

State of Hawaii  
Department of Health  
Family Health Services Division  
Maternal and Child Health Branch  
Home Visiting Program

## **Request for Proposals**

# **RFP No. HTH-560-CT-005 Early Identification for Home Visiting**

November 20, 2012

**Note:** *It is the applicant's responsibility to check the public procurement notice website, the request for proposals website, or to contact the RFP point-of-contact identified in the RFP for any addenda issued to this RFP. The State shall not be responsible for any incomplete proposal submitted as a result of missing addenda, attachments or other information regarding the RFP.*

November 20, 2012

## **REQUEST FOR PROPOSALS**

### **Early Identification for Home Visiting RFP No. HTH-560-CT-005**

The Department of Health, Family Health Services Division, Maternal and Child Health Branch, is requesting proposals from qualified applicants to provide comprehensive early identification and referral services for targeted families who meet the eligibility criteria for families at risk for poor child health outcomes and child maltreatment. Services include, but are not limited to administering a screen for environmental risk factors to parents of newborns, referring identified families to home visiting programs within the Hawaii Home Visiting Network, and referring and linking families to other appropriate resources when home visiting programs are at capacity. The contract term will be from July 1, 2013 through June 30, 2015. Multiple contracts will be awarded under this request for proposals.

Proposals shall be mailed, postmarked by the United States Postal Service on or before January 11, 2013, and received no later than 10 days from the submittal deadline. Hand delivered proposals shall be received no later than 4:00 PM., Hawaii Standard Time (HST), on January 11, 2013, at the drop-off sites designated on the Proposal Mail-in and Delivery Information Sheet. Proposals postmarked or hand delivered after the submittal deadline shall be considered late and rejected. There are no exceptions to this requirement.

The Family Health Services Division will conduct an orientation on November 28, 2012 from 9:00 AM to 10:30 AM HST, at 741-A Sunset Avenue, Room 204, Honolulu, Hawaii. All prospective applicants are encouraged to attend the orientation.

Attendance via video conferencing is available at:

Hawaii Island:  
Hawaii District Office  
75 Aupuni Street, VCC room 201  
Hilo, Hawaii 96720

Maui:  
Emergency Preparedness Office  
Millyard Plaza  
210 Imi Kala Place Ste. 204  
Wailuku, Maui

Kauai:  
Dept. of Health  
3040 Umi Street, Conference room  
Lihue, Hawaii 96766

Telephone conference capability is also available. Interested parties may call :  
1-866-612-6838, conference code: 669108

The deadline for submission of written questions is 4:00 PM, HST, on November 30, 2012. All written questions will receive a written response from the State on or about December 14, 2012.

Any inquiries and requests regarding this RFP should be directed to Mr. Tod Robertson at 741-A Sunset Avenue, Room 202, Honolulu, Hawaii 96816, telephone: (808) 733-9041, fax: (808) 733-9078, e-mail: [nickey.robertson@hawaii.gov](mailto:nickey.robertson@hawaii.gov).

## PROPOSAL MAIL-IN AND DELIVERY INFORMATION SHEET

**NUMBER OF COPIES TO BE SUBMITTED: 6**

ALL MAIL-INS SHALL BE POSTMARKED BY THE UNITED STATES POSTAL SERVICE (USPS) NO LATER THAN January 11, 2013 and received by the state purchasing agency no later than 10 days from the submittal deadline.

### All Mail-ins

Department of Health  
Maternal and Child Health  
Branch  
Home Visiting Program  
741-A Sunset Avenue Rm 202  
Honolulu, Hawaii 96816

### RFP COORDINATOR

Tod Robertson  
(808) 7339041  
Fax: (808) 7339078  
Nickey.robertson@doh.hawaii.gov

ALL HAND DELIVERIES SHALL BE ACCEPTED AT THE FOLLOWING SITES UNTIL **4:00 P.M., Hawaii Standard Time (HST)**, January 11, 2013. 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., January 11, 2013.

### Drop-off Sites

Department of Health  
Maternal and Child Health Branch  
Home Visiting Programs  
741-A Sunset Avenue Rm 202  
Honolulu, HI 96816

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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.**

### 1.1 Procurement Timetable

**Note that the procurement timetable represents the State's best estimated schedule. If an activity on this schedule is delayed, the rest of the schedule will likely be shifted by the same number of days. Contract start dates may be subject to the issuance of a notice to proceed.**

<u>Activity</u>	<u>Scheduled Date</u>
Public notice announcing Request for Proposals (RFP)	<u>Nov. 20, 2012</u>
Distribution of RFP	<u>Nov. 20, 2012</u>
RFP orientation session	<u>Nov. 28, 2012</u>
Closing date for submission of written questions for written responses	<u>Nov. 30, 2012</u>
State purchasing agency's response to applicants' written questions	<u>Dec. 14, 2012</u>
Discussions with applicant prior to proposal submittal deadline (optional)	<u>Nov. 30, 2012 – Jan. 10, 2013</u>
Proposal submittal deadline	<u>Jan. 11, 2013</u>
Discussions with applicant after proposal submittal deadline (optional)	<u>Jan. 25, 2013</u>
Final revised proposals (optional)	<u>Feb. 1, 2013</u>
Proposal evaluation period	<u>Jan. – Feb., 2013</u>
Provider selection	<u>Feb. 11, 2013</u>
Notice of statement of findings and decision	<u>Feb. 15, 2013</u>
Contract start date	<u>July 1, 2013</u>

## 1.2 Website Reference

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

	For	Click on “Doing Business with the State” tab or
1	Procurement of Health and Human Services	<a href="http://hawaii.gov/spo/health-human-svcs/doing-business-with-the-state-to-provide-health-and-human-services">http://hawaii.gov/spo/health-human-svcs/doing-business-with-the-state-to-provide-health-and-human-services</a>
2	RFP website	<a href="http://hawaii.gov/spo/general/procurement-notice-for-solicitations">http://hawaii.gov/spo/general/procurement-notice-for-solicitations</a>
3	Hawaii Revised Statutes (HRS) and Hawaii Administrative Rules (HAR) for Purchases of Health and Human Services	<a href="http://hawaii.gov/spo/general/statutes-and-rules/procurement-statutes-and-administrative-rules">http://hawaii.gov/spo/general/statutes-and-rules/procurement-statutes-and-administrative-rules</a>
4	Forms	<a href="http://hawaii.gov/spo/statutes-and-rules/general/spo-forms">http://hawaii.gov/spo/statutes-and-rules/general/spo-forms</a>
5	Cost Principles	<a href="http://hawaii.gov/spo/health-human-svcs/cost-principles-for-procurement-of-health-and-human-services">http://hawaii.gov/spo/health-human-svcs/cost-principles-for-procurement-of-health-and-human-services</a>
6	Standard Contract -General Conditions, AG103F13	<a href="http://hawaii.gov/spo/general/gen-cond/general-conditions-for-contracts">http://hawaii.gov/spo/general/gen-cond/general-conditions-for-contracts</a>
7	Protest Forms/Procedures	<a href="http://hawaii.gov/spo/health-human-svcs/protestsreqforreconsideration/protests-requests-for-reconsideration-for-private-providers">http://hawaii.gov/spo/health-human-svcs/protestsreqforreconsideration/protests-requests-for-reconsideration-for-private-providers</a>

### 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	Hawaii Compliance Express (HCE)	<a href="https://vendors.ehawaii.gov/hce/splash/welcome.html">https://vendors.ehawaii.gov/hce/splash/welcome.html</a>
9	Department of Taxation	<a href="http://hawaii.gov/tax/">http://hawaii.gov/tax/</a>
10	Wages and Labor Law Compliance, HRS §103-055	<a href="http://capitol.hawaii.gov/hrscurrent">http://capitol.hawaii.gov/hrscurrent</a>
11	Department of Commerce and Consumer Affairs, Business Registration	<a href="http://hawaii.gov/dcca">http://hawaii.gov/dcca</a> click “Business Registration”
12	Campaign Spending Commission	<a href="http://hawaii.gov/campaign">http://hawaii.gov/campaign</a>

## 1.3 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.

## 1.4 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.

## 1.5 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  
Maternal and Child Health Branch  
741-A Sunset Ave. Rm. 202  
Honolulu, HI 96816  
Phone: 808-733-9041  
Fax: 808-733-9078

## 1.6 RFP Contact Person

From the release date of this RFP until the selection of the successful provider(s), any inquiries and requests shall be directed to the sole point-of-contact identified below.

