secure facilities that will meet the following requirements:

A. Have sufficient space (i.e. square feet) to ensure adequate work areas for staff and other activities that may need to be provided at the program site. In determining and justifying square footage, the Applicant shall take into consideration that at least 90% of the children shall receive the majority of their services in a natural environment, not at the program site;
B. Be centrally located on Oahu;
C. Be easily accessible by the public;
D. Be recognizable to the public;
E. Have telephone/fax number dedicated exclusively to the contracted program; and;
F. Comply with all requirements as set forth in the Americans with Disabilities Act (ADA).

VI. Financial (Section 2, III, E, 8-10)

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

A. Unit Price Reimbursement. The Applicant shall submit EIS Worksheets and EIS Budget Forms that provide proposed billable rates, salaries, related fringe benefits ranges and payroll taxes for each direct service staff.

Note: Billable activities are to be reimbursed based on actual time of allowable/approved billing activities (consistent with Attachment D-1) up to any applicable maximums. It is expected that each full time (1.0 FTE) direct service employee will meet 1000 direct service hours per year (83 service hours per month), or comparable if full-time staff is not needed. The completion of EIS Worksheets 1 and 1a (Attachment D-3) shall describe how this expectation shall be met. Applicant shall describe how

these hours shall be tracked on a monthly and cumulative basis for each direct service employee so the Applicant can provide quarterly information to EIS on the use of the hours. The Applicant shall also provide information (through the completion of EIS Worksheet 1a) as to whether they expect to implement the PP exception if the total hours by specific discipline cannot be met.

B. Cost reimbursement. The Applicant shall submit EIS Worksheets and EIS Budget Forms (see Section 5, Attachments D-3 and D-4) that will show in detail how all other costs, including the salaries/fringe benefits/payroll taxes for administrative staff and program support staff (SW, CC, data clerks, other clerical support, PM, etc.), lease costs, equipment, mileage, supplies, etc. These costs shall be billed based on actual costs incurred on a month-to-month basis, not simply 1/12 of the approved cost reimbursement portion of the budget.

C. Required forms. The following budget forms, billable activities worksheets and instructions for both are located in Section 5, Attachments D-1 through D-4. The following EIS Worksheets and EIS Budget Forms shall be submitted with the Proposal Application:

1. EIS Budget Forms 1 through 8
2. EIS Worksheets 1 through 7

Remember that justifications are required for proposed costs and billable activities. Be sure to include them within the proposal narrative or on the specific EIS Budget Form or the specific EIS Worksheet, as directed. Be sure to read the instructions carefully to ensure that all justifications are provided as required.

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

VII. Litigation

The Applicant shall disclose and explain 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		**500 Points**
Program Overview	0 points	
Experience and Capability	85 points	
Project Organization and Staffing	85 points	
Service Activities & Management	195 points	
Facilities	15 points	
Financial	120 Points	
TOTAL POSSIBLE POINTS	500 points	**500 Points**

III. Evaluation Criteria

Phase 1 - Evaluation of Proposal Requirements

A. Administrative Requirements

1. Application checklist
2. Tax Clearance Certificate (with proposal or when contract is awarded)
3. Required direct service staff resumes

B. Proposal Application Requirements

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

Phase 2 - Evaluation of Proposal Application (500 Points)

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

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

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

1 – Unsatisfactory	▪ *Did not answer the question completely in terms of approach, strategies, services, or descriptions.* ▪ *Not all bullets or components of a bullet were addressed or evident in the proposal.* ▪ *Only reiterated the wording of RFP or other attached DOH materials.*
0 – Incomplete	▪ *A section was not answered.*

Note: A minimum of 325 total points is necessary to be considered for award.

Program Overview: No points are assigned to Program Overview. The intent is to give the applicant information on the organization applying in response to the RFP.

1. *Experience and Capability (85 Points)*

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

A. Experience		
The Applicant has listed and briefly described each previous or current contract(s) and experience(s) consistent with this RFP: ▪ Does the proposal provide a description of verifiable experience within the past five (5) years utilizing OTs, PTs, SLPs, SPEDs, teachers (with special education or early childhood background), COTAs, PTAs, SWs, CCs, general educators (no special education or early childhood background), and/or educational assistants to provide early intervention services for children, birth to age three (3), with special needs and their families?		25
▪ Does the proposal provide a description of verifiable experience OTs, PTs, SLPs, SPEDs, teachers (with special education or early childhood background), COTAs, PTAs, SWs, CCs, general educators (no special education or early childhood background), and/or educational assistants for children with special needs over age 3 and their families. Applicant shall describe the age range of children for whom these same services were provided?		10

