

State of Hawaii
Department of Health
Adult Mental Health Division

Request for Proposals

RFP No. HTH 420-3-15 Living Well Hawaii Statewide

Date Issued
September 26, 2014

Date Due
October 28, 2014

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.

September 26, 2014

REQUEST FOR PROPOSALS

**LIVING WELL HAWAII PROGRAM
STATEWIDE**

RFP No. HTH 420-3-15

The Department of Health, Adult Mental Health Division (“DIVISION”), is requesting proposals from qualified applicants to provide Living Well Hawaii Program services, statewide. The contract term shall be from January 1, 2015 through December 31, 2017. Multiple contracts may be awarded under this request for proposals.

Proposals shall be mailed, postmarked by the United State Postal Service on or before October 28, 2014, and received no later than 10 days from the submittal deadline. Hand delivered proposals shall be received no later than 2:00 p.m., Hawaii Standard Time (“HST”), on October 28, 2014, at the drop-off site designated on the Proposal Mail-in and Delivery Information Sheet. Proposals postmarked or hand delivered after the submittal deadline shall be considered late and rejected. There are no exceptions to this requirement.

The DIVISION will conduct an orientation on Monday, October 6, 2014, from 1:00 p.m. to 2:30 p.m., HST at Honolulu, Hawaii. All prospective applicants are encouraged to attend the orientation. Teleconferencing capability will be provided for interested out-of-state or neighbor island organizations/agencies. Please call (808) 586-8281 or (808) 586-8282 for more information by Friday, October 3, 2014.

The deadline for submission of written questions is 2:00 p.m., HST on October 8, 2014. All written questions shall receive a written response from the State on or about October 14, 2014.

Any inquiries and requests regarding this RFP should be directed to Ms. Enid Kagesa at 1250 Punchbowl Street, Room 256, Honolulu, Hawaii 96813, telephone: (808) 586-8282, fax: (808) 586-4745, email: enid.kagesa@doh.hawaii.gov.

PROPOSAL MAIL-IN AND DELIVERY INFORMATION SHEET

NUMBER OF COPIES TO BE SUBMITTED: 5
THE 5 COPIES MUST INCLUDE ONE (1) SIGNED ORIGINAL AND
ONE (1) SINGLE SIDED, UNBOUND COPY.

ALL MAIL-INS SHALL BE POSTMARKED BY THE UNITED STATES POSTAL SERVICE
(USPS) NO LATER THAN
October 28, 2014
and received by the state purchasing agency no later than 10 days from the submittal
deadline.

All Mail-ins

Department of Health
Adult Mental Health Division
P.O. Box 3378
Honolulu, Hawaii 96801-3378

DOH RFP Contact Person

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

ALL HAND DELIVERIES SHALL BE ACCEPTED AT THE FOLLOWING SITES UNTIL
2:00 P.M., Hawaii Standard Time (“HST”), October 28, 2014. Deliveries by private mail
services such as FEDEX shall be considered hand deliveries. Hand deliveries shall not be
accepted if received after 2:00 p.m., October 28, 2014.

Drop-off Site

Oahu:

Department of Health
Adult Mental Health Division
1250 Punchbowl Street, Room 256
Honolulu, Hawaii

BE ADVISED: All mail-ins postmarked by USPS after **October 28, 2014**, shall be
rejected.

Deliveries by private mail services such as FEDEX shall be considered
hand deliveries. Hand deliveries shall not be accepted if received after
2:00 p.m., HST, October 28, 2014.

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Section 1

Administrative Overview

Section 1

Administrative Overview

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

1.1 Procurement Timetable

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

Activity	Scheduled Date
Public notice announcing Request for Proposals (RFP)	<u>09/26/14</u>
Distribution of RFP	<u>09/26/14</u>
RFP orientation session	<u>10/06/14</u>
Closing date for submission of written questions for written responses	<u>10/08/14</u>
State purchasing agency's response to applicants' written questions	<u>10/14/14</u>
Discussions with applicant prior to proposal submittal deadline (optional)	<u>TBD</u>
Proposal submittal deadline	<u>10/28/14</u>
Discussions with applicant after proposal submittal deadline (optional)	<u>TBD</u>
Final revised proposals (optional)	<u>TBD</u>
Proposal evaluation period	<u>10/30/14 –</u> <u>11/12/14</u>
Provider selection	<u>11/17/14</u>
Notice of statement of findings and decision	<u>11/17/14</u>
Contract start date	<u>01/01/15</u>

1.2 Website Reference

Item	Website
1. Procurement of Health and Human Services	http://spo.hawaii.gov/for-vendors/vendor-guide/methods-of-procurement/health-human-services/competitive-purchase-of-services-procurement-method/cost-principles-table-hrs-chapter-103f-2/
2. RFP website	http://hawaii.gov/spo2/health/rfp103f/
3. Hawaii Revised Statutes (HRS) and Hawaii Administrative Rules (HAR) for Purchases of Health and Human Services	http://spo.hawaii.gov Click on the “References” tab.
4. General Conditions, AG-103F13	http://hawaii.gov/forms/internal/department-of-the-attorney-general/ag-103f13-1/view
5. Forms	http://spo.hawaii.gov Click on the “Forms” tab.
6. Cost Principles	http://spo.hawaii.gov Search: Keywords “Cost Principles”
7. Protest Forms/Procedures	http://spo.hawaii.gov/for-vendors/vendor-guide/protests-for-health-and-human-services/
8. Hawaii Compliance Express (HCE)	http://spo.hawaii.gov/hce/
9. Hawaii Revised Statutes	http://capitol.hawaii.gov/hrscurrent
10. Department of Taxation	http://tax.hawaii.gov
11. Department of Labor and Industrial Relations	http://labor.hawaii.gov
12. Department of Commerce and Consumer Affairs, Business Registration	http://cca.hawaii.gov click “Business Registration”
13. Campaign Spending Commission	http://ags.hawaii.gov/campaign/
14. Internal Revenue Service	http://www.irs.gov/
(Please note: website addresses may change from time to time. If a State link is not active, try the State of Hawaii website at http://hawaii.gov)	

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.

Applicants are advised that the entire RFP, appendices, amendments, memorandum, written responses to questions and answers, and the corresponding proposal shall be a part of the contract with the successful applicant.

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
 Adult Mental Health Division
 1250 Punchbowl Street, Room 256
 Honolulu, Hawaii 96813
 Telephone: (808) 586-8282
 Facsimile: (808) 586-4745

1.6 RFP Point-of-Contact

From the release 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.