Tod Robertson  
808-733-9041  
[Nickey.robertson@doh.hawaii.gov](mailto:Nickey.robertson@doh.hawaii.gov)

## 1.7 Orientation

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

<b>Date:</b>	<b>November 28, 2012</b>	<b>Time:</b>	<b>9:00 AM to 10:30 AM</b>
<b>Location:</b>	<b>Maternal and Child Health Branch 741-A Sunset Ave. Room 204 Honolulu, HI 96816</b>		

Attendance via video conferencing is available at:

Hawaii Island:  
Hawaii District Office  
75 Aupuni Street, VCC room 201  
Hilo, Hawaii 96720

Maui:  
Emergency Preparedness Office  
Millyard Plaza  
210 Imi Kala Place Ste. 204  
Wailuku, Maui

Kauai:  
Dept. of Health  
3040 Umi Street, Conference room  
Lihue, Hawaii 96766

Telephone conference capability is also available. Interested parties may call:  
1-866-612-6838, conference code: 669108

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 subsection 1.8, Submission of Questions.

## 1.8 Submission of Questions

Applicants may submit questions to the RFP Contact Person identified in Section 1.6. Written questions should be received by the date and time specified in Section 1.1 Procurement Timetable. The purchasing agency will respond to written questions by way of an addendum to the RFP.

Deadline for submission of written questions:

**Date:** November 30, 2012 **Time:** 4:00 PM HST

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

**Date:** December 14, 2012

## 1.9 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 subsection 1.2, Website Reference. Refer to the Section 5, Proposal Application Checklist for the location of program specific forms.
1. **Proposal Application Identification (Form SPOH-200)**. Provides applicant proposal identification.
  2. **Proposal Application Checklist**. The checklist provides applicants specific program requirements, reference and location of required RFP proposal forms, and the order in which all proposal components should be collated 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 SPOH-200A)**. Applicant shall submit comprehensive narratives that address all proposal requirements specified in Section 3, Proposal Application Instructions, including a cost proposal/budget, if required.
- B. **Program Specific Requirements**. Program specific requirements are included in Sections 2 and 3, as applicable. Required Federal and/or State certifications are listed on the Proposal Application Checklist in Section 5.
- C. **Multiple or Alternate Proposals**. Multiple or alternate proposals shall not be accepted unless specifically provided for in Section 2. 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. **Hawaii Compliance Express (HCE)**. All providers shall comply with all laws governing entities doing business in the State. Providers shall register with HCE for online compliance verification from the Hawaii State Department of Taxation (DOTAX), Internal Revenue Service (IRS), Department of Labor and Industrial Relations (DLIR), and Department of Commerce and Consumer Affairs (DCCA). There is a nominal annual registration fee (currently \$12) for the service. The HCE's online "Certificate of Vendor Compliance" 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 **subsection 1.2, Website Reference**, for HCE's website address.

- **Tax Clearance.** Pursuant to HRS §103-53, as a prerequisite to entering into contracts of \$25,000 or more, providers are required to have a tax clearance from DOTAX and the IRS. (See subsection 1.2, Website Reference for DOTAX and IRS website address.)
  - **Labor Law Compliance.** Pursuant to HRS §103-55, providers shall be in compliance with all applicable laws of the federal and state governments relating to workers' compensation, unemployment compensation, payment of wages, and safety. (See subsection 1.2, Website Reference for DLIR website address.)
  - **DCCA Business Registration.** Prior to contracting, owners of all forms of business doing business in the state except sole proprietorships, charitable organizations, unincorporated associations and foreign insurance companies shall be registered and in good standing with the DCCA, Business Registration Division. Foreign insurance companies must register with DCCA, Insurance Division. More information is on the DCCA website. (See subsection 1.2, Website Reference for DCCA website address.)
- E. **Wages Law Compliance.** If applicable, by submitting a proposal, the applicant certifies that the applicant is in compliance with HRS §103-55, Wages, hours, and working conditions of employees of contractors performing services. Refer to HRS §103-55, at the Hawaii State Legislature website. (See subsection 1.2, Website Reference for DLIR website address.)
- F. **Campaign Contributions by State and County Contractors.** HRS §11-355 prohibits campaign contributions from certain State or county government contractors during the term of the contract if the contractors are paid with funds appropriated by a legislative body. Refer to HRS §11-355. (See subsection 1.2, Website Reference for Campaign Spending Commission website address.)
- G. **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.*
- H. **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, or as amended. 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, or as amended. Proposals shall be rejected when:

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

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

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

## **1.10 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 susceptible of being selected for award, but proposals may be accepted without discussions, in accordance with HAR §3-143-403.

## **1.11 Opening of Proposals**

Upon the state purchasing agency's receipt of a proposal 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.

## **1.12 Additional Materials and Documentation**

Upon request from the state purchasing agency, each applicant shall submit additional materials and documentation reasonably required by the state purchasing agency in its evaluation of the proposals.

## **1.13 RFP Amendments**

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

## **1.14 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 final revised

proposal. *The applicant shall submit **only** the section(s) of the proposal that are amended, along with the Proposal Application Identification Form (SPOH-200).* After final revised proposals are received, final evaluations will be conducted for an award.

### **1.15 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 interest of the State.

### **1.16 Costs for Proposal Preparation**

Any costs incurred by applicants in preparing or submitting a proposal are the applicants' sole responsibility.

### **1.17 Provider Participation in Planning**

Provider(s), awarded a contract resulting from this RFP,

are required

are not required

to participate in the purchasing agency's future development of a service delivery plan pursuant to HRS §103F-203.

Provider participation in a state purchasing agency's efforts to plan for or to purchase health and human services prior to the 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 §§3-142-202 and 3-142-203.

### **1.18 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 §3-141-201)
- (2) Rejection for inadequate accounting system. (HAR §3-141-202)
- (3) Late proposals (HAR §3-143-603)
- (4) Inadequate response to request for proposals (HAR §3-143-609)
- (5) Proposal not responsive (HAR §3-143-610(a)(1))
- (6) Applicant not responsible (HAR §3-143-610(a)(2))

## 1.19 Notice of Award

A statement of findings and decision shall be provided to each responsive and responsible applicant 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 provider(s) awarded a contract prior to the contract commencement date. The State of Hawaii is not liable for any costs incurred prior to the official starting date.

## 1.20 Protests

Pursuant to HRS §103F-501 and HAR Chapter 148, an applicant aggrieved by an award of a contract may file a protest. The Notice of Protest form, SPOH-801, and related forms are available on the SPO website. (See subsection 1.2, Website Reference for website address.) 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.

<b>Head of State Purchasing Agency</b>	<b>Procurement Officer</b>
Name: Loretta J. Fuddy, L.C.S.W., M.P.H.	Name: Leighton Tamura
Title: Director of Health	Title: Public Health Administrative Officer
Mailing Address: P.O. Box 3378 Honolulu, HI 96801	Mailing Address: 741-A Sunset Ave. Honolulu, HI 96816
Business Address: 1250 Punchbowl Street Honolulu, HI 96813	Business Address: 741-A Sunset Ave. Honolulu, HI 96816

## **1.21 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.

## **1.22 General and Special Conditions of Contract**

The general conditions that will be imposed contractually are on the SPO website. (See subsection 1.2, Website Reference for website address.) Special conditions may also be imposed contractually by the state purchasing agency, as deemed necessary.