▪ Does the proposal provide a description of verifiable experience providing alternative services (e.g., not OT, PT, SLP, SPED, SW) to children birth to age 3 with special needs and their families? Applicant shall describe the services provided.		5
B. Quality Assurance and Evaluation		
The Applicant has fully described its plans for quality assurance and evaluation for the proposed services, including methodology to be used to assess or evaluate the quality and utilization of services, and has addressed: ▪ How the quality of services provided to eligible children and their families will be assessed or evaluated; ▪ How the programs will assure that their procedures meet federal, state, and EI requirements; and ▪ How the program will assure that the following quality assurance and program requirements are followed: o Supporting IDEA Part C monitoring activities; o Completing self-assessments when directed; o Developing Corrective Action Plans as necessary; o Participating in the Coordinated Service Review process; o Providing valid and reliable data as required; and o Meeting other requirements as determined by EIS?		20
C. Coordination of Services		
The Applicant has fully described: ▪ How they will ensure that the services they provide are coordinated with other providers that serve this population. ▪ The strategies that will be implemented to help identify difficult-to-reach families and under-represented populations, including minorities, low-income, inner-city, rural and homeless and encourage them to participate in early intervention activities to support their child's		

development. ▪ Who they intend to coordinate/collaborate with and why.		5
D. Transdisciplinary Services		
The Applicant has fully described: ▪ The purpose and philosophy of the transdisciplinary service delivery model. ▪ How the transdisciplinary service provision model shall be implemented, including how the PP will be identified, who may act in the role of the PP, and how consultants will support the model. ▪ Whether the PP exception will be utilized and if so, which staff shall act in this role. ▪ In what circumstances, if any, the transdisciplinary model is not appropriate.		20

2. Project Organization and Staffing (85 points)

A. Staffing/Qualifications/Supervision & Training		
▪ Does the proposal describe in detail, a staffing pattern for therapeutic and special instruction staff, certified assistants, and direct service support staff, including a child/staff ratio for each discipline expected to be part of the service delivery team, to ensure services are available based on the number of children to be served. Is there sufficient justification for the staffing pattern described?		30
▪ Does the proposal describe how the staff will be used to support the transdisciplinary model.		10
▪ Does the proposal provide sufficient justification for the FTE of the Program Manager, clerical staff and data staff?		5
▪ Does the proposal provide sufficient justification for the FTE of the SW and/or CC?		5
▪ Does the proposal describe in detail, for each position they intend to include as part of their service delivery team, staff qualifications, including education, licensure/certification, and experience that meet the minimum necessary qualifications as described in this request for proposal?		10
▪ Does the proposal describe the plan to ensure that staff who does not meet the standards will be provided with appropriate training, support and supervision? ▪ Does the proposal describe the plan, including proposed timelines, to ensure staff meets the identified standards in the Hawaii Early Intervention State Plan?		10
▪ Does the proposal fully describe in detail how and when staff will be supervised and evaluated, how and when staff training needs will be identified and supported, and how and when staff will be trained to implement the transdisciplinary model. ▪ Does the proposal fully describe how the safety of staff and families will be ensured when services are being provided.		10
B. Project Organization		
▪ Does the Applicant include an organization chart for both the Agency and the Early Intervention Program. If there is only one organizational chart, are the administrative versus the programmatic responsibilities clearly delineated?		5

3. Service Activities and Management Requirements (195 Points)

A. Service Activities: Does the Applicant's proposal describe in detail, the process of completing each of the following activities:		
▪ Process referrals from the EIS's state-wide Hawaii Keiki Information Services System (H-KISS) and other IDEA Part C referral sources, describing: who, in addition to H-KISS, may refer children to their POS program and how the Applicant will handle referrals that are in excess of the children they are contracted to serve, knowing that they are responsible for accepting all referrals in their geographical area?		5
▪ Identify an interim care coordinator (CC) for each child/family at the time of their referral to the early intervention program, describing: who is appropriate to be assigned as CC and why those individuals are appropriate; how the interim CC will be assigned; the roles/responsibilities of the interim CC; and how the Applicant will ensure that families are contacted within 2 working days of the referral?		5
▪ Provide intake services, describing: the purpose of intake and the steps each person will take to ensure the intake process is both complete and successful; and that once the child's medical needs are stabilized, they will be transitioned to the community early intervention program in the geographical region where the family lives.		5
▪ Complete timely Multidisciplinary Developmental Evaluations (MDEs), describing: how all MDEs will be completed by the due dates or as needed; how the MDE team will be determined; the role of the family in the MDE process; how, if reticent, the family will be encouraged to actively participate in the evaluation; and the procedure to be followed if a child is found ineligible for early intervention services?		10
▪ Complete an assessment of the child and family, describing: how unique strengths and needs of the child will be identified; how the resources, priorities, and concerns of the family will be identified; and how information will be provided to		10

