State of Hawaii
Department of Health, Executive Office on Aging

Request for Proposals

RFP No. EOA-FMS-2013

Financial Management Service for a Participant-Directed Long Term Supports and Services Home-Based Program

May 9, 2013

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*

May 9, 2013

REQUEST FOR PROPOSALS

Financial Management Service for a Participant-Directed Long Term Supports and Services Home-Based Program

RFP No. EOA-FMS-2013

The Hawaii Department of Health, Executive Office on Aging (EOA) is requesting proposals from qualified applicants to provide financial management services, including fiscal/employer agent service, in a program of participant-directed long term supports and services. EOA desires to offer self-direction to (1) Veterans of all ages referred by the Veterans Health Administration as participants of the statewide Veterans-Directed Home and Community Based Services Program and (2) other non-veteran older adults in Maui County living in their usual homes who may be at risk of placement in a nursing or assisted living facility, care home or foster home due to functional challenges as participants of the Community Living Program. The Community Living Program option may be extended to older adults in other counties in future, based on a planning process that includes communication feedback from older adults, persons with disabilities, family caregivers, advocacy agencies, Area Agencies on Aging, human services providers, businesses, and community members in each respective county.

The purpose of these programs is to help these targeted participants remain living in their homes with dignity and quality of life and avoid impoverishment. These programs will serve participants by providing a budgeted monthly fund amount to purchase supports planned and managed by the participant, such as employing personal assistance in the home or goods that support the participant to remain living at home. The contract term is expected to be from August 1, 2013 through July 31, 2015, with a potential for renewal based on performance and fund availability.

Proposals shall be hand-delivered or mailed, postmarked by the United States Postal Service on or before June 7, 2013. If mailed with postmark by the submittal date, proposals shall be received no later than 10 days from the submittal deadline. Hand delivered proposals shall be received no later than 4:00 p.m., Hawaii Standard Time (HST), on June 7, 2013, at the drop-off site designated on the attached 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 Executive Office on Aging will conduct an orientation on May 21, 2013 from 9:00 a.m. to 10:00 am HST, via web-enabled conferencing, accessible from a computer or mobile device that has internet access. All prospective applicants are encouraged to attend the orientation. To register and receive the meeting link, go to https://eoa.webex.com/eoa/j.php?ED=203855307&RG=1&UID=1383008172&RT=MiMy .

Once the EOA Host has received your registration, you will receive a confirmation email with instructions for joining the meeting.

The deadline for submission of written questions is 4:30 p.m., HST, on May 24, 2013. All written questions will receive a written response from the State on or about, May 31, 2013.

Any inquiries, written questions, and requests regarding this RFP should be directed to Nancy Moser at EOA, 250 South Hotel Street, Suite 406, Honolulu, Hawaii 96813, telephone: (808) 586-7309, fax: (808) 586-0185, e-mail: nancy.moser@doh.hawaii.gov.
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PROPOSAL MAIL-IN AND DELIVERY INFORMATION SHEET

NUMBER OF COPIES TO BE SUBMITTED: 4

ALL MAIL-INS SHALL BE POSTMARKED BY THE UNITED STATES POSTAL SERVICE (USPS) NO LATER THAN JUNE 7, 2013 **and received by the state purchasing agency no later than 10 days from the submittal deadline**.

All Mail-ins

Executive Office on Aging
Attn: RFP No. EOA-FMS-2013
250 South Hotel Street, Suite 406
Honolulu, HI 96813

NANCY MOSER, RFP COORDINATOR

Nancy Moser
Voice: 808-586-7309
FAX: 808-586-0185
nancy.moser@doh.hawaii.gov

ALL HAND DELIVERIES SHALL BE ACCEPTED AT THE FOLLOWING SITE UNTIL **4:00 P.M., Hawaii Standard Time (HST),** June 7, 2013. Deliveries by private mail services such as FEDEX or UPS shall be considered hand deliveries. Hand deliveries shall not be accepted if received after 4:00 p.m., June 7, 2013.

Drop-off Site

Executive Office on Aging
Attn: RFP No. EOA-FMS-2013
250 South Hotel Street, Suite 406
Honolulu, HI 96813

RFP Table of Contents

Section 1 Administrative Overview

Section 2 - Service Specifications

Section 3 - Proposal Application Instructions

Section 4 – Proposal Evaluation

Section 5 – Attachments

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.

Activity	Scheduled Date
Public notice announcing Request for Proposals (RFP)	5/9/2013
Distribution of RFP	5/9 to 6/7/2013
RFP orientation session	5/21/2013 9:00 am
Closing date for submission of written questions for written responses	5/24/2013
State purchasing agency's response to applicants' written questions	5/31/2013
Discussions with applicant prior to proposal submittal deadline (optional)	5/9 to 5/31/2013
Proposal submittal deadline	6/7/2013 4:00 pm HST
Discussions with applicant after proposal submittal deadline (optional)	6/10 to 6/17/2013
Final revised proposals (optional)	6/18/2013
Proposal evaluation period	6/10 to 6/28/2013
Provider selection	7/1/2013
Notice of statement of findings and decision	7/1/2013
Contract start date	8/1/2013 or Commencement Date of "Notice to Proceed"

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	http://hawaii.gov/spo/health-human-svcs/doing-business-with-the-state-to-provide-health-and-human-services
2	RFP website	http://hawaii.gov/spo/general/procurement-notices-for-solicitations
3	Hawaii Revised Statutes (HRS) and Hawaii Administrative Rules (HAR) for Purchases of Health and Human Services	http://hawaii.gov/spo/general/statutes-and-rules/procurement-statutes-and-administrative-rules
4	Forms	http://hawaii.gov/spo/statutes-and-rules/general/spo-forms
5	Cost Principles	http://hawaii.gov/spo/health-human-svcs/cost-principles-for-procurement-of-health-and-human-services
6	Standard Contract -General Conditions, AG103F13	http://hawaii.gov/spo/general/gen-cond/general-conditions-for-contracts
7	Protest Forms/Procedures	http://hawaii.gov/spo/health-human-svcs/protestsreqforreconsideration/protests-requests-for-reconsideration-for-private-providers

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)	https://vendors.ehawaii.gov/hce/splash/welcome.html
9	Department of Taxation	http://hawaii.gov/tax/
10	Wages and Labor Law Compliance, HRS §103-055	http://capitol.hawaii.gov/hrscurrent
11	Department of Commerce and Consumer Affairs, Business Registration	http://hawaii.gov/dcca click "Business Registration"
12	Campaign Spending Commission	http://hawaii.gov/campaign
13.	Hawaii Charity Registration System	http://ag.hawaii.gov/tax/

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, Executive Office on Aging
250 South Hotel Street, Suite 406
Honolulu, HI 96813
Voice: 808-586-0100
Fax: 808-586-0185
Email: nancy.moser@doh.hawaii.gov

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.

Nancy Moser, 808-586-7309, nancy.moser@doh.hawaii.gov

1.7 Orientation

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

Date:	**5/21/2013**	**Time:**	**9:00 to 10:30 a, HST**
Location:	**Web-enabled conference via internet access; register at** https://eoa.webex.com/eoa/j.php?ED=203855307&RG=1&UID=1383008172&RT=MiMy		

Once the EOA Host has received the registration for Orientation, the registrant will receive a confirmation email with instructions for joining the meeting.

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: **May 24, 2013** **Time:** 4:30 pm HST

State agency responses to applicant written questions will be provided by**:**
Date: **May 31, 2013**

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 or UPS shall be considered hand deliveries and shall be rejected if received after the submittal deadline. Dated United States Postal Service (USPS) shipping labels are not considered postmarks.

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,
X 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.