## **1.23 Cost Principles**

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 SPOH-201, which is available on the SPO website. (See subsection 1.2 Website Reference for website address.) 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

### 2.1 Introduction

#### A. Overview, purpose or need

The Department of Health (“DOH”) administers the Hawaii Home Visiting Network (“HHVN”) program which is a public-private partnership with home visiting programs which strengthens families and promotes positive parent-child relationships. The DOH contracts Early Identification (“EID”) services in birthing hospitals which screen families for child maltreatment risk factors. Families who are identified to be at risk are voluntarily referred to HHVN partners who provide the parenting support and education to ensure a nurturing, healthy and safe home environment.

The HHVN partners are evidence-based home visiting programs which include: Healthy Families America, Early Head Start, Parents As Teachers, and Home Instruction for Parents of Preschool Youngsters. The Network and EID programs are supported through the DOH and Maternal Infant Early Childhood Home Visiting (“MIECHV”) grant funds. The DOH is committed to fulfilling its public health surveillance role in screening all new parents and providing the infrastructure and system of services to meet the needs of at risk families.

The DOH is soliciting applications for the purpose of providing comprehensive screening and referral services for families identified to be at risk. This solicitation is for EID services for home visiting programs which must address family strengthening and child development services and respond to the MIECHV benchmark requirements. In the event that all HHVN home visiting programs are at capacity, EID services will also include referrals to other appropriate family strengthening resources which address family strengthening and child development services. EID services will also extend to screening and referral services for pregnant women in order to identify at risk families prenatally and to refer these families to home visiting programs.

#### B. Planning activities conducted in preparation for this RFP

Request for Information meetings were held on:

September 28, 2012  
October 5, 2012  
October 9, 2012

Questions and comments were solicited and written comments and questions were due on October 12, 2012, with a comment reply date of October 23, 2012.

Comments and questions were solicited from the community regarding identifying at risk communities, methods of identifying at risk families, referral mechanisms to home visiting

programs, prioritizing communities and home visiting models, accreditation and affiliation for home visiting models, and billing and compensation rates.

Planning also included data reviews for risk indicators to identify at risk communities. Risk indicators were: Low Birth Weight, Infant Mortality, Poverty, High School Drop Out rate, Unemployment rate, Receiving Financial Aid, Receiving Food Stamps, Child Abuse and Neglect rate, and existing home visiting resources within the specific community.

All comments and questions received during the Request of Information process were consolidated and were disseminated to all participants who attended or submitted their contact information. These “Frequently Asked Questions” are available for public inspection and may be requested through the RFP Contact Person.

**C. Description of the service goals**

Systematically identify pregnant women and families with newborns who are at risk for sub-optimal health, developmental delay, and child maltreatment. Refer at risk families to home visiting programs and ensure that eligible and ineligible families are referred appropriately for services.

**D. Description of the target population to be served**

Pregnant women and families with newborns who reside in the specified geographic areas for home visiting services.

**E. Geographic coverage of service**

Area/Region	Community/Census Tract
1	Downtown – Kalihi / 46-62
2	Kona / 214-215
3	Wailuku / 306-313
4	Lihue / 404-405
5	Ewa – Kalaeloa / 83-85, 9803
6	Kapolei – Makakilo / 86, 115
7	Waianae / 99-100
8	Hilo / 201-211, 219-221

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

Contracts will be issued for the specified areas/regions for consumers/patients who reside in the above named geographic areas. Providers will be required to develop Memorandums of Understanding with the following hospitals:

Contract	Area/Region	Hospital	Maximum Funding Amount
Oahu	1,5,6,7	Kapiolani Medical Center for Women and Children Queen's Medical Center Kaiser Medical Center Castle Hospital	\$1,129,587.00
West Hawaii	2	Kona Hospital North Hawaii Community Hospital	\$125,466.00
Maui	3	Maui Memorial Hospital	\$366,599.00
Kauai	4	Wilcox General Hospital Kauai Veteran's Memorial Hospital	\$100,793.00
East Hawaii	8	Hilo Hospital	\$200,000.00

The approximate amount of funding available in each fiscal years 2014 and 2015 is \$1,922,445.00. Additional state funding up to \$3,000,000.00 may become available in each fiscal year. Additional federal funding up to \$3,000,000.00 may become available in each fiscal year. Expansion to other geographic regions within the state is subject to another Request for Proposals.

## 2.2 Contract Monitoring and Evaluation

The criteria by which the performance of the contract will be monitored and evaluated are:

- (1) Performance Measures and Output Measures – See Attachment C
- (2) Quality of Care/Quality of Services
- (3) Financial Management
- (4) Administrative Requirements

## 2.3 General Requirements

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

Applicants may submit more than one proposal, but must submit separate proposals per contract area. One contract will be awarded per island, with the exception of Hawaii island with one contract awarded for East Hawaii, and one contract awarded for West Hawaii.

Applicants shall participate with home visiting programs in the accreditation process for home visiting programs where applicable.

Requests for exceptions to the minimum staffing requirements shall be considered on a case by case basis taking into account various factors, including but not limited

to geographic location, caseload amount and predicted growth, quality and quantity of staff recruitment efforts. The DOH may determine that subcontracting may fulfill these staffing requirements, however all subcontracts are subject to approval by the DOH.

All Providers shall inform each family at enrollment that their demographic data is collected in the Provider's computerized databases and is shared with the primary purchase and HRSA.

**B. Secondary purchaser participation**

(Refer to HAR §3-143-608)

After-the-fact secondary purchases will be allowed.

Planned secondary purchases: none

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

Allowed  Unallowed

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

Single  Multiple  Single & Multiple

Criteria for multiple awards:

Multiple contracts are based on island(s)/contract areas to be served that have obstetric labor and deliver wards. Applicants may submit more than one proposal, but must submit separate proposals per contract area. Contracts will be awarded by contract area.

**E. Single or multi-term contracts to be awarded**

(Refer to HAR §3-149-302)

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

Contract terms:

Initial term of contract: July 1, 2013 to June 30, 2015

Length of each extension: one (1) year

Number of possible extensions: four (4)

Maximum length of contract: six (6) years

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

Conditions for extension: Must be executed prior to the expiration of the initial term of contracts for continuation of services. Any additional funding, changes in

contract language, or changes in service specifications will be agreed upon in writing.

## **2.4 Scope of Work**

The scope of work encompasses the following tasks and responsibilities:

### **A. Service Activities**

(Minimum and/or mandatory tasks and responsibilities)

1. Screen pregnant women and families for risk factors at all hospitals that have obstetric labor and delivery wards, including military dependent births. Screening tool will be a DOH approved tool. Eligibility and screening shall occur within the first two weeks following the birth of the baby. Eligibility and screening for pregnant women shall occur anytime during the woman's pregnancy.
2. Of those families screening positive, refer to home visiting programs within the Hawaii Home Visiting Network. For those families screened negative, refer to appropriate community resources.
3. Develop collaborative and cooperative relationships with other family strengthening community resources in order to refer families for services in the event that HHVN programs are at capacity and cannot accept EID referrals.
4. Develop collaborative and cooperative relationships with other community programs which serve pregnant women in order to screen pregnant women to increase prenatal referrals to the HHVN.
5. The Provider shall be responsible for the provision of tablets or laptop computers required to score the screening tool and record data.

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

**1. Personnel**

Supervisor shall have:

Master's degree and two (2) years experience in Social Work, Clinical psychology, Nursing or counseling OR

A bachelor's degree and three (3) years experience in Social Work, Clinical Psychology, Nursing, or Counseling.

Family Assessment Worker ("FAW") shall have:

High school degree or General Equivalency Diploma ("GED") with experience in working with children and/or families.

Flexible work hours shall be granted and scheduled in order to provide needed and timely services during evenings, weekends, and holidays.

Applicant's organization chart shall reflect the staffing proposal for each hospital and staffing proposals for increasing prenatal referrals.

The supervisor to staff ratio shall be 1:4.

**2. Administrative**

- a. The Provider shall comply with all data entry requirements of the DOH and related data management issues.
- b. The Provider shall utilize appropriate reports and records pertaining to the provision of services in accordance with standards developed by DOH. Reports and records shall be maintained by the Provider and made available for monitoring and review by the DOH staff upon request.
- c. The Provider shall send at least one representative to monthly scheduled HHVN meetings. Travel costs should be included in the applicant's budget.
- d. The Provider shall make an acknowledgement of the DOH as the Provider's program sponsor. An acknowledgement to that effect shall appear on all printed materials for which the DOH is a program sponsor. The Provider shall include the following statement in all printed or developed materials: "This Project has been jointly funded by the Department of Health, Maternal and Child Health Branch with funds from the Maternal Infant Early Childhood Home Visiting grant sponsored by the Health Resources Services Administration".