the family to encourage their participation in the family assessment even though it is voluntary?		
▪ <u>Complete timely Individualized Family Support Plans (IFSPs) for all eligible infants and toddlers and their families, describing:</u> how all IFSPs are completed by due dates or as needed; how the Applicant will ensure that appropriate individuals will be invited to the IFSP meeting; the roles and responsibilities of the IFSP team to support the IFSP process; how the Applicant will ensure that the family's priorities will be addressed in the IFSP; how the CC facilitating the IFSP meeting will handle situations when family priorities are not supported by the evaluation results; how the Applicant will ensure that outcomes and objectives are functional and support the family's daily routines; that examples of functional outcomes and objectives are included; and how the MDE results will support the development of the IFSP?		10
▪ <u>Provide CC services describing:</u> how and when the CC will be identified; how the Applicant will ensure that services are coordinated with other appropriate agencies; and how the CC can provide the necessary support to families when their caseload exceeds the 1:35 ratio?		5
▪ <u>Provide or link children and families with mandated early intervention services, describing</u>: how care coordination, family training, counseling, home visits, occupational therapy, physical therapy, special instruction, speech-language pathology, and social work services will be provided by program staff; how families will be linked to: assistive technology devices and services, audiology services; sign language and cued language services; health services necessary to enable the infant or toddler to benefit from other early intervention services; medical services only for diagnostic or evaluation purposes; nursing services; nutritional services; psychological services; vision services; and transportation and related costs that are necessary to enable the infant or toddler and the family to receive other services described here; what it means to be "linked" to these services; how services will be provided to enhance the family's capacity to support their		10

child's development; and how and when these services can be provided to support the socialization of enrolled children with typically developing peers?		
▪ Provide services in the child's/family's natural environments and within the child's/family's daily routines, describing: how the interim CC will explain to families why it is important that services will be provided in natural environments and within their daily routines and the benefits to the children and families; how the CC will respond if the family would rather have services at the Applicant's site; and provide specific examples of appropriate natural environments in the geographic region for which the Applicant is applying, especially if families do not want to be served in their home?		15
▪ Provide support to families, describing: how the level of support needed by each family will be determined; how support will be provided to families to help them understand and acknowledge that they possess a wide range of strengths, skills and abilities to support their child's development; how support will be provided so that families will feel an increase in self-sufficiency; how strategies will be identified to reach difficult-to-reach families, specifically the under-represented families including minority, low income, inner-city, rural, and homeless, and encourage them to participate in early intervention activities to support their child's development?		10
▪ Assist families to access a medical home for their child, describing: how the Applicant will assist families to access a medical home (i.e., primary care provider [PCP]) for preventive care, anticipatory guidance and well-child care if they do not have a medical home; and how the CC will encourage families to include the PCP as part of the IFSP team?		5
▪ Implement transition activities prior to the child's third birthday, describing: how and when families will be informed that services for their child will end at age three; how the Applicant will ensure that transition will be discussed at each IFSP meeting; how families' expectations for their children regarding potential future services, placements and		10

other matters related to the transition, will be identified; how children will be prepared to function successfully in a new setting; how families will be informed and supported regarding potential changes in their child's setting; the types of settings that might be appropriate for children exiting from Part C EI programs, depending on their skills and abilities; how the Applicant will ensure that Transition Notices and Transition Conferences are sent/held within state and federal required timelines; that families understand the purpose of a Transition Conference and how the Applicant will encourage/ensure that the appropriate individuals attend?		
▪ Provide specialized consultation, describing: how it can support the transition of an enrolled infant or toddler to a community-based early intervention program in the geographical area where the family lives; and support the continued enrollment of an infant or toddler with medical needs in the community-based early intervention program where the family lives.		10

B. Management Requirement - Administrative		
▪ Does the Applicant describe how the program will ensure that reports and data required by EIS (including Medicaid/other billing activities and reports) are valid and reliable and will be submitted within the required timelines?		10
▪ Does the Applicant describe how the program will ensure that FERPA, HIPAA and other administrative requirements will be met, including how child data will be kept confidential?		5
▪ Does the Applicant include a schedule on the days, times, and where services will be delivered? Does the Applicant describe how this schedule will support family participation?		5
▪ Does the Applicant describe how and when families are informed of, and understand their rights, regarding or that: timelines for MDE, IFSP and services; who can be included in the IFSP meeting; family has an assigned CC to ensure IFSP services are provided; written prior notice shall be given to the family as required; parents may examine their child's file and may receive copies of the records for the fee prescribed; personally identifiable information about anyone in the family will not be released parental consent; parents can disagree with any recommendations and only those they consent to shall be provided; they should contact their CC, the PM, or EIS Supervisor if they have concerns regarding the services being provided; they may submit a formal written complaint or due process hearing request if they think their rights are violated; mediation shall be provided whenever a due process request is received; and services shall continue consistently with the IFSP, pending the outcome of the complaint or due process hearing?		10
▪ Does the Applicant describe how the program will have the resources to provide interpreter services, including sign language interpretation as needed?		5
▪ Does the Applicant describe their policies and procedures that ensure that the staff providing the services will not subject children to physical, verbal, sexual, or psychological abuse and punishment and how these policies will be monitored?		5

▪ Does the Applicant describe their policies and procedures concerning incidents of neglect and abuse by the child's family or caregiver and how these policies will be monitored?		5
▪ Does the Applicant describe how the DOH, EIS will be acknowledged as the program's sponsor on all printed materials; and did the Applicant include a copy of materials either currently disseminated to families or a rendering of proposed Agency materials?		5
▪ Does the Applicant acknowledge that they will have staff badges that meet EIS requirements and will be worn when staff is in the field and is a rendering of the proposed badge in the proposal?		5
▪ Does the Applicant describe how centralized billing efforts will be supported to maximize federal reimbursement and other third party collection efforts by the DOH?		10
▪ Does the Applicant describe how the program will be fully staffed and operationally able to provide services to 50% of contracted number of children within 3 months of contract award, and 100% within 6 months?		5
▪ Does the Applicant describe how equipment leased or purchased with contract funds will be maintained and identified as State DOH owned equipment?		5
▪ Describe how data will be collected to ensure accurate reporting of performance objectives (See Table A- Performance Measures)?		10