Ms. Enid Kagesa
Telephone: (808) 586-8282
Facsimile: (808) 586-4745
Email: enid.kagesa@doh.hawaii.gov

1.7 Orientation

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

Date: **Monday October 6, 2014** Time: **1:00 p.m. – 2:30 p.m., HST**

Location: Department of Health
Adult Mental Health Division
Lanakila Health Center
Conference Room A
1700 Lanakila Avenue
Honolulu, HI 96817

Video teleconferencing (Hilo and Lihue) and teleconferencing (Kona and Maui) capability will be provided for interested out-of-state and neighbor island organizations/agencies. Please call (808) 586-8281 or (808) 586-8282 for more information by Friday, October 3, 2014.

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 point-of-contact 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 shall respond to written questions by way of an addendum to the RFP.

Deadline for submission of written questions:

Date: October 8, 2014 **Time:** 2:00 p.m. **HST**

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

Date: October 14, 2014

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 SPO-H-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. The Proposal Application Checklist is located in Section 5, Attachment A.
 - 3. Table of Contents.** A sample table of contents for proposals is located in Section 5, Attachment B. This is a sample and meant as a guide. The table of contents may vary depending on the RFP.
 - 4. Proposal Application (Form SPO-H-200A).** Applicant shall submit comprehensive narratives that address all 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. Provider Compliance. All providers shall comply with all laws governing entities doing business in the State.

- **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 the Hawaii State Department of Taxation (DOTAX) and the Internal Revenue Service (IRS). Refer to Section 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. Refer to Section 1.2, Website Reference for the Department of Labor and Industrial Relations (DLIR) website address.
- **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 Department of Commerce and Consumer Affairs (DCCA), Business Registration Division. Foreign insurance companies must register with DCCA, Insurance Division. More information is on the DCCA website. Refer to Section 1.2, Website Reference for DCCA website address.

Providers may register with Hawaii Compliance Express (HCE) for online compliance verification from the DOTAX, IRS, DLIR, and 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 Section 1.2, Website Reference, for HCE's website address.

Providers not utilizing the HCE to demonstrate compliance shall provide paper certificates to the purchasing agency. All applications for applicable clearances are the responsibility of the providers. All certificates must be valid on the date it is received by the purchasing agency. The tax clearance certificate shall have an original green certified copy stamp and shall be valid for six months from the most recent approval stamp date on the certificate. The DLIR certificate is valid for six months from the date of issue. The DCCA certificate of good standing is valid for six months from date of issue.

- 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 Section 1.2, Website Reference for statutes and 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 Section 1.2, Website Reference for statutes and Campaign Spending Commission website address.
- G. Confidential Information.** If an applicant believes any portion of a proposal contains information that should be withheld as confidential, the applicant shall request in writing nondisclosure of designated proprietary data to be confidential and provide justification to support confidentiality. Such data shall accompany the proposal, be clearly marked, and shall be readily separable from the proposal to facilitate eventual public inspection of the non-confidential sections of the proposal.

Note that price is not considered confidential and will not be withheld.

- H. Proposal Submittal.** All mail-ins shall be postmarked by the United States Postal System (USPS) and received by the State purchasing agency no later than the submittal deadline indicated on the attached Proposal Mail-in and Delivery Information Sheet, or as amended. All hand deliveries shall be received by the State purchasing agency by the date and time designated on the Proposal Mail-In and Delivery Information Sheet, or as amended. Proposals shall be rejected when:
1. Postmarked after the designated date; or
 2. Postmarked by the designated date but not received within 10 days from the submittal deadline; or
 3. If hand delivered, received after the designated date and time.

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

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

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.

In order to provide equal treatment to all applicants, questions from applicants shall be submitted in writing and answers to applicants shall be distributed to all known interested parties.

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

From the issue date of this RFP until an applicant is selected and the selection is announced, communications with State staff may be conducted pursuant to Chapter 3-143, HAR.

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.

The DIVISION reserves the right to conduct an on-site visit to verify the appropriateness and adequacy of the applicant's proposal before the award of the contract.

1.13 RFP Amendments

The State reserves the right to amend this RFP at any time prior to the closing date for the 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 (SPO-H-200).* After final revised proposals are received, final evaluations will be conducted for an award.

1.15 Cancellation of Request for Proposal

The RFP may be canceled and any or all proposals may be rejected in whole or in part, when it is determined to be in the best interest of the State.

1.16 Costs for Proposal Preparation

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

1.17 Provider Participation in Planning

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

are required

are not required

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

Provider participation in a state purchasing agency's efforts to plan for or to purchase health and human services prior to the release of a RFP, including the sharing of information on community needs, best practices, and providers' resources, shall not disqualify providers from submitting proposals, if conducted in accordance with HAR §§3-142-202 and 3-142-203.

1.18 Rejection of Proposals

The State reserves the right to consider as acceptable only those proposals submitted in accordance with all requirements set forth in this RFP and which demonstrate an understanding of the problems involved and comply with the service specifications. Any proposal offering any other set of terms and conditions contradictory to those included in this RFP may be rejected without further notice.

The DIVISION also reserves the right to waive minor variances in proposals providing such action is in the best interest of the State. Where the DIVISION

may waive minor variances, such waiver shall in no way modify the RFP requirements or excuse an applicant from full compliance with the RFP specifications and other contract requirements if the applicant is awarded the contract.

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

- (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 commencement date. The State of Hawaii is not liable for any costs incurred prior to the official starting date.

Upon receipt and acceptance of the winning proposal, the DIVISION shall initiate the contracting process. The applicant who has been awarded a contract shall be notified in writing that the DIVISION intends to contract with the applicant. This letter shall serve as notification that the applicant should begin to develop its programs, materials, policies and procedures for the contract. The DIVISION will not reimburse applicants for costs incurred related to services not delivered.

The DIVISION reserves the right to review any applicant's provider contracts or agreements prior to the notification of award of the contract. Upon award of the contract, the applicant shall submit a plan for implementation of services and shall provide progress/performance reports every two (2) weeks beginning two (2) weeks after the notification of contract award. The format to be used shall be approved by the DIVISION. The purpose of the reports is to ensure that the applicant will be ready to provide services as of the implementation date of the contract and that all required elements are in place. If the applicant is not able to

demonstrate readiness to implement the contract, the award shall be withdrawn by the DIVISION and the next qualified applicant shall replace the applicant.

After the award of the contract, prior to implementation, an on-site readiness review will be conducted by a team from the DIVISION and will examine the applicant's staffing and provider contracts, fiscal operations, and other areas specified prior to review.

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, SPO-H-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 (5) working days of the postmark of the Notice of Findings and Decision sent to the protestor. Delivery services other than USPS shall be considered hand deliveries and considered submitted on the date of actual receipt by the state purchasing agency.