- e. Comply with the DOH's Directive Number 04-01 dated May 3, 2004 concerning Interpersonal Relationships Between Staff and Clients/Patients, a copy of which is attached as Attachment H.
- f. Collaborate with DOH in on-going evaluative research activities for program/system improvement;
- g. Comply with Title VI of the Civil Rights Act of 1964, as amended and requirements pursuant to 45 Code of Federal Regulations ("CFR") Part 80;
- h. Comply with Section 504 of the Rehabilitation Act of 1973, as amended, and requirements pursuant to 45 CFR part 36;
- i. Comply with Title III of the Americans with Disabilities Act of 1990, as amended, and requirements pursuant to 28 CFR part 36
- j. Comply with the Age Discrimination Act of 1975, as amended, and requirements pursuant to 45 CFR Part 90;
- k. Comply, as a "covered entity," with the provisions of Hawaii Revised Statutes ("HRS") Chapter 371 Part II, Language Access;
- l. Comply, if it is a "place of public accommodation," with the provisions of HRS Chapter 489, Discrimination in Public Accommodations.

3. **Quality assurance and evaluation specifications**

The Provider shall develop its own quality assurance procedures and participate in all DOH required quality assurance activities.

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

The Provider shall submit Output measure goals in regard to the percent screened and referred. See Attachment C

5. **Experience**

The Provider shall have experience in working with families in Hawaii who have environmental risk factors such as the risk indicators identified in the MIECHV eligibility criteria and in the 15 point screen and the risk indicators identified in the DOH Primary Care Needs Assessment Data Book 2012: Low Birth weight, Infant Mortality, Poverty, High School Drop out, Unemployment, Receiving Financial Aid, Receiving Food Stamps, Child

Abuse and Neglect, Domestic Violence, Substance Abuse, or Mental Health issues.

**6. Coordination of services**

The Provider shall coordinate services and collaborate with other home visiting programs and community resources as a member of the Hawaii Home Visiting Network. The Provider shall develop Memorandums of Understanding with hospitals and other agencies and organizations which provide services to pregnant women for the purpose of conducting screens to identify at risk families. The Provider shall participate in accreditation for home visiting programs according to specific model requirements.

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

The Provider shall:

- a. Submit all monthly, quarterly, and annual data, narrative and variance reports. See Attachment C. Reports are due 30 days after the end of each reporting period.
- b. Submit all other reports as required by the DOH.
- c. Submit monthly invoices to DOH utilizing DOH report formats. Invoices will be paid upon receipt, based on funding availability and on the condition that all required monthly/quarterly/annual reports have been received by DOH in accordance with established due dates.

**C. Facilities**

Facilities shall be accessible and adequate relative to the proposed services.

## 2.5 COMPENSATION AND METHOD OF PAYMENT

### Cost Reimbursement

Contract	Area/Region	Hospital	Maximum Funding Amount
Oahu	1,5,6,7	Kapiolani Medical Center for Women and Children Queen's Medical Center Kaiser Medical Center Castle Hospital	\$1,129,587.00
West Hawaii	2	Kona Hospital North Hawaii Community Hospital	\$125,466.00
Maui	3	Maui Memorial Hospital	\$366,599.00
Kauai	4	Wilcox General Hospital Kauai Veteran's Memorial Hospital	\$100,793.00
East Hawaii	8	Hilo Hospital	\$200,000.00

The Provider shall propose a cost per month to screen all eligible families in the contract/geographic area, based on the total funding amount allocated for the contract/geographic area. The Provider shall propose an estimated total number of service hours per family per month. Payment shall be based on the Provider's monthly invoice statement which shall demonstrate the Provider's proposed average monthly service hours. The activities eligible for service hours are described in Attachment D.

Failure to meet proposed monthly minimum service hours for three (3) consecutive months will result in fiscal sanctions determined by a compensation decrease of 25%. However, prior to imposing sanctions, the Provider shall work with the DOH to develop and execute a 90 day plan of correction to ensure that quality services are provided with the goal of affecting positive outcomes. Final determination of compliance will be determined by DOH.

Payment will be made on a monthly basis upon submission of an invoice, birthrate report, number of consumers in contract/geographic area, number of consumers screened, number screened positive, number screened negative, number referred, and service hours report, with accompanying data evidence. DOH will review these monthly reports for payment approval. Final payment is based on the receipt of all final reports, invoices and data submissions. See Attachments C and F.

## **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. Failure to answer any of the items 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 (SPOH-200A) is available on the SPO website (see 1.2 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 is comprised of the following sections:

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

### 3.1 Program Overview

The Applicant's proposal shall clearly identify the contract/geographic area and provide a brief overview to orient evaluators to the services being offered.

## **3.2 Experience and Capability**

### **A. Necessary Skills**

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

### **B. Experience**

The applicant shall provide a description of projects/contracts pertinent to the proposed services. The applicant shall include points of contact, addresses, e-mail/phone numbers. The DOH reserves the right to contact references to verify experience.

### **C. Quality Assurance and Evaluation**

The applicant shall describe its own plans for quality assurance and evaluation for the proposed services, including methodology. The applicant shall also submit its plan and description of data collection system. The applicant shall also describe a plan for the method in which data shall be submitted to the DOH.

### **D. Coordination of Services**

The applicant shall demonstrate the capability to coordinate services with other agencies and resources in the community. The applicant shall describe its formal and informal agreements and relationships with other community resources and supports for the targeted geographic area. The applicant shall include points of contact, addresses, e-mail/phone numbers for those formal and informal agreements and relationships.

### **E. Facilities**

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

## **3.3 Project Organization and Staffing**

### **A. Staffing**

#### **1. Proposed Staffing**

The applicant shall describe the proposed supervisory staffing pattern, client/staff ratio, supervisor/staff ratio, and proposed caseload capacity

appropriate for the viability of the services and the geographic area to be served. (Refer to the personnel requirements in the Service Specifications, as applicable.)

2. Staff Qualifications

The applicant shall provide the minimum qualifications (including experience) for staff assigned to the program. (Refer to the qualifications in the Service Specifications, as applicable)

**B. Project Organization**

1. Supervision and Training

The applicant shall describe its ability to supervise, train and provide administrative direction relative to the delivery of the proposed services.

The applicant shall provide a detailed supervisory plan which includes how administrative, clinical and reflective supervision will be provided for each assessment worker. The plan shall also include a description of frequency and length of supervisory sessions.

The applicant shall provide a detailed description of its training requirements for staff. This shall include titles and description of the subject matter and frequency. The DOH shall provide infrastructure support to providers, however applicants are asked to describe all training requirements.

2. Organization Chart

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

**3.4 Service Delivery**

Applicant shall include a detailed discussion of the applicant’s approach to applicable service activities and management requirements from Section 2, Item 2.1, Scope of Work, including (if indicated) a work plan of all service activities and tasks to be completed, related work assignments/responsibilities and timelines/schedules. See Attachment E. Applicant shall include a narrative description of the approach for each activity.

EID services must mirror the HHVN program resources, therefore the applicant must include a plan for how expansion to all hospitals within the designated region will be

brought to scale. DOH does not expect that comprehensive coverage for all eligible consumers will be initially provided. Expansion will occur as HHVN capacity grows.