Head of State Purchasing Agency	Procurement Officer
Name: Wesley Lum	Name: Nancy Moser
Title: Director	Title: Program Specialist
Mailing Address: Executive Office on Aging 250 South Hotel Street, Suite 406 Honolulu, HI 96813	Mailing Address: Executive Office on Aging 250 South Hotel Street, Suite 406 Honolulu, HI 96813
Business Address: Executive Office on Aging 250 South Hotel Street, Suite 406 Honolulu, Hawaii	Business Address: Executive Office on Aging 250 South Hotel Street, Suite 406 Honolulu, Hawaii

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 Hawaii Department of Health, Executive Office on Aging (EOA) is requesting proposals from qualified applicants to provide financial management services, including fiscal/employer agent service, in a program of participant-directed long term supports and services. EOA desires to offer self-direction to (1) Veterans of all ages referred by the Veterans Health Administration as participants of the statewide Veterans-Directed Home and Community Based Services Program and (2) other non-veteran older adults in Maui County living in their usual homes who may be at risk of placement in a nursing or assisted living facility, care home or foster home due to functional challenges as participants of the Community Living Program. The Community Living Program option may be extended to older adults in other counties in future, based on a planning process that includes communication feedback from older adults, persons with disabilities, family caregivers, advocacy agencies, Area Agencies on Aging, human services providers, businesses, and community members in each respective county**.**

The purpose of the program is to help these targeted participants remain living in their homes with dignity and quality of life and avoid impoverishment. For eligible persons who choose to participate in self-direction, the program provides a budgeted monthly fund amount to purchase supports planned and managed by the participant, such as employing personal assistance in the home or goods that support the participant to remain living at home. The participant has decision-making authority over how to spend the monthly fund amount. Eligible persons who do not choose or do not have capacity to manage the self-directed option will be referred to traditional case managed services.

Participant-direction is a service model that empowers public program participants by expanding their degree of choice and control over the long-term services and supports they use to continue living at home. Program participants may share authority with or delegate authority to family members or others close to them who understand and respect the participant's needs, wants, and values. A participant's delegation of authority to a representative may enable an adult with cognitive impairments to participate in participant-direction programs.

Participant-direction enables participants to hire, dismiss, and supervise their individual employees (e.g., personal care attendants and homemakers) or make purchases from vendors of services and goods, by providing participants with a flexible budget to purchase a range of services and goods to meet their needs. Within limits set by the program's overall budget, a participant designs a personal spending plan based on the individual's needs and values, informed by a comprehensive assessment and person-centered planning process.

EOA proposes in this RFP to procure an entity that can provide financial management services to Veterans located throughout the state of Hawaii and other older adults in Maui County, during a 24-month period. Financial management will include providing the services that meet Internal Revenue Service (IRS) requirements for Vendor Fiscal/ Employer Agents (F/EA) operating under contract with state health and human service agencies and in accordance with Section 3504 of the IRS code and Revenue Procedure 70-6 to facilitate eligible publicly-funded home and community based service recipients' use of self-directed supports.

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

In 2010 EOA commissioned the University of Hawaii School of Social Work to conduct an independent study of "Options for and Requirements for Hawaii's Community Living Program." In August 2010 EOA sought public input by issuing a formal Request for Information "RFI.FMS.EOA Financial Management Service and Coaching for a participant-Directed Home and Community Based Support Program." The input gleaned positively impacted the design of a participant-direction pilot project.

During the period December 2011 through February 2013, EOA conducted a participant-direction pilot project enrolling 91 participants in three counties. The pilot allowed participants, EOA and contractors to build procedures, infrastructure, and experience delivering participant-directed programming. The pilot exceeded its goals for maintaining participants in their usual homes, avoiding both spend down to Medicaid (98%) and institutionalization (95%). Participants were independently surveyed by telephone at the pilot's close and all respondents wanted to see the program continue for themselves and for others. An independent evaluation of the pilot was conducted by the University of Hawaii Center on Aging and distribution of its report is pending. The final report will be available at http://hawaiiadrc.org/site/439/resources.aspx before the end of May 2013.

In preparation for potential CLP continuation and initiation of VDHCBS, EOA issued Request for Information "RFI-2013-EOA-PD Participant Directed Home and Community-Based Supports" on March 11, 2013. Helpful input was received and used from disability advocates, aging service providers, participant-direction coaches and others.

C. **Description of the** service **goals**

The Provider selected via this RFP shall enter into a contract with the State of Hawaii to perform a Scope of Performance to include:

1. Provide financial management services to each Participant-Directed (PD) program participant to expend funds as identified in the participant's individual Spending

Plan and to manage financial, employer, and contract matters as the participant's fiscal/employer agent;

2. Support the principles and philosophy of home and community-based programs that offer the participant-directed service option;
3. Carry out the duties and responsibilities of the Financial Management Service, (described in section 2.4.A);
4. Act as the reporting agent as defined in Section 3504 of the IRS code and Revenue Procedure 70-6, 1970-1 C.B. 420, as modified by January 13, 2010 Proposed Notice of Rulemaking: *Section 3504 Agent Employment Tax Liability* (REG 137-36-08-1) and any other revenue procedures, notices, or publications promulgated by the IRS in the future;
5. Account for participant funds on an individual basis;
6. Advance funds to pay participants' employees and vendors and all associated costs, including but not limited to the employer's share of FICA, Medicare, FUTA, SUTA, applicable healthcare and worker's compensation coverage including the purchase of such policies as may be needed for specific employers.
7. Invoice the state monthly, and receive reimbursement within 30 days after the state receives the FMS invoice;
8. Provide each participant and the State with monthly individual expenditure and balance reports (account statements);
9. Ensure that generally accepted accounting standards are used;
10. Maintain audited financial statements including at least two fiscal years after the close of the contract. The statements must include a balance sheet, statement of revenue and expense, and a statement of cash flow. Statements must include the auditor's opinion, the notes to the financial statements, and management letters submitted by the auditor to the applicant.
11. Establish a quality assurance and internal monitoring process;
12. Develop and implement policies and procedures congruent with the philosophy of participant direction and not limiting the participant's choice of provider;
13. Be able to exchange data electronically with EOA, and in compliance with the Health Insurance Portability and Accountability Act (HIPAA);
14. Participate in on-site contract monitoring conducted by EOA;
15. Have the capacity to scale operations quickly for a surge in program growth over the course of the contract period;
16. Have the capacity to serve participants living in all areas of the state of Hawaii;
17. Report any suspected or alleged abuse, neglect or exploitation of a vulnerable adult in compliance with Hawaii Revised Statutes Chapter 346.

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

EOA proposes to serve Veterans of any age residing anywhere in the state of Hawaii who are referred by the local unit of the federal Veteran's Health Administration (VHA) under a provider agreement that is in development with the VHA unit in Hawaii. The number of Veterans likely to be referred is yet to be determined. Participant-directed programming under this agreement is referred to as Veteran-Directed Home and Community Based Services (VDHCBS).

In addition Maui County Office on Aging, in cooperation with EOA for Financial Management Services, will separately offer the participant-directed Community Living Program (CLP) to adults aged 60 and older living in Maui County in their usual homes who may be at risk of placement in a nursing or assisted living facility, care home or foster home, due to functional challenges such as impairment of three or more Activities of Daily Living or cognitive impairment. The CLP is targeted to persons who are not enrolled in Medicaid, nor Medicaid eligible, but may be at risk for impoverishment if personally assuming the full costs of long term supports and services needed to remain living in the home and to prevent or delay institutionalization. Each potential participant will be assessed for desire and capacity to direct their own supports. Persons who do not want or are not capable of independently directing their supports will be referred to options counseling and traditional case managed services for assistance to execute the individual's Support Plan.

E. **Geographic coverage of service**

The VDHCBS will be made available statewide and deployed wherever referrals are made by the Veterans Health Administration.

The Community Living Program option will be offered in Maui County (may include the islands of Maui, Molokai and Lanai) and may be extended to older adults in other counties in future, based on a planning process that includes communication feedback from older adults, persons with disabilities, family caregivers, advocacy agencies, Area Agencies on Aging, human services providers, businesses, and community members in each respective county.

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

VDHCBS will be funded by the Veteran's Health Administration unit using its provider agreement to compensate EOA and subcontractors for services to the Veterans referred during the term of the agreement. The use of VDHCBS is expected to extend indefinitely, according to each Veteran's need for supports. The funding amounts available will be determined in agreement with the VHA.

CLP will be funded by federal and/or state funds administered by EOA dedicated to providing long term supports and services to persons aged 60 and older during the fiscal biennium bridging 2013 to 2015. CLP is expected to provide approximately $700 (probable range $600 to $800) per month to fund each participant's Spending Plan, including the costs of FMS, supports, employer taxes and premiums, and other costs. At start up of the contract awarded from this RFP, approximately 30 current CLP participants needing FMS in Maui County will be retained. Capacity of the program may be expected to double the number of participants by the end of the contract first year. Expansion funding of the program in succeeding ***years*** is possible but not assured.

The number of participants may increase when the CLP option may be extended to older adults in other counties in future periods, based on a planning process that includes communication feedback from older adults, persons with disabilities, family caregivers, advocacy agencies, Area Agencies on Aging, human services providers, businesses, and community members in each respective county.