Head of State Purchasing Agency	Procurement Officer
Name: Linda Rosen, M.D., M.P.H.	Name: Amy Yamaguchi
Title: Director of Health	Title: Administrative Officer, Adult Mental Health Division
Mailing Address: P.O. Box 3378, Honolulu, Hawaii 96801-3378	Mailing Address: P.O. Box 3378, Honolulu, Hawaii 96801-3378
Business Address: 1250 Punchbowl Street, Honolulu, Hawaii 96813	Business Address: 1250 Punchbowl Street, Honolulu, Hawaii 96813

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. Terms of the special conditions may include, but are not limited to, the requirements as outlined in Section 5, Attachment C.

The DIVISION may also be required to make small or major unanticipated modifications to individual contracts. Reasons for such modifications may include, but are not limited to, recommendations made by the DIVISION's technical assistance consultant, national trends, and needs of the Hawaii State Department of Health.

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 SPO-H-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

2.1 Introduction

A. Overview, purpose or need

The Adult Mental Health Division (“DIVISION”) of the Hawaii State Department of Health (“DEPARTMENT”) is responsible for coordinating public and private human services into an integrated and responsive delivery system for mental health needs. Provision of direct services to consumers in the public sector is offered through programs offered by the Community Mental Health Centers (“CENTERS”) and the Hawaii State Hospital (“HOSPITAL”). In addition, the DIVISION contracts on a purchase of service basis with private providers for mental health services to supplement the efforts of the CENTERS and the HOSPITAL.

For purposes related to this RFP, the basic functions or responsibilities of the DIVISION include:

1. Defining the services to be provided to consumers by the provider;
2. Developing the policies, regulations, and procedures to be followed under the programs administered by the DEPARTMENT;
3. Procuring, negotiating, and contracting with selected providers;
4. Determining initial and continuing eligibility of consumers;
5. Enrolling and disenrolling consumers;
6. Reviewing and ensuring the adequacy of the applicant’s employees and applicants;
7. Monitoring the quality of services provided by the provider and subcontractors;
8. Reviewing and analyzing utilization of services and reports provided by the provider;
9. Handling unresolved consumer grievances and appeals with the providers;
10. Monitoring the financial status and billing practices of providers;
11. Identifying and investigating fraud and abuse;
12. Analyzing the effectiveness of the program in meeting its objectives;
13. Conducting research activities;
14. Providing technical assistance to the providers;
15. Providing consumer eligibility information to the providers.

B. Planning activities conducted in preparation for this RFP

The DIVISION published a Request for Information on April 25, 2014, seeking the public’s input on the design of this service for statewide services, the availability of potential service providers, staffing capabilities for services and culturally specific service capabilities.

C. Description of the goals of the service

It is the DIVISION's mission to improve the physical health status of consumers who have severe and persistent mental illness ("SPMI") in order to reduce or eliminate the health disparities experienced by this population. In this regard, the DIVISION is committed to the development of integrated primary care and behavioral health care services within the CENTERS system through the development of health home resources and partnerships that place individual consumer preferences and needs at the forefront of implementation. Consumer satisfaction with services and service providers, including accessibility and convenience, individual choice, and the inclusion of family at the consumer's direction, are critical components of the foundation of recovery.

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

1. Partnering with the DIVISION to establish a consumer-centered integrated primary and behavioral health care health home within the DIVISION that meets the definition of a Medicaid Health Home established by the Affordable Care Act and meets the National Committee for Quality Assurance ("NCQA") Patient Centered Medical Home standards for Level 1 Recognition or higher. The integrated primary care behavioral health program is titled the Living Well Hawaii ("LWH") program.
2. Providing integrated, collaborative primary care services to CENTER Consumers who have, or are at risk of having, co-occurring chronic medical conditions. A consumer is defined as a person who meets eligibility requirement established by the DIVISION.
3. Improving the physical health status of consumers with SPMI who have or are at risk of co-occurring chronic medical conditions.
4. Empowering consumers to make informed decisions regarding their primary and behavioral health care and to participate in their own health care through self-management strategies.
5. Utilizing a Meaningful Use Two- certified electronic health record system to order lab tests electronically and receive electronic notification of results, prescribe medications electronically, and share health information electronically between the DIVISION, its integrated primary care partner, and other health care organizations.
6. To implement the LWH program in all of the DIVISION's CENTERS within three years, using a phased implementation approach.

D. Description of the target population to be served

Adults, 18 years and older, with severe and persistent mental illness who meet DIVISION eligibility criteria, and who have or are at risk of having one or more of five (5) targeted chronic medical conditions, identified by using the Chronic Condition Indicator (“CCI”) software to identify the most prevalent chronic conditions at each CENTER.

It is estimated that 70-80% of consumers receiving mental health services from the CENTERS have, or are at risk of having, co-occurring chronic medical conditions. The total number of consumers served by the CENTERS are as follows:

- Kalihi Palama – 269
- Central Oahu- 408
- Diamond Head -280
- Windward- 167
- Maui – 272 (includes 53 on Molokai, 28 on Lanai)
- Kauai – 402
- East Hawaii – 258
- West Hawaii – 128

In the two CENTERS in which the integrated model is currently being piloted (Kalihi Palama and Central Oahu), the target chronic medical conditions are tobacco use, hypertension, hyperlipidemia, obesity, and diabetes. While the top five most prevalent conditions may vary among the remaining CENTERS, it is anticipated that some, if not all, of the abovementioned conditions will show high prevalence across all CENTERS.

E. Geographic coverage of service

Statewide.

Applicants may apply to provide primary care services to the DIVISION eligible consumers served by one or more of the following CENTERS: Diamond Head CMHC, Windward CMHC, Kalihi Palama CMHC, Central Oahu CMHC, West Hawaii CMHC, East Hawaii CMHC, Maui CMHC, and Kauai CMHC. For the Maui CMHC, the Applicant may apply to serve the island of Maui only or also include the islands of Molokai and/or Lanai.

The applicant shall demonstrate capacity to provide the required services in the geographic service area(s) for which they are applying. Applicants shall also specify the number of consumers they intend to serve per CENTER.

As noted in the goals in Section 2.1.C, the DIVISION intends to implement the LWH program using a phased approach over three years. The order in which the LWH program is anticipated to be implemented in the CENTERS is: 1) Kalihi

Palama and Central Oahu simultaneously, followed by 2) West Hawaii, 3) Kauai, 4) Windward, 5) Diamond Head, 6) East Hawaii, and 7) Maui.

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

The DIVISION shall not provide any monetary reimbursement to providers for any services provided under this contract. Providers shall be expected to sustain the services provided through this contract via direct billing of primary care services, using its own billing system, to the enrollees' applicable third party liability insurers or other methods of reimbursement for primary care or health home services, as may apply to the service provider or enrollee.