IV. Facilities (15 Points)

▪ Has the Applicant fully described its facility that: has sufficient space, square-footage-wise, to ensure adequate work areas for staff and for direct services if no other site/place is available or appropriate; is centrally located on Oahu (provide address if known); is easily accessible by the public; recognizable to the public; has a telephone/fax number dedicated exclusively to the contracted program; and is compliant with all requirements in the ADA?		10
▪ Has the Applicant provided information as to their intent to utilize a satellite site, and provided sufficient justification if they intend to, or provided		

information as to why a satellite site is not needed?		5

V. Financial (120 Points)

Pricing Structure		
▪ Is the total number of projected hours, including total by staff person, reasonable for the number of children to be served and is there **sufficient justification** for the number of hours requested. (From EIS Worksheet 1 and 1a)?		30
▪ Is there a description as to how direct service hours will be tracked for reporting purposes?		5
▪ Do the projected hours by each staff person support a transdisciplinary model of service provision?		20
▪ Are the proposed salaries and billable rates reasonable and is there **sufficient justification** for the salaries and rates. (From EIS Budget Form 2 and EIS Worksheets 5 and 8)?		25
▪ Are the proposed salaries for the program's support staff (e.g., Program managers, data clerks, clerical staff) reasonable and is there **sufficient justification** for these salaries (From EIS Budget Form 2)?		10
▪ Are the Agency Administrative staff costs reasonable and is there **sufficient justification** for these costs. (From EIS Budget Form 3)		10
▪ Are the Other Current Expenses reasonable and is there **sufficient justification** for these costs. (From EIS Budget Form 1, Section B)		10
▪ Are other costs reasonable and is there **sufficient justification** for these costs. (From EIS Budget Form 1, Sections C-F)		10

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. Federal Certifications

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

E. Form Post 210 and Post 210A - Report of Expenditures

F. Table A - Performance Measures

G. DOH Policy Directive - Interpersonal Relationships

Attachment A

Proposal Application Checklist

Proposal Application Checklist

Applicant: _____ RFP No.: HTH 560-CG-12-1 and 2

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

Item	Reference in RFP	Format/Instructions Provided	Required by Purchasing Agency	Completed by Applicant
General:				
Proposal Application Identification Form (SPO-H-200)	Section 1, RFP	SPO Website*	**X**	
Proposal Application Checklist	Section 1, RFP	Attachment A	**X**	
Table of Contents	Section 5, RFP	Section 5, RFP	**X**	
Proposal Application (SPO-H-200A)	Section 3, RFP	SPO Website*	**X**	
Tax Clearance Certificate (Form A-6)	Section 1, RFP	Dept. of Taxation Website (Link on SPO website)*		
Cost Proposal (Budget)				
SPO-H-205	Section 3, RFP	SPO Website*		
SPO-H-205A	Section 3, RFP	SPO Website*		
SPO-H-205B	Section 3, RFP,	SPO Website*		
SPO-H-206A	Section 3, RFP	SPO Website*		
SPO-H-206B	Section 3, RFP	SPO Website*		
SPO-H-206C	Section 3, RFP	SPO Website*		
SPO-H-206D	Section 3, RFP	SPO Website*		
SPO-H-206E	Section 3, RFP	SPO Website*		
SPO-H-206F	Section 3, RFP	SPO Website*		
SPO-H-206G	Section 3, RFP	SPO Website*		
SPO-H-206H	Section 3, RFP	SPO Website*		
SPO-H-206I	Section 3, RFP	SPO Website*		
SPO-H-206J	Section 3, RFP	SPO Website*		
EIS Budget Instructions and Attachments D-1 through D-4	Section 3, RFP	Section 5, RFP	**X**	
Certifications:				
Federal Certifications		Section 5, RFP		
Debarment & Suspension		Section 5, RFP	**X**	
Drug Free Workplace		Section 5, RFP	**X**	
Lobbying		Section 5, RFP	**X**	
Program Fraud Civil Remedies Act		Section 5, RFP	**X**	
Environmental Tobacco Smoke		Section 5, RFP	**X**	
Program Specific Requirements:				
POST 210 & 210A- Report of Expenditures		Section 5, RFP	**X**	
Table A- Performance Measures		Section 5, RFP	**X**	
DOH Policy Directive- Interpersonal Relationships		Section 5, RFP	**X**	
Procurement Circular-Campaign Contributions		Section 5, RFP	**X**	