2.2 Contract Monitoring and Evaluation

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

(1) Performance/Outcome Measures

- New participants enroll, complete processes to qualify or disqualify prospective employees for hire, and engage vendors to purchase goods and services as needed and planned
- Participants manage and direct their own supports with the help of a fiscal/employer agent
- Participants are assisted with inquiries and complaints
- FMS is conducted in ways that empower program participants to self-direct their supports

(2) Output Measures

- Payroll, vendor payment and participant reimbursement checks issued
- Individual's expenditure and balance reports distributed to participant and EOA
- Invoices issued to EOA for contract services rendered

(3) Quality of Care/Quality of Services

- Taxes and benefit premiums withheld and deposited accurately
- Response to participant's request for assistance or complaint follows program procedure and resolves the participant's request/complaint
- Timeliness of enrolling new participants, completing processes to qualify or disqualify prospective employees for hire, issuing payroll, reimbursing requests for payment, depositing withheld taxes and premiums as required

(4) Financial Management

- Invoices issued to EOA for contract services rendered
- Participants' funds accurately accounted for on an individual basis and using generally accepted accounting standards

(5) Administrative Requirements

- Data is exchanged with EOA electronically, in compliance with HIPAA
- FMS is responsive to communications with EOA Program Manager

2.3 General Requirements

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

The Applicant must be qualified and able to obtain IRS and state approval to be an Employer Agent, and obtain authorization from the state unemployment insurance agency for the limited purpose of managing unemployment taxes for each participant.

The Applicant must not be debarred or suspended from receiving federal contracts or funds.

B. **Secondary purchaser participation**
(Refer to Hawaii Administrative Rules §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: not applicable

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)

A multi-term contract is subject to the appropriation and availability of funds for each and every fiscal year, and may be terminated without liability to either the purchasing agency or the provider in the event that funds are not appropriated or available, as provided in Hawaii Administrative Rules sections 3-149-201 and 3-149-202.

Contract terms:
Initial term of contract: up to 24 months, dependent on the date of the State's Notice to Proceed
Length of each extension: 12 months
Number of possible extension: 4
Maximum length of contract: 6 years
Conditions for extension:

- Dependent upon satisfactory performance as well as available funding
- Must be executed in writing with the signatures of the State and Contractor
- Must be executed prior to the current contract expiration date

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)

Financial Management Service (FMS) Responsibilities

Customer Service. The FMS must be able to communicate effectively with participants, including those who have a wide variety of disabilities. The FMS must have a Customer Service System that includes:

1. Sufficient training provided to all participants and their delegated representatives, at enrollment and as necessary, to ensure the participant/representative knows how to use the Financial Management Service;
2. A toll-free phone number;
3. Reasonable accommodations for communication with persons with sensory disabilities;
4. Internet/e-mail communication;
5. Availability of foreign language and American Sign Language interpretation if requested;
6. The capability to make materials available in alternative formats needed by participants such as, but not limited to, large print; and
7. For the services that it provides, develop a method for receiving, responding to and tracking complaints from participants and participant's employees within 2 working days of receiving a complaint.

Information and Orientation for New Participants. The FMS must provide new participants with standard information and an orientation to FMS services that includes, but is not limited to:

1. FMS services brochure
2. A participant enrollment packet which includes, but is not limited to:
   a) Introductory letter;
   b) A description of FMS services, hours of business and key contact information;
   c) Participant contact information form, including emergency contact information, to be filled out by the participant;
   d) Semi-completed IRS Form SS-4, Application for Employment Identification Number, for signature;
   e) Semi-completed IRS Form 8821, Tax Information Authorization Form, to obtain tax information on behalf of participants;
   f) Semi-completed IRS Form 2678, Appointment of Agent, for signature;
   g) Semi-completed state tax and unemployment insurance registration form:
   h) Semi-completed State Unemployment Insurance Form granting Fiscal/Employer Agent (F/EA) authority to act as an employer agent of the participant (if required);

i) Semi-completed state Form BB-1, "Basic Business Application," (to be filed with the State Tax Office within 20 days after services of an employee begin);
j) An agreement to be signed by the participant that lists the rights, roles and responsibilities of the participant, representative or guardian if applicable, participant's employee, FMS and state program agency; the agreement states that the participant understands each party's role and responsibilities, and states that the participant agrees to abide by the policies and procedures of the FMS and the state program agency EOA;
k) An Authorized Representative Designation Form signed by the participant's representative, if applicable, that lists the role and responsibilities of the representative related to the participant and the FMS and any limitations, states that the person agrees to be the participant's representative and will abide by the policies and procedures of the FMS and state program agency;
l) An agreement to be signed by the participant and the participant's employee stating that the participant is the employee's employer, the employee has the necessary knowledge, skills and experience to meet the participant's support service needs and has received orientation and training sufficient to meet the participant's needs;
m) An agreement to be signed by the participant's back-up employee that lists the back-up worker's role and responsibilities, times available and any limitations, and states that the person agrees to be the participant's back-up employee;
n) A description of the process for vendor payments and reimbursements to participant; and
o) Instructions for the completion of all forms.

3. An employee employment packet which includes, but is not limited to:
   a) Introductory letter;
   b) An employment application;
   c) Bureau of Citizenship and Immigration Services (BCIS) Form I-9, Verification of Citizenship and Alien Status;
   d) IRS Form W-4, Employee's Withholding Allowance Certificate with instructions and completed example;
   e) A confidentiality policy and form to be signed by the employee stating that the employee agrees will abide by CLP confidentiality policies;
   f) Grievance procedure for disputes between participants and their employees;
   g) Payroll schedule indicating the days when employee timesheets are due at the FMS and the days when the FMS will issue employees' paychecks;
   h) Payroll time sheet with instructions;
   i) Instructions for the completion of all forms;
   j) An agreement to be signed by the employee that lists the role and responsibilities of the participant, employee, FMS and state program agency; the agreement states that the employee understands the roles and

program's responsibilities; and understands and agrees to abide by the FMS's and state policies and procedures

k) A release form to conduct a statewide Criminal Background Check.

Payroll Services. The FMS acts as a fiscal agent for each participant in accordance with Section 3504 of the IRS code and IRS Revenue Procedure 70-6. The FMS must:

1. Obtain IRS and state approval to be an Employer Agent;
2. Obtain authorization from the state unemployment insurance agency for the limited purpose of managing unemployment taxes for each participant;
3. Prepare and file IRS Form SS-4, Application for Employer Identification Number, and obtain separate FEIN for the sole purpose of filing IRS forms 941, Employer's Quarterly Federal Tax Return, W-2, Wage and Tax Statement, and W-3, Transmittal of Wage and Tax Statement, as an Employer Agent;
4. Prepare and file IRS Form SS-4, Application for Employer Identification Number (FEIN), and obtain an FEIN for each participant;
5. Assist participants in verifying employees' citizenship/legal alien status by verifying social security number with the Social Security Administration and completing the Bureau of Citizenship and Immigration Services (BCIS) Form I-9;
6. Ensure that wages paid to participants' employees are in compliance with federal and state labor laws; for instance, in part, Section 388-2(a), Hawaii Revised Statutes (HRS), of the Payment of Wages and Other Compensation Law, requires every employer to pay all wages at least twice during each calendar month, on regular paydays designated in advance by the employer, and the earned wages of all employees shall be due and payable within seven days after the end of each pay period;
7. Compute, withhold, file and deposit federal Medicare and Social Security (FICA) and federal income tax as required by law. In carrying out this function, the FMS must:
   a) Use IRS Form 941 or its successor forms;
   b) File periodically in the aggregate as required for all participants represented using the employer agent's separate FEIN; and
   c) Deposit FICA and federal income tax withholding in accordance with IRS depositing rules.
8. Withhold, file and deposit federal and state income taxes for workers even when federal and state tax rules make this optional for domestic service workers;
9. Refund over-collected FICA withholding to employees and employers (or State) when employees do not earn the FICA wage threshold for a particular calendar year;
10. Compute, withhold, file and deposit federal unemployment taxes (FUTA) individually for each participant annually using the participant's FEIN to match state unemployment tax (SUTA) filing process. The FMS must:
    a) Use IRS Form 940, 940 EZ or successor forms;
    b) File annual IRS Form 940, 940 EZ or successor form for each participant the FMS represents; and
    c) Deposit FUTA in accordance with IRS rules.
    d) Refund over-collected FUTA withholding to employer's account (or State) when employer's employees in the aggregate do not earn the FUTA wage

threshold for a particular calendar quarter in the current or previous calendar year, as necessary;