The DIVISION shall provide rent-free to the provider's work space that will be within or in close proximity to each CENTER, as follows:

1. one physical examination room with a hand washing sink, overhead lighting, electrical outlets, and medical supply storage cabinets;
2. one blood draw space large enough to accommodate a blood draw chair and small supply/instrument table, which may or may not be located within the examination room;
3. medical staff office for one individual;
4. utilities for the abovementioned spaces, to include water, telephone line, fax line, data line, electricity; and
5. janitorial services to the abovementioned spaces, including general waste removal.

The examination room, blood draw area, staff office and utilities within those spaces shall be used only for the services provided under this contract. The provider shall purchase and replenish, as needed, all furniture, medical equipment, medication and specimen refrigerators, computers, printers, fax machines, and medical and office supplies for the exam room, blood draw area, and staff office.

The provider shall also arrange and pay for removal and disposal of any medical waste or other hazardous waste that it generates through the provision of services under this contract.

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

1. Temporarily withhold new referrals pending correction of a deficiency or a non-submission of a report by a provider.
2. Disallow all or part of the cost.

3. Restrict, suspend or terminate the contract.

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

Competition is encouraged among as many applicants as possible.

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
- (2) Output Measures
- (3) Quality of Care/Quality of Services
- (4) Financial Management
- (5) Administrative Requirements

2.3 General Requirements

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

1. The DIVISION shall require accreditation by the Commission on Accreditation of Rehabilitation Facilities (“CARF”), The Joint Commission (“TJC”), Council on Accreditation (“COA”), or by another DIVISION-approved accreditation body. In addition, Applicants shall possess NCQA Level 1 recognition as a Patient Centered Medical Home. Applicants that are currently accredited and/or have NCQA PCMH recognition are required to maintain accreditation and/or recognition throughout the contract period. Applicants who are not accredited or NCQA-recognized as a PCMH at the time of contract award, are required to achieve those credentials within two (2) years from the date of contract award and, in the interim, shall meet accreditation and NCQA recognition standards.
2. Providers shall have an administrative structure in place capable of supporting the activities required by the RFP. Specifically, there shall be clinical, financial, accounting and management information systems, and an organizational structure to support the activities of the provider.

3. The Applicant shall have within six (6) months of the contract start date, a written plan for emergency preparedness and disasters that has been accepted by their accreditation body or by the DIVISION.
4. The provider shall cooperate with the DIVISION in approved research, training, and service projects provided that such projects do not substantially interfere with the provider's service requirements as outlined in this RFP.
5. The provider shall comply with all specified, applicable DIVISION policies, procedures, directives, and the provider manual of the DIVISION.
6. The Applicant shall have, or develop within six (6) months of the contract start date, policies, procedures, and other documentation or tracking systems that demonstrate the services and requirements of this RFP. Whenever requested, the Applicant shall submit a copy of its operating policies and procedures to the DIVISION. The copy shall be provided at the Applicant's expense with revisions and updates as appropriate.
7. The provider shall assign staff to attend provider meetings and trainings as scheduled by the DIVISION.
8. The provider shall notify and obtain the approval of the DIVISION prior to formal presentation of any report or statistical or analytical material based on information obtained through this contract. Formal presentations shall include, but not be limited to, published papers, articles, professional publications, and conference presentations. Any written material distributed in relation to this contract must carry the following disclosure: "Funding for this program was made possible, in part, by the State of Hawaii, Department of Health, Adult Mental Health Division. The views expressed do not necessarily reflect the official policies of the Department of Health, nor does mention of trade names, commercial practices, or organizations imply endorsement by the State of Hawaii."
9. Consumer Management Requirement
 - a. Incorporate "best practices/evidence-based practices" in any consumer service.

Best practices/evidence-based practices" are defined as a body of contemporaneous empirical research findings that produce the most efficacious outcomes for person with severe and persistent mental illness, have literature to support the practices, are supported by national consensus, and have a system for implementing and maintaining program integrity and conformance

to professional standards. The DIVISION has developed fidelity scales based on best practices/evidence-based practices for some services. Providers will be required to incorporate these best practices into their service delivery and cooperate with educational and monitoring activities.

- b. Documented evidence of consumer input into all aspects of recovery planning inclusive of service related decisions.
- c. Consumers shall be served with respect in the “least restrictive” environment as determined by the consumer’s level of care assessment, as established in section 334-104, Hawaii Revised Statutes and in any appropriate federal guidelines.
- d. Consumers shall be made aware of and have access to community resources appropriate to their level of care and treatment needs.
- e. Consumers shall receive services, to the extent it is practical, in a manner compatible with their cultural health beliefs, practices, and preferred language.
- f. The provider shall comply, as a covered entity according to the provisions of chapter 321C, Hawaii Revised Statutes, regarding language access; and with federal law regarding language access, Title VI of the Civil Rights Act of 1964, 42 USC section 2000d et seq., and 45 CFR part 80. These laws require the provider to, among other things, link clients and their families with interpreter services if, on account of national origin, clients and their families do not speak English as their primary language and identify themselves as having a limited ability to read, write, speak, or understand the English language.
- g. In accordance with chapter 11-175, Hawaii Administrative Rules, and any appropriate federal guidelines, the provider shall respect and uphold consumer rights. The provider shall recognize the rights of authority of the consumer in the delivery of services, in deciding on appropriate treatment and services and in providing input into the decisions of all aspects of service.
- h. The provider shall provide the DIVISION’s Quality Management program with a written record of sentinel events, incidents, grievances, and appeals and efforts to address the situation and improve services on-site.
- i. The provider shall comply with any applicable Federal and State laws such as title VI of the Civil Rights Act of 1964 as

implemented by regulations at C.R.R. part 80, the Age Discrimination Act of 1975 as implemented by regulations at 45 C.F.R. part 91, the Rehabilitation Act of 1973, and titles II and III of the Americans with disabilities Act (“ADA”).

- j. The provider is required to comply with all Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) and the State of Hawaii’s Health Care Privacy Harmonization Act, Hawaii Revised Statutes, chapter 323B, in written policies and procedure requirements. The provider shall describe how they protect confidential information. The provider shall not use or disclose patient health information (“PHI”) in any manner that is not in full compliance with HIPAA regulations or with the laws of the State of Hawaii. The provider shall maintain safeguards, as necessary, to ensure that PHI is not used or disclosed except as provided by the contract or by law. The provider shall not use or further disclose PHI for any purpose other than the specific purposes stated in DIVISION contracts or as provided by law and shall immediately report to DIVISION any use or disclosure of PHI that is not provided in this contract or by law.
- k. Confidentiality. The DIVISION and the provider agree to keep confidential and to take reasonable precautions to prevent the unauthorized disclosure of any and all medical records and information required to be prepared or maintained by the PROVIDER, its employees, contractors or the DIVISION under this Contract pursuant to chapter 323B, Hawaii Revised Statutes.
- l. Written consumer consent shall be obtained for individuals and services funded by the DIVISION including:
 - 1) Consent to release information by DIVISION-funded service providers as needed for continuity of care, or for transition to another service provider, including after care services;
 - 2) Consent for claims to be submitted, on behalf of the consumer, for reimbursement or third party billing;
 - 3) Consent to enter registration information into the confidential Statewide DIVISION information system; and
 - 4) Other consent documents as needed.