_____ Authorized Signature

_____ Date

Attachment B

Sample Proposal Table of Contents

Proposal Application
SampleTable of Contents

I. Program Overview.....1

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

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

IV. Service Delivery.....12

V. Facilities…….

VI. Financial.....20
- **A.** Unit Price
- **B.** Cost Reimbursement
- **C.** Required Forms

VII. Litigation.....20

VIII. Attachments

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

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

Attachment C

Federal Citations

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

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

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

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

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

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

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

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

Business Name: _____

Date: _____

By: _____
Name and Title of Authorized Representative

_____
Signature of Authorized Representative

INSTRUCTIONS FOR CERTIFICATION

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

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

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

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

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

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

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

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

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

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

CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

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 maybe 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 of or a violation of a criminal drug statute occurring in the workplace no later than give calendar days after such conviction;

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

(g) 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:

Division of Grants Policy and Oversight
Office of Management and Acquisition
Department of Health and Human Services, Room 517-D
200 Independence Avenue, S.W.
Washington, D.C. 20201

_____
Organization Name

_____
Name and Title of Authorized Representative

_____ _____
Signature Date

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

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

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

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

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

Statement for Loan Guarantees and Loan Insurance

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

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

_____

Signature

_____

Title

_____

Organization

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.

_____
Organization Name

_____
Name and Title of Authorized Representative

_____ _____
Signature Date

GUIDELINES FOR ORGANIZATION-WIDE AUDITS

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

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

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

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

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

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

The audit report shall include the following:

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

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

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

   a. ASO Log Number.

   b. Contract amount for the contract period.

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

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

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

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

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

8. Comments regarding prior year's findings.

(rev. 5/3/04)

CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

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

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

_____

Organization

_____

Authorized Signature **Date**

_____

Title

Attachment D

Early Intervention Section Budget Instructions and Attachments

D-1: Early Intervention Service Providers and Definitions of Billable Activities

D-2: Instructions: EIS Worksheets and EIS Budget Forms

D-3: EIS Worksheets 1-8

D-4: EIS Budget Forms 1-7

Attachment D-1

Early Intervention Service Providers and Definitions of Billable Activities

Service Providers and Definitions of Billable Activities

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

Service Providers:

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

A. Direct Service Therapeutic Staff
   1. Occupational Therapist (OT) (state registration required)
   2. Physical Therapist (PT) (state license required)
   3. Speech-Language Pathologist (SLP) (state license required)

B. Special Instruction Staff
   1. Special Educator (degree in special education required; Master's preferred)
   2. Teacher (minimum of Bachelor's degree in early childhood education or Bachelor's degree in elementary education with a focus in early childhood or special education; or 5th year teaching certificate with a focus on early childhood or special education. In addition, must have successfully passed at least one course in behavioral management with a grade of "C" or higher.)

C. Certified Assistant (must work under the supervision of an OT or PT)
   1. Certified Occupational Therapist Assistant (COTA)
   2. Physical Therapy Assistant (PTA)

D. Direct Service Support Staff
   1. General Educator (Bachelor's degree in education or related field)
   2. Educational Assistant (minimum of high school diploma or equivalent)

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

Definitions of Billable Activities:

The list below includes the activities that are billable activities (and included on Worksheet 1) and will be used to determine the hourly rates of the service providers noted above. As described in Section 2 of the RFP, these billable activities embed the cost of other activities, including but not limited to child-team meetings, transition meetings, report writing, documentation of services provided, etc. It also does not include program activities such as staff meetings, staff training, etc.

Multidisciplinary Developmental Evaluation - Initial (Initial MDE):
All children referred to EI shall receive an Initial MDE. The purpose of the Initial MDE is to determine initial Part C eligibility and/or to identify present levels of development. The Initial MDE includes an evaluation of the child's present level of functioning in each of the following developmental areas: cognition; physical (including vision and hearing); communication; social or emotional; and adaptive, and also include a review of pertinent records related to the child's current health status and medical history. The Battelle Developmental Inventory-2 (BDI-2) is Hawaii's approved tool to determine the child's eligibility and present levels of development. The BDI-2 shall be completed by two professionals from separate disciplines or professions, which may include a social worker/care coordinator. All approved evaluators must be trained to utilize the BDI-2. The child's parent or legal guardian is a required member of the evaluation team. The maximum amount of billable time to complete the BDI-2 is 90 minutes per evaluator. A separate report shall be written for each MDE completed; writing the report is not billable.

Multidisciplinary Developmental Evaluation – Follow-Up (MDE-2):
The purpose of the MDE-2 is to determine the child's ongoing eligibility for Part C services. It shall include the same components as the Initial MDE. The MDE-2 shall be completed if the team's opinion is that the child is no longer eligible for Part C services, every six-months after a child is determined eligible in a sub-domain, and prior to the Annual IFSP. The maximum amount of time to complete the BDI-2 is 90 minutes per evaluator. A separate report shall be written for each MDE-2 completed; writing the report is not billable.