11. Compute, withhold, file and deposit state income taxes individually;
12. Compute, withhold, file and deposit state unemployment insurance taxes (SUTA) individually and refund over-collected SUTA to employers or State as necessary;
13. Apply judgments, garnishments and levies to workers' paychecks, as applicable;
14. Prepare and file IRS Form W-2, Wage and Tax Statement in accordance with current IRS instructions for agents;
15. Prepare and file IRS Form W-3, Transmittal of Wage and Tax Statements, annually in the aggregate in accordance with current IRS instructions for agents;
16. Retire a participant's IRS Form 2678 and IRS Form 8821 when the participant is no longer an employer represented by the F/EA;
17. Retire a participant's FEIN and state tax registration number(s), and terminate federal and state tax filings when the participant is no longer an employer;
18. Carry out any other payroll and tax function necessary to ensure compliance with federal and state laws and program rules (e.g. Temporary Disability Insurance);
19. Process payroll from timesheets signed and submitted by employees and approved by participant/employers and ensure payment is received by the employee within seven (7) calendar days of the end of each payroll period, with payroll issued at least twice a month;
20. Provide participants and employees with timesheet forms and pre-addressed, pre-stamped envelopes for signature and submission, or provide an alternate mechanism to submit timesheets via FAX and/or online that is secure, verifiable and approved in advance by the state; and
21. Provide the option of Direct Deposit for participants' employees, if employee requests it.

<u>Hawaii Prepaid HealthCare Act of 1974 (Hawaii Revised Statutes Chapter 393)</u>. The FMS must inform participants about their obligations, if any, under state and/or federal law for offering healthcare coverage to eligible employees:

1. Explain legal requirements; and
2. Broker the required healthcare insurance coverage in some form on behalf of participants and assure payment of insurance premiums. The FMS must attempt to negotiate volume discounts with insurers to make individual policies as affordable as possible to participants.

<u>Workers' Compensation Insurance Coverage</u>. The FMS must inform participants about their obligations for compensating employees in the event of a work injury and the need for mandatory Workers Compensation Insurance Coverage. In carrying out this provision, the FMS must:

1. Explain coverage available through individual standard workers' compensation insurance policies and home owners' or tenants' insurance policies; and
2. Broker worker's compensation insurance coverage in some form on behalf of participants and assure payment of worker's compensation insurance premiums.

The FMS must attempt to negotiate volume discounts with insurers to make individual policies as affordable as possible to participants.

Invoices. The FMS must process and pay authorized invoices to vendors supplying goods authorized in a participant's approved spending plan within 4 weeks of the FMS's receipt of the invoice.

Criminal Background Checks. The FMS must ensure that CLP program rules regarding criminal background checks for employees and representatives are met prior to engagement of employee or authorized representative. The FMS must conduct Hawaii criminal background checks for all participants' paid employees and vendors authorized in a participant's spending plan, as well as any appointed participant representatives.

Management of Participant's Allocated Funds. The FMS ensures the following in regard to managing each participant's funds:

1. FMS must provide a monthly statement to each participant and to the EOA PD Program Manager, detailing funds expended, funds remaining and other information needed to assist the participant in managing the budget, in an agreed upon format; and
2. FMS must have a system to receive, process and pay invoices and requests for participant or authorized representative reimbursement, including payment to vendors as specified in the participant's spending plan; and
3. FMS must ensure that all payments correspond to the participant's monthly spending plan approved by the EOA PD Program Manager.

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Worker Registry. In order for participants in the PD Programs to have access to the widest range of potential caregiving workers, a worker registry will be established. The FMS should give every worker who passes initial Criminal Background and citizenship screening the option to be listed on that registry and provide to the registry basic identifying information for each worker who requests placement on the registry. The FMS shall give PD program participants access to the registry and a mechanism to contact registrants for potential hire.

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

1. Personnel

The Applicant shall demonstrate it has adequate staff to conduct the required service activities, including the provision of customer service during, at minimum, customary business hours in Hawaii Standard Time. Sufficient qualified staff shall be appropriately trained and supervised to carry out all the service activities accurately and on time.

2. **Administrative**

Keeping Up to Date with Federal and State Rules and Regulations regarding FMSs and Household Employers. The FMS must demonstrate the system it uses to review all IRS and State forms, instructions, notices and publications related to the role of FMSs in performing their duties, and to update forms and procedures as needed.

Information Technology/Record Keeping/Service Continuity. The FMS must demonstrate the following capabilities:

a) Keep personal information and personal health information confidential in compliance with the Health Insurance Portability and Accountability Act (HIPAA);
b) Have a Disaster Recovery Plan in place for maintaining essential services, as well as restoring software and master files and hardware backup for all computerized records associated with participants, should man-made or natural emergencies occur that prevent normal operations;
c) Have a system in place for the storage of all records and files associated with participants, their employees and vendors as required by federal and state regulations;
d) Have the ability to transmit data and information between the FMS and EOA electronically in compliance with HIPAA.
e) Maintain audited financial statements continuing for at least two (2) fiscal years past the contract end date. The statements shall include a balance sheet, statement of revenue and expense, and a statement of cash flow. Statements must include the auditor's opinion, the notes to the financial statements, and management letters submitted by the auditor to the applicant.

3. **Quality assurance and evaluation specifications**

The FMS shall:

a) Establish a quality assurance and internal monitoring process; and
b) Develop and implement policies and procedures congruent with the philosophy of participant direction and not limiting the participant's choice of provider except as it may be limited by the CLP or VDHCBS policies and procedures; and
c) Immediately report any suspected or alleged abuse, neglect or exploitation of a vulnerable adult, first in compliance with HRS Chapter 346 part X, and second to the EOA PD Program Manager.

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

The FMS shall advance funds to pay employees, providers, and vendors who provide services and/or goods identified in the participant's individual Spending Plan, invoice the STATE monthly, and receive reimbursement within thirty (30) days after the STATE receives the FMS's invoice; fund amounts advanced on behalf of each participant by the FMS shall not exceed the amount identified in the participant's Spending Plan authorized by the STATE.

5. **Experience**

The Applicant shall demonstrate significant experience and capability to deliver the Financial Management Services to participants in a PD Program:

- **a)** Provide a complete, related and current client listing.
- **b)** Indicate the number of years Applicant has been in business and the number of years Applicant has performed the services specified by this RFP.
- **c)** Include a list of key personnel and associated resumes for those who will be dedicated to this project.
- **d)** Provide descriptions of two (2) projects or services the Applicant has performed that are similar to the services specified by this RFP. The Applicant shall list its clients' points of contact on these projects, addresses, email addresses and phone numbers. The State reserves the right to contact these references to verify experience.
- **e)** Describe the Applicant's experience providing FMS in a program of Veteran-Directed Home and Community Based Services under a state's or local area's provider agreement with a federal Veterans Health Administration unit.
- **f)** Provide a statement signed by the Applicant's principal officer that the Applicant does not have a conflict of interest in that the Applicant does not sell goods or administer non-FMS support services in Hawaii of a type that can be purchased with participant's budgets. (Examples, not limited to: personal care, personal assistance, housekeeping, homemaker services, transportation, home delivered meals, chore services, adult day care, running errands, shopping, attendant care, massage, alarm systems, durable medical equipment)
- **g)** Provide externally audited financial statements for the past 2 years, with auditors' opinions (to establish financial viability).
- **h)** Provide a summary listing of judgments or pending lawsuits or actions against; adverse contract actions, including termination(s), suspension, imposition of penalties, or other actions relating to failure to perform or deficiencies in fulfilling contractual obligations against your firm. If none, so state.

6. **Coordination of services**

The FMS shall coordinate services with the EOA PD Program Manager and the EOA Contract Administrator.

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

Required reports include:

a) Individual pay stubs accounting for wages earned, paid, and amounts withheld, must be received by each employee within 7 calendar days after the end of each semi-monthly pay period.
b) Participant's expenditure and balance report (account statement) for each pay period;
c) Monthly Invoice to EOA detailing expenditures advanced and service fees charged for each participant served
d) Reports of negotiations and results for purchases of insurance if required, such as unemployment, workers' compensation or health care coverage.

C. **Facilities**

Not applicable.