Consumer consent is not required for oversight activities of the DIVISION and its agents, and in the case of MRO Services, the

Centers for Medicare and Medicaid Services (“CMS”) Office of the Inspector General, the Med-QUEST Division (“MQD”) and their agents.

10. Subcontracting is not allowed.

11. Financial Requirements

a. The State may require providers to submit an audit as necessary. If the provider expends \$500,000 or more in a year of federal funds from any source, it shall have a single audit conducted for that year in accordance with the Single Audit Act and Amendments of 1999, Public Law 104-156.

b. Eligibility and enrollment is determined through the assessment process by DIVISION assessors. Eligible consumers are:

- 1) At least 18 years old
- 2) Live in Hawaii
- 3) Have severe and persistent mental illness, be in a state of crisis (short-term services), be victims of natural disasters and terrorism, or court ordered for treatment by the DIVISION.
- 4) Homeless consumers registered through ACCESS by Homeless Outreach providers shall be given provisional eligibility into the DIVISION until a formal eligibility assessment is completed.

c. Notification of Change of Consumer Status.

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

It is expected that not all consumers will remember to or be able to provide information on changes to their status. Therefore, it is important for the provider to obtain and forward such information

to the DIVISION on a timely basis and inform the consumer of his/her responsibility to report changes to their case manager.

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

- d. Changes in consumer status include:
- 1) Death of the consumer
 - 2) Change in address, including homelessness
 - 3) Change in name
 - 4) Change in phone number
 - 5) Institutionalization (imprisonment or long term care)
 - 6) Short term inpatient psychiatric treatment
 - 7) Third Party Liability (“TPL”) coverage, especially employer-sponsored, Medicare, Medicaid, or Quest
- e. Consumers shall be disenrolled from DIVISION, if they meet any of the following criteria:
- 1) Are no longer living in Hawaii
 - 2) Refuse all services that are not court ordered
 - 3) Anticipated to be incarcerated for more than one (1) year
 - 4) No longer meet the criteria for DIVISION funded services either because of a change in diagnosis, functional impairment or legal status.
- f. TPL means any individual, entity or Program that is or may be liable for all or part of the expenditures for furnished services. The DEPARTMENT must take all reasonable measures to identify legally liable third parties and treat verified TPLs as a resource of the consumer.
- g. The Applicant shall establish systems for eligibility determination, billing, and collecting from all eligible sources to maximize third party reimbursements and other sources of funding.

The Applicant shall:

- 1) Recover service expenses incurred by consumers from all TPL resources.
- 2) Inform the DIVISION of TPL information uncovered during the course of normal business operations.

- 3) The applicant shall describe all eligible sources of revenue from third parties and plans to pursue additional sources of revenues for the sustainability of services under this contract.

h. Fraud and Abuse Neglect

Through its compliance program, the provider shall identify employees or providers who may be committing fraud and/or abuse. The provider activities may include, but are not limited to, monitoring the billings of its employees and providers to ensure consumers received services for which the provider is billed; monitoring the time cards of employees who provide services to consumers under cost payment arrangements; investigating all reports of suspected fraud and over-billings (upcoding, unbundling, billing for services furnished by others, billing for services not performed, and other over-billing practices), reviewing and trending consumer complaints regarding employees, subcontractors and providers.

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

12. The provider shall have current, valid licenses and certificates, as applicable, in accordance with federal, state and county regulations, and all applicable Hawaii Administrative Rules, and provide copies to the DIVISION, as requested.
13. Insurance Policies. In addition to the provisions of the General Conditions No. 1.4, the provider, at its sole cost and expense, shall procure and maintain policies of professional liability insurance and other insurance necessary to insure the provider and its employees against any claim or claims for damages arising by reason of personal injuries or death occasioned directly or indirectly in connection with the performance of the contract. Subcontractors and contractors shall also be bound by this requirement and it is the responsibility of the provider to ensure compliance with this requirement.

The provider shall obtain, maintain, and keep in force throughout the period of this Contract the following types of insurance:

General Liability insurance issued by an insurance company in the amount of at least ONE MILLION AND NO/100 DOLLARS (\$1,000,000.00) for

bodily injury and property damage liability arising out of each occurrence and not less than THREE MILLION AND NO/100 DOLLARS (\$3,000,000.00) in the aggregate annually.

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

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

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

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

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

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

Each insurance policy required by the contract shall contain the following clause:

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

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

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

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

The provider shall immediately provide written notice to the contracting department or agency should any of the insurance policies evidenced on its certificate of insurance forms be cancelled, limited in scope, or not renewed upon expiration.

If the scheduled expiration date of the insurance policy is earlier than the expiration date of the time of performance under the contract, the provider, upon renewal of the policy, shall promptly cause to be provided to the State an updated certificate of insurance.

The provider should check with its insurance company to ensure its ability to comply with these requirements. If the provider is unable to provide a Certificate of Insurance that addresses the requirements of the State, two (2) months before contract implementation, the contract award may be canceled due to the provider's inability to meet the requirements of the State.

The provider is required to submit copies of its Certificates of Insurance to the DEPARTMENT's Administrative Services Office and to the DIVISION.

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

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

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

Allowed Not allowed

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

Single Multiple Single & Multiple

Criteria for multiple awards:

The State needs the flexibility to award funding to more than one (1) applicant. In the event that more than one (1) applicant's proposal for a service meets the minimum requirements in Section III, Scope of Work, the proposal will be reviewed in accordance with the following additional criteria in determining the funding allocations:

1. Interest of the State to have a variety of providers in order to provide choices for consumers.
2. Interest of the State to have geographic accessibility.
3. Readiness to initiate or resume services.
4. Ability to maximize third party reimbursement.
5. Proposed budget in relation to the proposed total number of service recipients.
6. Previous DIVISION contract compliance status (e.g. timely submittal of reports and corrective action plans).
7. Accreditation status.
8. Applicants' past program performance based on the DIVISION's program monitoring.
9. Applicants' previous internal utilization management ability based on demonstrated past performance.
10. Applicants' past program performance, based on other state agencies' program and/or contract monitoring.

Not all applicants who submit a proposal application may be awarded a contract.

E. Single or multi-term contracts to be awarded

(Refer to HAR §3-149-302)

Single term (\leq 2 yrs)

Multi-term ($>$ 2 yrs.)

Contract terms:

Initial term of contract:	<u>3 years</u>
Length of each extension:	<u>1 year</u>
Number of possible extensions:	<u>3</u>
Maximum length of contract:	<u>6 years</u>
The initial period shall commence on the contract start date or Notice to Proceed.	
Conditions for extension: Contract extensions shall be requested in writing, and must be executed prior to contract expiration.	