Individualized Family Support Plan (IFSP) Meeting:
The purpose of the IFSP Meeting is to develop the IFSP, which is child's and family's plan of action to support the developmental needs of the child and to support the family so they can support their child's development. The IFSP is developed jointly by the family and staff, including at least one person who was directly involved in conducting the BDI-1, the CC, and as appropriate, persons who will be providing services to the child and family. Others can be invited as requested by the family. A review of the IFSP (via a meeting or by another means) shall be conducted every six months, or more frequently if warranted or if requested by the family; the purpose of the review is to determine progress toward achieving the results or outcomes identified in the IFSP and whether modifications or revisions of the IFSP are necessary. A meeting shall be conducted annually to evaluate the IFSP and develop a new IFSP if the child is still eligible for services. The results of the MDE-2 and other relevant information shall be used in developing the IFSP. Anecdotal notes regarding the IFSP are required but not billable.

Evaluation/Assessment:
There are two purposes for an evaluation/assessment:

1. If it has been determined that additional information is needed regarding a child's development in a specific domain, an evaluation/ assessment tool in that domain (identified by the provider) can be completed. Eligibility must have already been determined and services initiated. (A maximum of 60 minutes is allowable for the evaluation/assessment; an evaluation/assessment report is required but not billable.); or

2. If it has been determined that a child does not meet eligibility in a specific domain, and there are continuing concerns in that area, the BDI-2 shall be completed to establish eligibility for services in that domain. (A maximum of 30 minutes is allowable for the completion of the BDI-2 in that specific domain; an evaluation/assessment report is required but not billable.)

Direct Services - Individual:
Direct services – Individual includes the provision of services to an eligible child and caregiver, foster parent, preschool teacher, etc., to support the child's development and be based on the IFSP. Services can be provided by an individual discipline-specific service provider or via a transdisciplinary methodology. The majority of services shall be provided in the child's natural environment. A maximum of 60 minutes per direct service session is allowable; anecdotal notes are required for each direct service provided but not billable.

Direct Services - Group:
Direct Services – Group are provided to a group of children and their families, by one or more approved service provider(s), to support the children's development and be based on the IFSP. A maximum time is based on the IFSP. Allowable providers are as follows: as noted below.

- For groups of 3-4 children, a maximum of 2 providers (1 direct service therapeutic staff, special instruction staff or certified assistant) and 1 direct service support are allowed for billing purposes.
- For groups of 5-8 children, a maximum of 3 providers (no more than 2 direct service therapeutic staff, special instruction staff or certified assistant) and 1 direct service support are allowed for billing purposes.
- For groups of 8 or more children, a maximum of 4 service providers (no more than 3 direct service therapeutic staff, special instruction staff or certified assistant) and 1 direct service support are allowed for billing purposes.

The billable time is based on the number of service providers, not the number of children in the group. Anecdotal notes for each child in the group are required but not billable.

Family Training and Counseling:
Family training and counseling are services that are provided by direct service staff to assist the family in understanding the special needs of their child and enhancing their child's development. The Family Training and Counseling codes, as noted below are used when services are provided via the transdisciplinary model of service provision:

- The "*F" code is used by any direct service staff in the role of the primary provider (PP) who is providing transdisciplinary services when the child is eligible for that service.
- The PPF code is used when the service is provided by any direct service support staff
- The PPF code is also used when the direct service provider is acting in the role of the PP when the child does not require that specific service based on the evaluation results (i.e., PP Exception).

Consultation:

Consultation is provided to the family and primary provider (PP) when the PP is working with the child/family to support the provision of transdisciplinary services to enhance the parent's capacity to achieve all the IFSP outcomes. Frequency of consultation is based on the IFSP.

The consultant does the following when providing consultative services:

- Provides on-going assessment of the child's development, including discussions with the parent/caregiver and PP regarding progress of IFSP objectives/outcomes;
- Recommends or revises, as appropriate, individualized strategies to achieve the objectives/outcomes outlined in the IFSP;
- Observes the PP coach/model strategies to the parent/caregiver;
- Observes the parent/child interaction while the PP is implementing strategies; and
- Coaches/models strategies to the parent/caregiver and PP as needed.

It is allowable, on occasion, for the consultant to consult with the child/family without the PP present, but this should only be in instances when the schedules of the PP and consultant do not match or the PP is sick or on vacation. A maximum of 60 minutes per consultation is allowable; anecdotal notes are required for each consultation but not billable.

Travel:

Travel is the time necessary for a service provider to travel from the program the child is enrolled in to a community site (e.g., child's or caregiver's home, preschool, etc.) to provide the services identified on the IFSP. When the service provider's first or last visit of the day results in bypassing the center, the time recorded for travel is the lesser of the amount of time to return to the office or to reach home. If the family lives outside the program's geographical area, prior written permission is necessary in order to bill for travel.

Attachment D-2

Instructions: EIS Worksheets and EIS Budget Forms

Instructions: EIS Worksheets and EIS Budget Forms

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

Following is an overview of the process for each EIS Worksheet and EIS Budget form, followed by specific instructions for the worksheets and budget forms.