The applicant shall approach all parents of newborns who reside in the designated geographic area to screen for the HHVN eligibility criteria and 15 point risk indicator screen:

MIECHV/HHVN program eligibility:

Low Income

Pregnant women who have not attained age 21

History of child abuse, neglect, or interaction with Child Welfare Services

History of substance abuse or substance abuse treatment

Users of tobacco products in the home

Have children with low student achievement

Have children with developmental delays/disabilities

Serving or formerly served in the armed forces

Additionally the EID program will provide information to HHVN programs from a 15 point screen on the following risk indicators:

1. Marital status
2. Partner Unemployed
3. Inadequate Income
4. Unstable Housing
5. No Phone
6. Education under 12 years
7. Inadequate Emergency Contact
8. History of Substance Abuse
9. Late or no prenatal care
10. History of abortions
11. History of psychiatric care
12. Abortion unsuccessfully sought or attempted
13. Relinquishment for adoption sought or attempted
14. Marital or family problems
15. History of or current depression

Scoring: True/False/Unknown

Positive screen: True score on items #1, 9, 12; or seven or more unknowns or 2 or more True scores

Scoring for the 15 point screen will be used for prioritizing eligible families according to HHVN capacity and appropriateness of the home visiting model offered.

Screening for HHVN referral will occur up through 2 weeks following the birth of the baby.

The applicant shall describe its plan for developing collaborative relationships with community programs which serve pregnant women. The applicant shall provide a detailed description on how it will approach and screen pregnant women for home visiting services. See Attachment D – Screening limitations

### **3.5 Financial**

#### **A. Pricing Structure**

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

All budget forms, instructions and samples are located on the SPO website. (See subsection 1.2, Websites References for website address.) The following budget form(s) shall be submitted with the Proposal Application:

See Attachment F: MCHB Cost Proposal form for applicant to propose the average direct service hours per consumer, with sample invoice form

See Attachment G: SPO Budget forms: Complete budget forms to demonstrate the applicant's administrative and operational capacity for the budget allocation per geographic area.

#### **B. Other Financial Related Materials**

##### **1. Accounting System**

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

Please attach the most recent financial audit report.

### **3.6 Other**

#### **A. Litigation**

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

## **Section 4**

# **Proposal Evaluation**

# Section 4

## Proposal Evaluation

### 4.1 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.

### 4.2 Evaluation Process

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

The evaluation will be conducted in three phases as follows:

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

#### Evaluation Categories and Thresholds

<u>Evaluation Categories</u>	<u>Possible Points</u>
<i>Administrative Requirements</i>	
<i>Proposal Application</i>	
Program Overview	0 points
Experience and Capability	30 points
Project Organization and Staffing	25 points
Service Delivery	40 points
Financial	5 points
<b>TOTAL POSSIBLE POINTS</b>	<b>100 Points</b>

Consensus scoring will be used by an evaluation committee to review the proposals using the following scale:

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

1	2	3	4	5
I-----I-----I-----I-----I				
Unresponsive	Unsatisfactory	Marginally Adequate	Satisfactory	Outstanding

5 – Outstanding (100% of points)

Exceeded required elements by clearly proposing additional services or strategies (providing details and specific examples) for implementation to achieve the RFP requirements.

4 – Satisfactory (80% of points)

Provided details or specific examples of the services or strategies to be used for implementation to achieve the RFP requirements.

3 – Marginally Adequate (60% of points)

Provided general description of “what we will do” for all required elements or the proposed services do not contribute towards the achievement of the RFP requirements.

2 – Unsatisfactory (40% of points)

Not all components were evident or only reiterated the wording of the RFP or other attached materials.

1 – Unresponsive (20% of points)

Response did not answer the question.

0 – No response given

Points will be awarded to each criteria based on the score awarded by the evaluation committee.

Example:

A question with a possible 5 points that received a score of four on the scale will be awarded 3 points

(60% x 5 points = 3 points).

## 4.3 Evaluation Criteria

### A. Phase 1 - Evaluation of Proposal Requirements

#### 1. Administrative Requirements

#### 2. Proposal Application Requirements

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

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

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

#### 1. *Experience and Capability (30 Points)*

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

<b>A. Necessary Skills</b>	<b>4</b>
• Demonstrated skills, abilities, and knowledge relating to the delivery of the proposed services.	_____
	_____
<b>B. Experience</b>	<b>5</b>
• Provided projects/contracts pertinent to EID services	_____
	_____
<b>C. Quality Assurance and Evaluation</b>	<b>10</b>
• Sufficiency of quality assurance and evaluation plans for the proposed services, including methodology.	_____
• Plan for CQI, data submission, data analysis	_____
	_____

<b>D. Coordination of Services</b>	<u>10</u>
<ul style="list-style-type: none"> <li>• Demonstrated capability to coordinate services with other agencies and resources in the community.</li> <li>• Provided formal and informal agreements and relationships with community resources</li> </ul>	<hr/> <hr/> <hr/>
<b>E. Facilities</b>	<u>1</u>
<ul style="list-style-type: none"> <li>• Adequacy of facilities relative to the proposed services.</li> <li>•</li> </ul>	<hr/> <hr/> <hr/>

**2. Project Organization and Staffing (25 Points)**

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

<b>A. Staffing</b>	<hr/>
<ul style="list-style-type: none"> <li>• <u>Proposed Staffing</u>: That the proposed staffing pattern, client/staff ratio, and proposed caseload capacity is reasonable to insure viability of the services.</li> <li>• <u>Staff Qualifications</u>: Minimum qualifications (including experience) for staff assigned to the program.</li> <li>•</li> <li>•</li> </ul>	<hr/> <u>5</u> <hr/> <u>5</u> <hr/> <hr/> <hr/>
<b>B. Project Organization</b>	<hr/>
<ul style="list-style-type: none"> <li>• <u>Supervision and Training</u>: Demonstrated ability to supervise, train and provide administrative direction to staff relative to the delivery of the proposed services.</li> <li>• <u>Organization Chart</u>: Approach and rationale for the structure, functions, and staffing of the proposed organization for the overall service activity and tasks.</li> <li>•</li> </ul>	<hr/> <u>10</u> <hr/> <u>5</u> <hr/> <hr/>

**3. Service Delivery (40 Points)**

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

• Plan for MOUs	<u>5</u>
• Plan for prenatal referrals	<u>5</u>
• Plan for developing a referral protocol w/HHVN	<u>5</u>
• Plan for administration of 15 pt. screen	<u>5</u>
• Plan for data collection	<u>5</u>
• Plan for referral information provided to HHVN	<u>5</u>
• Plan for expansion to all hospitals in specified region	<u>5</u>
• Other	<u>5</u>

**5. Financial (5 Points)**

- Adequacy of accounting system.
- Applicant’s proposal budget is reasonable, given program resources and operational capacity.

**B. 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. Performance Measures and Output Measures
- D. Billing Definitions
- E. Work Plan
- F. Cost Proposal and sample invoice form
- G. SPO POST budget forms
- H. Interpersonal Relationships memo

## Proposal Application Checklist

Applicant: \_\_\_\_\_ RFP No.: \_\_\_\_\_

The applicant's proposal must contain the following components in the order shown below. Return this checklist to the purchasing agency as part of the Proposal Application. SPOH forms are on the SPO website.

Item	Reference in RFP	Format/Instructions Provided	Required by Purchasing Agency	Applicant to place "X" for items included in Proposal
<b>General:</b>				
Proposal Application Identification Form (SPOH-200)	Section 1, RFP	SPO Website*	<b>X</b>	
Proposal Application Checklist	Section 1, RFP	Attachment A	<b>X</b>	
Table of Contents	Section 5, RFP	Section 5, RFP	<b>X</b>	
Proposal Application (SPOH-200A)	Section 3, RFP	SPO Website*	<b>X</b>	
Hawaii Compliance Express Verification Certificate	Section 1, RFP	Hawaii Compliance Express SPO Website*	<b>X</b>	
Cost Proposal (Budget)	Attachment F		<b>X</b>	
SPO-H-205	Section 3, RFP	SPO Website*	<b>X</b>	
SPO-H-205A	Section 3, RFP	SPO Website* Special Instructions are in Section 5	<b>X</b>	
SPO-H-205B	Section 3, RFP,	SPO Website* Special Instructions are in Section 5	<b>X</b>	
SPO-H-206A	Section 3, RFP	SPO Website*	<b>X</b>	
SPO-H-206B	Section 3, RFP	SPO Website*	<b>X</b>	
SPO-H-206C	Section 3, RFP	SPO Website*	<b>X</b>	
SPO-H-206D	Section 3, RFP	SPO Website*	<b>X</b>	
SPO-H-206E	Section 3, RFP	SPO Website*	<b>X</b>	
SPO-H-206F	Section 3, RFP	SPO Website*	<b>X</b>	
SPO-H-206G	Section 3, RFP	SPO Website*	<b>X</b>	
SPO-H-206H	Section 3, RFP	SPO Website*	<b>X</b>	
SPO-H-206I	Section 3, RFP	SPO Website*	<b>X</b>	
SPO-H-206J	Section 3, RFP	SPO Website*	<b>X</b>	
<b>Certifications:</b>				
<i>Federal Certifications</i>		Section 5, RFP		
Debarment & Suspension		Section 5, RFP		
Drug Free Workplace		Section 5, RFP		
Lobbying		Section 5, RFP		
Program Fraud Civil Remedies Act		Section 5, RFP		
Environmental Tobacco Smoke		Section 5, RFP		
<b>Program Specific Requirements:</b>				

\*Refer to subsection 1.2, Website Reference for website address.