2.4 Scope of Work

A. Service Activities

(Minimum and/or mandatory tasks and responsibilities)

The scope of work encompasses the following tasks and responsibilities:

1. Provider shall have a policy that emphasizes a welcoming, empathic and integrated approach to working with individuals with co-occurring behavioral health and chronic medical conditions.
2. For those consumers assessed by the DIVISION to meet eligibility for the LWH program, the DIVISION shall recruit and enroll eligible consumers into the LWH program. The Provider shall enroll LWH consumers in their electronic health record (“EHR”).
3. The Provider shall offer a routine initial primary care appointment to LWH enrollees within seven (7) calendar days of request. However, same day appointments, when available, are preferred. Provider staff shall schedule all primary care appointments for LWH consumers and check for consumers’ primary care third party liability coverage.
4. The Provider’s Primary Care Practitioners (“PCP”) shall provide a minimum of two thousand, six hundred (2,600) primary care visits to the DIVISION per each full time equivalent (“FTE”). The number of FTEs shall be adjusted as needed for the size of the population the Provider intends to serve.
5. The LWH Integrated Care Management Team (“ICMT”), a team consisting of primary care staff employed by the Provider and behavioral health staff employed by the DIVISION, shall provide integrated and collaborative team-based primary care and behavioral health services that follow the Patient Centered Medical Home (“PCMH”) model, the Affordable Care Act Medicaid health home model, and the Mac Coll Chronic Care model.
6. Services to be provided by the Provider shall include: primary care appointment scheduling, health screenings, assessments, mental/physical examinations, office visits, consultations, health promotion and prevention activities, consumer-directed goal setting, provision of condition self-management tools, disease management education, nutritional counseling, physical activity/exercise counseling, tobacco cessation treatment, referrals to specialists and community resources, specimen collection, care coordination, transitional care, individual and family support, electronic prescribing of medications, electronic ordering and receipt of lab test results, cultural adaptations to evidence-based practices for the

racial/ethnic population served, translation and interpreter services, and electronic sharing of health data via a meaningful use two-certified electronic health record system.

7. The initial ICMT meeting shall take place within thirty (30) days of each consumer's first primary care appointment.
8. Consumers drive all decisions regarding enrollment into the LWH program and treatment goals and strategies. Consumers with chronic medical conditions will not be enrolled automatically in the LWH program; they must voluntarily opt in. Consumers enrolled in LWH shall receive a service menu to serve as a decision aid on available treatments and service formats (individual or group).
9. The ICMT shall orient consumers to the full array of formal, evidence-based, self-management support and health promotion and prevention programs available including, but not limited to, illness management and recovery, Wellness Recovery Action Plan, chronic disease self-management, diabetes education, nutritional counseling, cardio metabolic risk reduction, physical activity, tobacco cessation, and Solutions for Wellness Programs.
10. At each consumer's first ICMT meeting, treatment goals shall be established, roles and responsibilities of all team members including the consumer shall be delineated, and a single care plan, or master recovery plan, to address all behavioral, physical, and wellness needs shall be reviewed and signed by the consumer and the ICMT members. Referrals to ancillary services (e.g., lab, dental), specialists (e.g., cardiologist, urologist) and follow-up appointments to adjust care shall be made as needed.
11. The ICMT shall meet at least once every three (3) months to review each consumer's outcomes, progress towards treatment goals, service use, and treatment response. At ICMT meetings, interventions employed shall be evaluated for their effectiveness. Findings from the ICMT meetings shall be shared with each consumer and updates made to each consumer's master recovery plan.
12. As needed, DIVISION staff shall provide psychiatric consultation to the Provider's PCP through collaborative, face-to-face ICMT interaction within the CMHCs on shared cases.
13. As needed, the Provider shall provide physical health consultation to the DIVISION staff through collaborative, face-to-face ICMT interaction within the CMHCs on shared cases.

14. The ICMT, in collaboration with each consumer, shall establish transition planning criteria. The ICMT shall review specific criteria outlined in the Clinical Decision Support Matrix as a starting point for discussion on transition planning. If, and when, each consumer accomplishes the consumer's treatment goals, meets all transition planning criteria set forth in the Clinical Decision Support Matrix, and demonstrates the ability to remain active and informed in their own care, the ICMT may discharge the consumer from the LWH program. Consumer choice is a priority for the DIVISION. Should the consumer not want to be discharged from the LWH program, the ICMT shall work with the consumer to review possible additional treatment goals.
15. Consumers may voluntarily withdraw from LWH program at any time.
16. Project staff from DIVISION, and the Provider shall collect demographic, clinical, quality, outcomes, access, service utilization, service cost, and consumer satisfaction data to periodically analyze the effectiveness of the LWH program in improving each consumer's physical health.
17. Health indicator data shall be collected, entered into a master program registry, and reviewed by the ICMT.
18. DIVISION leadership shall have the final approval of any primary care staff, student, or volunteer who will work within each CENTER.
19. The DIVISION and the Provider shall work collaboratively to conduct a needs assessment for staff training for project implementation; shall participate in joint training planning and implementation; and shall ensure that all staff and students who have a role in providing services to enrolled consumers shall attend staff training sessions outlined in each party's training plan.

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

1. Personnel

- a. The DIVISION and the applicant shall each be responsible for handling their own personnel matters including recruiting, hiring, training, supervising, and payroll; handling their own data entry of clinical and demographic information into their respective EHRs; billing third parties for reimbursable services, as appropriate.
- b. The provider's personnel requirements for staff providing services under this contract shall include, but are not limited to:

- 1) A Primary Care Practitioner, which shall be a Physician or APRN-RX- FNP; a Certified Medical Assistant; and other primary care providers as needed for the target chronic medical conditions of the CENTERS the Applicant has applied for, which may include but not be limited to, a Diabetes Educator, Registered Dietician, Tobacco Cessation Specialist, and health interpreters/translators. The provider staff shall follow DIVISION policies and procedures, standard operating procedures, and other guidelines.
 - 2) The provider shall be responsible for ensuring that its personnel maintain the appropriate licensing and certification requirements to practice within the State of Hawaii.
- c. The Applicant shall have a consistently applied, documented method for measuring staff competencies which include, but are not limited to, the following:
- 1) Staff proficiency in providing support for individuals with a co-occurring behavioral health and chronic medical condition.
 - 2) Staff competency in providing warm, empathic approaches in dealing with consumers.
 - 3) Staff competency related to the requirements of the job and the needs of the persons served.
- d. The provider shall submit position descriptions for direct service and supervisory staff responsible for the delivery of services as indicated in Section 3.3A. Position descriptions shall include the minimum qualifications, including experience for staff assigned to the service.
- e. The provider shall submit an organization-wide and program-specific organization chart as part of their response to the RFP for direct care and supervisory staff. The program-specific chart shall show the position of each staff and the line of responsibility including clinical and administrative supervision.
- f. The provider shall ensure and document that all staff receive appropriate and regular supervision.