2.5 COMPENSATION AND METHOD OF PAYMENT

The payment method is Unit Rate and the unit is Financial Management Service provided per participant per month.

The Applicant shall propose the rate (FMS fee) per participant for a month.

Payments shall be made in monthly installments upon the monthly submission of invoices itemized by participant ID number for the fees for Financial Management Services provided and with details to invoice the reimbursement of allocations advanced and expended by the FMS on behalf of each participant in accord with the individual's Spending Plan approved by EOA.

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

Applicant shall give a brief overview to orient evaluators as to the program/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 to address all requirements listed in section 2.4.B.5 Experience.

C. **Quality Assurance and Evaluation**

The Applicant shall describe its own plans for quality assurance and evaluation for the proposed services, including methodology, and referencing the requirements of section 2.4.B.3 Quality assurance and evaluation specifications.

D. **Coordination of Services**

The Applicant shall demonstrate its capability to coordinate services in accordance with requirements in section 2.4.B.6 Coordination of services. Name the personnel (or job titles) that will be responsible for coordinating with EOA.

E. **Facilities**

Not applicable.

3.3 Project Organization and Staffing

A. **Staffing**

1. Proposed Staffing

   The applicant shall describe the proposed staffing pattern, client/staff ratio and proposed caseload capacity appropriate for the viability of the services. (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.

2. Organization Chart

The applicant shall reflect the position of each staff and line of responsibility/supervision in an organization chart. (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 2.4, 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. This discussion shall address in detail section 2.4.A Service Activities as well as the general requirements in section 2.3

3.5 Financial

A. **Pricing Structure**

Applicant shall submit a cost proposal utilizing the Unit Rate pricing structure. The unit is Financial Management Service provided per month per participant. The Applicant’s cost proposal shall be attached to the Proposal Application.

Unit Rate Pricing - No Budget Forms are required.

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):

Most recent audited financial statements for two (2) fiscal years. The statements shall include a balance sheet, statement of revenue and expense, and a statement of cash flow. Statements must include the auditor’s opinion, the notes to the financial statements, and management letters submitted by the auditor to the Applicant.

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.

Provide a summary listing of judgments or pending lawsuits or actions against; adverse contract actions, including termination(s), suspension, imposition of penalties, or other actions relating to failure to perform or deficiencies in fulfilling contractual obligations against your firm. If none, so state.

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

Evaluation Categories		Possible Points
Administrative Requirements		
Proposal Application		**100 Points**
Program Overview	0 points	
Experience and Capability	40 points	
Project Organization and Staffing	15 points	
Service Delivery	30 points	
Financial	15 Points	
TOTAL POSSIBLE POINTS		**100 Points**

4.3 Evaluation Criteria

A. Phase 1 - Evaluation of Proposal Requirements

1. Administrative Requirements

The Applicant must be qualified and able to obtain IRS and state approval to be an Employer Agent, and obtain authorization from the state unemployment insurance agency for the limited purpose of managing unemployment taxes for each participant. Applicants are encouraged to demonstrate that such qualifications have been met.

The Applicant must not be debarred or suspended from receiving federal contracts or funds. Federal resources listing debarments and suspensions will be checked by the evaluators.

The Applicant must be able to be fully compliant with Hawaii Compliance Express (HCE) at the time of award, if selected. HCE status will be checked prior to making an award.

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 to orient evaluators as to the service(s) being offered.

1. *Experience and Capability (40 Points)*

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

A. Necessary Skills ________

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

B. Experience ________

- Demonstrated the experience described in the Application section 3.2 B, meeting each criterion listed ________

C. Quality Assurance and Evaluation ________

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

D. Coordination of Services ________

- Demonstrated capability to coordinate services with the EOA Program Manager and EOA Contract Administrator ________

E. Facilities XXXX

- **Not applicable to this RFP**

2. ***Project Organization and Staffing (15 Points)***

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

A. ***Staffing*** ________

- Proposed Staffing: That the proposed staffing pattern, client/staff ratio, and proposed caseload capacity is reasonable to insure viability of the services. ________
- Staff Qualifications: Minimum qualifications and experience of staff assigned to the program are adequate to carried out the service activities in full.

B. ***Project Organization*** ________

- Supervision and Training: Demonstrated ability to supervise, train and provide administrative direction to staff relative to the delivery of the proposed services. ________

- Organization Chart**:** Appropriate approach and rationale for the structure, functions, and staffing of the proposed organization for the overall service activity and tasks.

3. ***Service Delivery (30 Points)***

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

- Customer Service
- Information and Orientation for New Participants
- Payroll Services
- Prepaid HealthCare Act and Worker's Compensation
- Invoicing
- Criminal Background Checks
- Management of Participant's Allocation
- Information Technology/Record Keeping/Service Continuity
- Keeping Up to Date with Federal and State Rules and Regulations
- Worker Registry
- Meeting Reporting Requirements
-

5. ***Financial (15 Points)***

Competitiveness and reasonableness of rate for the unit of service.
The proposal with the lowest proposed price will receive the maximum points allowed and the pricing score of each Applicant is determined by applying the following formula:
(Lowest price ÷ Applicant's proposed price) x 15 points = Pricing points

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. **2011 Participant Guidebook – Hawaii Community Living Program**

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
General:				
Proposal Application Identification Form (SPOH-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 (SPOH-200A)	Section 3, RFP	SPO Website*	X	
Hawaii Compliance Express Verification Certificate	Section 1, RFP	Hawaii Compliance Express SPO Website*		
Cost Proposal (Budget)				
SPO-H-205	Section 3, RFP	SPO Website*		
SPO-H-205A	Section 3, RFP	SPO Website* Special Instructions are in Section 5		
SPO-H-205B	Section 3, RFP,	SPO Website* Special Instructions are in Section 5		
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*		
Certifications:				
Federal Certifications		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		
Program Specific Requirements:				

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

Proposal Application
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SAMPLE

"E Loa Ke Ola"
May Life Be Long

Participant Guidebook

Hawaii's Community Living Program

Tuesday, December 20, 2011

Contents

Hawaii’s Community Living Program (CLP)

What Is “CLP”?

CLP is Hawaii’s Self-Directed Home and community based supports program. CLP is designed to assist you in directing your own services and supports.

What Does Self-Direction Mean?

In CLP, self-direction means you decide:

- What services, supports and goods you need
- When the services and supports are provided
- Who provides those services and supports
- Where the services and supports are provided
- How the services and supports are provided
- Who you want to help you plan your services, supports and goods

Self-direction means you have more:

- Choice
- Control
- Flexibility

- Freedom

With self-direction, you:

- Are in control of your life and how you live it
- Can get support with what you need, the way you need it
- Make choices about your services and supports
- Hire the people to provide your services and supports

Self-direction also means:

- A budget (money) gets approved for you to use to hire workers and buy services and goods, according to a plan you create
- You are responsible for following the CLP rules

My Responsibilities

As a CLP participant, some of your responsibilities will be to:

- Assist with establishing your CLP eligibility
- Develop a Support Plan and budget
- Follow your plan and budget
- Let someone know if you need help
- Work with your Coach
- Work with your Financial Management Service
- Arrange to get the services, supports and goods you need and authorize payment

- Be the employer: Hire and manage the people who will provide your services and supports, which may include replacing them if they are not working out for you
- Keep records
- Follow CLP guidelines
- Be accountable for the use of CLP funds

Do I Have to Do This by Myself?

You do not have to do this by yourself. The Coach and the Financial Management Service can help you. People in your life can also help you. You may choose people you trust, such as your family, your friends, or people who have helped you before.

Coach

Everyone who participates in CLP will have a Coach.

The Coach is available to you at no cost to:

- Help you understand CLP
- Help you develop your service and Support Plan and budget
- Help you evaluate your service and Support Plan and budget, and how CLP is working for you
- Help you understand and complete the paperwork
- Help you with problems

In working with your Coach, you are responsible for sharing what is important to you and deciding what direction you want your life to go.

Financial Management Service

Everyone who self-directs in CLP will have a Financial Management Service (FMS).

The FMS will:

- Act as your payroll agent and take care of money issues like receiving timesheets submitted by your employees and approved by you, issuing payroll checks, withholding and depositing taxes and other related requirements when you are an employer
- Send checks to the people you hire and to the places where you purchase your goods and other services
- Send you a monthly budget report
- Contact you and your Coach if you request something that is not approved in your Support Plan and budget
- Answer questions you and the people you hire may have about payroll matters

What Does It Mean to Be an Employer?