## Proposal Application Table of Contents

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	D. Coordination of Services.....	6
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	2. Staff Qualifications .....	9
	B. Project Organization .....	10
	1. Supervision and Training .....	10
	2. Organization Chart (Program & Organization-wide) (See Attachments for Organization Charts	
<b>4.0</b>	<b>Service Delivery</b> .....	12
<b>5.0</b>	<b>Financial</b> .....	20
	See Attachments for Cost Proposal	
<b>6.0</b>	<b>Litigation</b> .....	20
<b>7.0</b>	<b>Attachments</b>	
	A. Cost Proposal	
	SPO-H-205 Proposal Budget	
	SPO-H-206A Budget Justification - Personnel: Salaries & Wages	
	SPO-H-206B Budget Justification - Personnel: Payroll Taxes and Assessments, and Fringe Benefits	
	SPO-H-206C Budget Justification - Travel: Interisland	
	SPO-H-206E Budget Justification - Contractual Services – Administrative	
	B. Other Financial Related Materials	
	Financial Audit for fiscal year ended June 30, 1996	
	C. Organization Chart	
	Program	
	Organization-wide	
	D. Performance and Output Measurement Tables	
	Table A	
	Table B	
	Table C	
	E. Program Specific Requirements	

**HAWAII HOME VISITING NETWORK**  
**HOME VISITING OUTPUT MEASURES FY 2014**  
**AGENCY NAME: \_\_\_\_\_**

Column A		Column B	Column C
Program Activity		Annual Performance Goal for Fiscal Year 2014	Applicant's approach in meeting the output objective, including the methodology proposed for data collection and reporting. (Attach additional sheets as necessary.)
A1	Births in EID Hospital		
A2	Births in Geographic Target Area/Region		
S1	Families Screened		
S2	Families <u>Not</u> Screened		
RA1	# Families Offered Home Visiting		
RA2	# Families <u>Not</u> Offered Home Visiting		
RA3	# Ineligible Families Referred to Other Community Services		
RA4	# Families with + Screen Offered Services Who Accept Services		
RA5	# Families with + Screen Offered Services Who Decline Services		
D28	Number of enrolled index mothers who received a referral to domestic violence services		

**HAWAII HOME VISITING NETWORK  
HOME VISITING OUTPUT MEASURES FY 2014  
AGENCY NAME: \_\_\_\_\_**

Column A		Column B	Column C
Program Activity		Annual Performance Goal for Fiscal Year 2014	Applicant's approach in meeting the output objective, including the methodology proposed for data collection and reporting. (Attach additional sheets as necessary.)
<b>D29</b>	<b>Number of enrolled index mothers who completed a safety plan</b>		
<b>F34</b>	<b>Number of families screened for necessary services and received a referral</b>		
<b>F35</b>	<b>The number of documented MOUs or other formal agreements with hospital(s), other agencies/organizations.</b>		
<b>F36</b>	<b>The total number of collaborating community agencies with which the Early Identification implementing agencies has a clear point of contact</b>		
<b>F37</b>	<b>Total families that were screened and received a referral for whom receipt of services was confirmed</b>		
	<b>Model Specific Outputs</b>		
<b>H1</b>			
<b>H2</b>			

**HAWAII HOME VISITING NETWORK  
HOME VISITING OUTPUT MEASURES FY 2014  
AGENCY NAME: \_\_\_\_\_**

<b>Column A</b>		<b>Column B</b>	<b>Column C</b>
<b>Program Activity</b>		<b>Annual Performance Goal for Fiscal Year 2014</b>	<b>Applicant's approach in meeting the output objective, including the methodology proposed for data collection and reporting. (Attach additional sheets as necessary.)</b>
<b>H3</b>			
<b>H4</b>			

**HAWAII HOME VISITING NETWORK**  
**HOME VISITING OUTPUT MEASURES MONTHLY REPORT FY 2014**  
**AGENCY NAME: \_\_\_\_\_**

Column A		Column B	Column C	Column D	Column E	Column E	Column F
Program Activity		Annual Performance Goal for Fiscal Year 2014	Monthly Performance Goal  Column B ÷ 12 months	Prior Reporting Periods to Date (Cumulative)	Current Reporting Period	Contract Period to Date Column C + Column D	Explanation of Contract Period to Date variance from Monthly Performance Goal. (Attach additional sheets as necessary.)
A1	Births in EID Hospital						
A2	Births in Geographic Target Area/Region						
S1	Families Screened						
S2	Families <u>Not</u> Screened						
RA1	# Families Offered Home Visiting						
RA2	# Families <u>Not</u> Offered Home Visiting						
RA3	# Ineligible Families Referred to Other Community Services						
RA4	# Families with + Screen Offered Services Who Accept Services						

**HAWAII HOME VISITING NETWORK**  
**HOME VISITING OUTPUT MEASURES MONTHLY REPORT FY 2014**  
**AGENCY NAME: \_\_\_\_\_**

Column A		Column B	Column C	Column D	Column E	Column E	Column F
Program Activity		Annual Performance Goal for Fiscal Year 2014	Monthly Performance Goal  Column B ÷ 12 months	Prior Reporting Periods to Date (Cumulative)	Current Reporting Period	Contract Period to Date Column C + Column D	Explanation of Contract Period to Date variance from Monthly Performance Goal. (Attach additional sheets as necessary.)
RA5	# Families with + Screen Offered Services Who Decline Services						
D28	Number of enrolled index mothers who received a referral to domestic violence services						
D29	Number of enrolled index mothers who completed a safety plan						
F34	Number of enrolled families screened for necessary services and received a referral						
F35	The number of documented MOUs or other formal agreements with hospital(s), other agencies/organizations.						

**HAWAII HOME VISITING NETWORK**  
**HOME VISITING OUTPUT MEASURES MONTHLY REPORT FY 2014**  
**AGENCY NAME: \_\_\_\_\_**

Column A		Column B	Column C	Column D	Column E	Column E	Column F
Program Activity		Annual Performance Goal for Fiscal Year 2014	Monthly Performance Goal  Column B ÷ 12 months	Prior Reporting Periods to Date (Cumulative)	Current Reporting Period	Contract Period to Date Column C + Column D	Explanation of Contract Period to Date variance from Monthly Performance Goal. (Attach additional sheets as necessary.)
F36	The total number of collaborating community agencies with which the home visiting implementing agencies has a clear point of contact						
F37	Total families that were screened and received a referral for whom receipt of services was confirmed						
	<b>Model Specific Outputs</b>						
H1							
H2							
H3							
H4							

**Performance/Outcome Measures**

**Agency Name:** \_\_\_\_\_

Fiscal Year July 1, 2014 to June 30, 2015

Instructions: For each construct; please indicate the Performance Target, percent increase/decrease for improvement. Please indicate "N/A" (not applicable) where appropriate.

Applicant's Annual Performance Goal for Fiscal Year 2014 (Attachment D) will be considered the baseline for the Performance Target. How much will the Performance Target increase/decrease in Fiscal Year 2015?