- g. The provider shall ensure and document that its personnel receive appropriate education and training in techniques and modalities relevant to their service activity for the support and rehabilitation of individuals with mental illness, following the organization's policy and procedures.
- h. Continued education and training to direct care staff at least annually to maintain and upgrade their skills. The content of the education and training will be based on a strategic training plan to upgrade the educational and professional qualifications of its staff, and shall be developed in conjunction with the DIVISION.
- i. At least one (1) training session each contract period shall address the areas of substance abuse and dual diagnosis.
- j. The provider shall ensure that all of its personnel attend trainings sponsored or required by the DIVISION, as appropriate to the service(s) they are providing. The provider shall assist the DIVISION with the development and presentation of trainings to behavioral health members of the ICMT on physical health topics, as needed. All members of the ICMT shall be cross trained in the following areas including, but not limited to:
 - 1) cardiopulmonary resuscitation
 - 2) Patient Centered Medical Home, Medicaid Health Home, and Chronic Care models
 - 3) Confidentiality of alcohol and drug abuse patient records (42 CFR Part 2)
 - 4) Continuous Quality Improvement
 - 5) cultural competency
 - 6) disaster and emergency preparedness and procedures
 - 7) Health Insurance Portability and Accountability Act of 1996 (HIPAA) privacy rules
 - 8) health promotion and prevention services
 - 9) individual support and self-management services
 - 10) infection control
 - 11) interventions that support the safe management of disruptive and assaultive behaviors
 - 12) medical/behavioral health terminology
 - 13) motivational enhancement techniques
 - 14) recovery model, including recovery planning
 - 15) trauma informed care
 - 16) transitional care planning
 - 17) uses, precautions, side effects of common psychotropic drugs

- 18) uses, precautions, side effects of drugs commonly prescribed for chronic medical conditions

2. Administrative

- a. The provider shall accept all referrals to LWH deemed appropriate by the DIVISION.
- b. There will be a single point of accountability for each consumer entering the system that will be responsible for the continuity of communication, care, and follow up regardless of service, setting, or provider. In most cases, the single point of accountability will be the DIVISION designated case manager.
- c. All consumers shall be registered for services and have a record open within the DIVISION'S information system. When requested by the DIVISION, the provider shall obtain and provide the information necessary to register, open, confirm DIVISION eligibility status, and monitor services received.
- d. The provider shall submit a rate schedule which outlines charges made to consumers for service(s) rendered.
- e. The provider shall not bill LWH enrollees for finance charges or no-show fees. Consumers will be informed prior to enrollment in LWH program that their primary health care services are normally reimbursed by their TPL, but the services of the LWH program will be provided to them even if they do not have health insurance. Consumers shall be informed that they cannot be terminated by the Provider for non-payment of co-payments, finance charges, no-show fees, and non-covered services. Providers may request proof of income from consumers in order to establish sliding scale fees for co-pays based on the individual's ability to pay.
- f. The provider shall not provide, or bill for, behavioral health services to LWH enrollees within the CENTERS.
- g. The provider shall collaborate with the DIVISION to facilitate outcome evaluation. This collaboration shall involve cooperation in the administration of a consumer satisfaction survey.

3. Quality assurance and evaluation specifications

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

- 1) Provision of services in a timely manner with reasonable waiting times;
 - 2) Provision of services in a manner which is sensitive to the cultural differences of consumers;
 - 3) Provision of services in a manner which is accessible for consumers;
 - 4) Opportunities for consumers to participate in decisions regarding their care;
 - 5) An emphasis on recovery;
 - 6) Appropriate use of services in the provision of care;
 - 7) Appropriate use of best practices and evidence-based practices;
 - 8) Appropriate documentation, in accordance with defined standards;
 - 9) Monitoring and improving clinical outcomes and enhancing quality of life;
 - 10) Consumer satisfaction;
 - 11) User friendly grievance procedures which resolve issues in a timely manner; and
 - 12) Upholding consumer rights.
- b. The provider's quality management program shall include at a minimum the content indicated in Section 3.2C.
- c. The provider shall participate in the DIVISION's continuing quality management program and activities as directed by the DIVISION. The provider shall ensure that a staff member be available to participate in system-wide quality management meetings as scheduled by the DIVISION.
- d. The Quality Management reporting requirements provide:
- 1) Information on the activities and actions of the provider's Quality Management and related programs; and

- 2) Performance measures.

The objectives of the performance measures are:

- 1) To standardize how the provider specifies, calculates and reports information; and
- 2) To trend a provider's performance over time and to identify areas with opportunities for improvement.

e. Required Quality Management Activities Reports

The provider shall provide the following reports and information:

- 1) Annual consumer satisfaction survey report;
- 2) Written notification of any Quality Management Program (if written Program required) modifications;
- 3) Senior personnel changes, including professional staff/consultants, within thirty (30) calendar days of change;
- 4) Annual Quality Management Program evaluation;
- 5) Written notification of lawsuits, license suspensions, and revocation to provide Medicaid or Medicare services, or other actions brought against the provider, employees, subcontractors or providers as soon as possible, but no later than five (5) working days after the applicant is made aware of the event;
- 6) Written notice of consumer abuse or neglect immediately upon discovery;
- 7) Report of the Quality Management activities conducted quarterly. At a minimum, these reports shall include the following:
 - a) Number of cases selected for quality of care reviews and medical record documentation. Minimum data for each case selected for review shall include (1) sample of records reviewed; (2) findings; (3) actions taken, if applicable; and (4) progress toward meeting performance goals established by agency Quality Management Committee.

- b) Aggregated report of any suspected consumer, employee, subcontractor, or provider fraud and the status of any investigations.
- c) Participation with monitoring activities designated by the DIVISION.
- d) Direct care staff and provider to consumer ratios.
- e) Direct care staff and provider turnover rates.
- f) A report on consumer grievances and appeals. Minimum data for each case shall include: (1) date of grievance or appeal; (2) date of service; (3) type of service; (4) consumer name, age, diagnosis; and (5) date of resolution.
- g) Sentinel events.