In CLP, you will have some employer-related responsibilities.

When you self-direct through CLP, you may become the employer of people you hire to provide supports in your home. You will need to complete certain forms that officially make you an employer. In addition, you will receive training on being an employer, including how to:

- recruit, hire, schedule, and train your own employees
- avoid discrimination complaints;
- learn about workers' compensation and;
- Other employer-related issues.

As an employer you will have the following responsibilities:

- Complete the employer paperwork.
- Help the people you hire complete their employee paperwork (supplied by the FMS). The FMS will process all the paperwork for you.
- Review, approve and submit timesheets to the FMS on time, online or by fax, so that your employees get paid for their work.

The FMS will help you with these tasks and provide you with all the training and tools you need to be a successful employer.

What do you do next after you have chosen to participate in CLP, met with your Coach and completed your enrollment paperwork with the FMS?

The next step is to create your Service and Support Plan and Budget, which will put CLP into action.

Creating My Service and Support Plan and Budget

Why do I need a service and Support Plan and budget?

The service and Support Plan (Plan) and budget describe the services, supports and goods you need to live in the community the way you want. The Plan lists who will provide what services, supports and goods; the budget shows how you will spend the amount of money available to you.

How much money will be available for services, supports and goods?

The amount of funding available for you will be determined by a functional assessment of your needs before you were invited to participate in CLP as well as the amount of funding available to the program. Your Coach will have this information and will be able to tell you how much money you have to spend. You may use this money to buy what you need to live in the community. Remember, you do not have to spend all the money available to you.

Getting started

Deciding what is important

CLP allows YOU to decide what services, supports and goods will best meet your community living needs. Spend some time thinking about what is most important to you. This information will help you when you develop your Plan and budget.

How to get my needs met

In considering what is most important to you, answer the following questions:

Q: **What services and supports will I pay for with my CLP budget?**

A: Finding things you will pay for takes time and patience. After all, you want to "shop" for the best price but still make sure you get a good buy. You want to be sure that what you buy is what you need for community living, whether it is services, supports, equipment or supplies. The more people who know you're looking for something, the better chance you have of finding it. Be sure to let others know what you need and be specific.

Finally, there is a good chance that someone else in CLP is looking for some of the same help you are. If you are interested in giving permission to share what you've found out, let your Coach know.

Q: **Can I get any of the things I need for free?**

A: The use of free and low-cost supports will help make the monthly amount you receive from CLP go further.

Are your friends and relatives aware of your specific needs?

Sometimes what is obvious to you is not clear to others. If you have not discussed your needs with your friends and family in a while, it may be worth doing again. Be as specific as you can so people can understand what you need. People close to you may want to help, but they may not know how. If your friends and family cannot help, they may know someone who can. You may be surprised to learn how much you can get for free or at low cost.

Q: **Could a local club, civic organization or faith organization provide any of the things I need for free?**

A: Often the answer to this question is “I don’t know.” What you need is a place to start. Sometimes the best place to start is to call an information and referral line – sometimes called I & R. Your Coach can assist you or you can try contacting Hawaii’s Aging and Disability Resource Center at **643-ADRC (643-2372)** or online at **www.HawaiiADRC.org**. Be sure to tell the ADRC worker that you are enrolled in CLP.

Many times the first call may not get you exactly what you want, but it gets you started asking for help. Have a pencil and paper ready to take notes.

The referral line may give you phone numbers to call. Call all the numbers even if you think they cannot help. Let the people at those phone numbers tell you if they cannot help you. If the number they give you is not local, ask if there is a toll-free number. If there is not a toll-free number, tell the person on the phone that you are calling long distance. Many times they will offer to call you back to discuss what you are looking for. Finding what you need takes time. I you stick with it, you will often get at least some of your needs met. By working to find out what supports you can get for free you may have additional money from your budget to purchase other supports.

Creating My Service and Support Plan and Budget

Making my Plan and budget

Your Coach will have some worksheets to help you list and figure out what is important to you, what services and supports you need, how much these services and supports will cost and what you want to spend.

How should I start?

1. Think about what you would like your life to be like and what services, supports and goods would improve your life. What skills would you like to improve? What do you need to help you keep living well at home? Think about why these changes would make your life better.
2. Think about who might help you make these things happen.

3. Write your plan with the help of your Coach and anyone else you might want to help you, including family and friends.

What should my proposed Plan and budget include and how will I get what I need?

Your Coach will tell you the amount of available funding you have to develop your Plan and budget for each month. In making your Plan and budget, think about:

1. What services, supports and goods you will need each month, and those services, supports and goods you may need once during the year or just a few times.
2. The types of workers you need to hire to provide the services and supports.
3. The number of workers you will need to do the job. In this program, each worker may not work more than 19 hours in a week.
4. A worker who can fill in if your regular worker is absent.
5. How often you will get the services, supports and goods.
6. The amount of money you have and how much money will be needed to pay for the services, supports and goods.
7. Your backup or emergency plan.
8. How you will decide if your Plan is working for you.

Are there specific plan and budget approval guidelines?

Yes. When developing your service and Support Plan and budget, you must follow the approval guidelines. Your Coach will give you information about the guidelines and explain how they affect your Plan and budget. The services, supports and goods that you choose must:

- Help you to reach the goals you may have set for yourself;
- Not be prohibited by CLP, federal or state laws and regulations;
- Not be available through another source; and
- Do one or more of the following:
    - Make it easier for you to do things that are difficult because of your disability
    - Increase your safety in your home environment; and/or
    - Lessen your need for other publicly funded services

For the most part, the amount of funding available to you from month to month will not change, so you have to be careful to plan for how you will meet your needs over time.

Types of Services, Supports and Goods I MAY Choose to Buy

Traditional home and community based services and supports

The home and community based supports that may typically be needed on a regular basis might include some of these:

Category	***Some ways this may help***
Homemaker	Assistance such as preparing meals, shopping for personal items, managing money, using the telephone, and/or doing light housework
Personal Care Assistance	Personal assistance, stand-by assistance, supervision, or verbal cues to help a participant accomplish usual activities of daily living, such as eating, bathing, dressing, toileting, walking or moving about the home.
Adult Day Care	Personal care for participants in a supervised, protective, group setting during some portion of a day
Assisted Transportation	Assistance and transportation, including an escort, to a participant who has difficulties (physical or cognitive) using regular vehicular transportation

Category	*Some ways this may help*
Assistance with heavy chores	Assistance such as heavy housework, yard work or sidewalk maintenance
Home-Delivered Meals	A fully prepared meal delivered to a participant’s home.
Support for Family Caregivers	Provide services to family caregivers such as information, individual counseling, support groups, caregiver training, or respite care in order to provide a brief period of relief or rest for caregivers.
Environmental Modification	Modification of the residence that facilitates the participant with a disability to remain living there, but does not increase the square footage.

Other services, supports and goods

You may also choose to purchase other services; supports or goods that help you continue living in the community. When selecting these services, supports and goods, you may want to think about these examples.

CATEGORY	*EXAMPLES*
Transportation	• Transportation (such as bus pass, taxi coupons, etc.) • Vehicle modifications and repairs • Equipment repairs
Community Participation	• Health club or fitness memberships • Community membership dues • Recreational activities
Household-Related	• Appliances • Adapted or specialized furniture

Technology for Safety and Independence	• Programmable or voice-activated phones • Personal alarms • Personal emergency response systems (PERS) • Assistive technology • Memory-prompting devices, or assistance-type goods and services
Health-Related Services or Equipment and Supplies	• Nutrition counseling • Non-covered medical and dental supplies • Non-covered durable medical equipment • Exercise equipment • Non-covered health-related supplies
Other Resources	• Specialized training for your employees or Family Caregivers

Special Purchases

In making your Plan and budget, keep in mind that your available funding must cover your needs for a whole year. This includes planning and budgeting for a special, higher-cost item, services you need occasionally, as well as services you will need on a regular basis.