Example: Annual Performance Goal for Fiscal Year 2014: 50 participants  
 Annual Performance Goal for Fiscal Year 2015: 55 participants  
 Target Increased by 10%

<b>Benchmark 4: Domestic Violence</b>	
<p><b>1. Of families identified for DV, no. of referrals made to DV services</b></p>	<p><b>Numerator: Number of enrolled index mothers who received a referral to domestic violence services</b></p> <p><b>Denominator: Total number of enrolled index mothers who scored above 20 on the Women's Experience with Battering Scale</b></p> <p><b>Target: Increase by _____%</b></p>
<p><b>2. Of families identified for DV, no. of families with a completed safety plan</b></p>	<p><b>Numerator: Number of enrolled index mothers who completed a safety plan</b></p> <p><b>Denominator: Total number of enrolled index mothers who scored above 20 on the Experience with Battering Scale</b></p> <p><b>Target: Increase by _____%</b></p>

**Performance/Outcome Measures**

**Agency Name:** \_\_\_\_\_

Fiscal Year July 1, 2014 to June 30, 2015

<b>Benchmark 6: Coordination and Referrals for Other Community Resources and Supports</b>	
<b>1. Number of families identified for necessary services</b>	<p>Numerator: Number of enrolled families screened for necessary services</p> <p>Denominator: Total number of enrolled families</p> <p><b>Target: Increase by ____%</b></p>
<b>2. Number of families that required services and received a referral to available community resources</b>	<p>Numerator: Number of enrolled families screened for necessary services and received a referral</p> <p>Denominator: Total number of enrolled families</p> <p><b>Target: Increase by ____%</b></p>
<b>3. MOUs: Number of formal agreements with other social service agencies in the community</b>	<p>Numerator: Number of documented MOUs or other formal agreements</p> <p>Denominator: Number of social service agencies in the community</p> <p><b>Target: Increase by ____%</b></p>
<b>4. Information sharing: Number of agencies which home visiting provider has a clear point of contact in collaborating, including sharing information between agencies</b>	<p>Number of collaborating community agencies</p> <p><b>Target: Increase by ____%</b></p>
<b>5. Number of completed referrals – received report of the services provided</b>	<p>Number of referrals completed for families</p> <p><b>Target: Increase by ____%</b></p>

## Hawaii Home Visiting Network Early Identification (EID) Billing Definitions

Billing definitions are subject to change by DOH MCHB

Direct Service			
Home Visiting Network Service Description	Limitations	Documentation	MCHB Billable
<p><b>Screen:</b> Professional time for assessing the geographic service region, eligibility criteria and conducting and scoring the 15 point screen.</p>	<ol style="list-style-type: none"> <li>1. Prenatal women and families with children no more than 14 days (2 weeks) old.</li> <li>2. Assessing the geographic service region for the EID hospital.</li> <li>3. Screens may occur in the EID hospital, family home or by telephone of all eligible mothers in civilian hospitals following the birth of their child.</li> <li>4. DOH approved eligibility criteria must be used.</li> </ol>	<ol style="list-style-type: none"> <li>1. Case notes – Start and End time must be documented.</li> </ol>	<ol style="list-style-type: none"> <li>1. Assessing the geographic service region</li> <li>2. Determining eligibility criteria</li> <li>3. Conducting 15 point screen.</li> <li>4. Scoring 15 point screen.</li> </ol>
<p><b>Recruitment Activities:</b> Offering free home visiting services to all eligible mothers in civilian hospitals following the birth of their child. Refer eligible families to home visiting services. Refer ineligible families to other community services as needed.</p>	<ol style="list-style-type: none"> <li>1. Prenatal women and families with children no more than 14 days (2 weeks) old.</li> </ol>	<ol style="list-style-type: none"> <li>1. Case notes – Start and End time must be documented.</li> </ol>	<ol style="list-style-type: none"> <li>1. Describing and offering free home visiting services to all eligible mothers.</li> <li>2. Refer ineligible families to other community services as needed.</li> </ol>

## Hawaii Home Visiting Network Early Identification (EID) Billing Definitions

Billing definitions are subject to change by DOH MCHB

Direct Service			
Home Visiting Network Service Description	Limitations	Documentation	MCHB Billable
<p><b>Preparation Time:</b> Time for preparation service activities; gathering materials, telephone contact and other means of electronic communication with hospital, other agencies or organizations.</p>	<ol style="list-style-type: none"> <li>1. Time reflected will be monitored by MCHB</li> </ol>	<ol style="list-style-type: none"> <li>1. Case notes – Start and End time must be documented.</li> <li>2. Agency time sheet log</li> </ol>	<ol style="list-style-type: none"> <li>1. Gathering materials</li> <li>2. Planning activities</li> <li>3. Logistical planning/preparation</li> <li>4. Referrals - telephone contact and other means of electronic communication with hospital, other agencies/organizations.</li> </ol>
<p><b>Outreach:</b> Time spent following up to conduct screens for families that could not be contacted via the usual hospital route. Time spent following up on referrals made by other community entities for home visiting services.</p>	<ol style="list-style-type: none"> <li>1. Prenatal women and families with children no more than 14 days (2 weeks) old.</li> <li>2. Face-to-face home visit or telephone contact with eligible pregnant women and eligible mothers following the birth of their child.</li> </ol>	<ol style="list-style-type: none"> <li>1. Case notes – Start and End time must be documented.</li> </ol>	<ol style="list-style-type: none"> <li>1. 15 minutes No Show</li> <li>2. 15 minutes Cancellation within 24 hours of scheduled visit</li> </ol>
<p><b>Travel:</b> Time necessary for the family assessment worker to travel to and from a home or community site to conduct service activities associated with the screening of prenatal women and families with children no more than 14 days (2 weeks) old.</p>	<ol style="list-style-type: none"> <li>1. Travel time is between program site and service site, OR between family assessment workers home and service site when time and distance is a factor.</li> </ol>	<ol style="list-style-type: none"> <li>1. Case notes – Start and End time must be documented.</li> </ol>	<ol style="list-style-type: none"> <li>1. Travel time between program site and service site.</li> <li>2. Travel time between family assessment workers home and service site.</li> </ol>

## Hawaii Home Visiting Network Early Identification (EID) Billing Definitions

Billing definitions are subject to change by DOH MCHB

Direct Service			
Home Visiting Network Service Description	Limitations	Documentation	MCHB Billable
<p><b>Resource network facilitation and follow-up:</b> Facilitation and follow-up includes, but is not limited to, obtaining information about community resources, identifying specific agency contacts, making referrals of eligible and ineligible families to other community services as needed, following up with the family and the referral source (with permission), documentation of efforts and results, and community networking and collaboration.</p>	<ol style="list-style-type: none"> <li>1. Direct service time obtaining information about community resources, identifying specific agency contacts, making referrals of eligible and ineligible families to other community services as needed.</li> <li>2. Direct service time following up with the family.</li> <li>3. Direct service time following up and the referral source (with permission).</li> <li>4. Community networking and collaboration.</li> </ol>	<ol style="list-style-type: none"> <li>1. Case notes – Start and End time must be documented.</li> </ol>	<ol style="list-style-type: none"> <li>1. Referrals - telephone contact and other means of electronic communication with other agencies/organizations.</li> <li>2. Telephone contact and other means of electronic communication with family.</li> <li>3. Logistical planning/preparation with the family.</li> <li>4. Documentation in progress case notes.</li> </ol>