Process:

1. Complete EIS Worksheets 1-4 (Attachment D-3) to determine the FTE needed for direct services provided by direct service staff (i.e., direct service therapeutic staff, special instruction staff, certified assistants and direct service support staff) and/or sub-contracted staff. To complete the worksheets you must first decide what type of service providers you will need. Refer to Attachment D-1 for approved service providers and definitions of billable activities.
2. Complete EIS Budget Forms 2 and 5 (Attachment D-4) to provide information on requested salaries and contractual rates for each direct service staff.
3. Using information from EIS Budget Forms 2 and 5 complete EIS Worksheets 5 and 6 (Attachment D-3) to propose billable and sub-contracted rates.
4. Complete EIS Worksheet 7 to determine billable rates (based on methodology provided) when Program Managers work overtime to provide direct services.
5. Complete EIS Worksheet 8 to propose a billable rate when the Primary Provider (PP) exception is to be used to provide transdisciplinary services.
6. After EIS Worksheets 1-8 and EIS Budget Forms 2 and 5 (Attachment D-4) are completed, complete EIS Budget Forms 3, 4, 6, and 7 (Attachment D-4) and transfer the information to EIS Budget Form 1(Attachment D-4) to summarize and complete your budget request.
7. Remember that detailed justifications are needed to support: salaries and other requested support (EIS Budget Forms 2-7); direct service hours (EIS Worksheets 1 and 1a); and proposed billable hours for direct service staff, sub-contracted staff, Program Managers' provision of direct services, and primary provider exception (EIS Worksheets 5-8).

Complete EIS Worksheets 1-4

EIS Worksheet 1: Estimated Hours by Service Provider and Activity Per Month. Fill in the number of children estimated to be served as indicated in the RFP. For this number of children, estimate the number of hours for each billable activity by service provider that is necessary to meet the needs of the children and families. DO NOT include any activity that is provided by a social worker (SW) or care coordinator (CC), as you will either be provided a DOH SW or Human Services Professional (HSP) or will be provided funds to hire a licensed SW and/or CC.

> Example: You estimate to serve 100 children. Based on previous data, approximately 10 new referrals are received per month that require a Multidisciplinary Developmental Evaluation (MDE). The allowable billable time for a MDE is 90 minutes (1.5 hours) per MDE per provider. You will need to determine who the MDE team will consist of for these 10 children. Once determined you need to place the appropriate hours in the Initial MDE box. *Note: There can be no more than 30 hours of Initial MDE across the appropriate disciplines in Worksheet 1(1.5 hours x 2 disciplines x 10 children). If it is expected that either the SW or CC will be the second evaluator in some of the MDE-1s, the total MDE-1 hours would be less than 30 hours.*

Worksheet 1a: Estimated Hours by Primary Provider (PP) Exceptions. Worksheet 1a was developed to provide an opportunity to utilize the disciplines noted in this worksheet (i.e., OT, PT, SLP, SPED, Teacher, COTA, PTA) to act as a PP exception when there are not sufficient hours to equal a 1.0 FTE (or the FTE you intend to hire).

> Example: A 1.0 FTE equals 83 hours per month. Although you estimate that you need only 65 hours of PT service, you intend to hire a 1.0 FTE PT as you cannot find a part-time PT nor can you share a PT with another program. You can choose to use the 18 hours as a PP exception so that you can hire this person at 1.0 FTE. *The 65 hours of PT services will be on Worksheet 1, and 18 hours on Worksheet 1a.*

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

Worksheet 3: Estimated FTE Needed by Service Provider. This worksheet will help determine the number of direct service staff necessary to provide the billable activities. Based upon research of services provided over a 6-month period, it was determined that using the reduced billable activities, the previously used 1297 billable hours per 1.0 FTE, should be reduced to 1000 billable hours per 1.0 FTE. The remaining 1080 hours per 1.0 FTE include both billable activities that are embedded in the 1000 hours (e.g. child-team meetings, transition meetings, report writing, documentation of services provided, etc), as well as previously non-billable program activities including staff meetings, staff training, and other administrative duties, as well as vacation and sick leave.

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

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

To complete this worksheet, transfer from Worksheet 3 (Column D) the Total Estimated FTE by provider, to Worksheet 4 (Column B) Total Estimated FTE. Review the Total Estimated FTE to determine how you intend to staff your program. For example, you have determined that you will need 2.2 FTE of occupational therapy. Place "2.2" in Column B. *Because it is very unlikely that you will be able to hire a staff for .2 FTE, you decide to hire 2.0 FTE and sub-contract for .2 FTE, or 16.6 hours/month.* Place "2" in Column C and "16.6" (1000 x .2 divided by 12 months) in Column D.

Complete EIS Budget Forms 2 and 5

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

Complete one row for each direct service staff. For current staff you intend to retain, provide the name, position title, and the requested salary at 1.0 FTE even if you do not intend to hire at 1.0 FTE (this is necessary to determine the billable rate) or if you intend to use them part-time as a PP exception. For new staff, write *"New"* instead of name and include the projected salary. Fill in fringe & taxes for each position using the same methodology. Fill in the percent of time budgeted to the contract and determine the total salary, fringe and taxes by position as well as the total salary by position.

Transfer information from EIS Budget Form 2 (Column D) Salary Budgeted to Contract, to Budget Form 1, A1: Personnel Cost, Salaries – Program Staff. Also transfer from EIS Budget Form 2 (Column E) Fringe & Taxes to Budget Form 1, A3: Fringe & Taxes, Program Staff.