Services, supports and goods NOT COVERED in CLP

- Services covered by your health insurance, Medicare and other third parties.
- Services, supports or goods provided to or benefiting persons other than you
- Room and board, including rent and mortgage payments
- Personal items and services not related to your disability (such as cable TV)
- Experimental treatments
- Vacation expenses (except for the cost of the self-directed services you may need while you are on a trip)
- Drugs, alcohol, tobacco or firearms
- Insurance
- Home modifications that add to the total square footage of the home
- Vehicle maintenance (except for modifications due to disability)
- Tickets to recreational events

Submitting my Plan and budget for approval

Your Plan and budget must be approved before services paid with funds from CLP begin. Once you have prepared your Plan and budget, your Coach will work with you to help get the Plan and budget submitted and approved by CLP. Make sure your Plan and budget focus on your long-term services needs and helps you to:

- Live at home and in the community the way you want
- Reach your personal, social, physical and/or work-related goals
- Be involved with your family, friends and community in the way you want
- Increase your independence to the extent possible
- Decrease your need for other publicly funded services
- AND be sure your budget follows the budget approval guidelines.

Again, your Coach can help you understand these guidelines.

What If My Plan and budget aren't approved?

If your Plan and budget, or a part of your Plan and budget, are not approved, work with your Coach to figure out your options, including help to request reconsideration of the decision. Final disapproval decisions will be sent to you in writing, including steps to follow if you disagree with the decision.

Making It Happen: Arranging for Services, Supports and Goods

While you're waiting for the approval of your Plan and budget, you can begin to work on arranging for the services, supports and goods you need. However, you cannot actually hire someone or make purchases with CLP funds until your Plan and budget are approved.

How to hire help

You may hire your own service workers or a traditional home and community based supports provider agency. Here are some things to think about when hiring:

- What do I need the worker or service provider to do?
- How do I want it done?
- How often do I want help? Part-time or full-time?
- What time of day do I want help?
- Do I want help on the weekends and/or during the week?
- Does the person who helps me need to be strong?
- Does the person who helps me need to be able to drive?
- Does the person who helps me need to have his or her own car?

- Do I need more than one person to help me?
- Do I need different people to help me with different things?
- What do I want the people who help me to know about me?
- Do I want the people who help me to be friends, neighbors, family members or a formal provider?
- Would the person I want most to help me be the best person for the job?
- How much am I willing to pay for the help I need?

Once you know what type of help you want, you will need to find the person or agency to do the job. Good places to look are:

- People you already know
- Local organizations for people with disabilities
- Churches
- Your doctor or healthcare provider
- Employment agencies
- Local newspapers
- Bulletin boards at local organizations
- Local colleges or universities

About hiring family members

It is permitted in CLP to hire a family member to provide services, except a spouse or dependents. (These individuals are not approved to be an employee under CLP because they have mutual financial and tax obligations with you, the participant.) Employees who are relatives need to meet the same qualifications and requirements as other types of employees (background check, submitting timesheets on time, etc.). If you consider this option, it’s important to think carefully about things like:

- Is my family member the best person to fill the job?
- How will our relationship change when I become the employer to my family member?
- How will I feel about evaluating my employee/family member’s work?
- Would I expect more from a family member than from a non-family employee?
- If things are not working out, would I be able to fire my employee/family member?

If you can’t find the help you need from other places, you may want to place an ad.

How to place an ad

You may have to place an ad in a newspaper, on a bulletin board or on a radio station to find help. Check ads in each of those places to see what they are like and how much the ads cost. Then, make sure you include important information in your ad like:

- What hours you want someone to work
- A general description of what you want them to do
- How to contact you or your contact person

You need to be careful about the type of information you put in the ad. Do not include your address or that you live alone. You need to be careful that when you hire someone they will treat you the way you want to be treated.

One way to do this is to talk with them over the phone before you meet them. Ask questions: name, address, phone number and how they would get to work. Talk about the job duties, and then ask about things that might be hard for them, like lifting or personal care. Ask about their experience in working with people who have disabilities. Make sure they provide references. Thank them for calling, and tell them you will call them back if you want to interview them in person. As with other parts of CLP, your Coach can help you if you have questions.

How to do an interview

Think about where you want to do the interview — at home or some other place nearby. If you interview someone, you might want to do some of the following:

- Take notes during the interview, or have someone you trust there to help you remember what is said
- Introduce yourself
- Tell the job applicant about the job and what you want them to do
- Give them an application and ask them to fill it out
- Ask about how they will get to work
- Talk about when you need help

- Talk about CLP and how the Financial Management Service will be writing their checks and ensuring that their payroll taxes and workers' compensation are handled
- Talk about what the job pays
- Ask them why they want to work with you
- Ask them why they think they would be good at working with you
- Tell them you are required to do a background check
- Ask them for references
- Thank them and tell them you will call when you make your decision

How to do a background check and check references

Once the interview is over, you will need to check their references and do a background check. To do a background check, contact the FMS, who will conduct one for you.

To check references, call the people listed as references and ask about the applicant. Some good questions are:

1. What are the applicant's strengths?
2. What are the applicant's weaknesses?
3. Would they recommend the applicant to work with you?
4. Do they show up on time?
5. Do they do the job required?
6. Do they show up regularly?

7. Do they call when they will be late, or may not be able to work?
8. Do they bring personal problems on the job?
9. Do they drink or do drugs on the job, or come to work impaired?

Ask questions about the qualities you want in someone. For example, is the applicant honest? Does the person respect other people?

Now that you have learned about the applicant, make the best decision you can about whether the applicant is right for you. Call and let the individual know you want to hire him/her for the job and restate what the job pays. If the applicant accepts your job offer, have the individual fill out the forms you need to send to the FMS. Turning in the completed forms will determine when will be your new employee's starting date. Your Coach can help you understand these forms if you need assistance.

It is also a good practice to call those you interviewed for the position but did not select to thank them for taking the time to respond and to let them know you decided to hire someone else.

How to purchase goods and other services

Some of what you may want to spend your budget on might be things that would make it easier for you and mean that you would need less help from others. For example, a microwave oven might make it easier for you to prepare your own meals. You might also want to buy a service, like someone to build a ramp in your home so that you can get around better when using a walker or wheelchair. Review the list of categories in this guidebook for other examples. When you buy something other than hiring someone to help you, you need to:

- Find what it is you are looking to buy
- Check that your Support Plan covers the item you want
- Find out if it is the best price for you
- Get a quote, which is a written document showing how much the service or item will cost, including tax and delivery or setup fees, if they apply
- Find out if the business will accept a check from the FMS
- Send the quote with a request for the FMS to write a check to the business

How to make sure CLP is working the way I want

Once you use the services and supports in your plan, how do you make sure they are really helping you? Only you will really know if something needs to change. You might want to ask yourself questions like:

- Does the person I hired do what we agreed he/she would do?
- Am I happier now?
- Do I spend more time doing the things I am good at and enjoy?
- Do I spend time with the people I care about and like?
- How could my life be better?

If you want to talk with someone about these questions, think about asking your family, friends or others you trust. You can also contact your Coach to talk these things over.

How to change my approved Plan and budget

When you want to make any changes in your Plan or budget, you must contact your Coach first to discuss the change. Depending on the change(s) you want to make, you may have to amend your Plan and budget and get the changes approved. Here are the steps for making changes:

Amendments

You DO have to amend your Plan and budget and ask for another approval if:

- You want to make a big change that will increase total costs, such as changing your worker's pay rate or spending more on a service or item.
- You want to add a new need to the Plan and buy a new service or good.
- You will have to revise your Plan and budget and have them approved, because the change(s) mean(s) that you will have to

spend less on something else if you have already budgeted all of your available funds.

You DO NOT have to amend your plan and budget and ask for another approval if:

- You want to increase or decrease slightly the amounts you spend on the approved purchases.
- You have unexpected assistance and will be spending less than you planned that month for a service or support.
- You want to redistribute your workers' hours among your workers (when you have more than one worker) while keeping the total number of hours and the cost the same, and each worker works no more than 19 hours in each week.
- You want to change a purchase from an approved service or good to an alternate service or good that could address your needs in a similar or better way with little change in your approved budget.

Remember, when you want to make any change in your Plan and budget, you should contact your Coach first to discuss the change and, if necessary, get approval.

Plan and budget review

You will also review your Plan and budget and decide if they are working for you. When you review your Plan and budget, you may want to make changes, especially if your needs have changed. Contact your Coach and follow the guidelines described in the previous section for making changes in your approved Plan and budget.

The state of Hawaii wants to make sure that you are receiving the services and supports you need in CLP to live successfully at home and in the community. Workers from the Executive Office on Aging, of the Department of Health, will look at the program and Plans to make sure CLP regulations are being followed and that CLP participants are receiving the services and supports they need.

Health and safety

If you feel that you are being abused, neglected, or exploited please call **Adult Protective Services at 808-832-5115.**

What If CLP Isn't Working For Me?