## Hawaii Home Visiting Network Early Identification (EID) Billing Definitions

Billing definitions are subject to change by DOH MCHB

Indirect Service			
<p><b>Supervision:</b> Supervision is provided to support and assist the family assessment worker in learning the skills necessary to screen for the needs of the family. Supervision may include Administrative, Clinical and or Reflective Supervision.</p>	<ol style="list-style-type: none"> <li>2. Minimum of one and a half (1.5) hours per home visitor per week.</li> <li>3. Billed by home visitor for time spent with supervisor for weekly supervision.</li> <li>4. Does <b>NOT</b> include staff meetings or group supervision.</li> </ol>	<ol style="list-style-type: none"> <li>1. Case notes – Start and End time must be documented.</li> <li>2. Supervisor or home visitor personnel files</li> <li>3. Supervisory notes should minimally document issues, concerns discussed.</li> </ol>	<ol style="list-style-type: none"> <li>5. Individual supervision</li> </ol>
<p><b>Orientation:</b> Training new employees ninety (90) days following date of hire.</p>	<ol style="list-style-type: none"> <li>1. Cannot exceed five (5) hours per day.</li> <li>2. Use other categories when applicable, such as supervision, family training, child team meeting and groups.</li> </ol>	<ol style="list-style-type: none"> <li>1. Orientation notes – Start and End time must be documented.</li> <li>2. Case notes- Start and End time must be documented</li> </ol>	<ol style="list-style-type: none"> <li>1. Orientation training not to exceed five (5) hours per day.</li> </ol>
<p><b>Professional Development:</b> Annual clock hour requirements as required by home visiting model for continued funding, recertification or accreditation.</p>	<ol style="list-style-type: none"> <li>1. Model specific training</li> <li>2. Hawaii Home Visiting Network wrap-around training</li> <li>3. Agency specific training</li> </ol>	<ol style="list-style-type: none"> <li>1. Home visitor personnel files</li> </ol>	<ol style="list-style-type: none"> <li>1. Clock hour in model specific, agency specific or wrap-around training</li> </ol>



**Hawaii Home Visiting Network Early Identification  
Cost Proposal**

**AGENCY NAME:** \_\_\_\_\_

<p style="text-align: center;"><b>Total Budget Request</b></p> <p style="text-align: center;">Form SPO-H-205 (Total Personnel Costs + Other Current Expenses + Equipment Purchases + Motor Vehicle Purchases)</p>	
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<p style="text-align: center;"><b>Total Estimated Families Served Per Year</b></p>	
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<p style="text-align: center;"><b>Average Direct Service Hours Per Family Per Month</b> (Refer to Attachment G for definition of Direct Service Hours)</p>	
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<p style="text-align: center;"><b>Total Average Direct Service Hours Per Month</b></p>	
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<p style="text-align: center;"><b>Total Estimated Cost Per Family Screened Per Year</b> (Total Budget Request ÷ Total Estimated Families Served Per Year)</p>	
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## Attachment G

Refer to subsection 1.2 Website Reference for website address for the State Procurement Office for budget forms (see Application Checklist)

LINDA LINGLE  
GOVERNOR OF HAWAII



STATE OF HAWAII  
DEPARTMENT OF HEALTH  
P. O. BOX 3378  
HONOLULU, HI 96801-3378

INTRA-DEPARTMENTAL DIRECTIVE 04-01  
May 3, 2004 Page 1 of 5

TO: All Deputies, Division and Branch Chiefs, Staff Officers, District Health Officers, and Administrators of Attached Agencies

FROM: Chiyome Leinaala Fukino, M.D.  
Director of Health *Chiyome Leinaala Fukino*

SUBJECT: INTERPERSONAL RELATIONSHIPS BETWEEN STAFF AND CLIENTS/PATIENTS

04-1.1 PURPOSE

This directive provides the policy for the State of Hawaii, Department of Health on interpersonal relationships between staff and clients/patients.

04-1.2 POLICY

- A. Staff shall not use their professional position to exploit others for any reason.
- B. Staff shall avoid engaging in dual/multiple relationships with clients/patients or former clients/patients. When dual/multiple relationships are unavoidable, staff shall take steps ensure that the nature of the dual/multiple relationship shall neither harm nor exploit the client/patient.
- C. Sexual relationships with any client/patient or former client/patient are prohibited. Staff shall not have financial relationships with clients/patients or former clients/patients.

- D. Staff are prohibited from engaging in sexual relationships with clients/patients' relatives or other individuals with whom clients/patients maintain close personal relationships, or to whom clients/patients are reliant upon. Staff are required to set clear, appropriate and culturally sensitive boundaries.
- E. Staff shall neither initiate, assume, nor maintain a treatment relationship to individuals with whom they have had prior sexual relationships. Staff shall inform their supervisor if there have been past relationships with potential clients/patients and arrange to have the care of such patients/clients provided by another qualified staff person.
- F. Staff shall not engage in physical contact with clients/patients when there is a possibility of psychological harm to the clients/patients as a result of the contact (such as cradling or caressing clients/patients). In providing services, staff who are required to have physical contact with clients/patients are responsible for setting clear, appropriate and culturally sensitive boundaries that govern such physical contact.
- G. Staff who anticipate the potential for sexual relationships with former clients/patients shall consult in depth with their supervisors, exploring the various risks and concerns.

04-1.3

**SCOPE**

This directive applies to all Department of Health employees, including volunteers, who provide treatment and/or services and individuals or agencies that are contracted to provide treatment and/or services on behalf of the Department of Health.

04-1.4

**DEFINITIONS**

- Clients/Patients: Persons under observation, care, treatment, or receiving services.
- Department: Department of Health
- Director: Director of Health

Dual/multiple relationships:	When an employee has, or has had, more than one relationship with a patient or client, either presently or in the past. These may include professional, business, social, or personal relationships. Dual/multiple relationships can occur simultaneously or consecutively.
Staff:	Department employees, including volunteers, and individuals or agencies that are contracted to provide services on behalf of the Department.
Health:	Includes physical and mental health.
Providers:	Any persons, public or private vendors, agencies, or business concerns authorized by the department to provide health care, services, or activities.
Services:	Appropriate assistance provided to a person with a medical illness, developmental disability, mental illness, substance abuse or dependency disorder, or mental retardation. These services include, but are not restricted to assessment, case management, care coordination, treatment, training, vocational support, testing, day treatment, dental treatment, residential treatment, hospital treatment, developmental support, respite care, domestic assistance, attendant care, habilitation, rehabilitation, speech therapy, physical therapy, occupational therapy, nursing counseling, family therapy or counseling, interpretation, transportation, psychotherapy, and counseling to the person and/or to the person's family, guardian or other appropriate representative.
Treatment:	The broad range of services and care, including diagnostic valuation, medical, psychiatric, psychological, and social service care, vocational rehabilitation, career counseling, and other special services which may be extended to a person in need or with a disabling condition.

04-1.5 **RESPONSIBILITIES**

- A. **Director:** Insure this policy is maintained, interpreted, updated, and communicated to all program managers.
- B. **Deputy Directors:** Insure this policy is communicated to, understood and implemented by program managers within their administrations, and insure needed revisions of this policy are communicated to the Director.
- C. **Program Managers:**
  - (1) Insure this policy is communicated to and understood by all vendors, providers, or contractors, and insert a reference to this policy in appropriate contracts.
  - (2) Insure this policy is enforced.
  - (3) Investigate alleged or reported infractions of this policy and take corrective actions as may be indicated.
  - (4) Recommend needed changes to this policy to their Deputy Directors.
- D. **Employees:** Comply with this policy and report alleged infractions of this policy to their supervisors or superiors.
- E. **Providers:** Insure this policy is communicated, understood, and implemented.

04-1.6 **PROVISIO**

If there is a conflict between this policy and a collective bargaining agreement, the collective bargaining agreement shall prevail.

04-1.7

REFERENCES

- A. Discrimination in Public Accommodations, Chapter 489, Hawaii Revised Statutes, as amended.
- B. Fair treatment, Section 84-13, Hawaii Revised Statutes, as amended.
- C. Rights of persons with developmental or mental retardation, Section 333F-8, Hawaii Revised Statutes, as amended.
- D. Rights of recipients of mental health services, Chapter 334E, Hawaii Revised Statutes, as amended.
- E. Sex Discrimination, Title 12, Chapter 46, Subchapter 4, Hawaii Administrative Rules, as amended.
- F. Disability Discrimination, Chapter 46, Subchapter 9, Hawaii Administrative Rules.

**This document should be placed in the Personnel Manual of Policies and Procedures under Section 11, SUBJECT: EMPLOYEE RELATIONS.**