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

Complete one row for each sub-contracted provider. For each sub-contracted provider list the discipline, and estimated number of hours from Worksheet 5. Also list the amount per hour for each sub-contracted service and total amount as indicated. Transfer this information to Budget Form 1, C – Sub-Contracted Direct Services.

Complete EIS Worksheets 5-7

Worksheet 5: Proposed Billable Rates. This worksheet will determine the billable rates by position. The billable rate is determined by the average cost by position (average salary + average fringe & taxes) divided by 1000.

Column B: Determine and list the average of the requested salaries by discipline at 1.0 FTE (from EIS Budget Form 2, Column A).
Column C: Determine and list the average of the Fringe & Taxes by discipline (from EIS Budget Form 2, Column B).
Column D: Determine and list the total average of Salaried Staff and Fringe & Taxes by discipline.
Column E: Determine the hourly billable rate by dividing Column D (total salaried staff) by 1000.

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

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

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

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

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

Worksheet 8: Proposed Billable Rate When Primary Provider is Used

There are two options for proposing a billable rate.

- If a General Educator is included in Worksheet 1, the billable rate can be no higher than the rate proposed in Worksheet 5.
- If you do not include a General Educator you must propose a rate and justify how that rate was determined.

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

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

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

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

Budget Form 1, F: EIS Mandated Training supports mandated trainings that are required by EIS, and can only be billed with prior approval from the EIS Supervisor or designee. A flat rate of $150 per full day or $100 per half-day is reimburseable. Determine the cost of 5 days of required training per direct service staff, program manager and LSW/CC and include in EIS Budget Form 1F: EIS Mandated Training.

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

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

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

Budget Form 6: Budget Justification: Equipment Purchases. If you determine that equipment is needed, complete this form and transfer the cost information to Budget Form 1, D: Equipment Purchases. Include justification for all equipment listed. If it is determined that no equipment is needed, note "N/A" in Budget Form 4 and in Budget Form 1, D: Equipment Purchases.

Budget Form 7: Budget Justification: Other Personnel – Social Workers. This budget form is to be used to list the SW/CC needed to provide SW/CC services to the number of children noted on Worksheet 1 (from Section 2 of the RFP. The number needed is based on the1:35 ratio for the number of children projected. Determine the number SW/CC needed and complete one row for each position. Refer to Section 2, III, E, c for information on the use of licensed SW and/or CC. For current staff you intend to retain, list the name, position title (LSW or CC) and the requested salary. For new staff, write *"New"* instead of name, position title and a requested salary. Determine fringe & taxes for the position and the total costs (Column F). Transfer the total Salary, Fringe & Taxes Budgeted to the Contract (Column F) to Budget Form 1, E: Other Personnel.

Note: The DOH reserves the right to replace POS LSW/CC positions listed on Budget Form 7 with DOH SW/HSP positions. If this occurs, the following budget categories on EIS Budget Form 1 may be reduced or revised: Budget Form 1: D: Equipment; E: Other Personnel; and F: EIS Supported Training.

Attachment D-3

EIS Worksheets 1-8

NOTE: If this RFP was downloaded from the State Procurement Office RFP Website, each applicant must contact the RFP contact person at (808) 594-0006, or email at sue.brown@doh.hawaii.gov to obtain EIS Worksheets 1-8 for Attachment D-3. The State shall not be responsible for any missing addenda, attachments or other information regarding the RFP if a proposal is submitted from an incomplete RFP.

Attachment D-4

Budget Forms 1-7

NOTE: If this RFP was downloaded from the State Procurement Office RFP Website, each applicant must contact the RFP contact person at (808) 594-0006, or email at sue.brown@doh.hawaii.gov to obtain Budget Forms 1-7 for Attachment D-4. The State shall not be responsible for any missing addenda, attachments or other information regarding the RFP if a proposal is submitted from an incomplete RFP.

Attachment E

Post 210 and 210A

NOTE: If this RFP was downloaded from the State Procurement Office RFP Website, each applicant must contact the RFP contact person at (808) 594-0006, or email at sue.brown@doh.hawaii.gov to obtain Post 210 and 210A for Attachment E. The State shall not be responsible for any missing addenda, attachments or other information regarding the RFP if a proposal is submitted from an incomplete RFP.

Attachment F

Table A – Performance Measures

NOTE: If this RFP was downloaded from the State Procurement Office RFP Website, each applicant must contact the RFP contact person at (808) 594-0006, or email at sue.brown@doh.hawaii.gov to obtain Table A – Performance Measures for Attachment F. The State shall not be responsible for any missing addenda, attachments or other information regarding the RFP if a proposal is submitted from an incomplete RFP.

Attachment G

DOH Policy Directive – Interpersonal Relationships

NOTE: If this RFP was downloaded from the State Procurement Office RFP Website, each applicant must contact the RFP contact person at (808) 594-0006, or email at sue.brown@doh.hawaii.gov to obtain the DOH Policy Directive – Interpersonal Relationships for Attachment D-4. The State shall not be responsible for any missing addenda, attachments or other information regarding the RFP if a proposal is submitted from an incomplete RFP.