If you decide that CLP is not working for you, you can stop using CLP and instead receive services through other home and community based supports programs at any time.

How to do this:

1. Contact your Coach and set aside time to discuss what is not working for you and work out a remedy if possible
2. You and your Coach can arrange a plan to transition out of CLP and participate in another program if you are eligible

Additional Contacts

If you have questions that have not been answered in this guidebook, there are other places to find the answers. These include the Coach, the Financial Management Service, or an advocacy agency.

The CLP Coach agency contact information:

[Insert phone number]

The Financial Management Service:

[Insert number]

My Coach's name is_____________________

My Coach's phone number is________________

Appendix A. Glossary of Terms

ADRC (AGING AND DISAILITY RESOURCE CENTER): ADRC is established by the state of Hawaii as part of the State system of long-term care, to provide a coordinated system for providing:

(A) comprehensive information on the full range of available public and private long-term care programs, options, service providers, and resources within a community, including information on the availability of integrated long-term care;

(B) personal counseling to assist individuals in assessing their existing or anticipated long-term care needs, and developing and implementing a plan for long-term care designed to meet their specific needs and circumstances; and

(C) consumers access to the range of publicly-supported long-term care programs for which consumers may be eligible, by serving as a convenient point of entry for such programs.

Contact the ADRC at 643-ADRC (643-2372) or www.HawaiiADRC.org.

BUDGET: The amount of CLP funding available monthly for the individual participant. When the participant is offered CLP services and is deciding whether to select self-direction over traditional home and community based supports, the Coach receives the individual budget information from the State and informs the participant of the CLP budget amount. Any requests for adjustments to the budget, based on a change in the participant's needs, are initiated by the participant through his/her Coach.

CLP: **Hawaii's Community Living Program** is the home and community based supports program through which eligible participants will have the option to control and direct services, supports and public funds, using the essential elements of person-centered planning, individual budgeting, participant protections, quality assurance and quality improvement.

COACH: A trained individual who assists a CLP participant to understand the CLP requirements, developing a service and Support Plan and budget, and identifying when or how the developed service and Support Plan and budget can be implemented. This person works for an agency (coach contractor agency) and is not a family member or friend.

COACH CONTRACTOR AGENCY (CCA): The CCA, which holds a contract with the State, hires individual Coaches and trains and certifies these Coaches to provide support to individual CLP participants.

CONSUMER DIRECTION: A concept that emphasizes the ability of older persons, persons with disabilities and, where appropriate, their families or authorized representative, to decide about their own needs and make choices about what services would best meet those needs. Consumer direction, participant-direction and self-direction are sometimes used interchangeably.

FINANCIAL MANAGEMENT SERVICE (FMS): The FMS is under contract with the State to act on behalf of each CLP participant to handle employer-related functions, pay participants' workers and help the participant keep track of his/her funds.

PARTICIPANT-DIRECTION: A concept that emphasizes the ability of older persons, persons with disabilities and, where appropriate, their families or authorized representative, to decide about their own needs and make choices about what services would best meet those needs. Consumer direction, participant-direction and self-direction are sometimes used interchangeably.

PARTICIPANTS in CLP: Older persons and younger adults with disabilities who meet the eligibility criteria and who have been allocated funds to receive services and supports through the CLP program. Where participants have cognitive impairments, the term "participants" also includes families, e.g., a relative, significant other or recognized surrogate decision-maker.

SELF-DETERMINATION: A broad concept that means participants have overall control of their lives and ability to take part in society. Self-determination rests on five basic principles: 1) freedom to lead a meaningful life in the community; 2) authority over dollars needed for support; 3) support to organize resources in ways that are life-enhancing and meaningful; 4) responsibility for the wise use of public dollars; and 5) confirmation of the important leadership that self-advocates must hold in a newly designed system.

SELF-DIRECTION: A concept that emphasizes the ability of older persons, persons with disabilities and, where appropriate, their families or authorized representative, to decide about their own needs and make choices about what services would best meet those needs. Consumer direction, participant-direction and self-direction are sometimes used interchangeably.

SERVICES AND SUPPORTS PLAN (PLAN): A participant plan that contains the home and community based supports and services that the participant chooses; the projected costs, frequency and duration; and the type of provider who furnishes each service. The plan also includes other services (regardless of funding source, including private-paid and State plan services) and informal supports that complement home and community based supports and services in meeting the participant's needs.

HOME AND COMMUNITY BASED SUPPORTS (HCBS): An array of services, care or items intended to assist individuals in coping with, and to the extent practicable compensate for, functional impairments in carrying out activities of daily living. HCBS are delivered in the individual's home or community as an alternative to providing long-term services in institutional settings such as a nursing facility, care home, foster home or assisted living facility.

Appendix B: Frequently Asked Questions

Q. **How can individuals qualify for CLP?**

A. The individual is assessed to determine if he or she may be at risk of losing the functional ability to continue to live in their own home, and at risk to become impoverished by self-paying for home and community based supports. To ask for an assessment, ***contact the ADRC at 643-ADRC (643-2372) or www.HawaiiADRC.org.***

Q. **Who is the leader in CLP?**

A. The participant is the leader. He or she decides if family members or any other persons should be involved.

Q. **What services are included?**

A. The participant decides what services he/she needs. This means the participant may choose to buy services, supports or goods if those services, supports or goods:

- Help the individual to meet his/her functional, medical and/or social needs and live life successfully;
- Help the individual to reach the goals he/she has set for himself/herself;
- Are not prohibited by CLP guidelines or by Federal and State laws and regulations, including the State's Procurement Code;
- Are not available through another source; and
- Do one or more of the following:
  - Make it easier for the individual to do things that are difficult because of his/her disability; and/or
  - Increase the individual's safety in his/her home environment;

Q. **How much funding is available for services and who decides how it will be spent?**

A. The amount of funding available to the participant is determined by the assessment conducted by the ADRC. The participant's Coach will have this information and will be able to tell the participant how much money he/she has to spend. The participant decides how to spend the amount of funding available. If the participant believes this amount is not sufficient to meet his/her needs, contact the Coach to discuss other options.

Q. **Who can help the participant develop a Plan and budget?**

A. The participant decides what services he/she needs and develops a Service and Support Plan and Budget with the assistance of the Coach and anyone else the participant wants to be involved, such as a family member or friend.

Q. **Who hires the service workers and decides what to pay them? Who pays the workers?**

A. The participant decides what workers to hire and how much to pay them. The CLP Financial Management Service (FMS) will pay the workers based on the approved budget and the timesheets submitted and signed by the participant and employee. The FE/A will handle other employer responsibilities for the participant such as withholding taxes.

Q. **Does the participant's taxable income go up because of receiving a CLP budget? Does a participant lose financial eligibility for other public programs like food stamps or low-income renter's tax credits?**

A. No. The participant receives the services, supports and items purchased with the budget, but does not receive the money directly. The Community Living Program is designed to meet the requirements of Section 3504 of the IRS code and Revenue Procedure 70-6 to facilitate eligible publicly-funded home and community-based service participants' use of self-directed services.

Q. **Who can help the participant with implementing the approved Plan and budget?**

A. The participant's Coach can help to implement the approved Service and Support Plan. The participant may also want to have family members and/or close friends help. The CLP FMS will help implement the approved budget by paying the participant's workers and keeping track of expenses.

Q. **How much flexibility and control will the participant have with their services?**

A. The participant directs his/her services. Participants will have flexibility and control over the types of services and supports they purchase, who will provide the services, where and when those services and supports will be received, and how much the workers are paid.

Q. **What learning and training activities are included?**

A. The participant will receive information about CLP and how it works from multiple sources: his/her Coach, the CLP Participant Guidebook, and the Financial Management Service.

Q. **When do CLP services stop?**

A. The program is voluntary and a participant may choose to leave the program at any time. Usually, the program services would stop if a participant:

- no longer needs the supports to remain living at home
- decides that participating in CLP is not a good match for them and want to transfer to a different program
- no longer meets the financial eligibility criteria
- moves out of the CLP geographic area
- demonstrates an inability to manage their own services and has no other support to manage them
- enters another publicly funded program of supports such as Medicaid
- is admitted to a nursing facility, care home, foster home or assisted living facility, or
- uses money from the budget fraudulently.

Q. **What happens next if CLP services stop?**

A. If the participant is no longer eligible for CLP, he or she will be referred and may choose to be transitioned to other programs or options for support. This process will include a written notification and an in-person meeting with the Coach.