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

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

The specific content of these requests cannot be readily specified in advance as the DIVISION is required to provide a variety of ad hoc reports to funding sources including the legislature and other branches of State government, as well as to national tracking and research groups, the Federal government, advocacy organizations, accreditation bodies, professional groups, stakeholder groups, and others. Requests for information to the Applicant can occur in the following areas including, but not limited to, consumer demographics, consumer needs, clinical data including lab test results and other clinical outcomes, service information including service utilization and appointment accessibility, consumer satisfaction measures such as the Consumer Assessment of Healthcare Providers and Systems (CAHPS) PCMH or CAHPS PCMH equivalent survey, staffing and capacity patterns, risk management areas, consumer outcomes, compliance, organizational processes, resource utilization, insurance areas, and cost of care, as applicable. The DIVISION will work with the Applicant over the contract period to streamline requests for information when those requests are regular and ongoing.

5. Experience

The organization providing these services shall need to demonstrate the expertise and experience in providing primary health care services to DIVISION consumers in an integrated setting utilizing a collaborative care team approach. Providers with verifiable expertise and experience in serving this target population will be given preference in the evaluation process. Providers are strongly encouraged to identify all previous experience providing similar services and/or serving the target population. Details of the provider's performance in providing these services, past contracts, performance outcomes, and references should be included in their proposal.

6. Coordination of Services

Providers are required to demonstrate the coordination of services with other involved agencies or partners including each consumer's case managers/DIVISION personnel and contracted service providers, specialty care physicians, hospitals, justice personnel and agencies, MedQuest, community service providers and organizations. Refer to the Service Activities, Section 2.4A for coordination of care and activities.

7. Reporting requirements for program and fiscal data

- a. Reports shall be submitted in the format and by the due dates prescribed by the DIVISION.
- b. The required content and format of all reports shall be subject to ongoing review and modification by the DIVISION as needed.
- c. At the discretion of the DIVISION, providers may be required to submit reports in an approved electronic format, replacing some written reports.

- C.** The Applicant shall indicate its capability to provide ancillary services to LWH enrollees on-site or off-site, as applicable. The Applicant shall provide a description of any ancillary services it is able to provide. Ancillary services may include, but are not limited to, radiologic services, physical therapy, occupational therapy, respiratory therapy, dental services, vision services, pharmacy, and diagnostic laboratory testing.

If the Applicant does not operate a licensed laboratory, the Applicant shall be responsible for conducting blood draws and other specimen collection on-site and arranging for pick-up and testing by an outside licensed laboratory. For all other ancillary services, if the Applicant is unable to provide the direct service, the

Applicant shall refer LWH enrollees to outside providers for ancillary services as needed.

D. Facilities

Not applicable.

2.5 COMPENSATION AND METHOD OF PAYMENT

A. Pricing structure or pricing methodology to be used.

Not applicable.

B. Units of service and unit rate:

Not applicable.

C. Method of compensation and payment.

The DIVISION shall not provide any monetary reimbursement to providers for any services provided under this contract. Providers shall be expected to sustain the services provided through this contract via direct billing of primary care services, using its own billing system, to the enrollees' applicable third party liability insurers or other methods of reimbursement for primary care or health home services, as may apply to the service provider or enrollee.

The DIVISION shall provide rent-free to the provider's work space that will be within or in close proximity to each CENTER, as follows:

1. The physical examination room with a hand washing sink, overhead lighting, electrical outlets, and medical supply storage cabinets;
2. one blood draw space large enough to accommodate a blood draw chair and small supply/instrument table, which may or may not be located within the examination room;
3. medical staff office for one individual;
4. utilities for the abovementioned spaces, to include water, telephone line, fax line, data line, electricity; and
5. janitorial services to the abovementioned spaces, including general waste removal.

Section 3

Proposal Application Instructions

Section 3

Proposal Application Instructions

General instructions for completing applications:

- *Proposal Applications shall be submitted to the state purchasing agency using the prescribed format outlined in this section. The proposal shall be organized and presented in the sections and subsections designated in the RFP and with prescribed content for each section.*
- *The numerical outline for the application, the titles/subtitles, applicant organization and RFP identification information on the top right hand corner of each page should be retained. The instructions for each section however may be omitted.*
- *Page numbering of the Proposal Application should be consecutive, beginning with page one (1) and continuing through for each section. See sample of table of contents in Section 5.*
- *Proposals may be submitted in a three ring binder (Optional).*
- *Tabbing of sections (Required). Each tab should be placed on a separate sheet of paper and shall not be counted as a page.*
- *Proposals should be single-spaced, with 1” margins on all sides, utilizing a 12 point font size; portrait orientation.*
- *Applicants must also include a Table of Contents with the Proposal Application. A sample format is reflected in Section 5, Attachment B of this RFP.*
- *A written response is required for **each** item unless indicated otherwise. Failure to answer any of the items will impact upon an applicant’s score.*
- *Each section shall be scored in its entirety. Information submitted in another section, shall not be considered.*
- *Other supporting documents may be submitted in an appendix, including visual aids to further explain specific points in the proposal; if used, the information is required to be referenced in the appropriate section.*
- *The Proposal Application shall not exceed 50 pages of main text, not including appendices, attachments, identification form (and/or title page), required forms, and table of contents. Appendices, attachments, identification form (and/or title page), required forms, and table of contents shall not exceed 150 pages. Document pages in excess of the stated page limitation shall not be considered (i.e., page 51, 52, ... and 151, 152, ...).*
- *The applicant’s single audit report, financial audit, or compiled financial statements are not included in the above page limitations.*
- *This form(SPO-H-200A) is available on the SPO website (see Section 1, paragraph II, Website Reference). However, the form will not include items specific to each RFP. If using the website form, the applicant must include all items listed in this section.*
- *One (1) original and four (4) copies (one unbound) of each proposal are required.*
- *Applicants are **strongly** encouraged to review evaluation criteria in Section 4, Proposal Evaluation when completing the proposal.*

The Proposal Application comprises the following sections:

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

3.1 Program Overview

Applicant shall give a brief overview to orient evaluators as to the program/services being offered. No points are assigned to the Program Overview.

3.2 Experience and Capability

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

A. Necessary Skills

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

1. Demonstrated skills, abilities, and knowledge relating to the provision of primary care services that meets NCQA standards for Patient Centered Medical Homes, ACA-defined Medicaid Health Homes, and the MacColl Chronic Care Model.
2. Demonstrated skills, abilities, and knowledge relating to the integration of primary care services into a behavioral health care setting utilizing a collaborative care team approach.
3. Demonstrated ability to respond to consumer complaints, appeals and grievances including those brought to the attention of the DIVISION.
4. Thoroughly describes the agency's vision, mission and goals showing commitment to serving and supporting adults with severe and persistent mental illness in a manner consistent with DIVISION core values and guiding principles and the LWH program's goals.

B. Experience

The applicant shall provide a description of projects/contracts pertinent to the integration of primary care and behavioral healthcare services.

1. Possess the skills, abilities, knowledge of, and experience relating to the delivery of primary care services integrated into a behavioral healthcare setting, including, but not limited to, previous and current contract performance with the DIVISION or other agencies.
2. Possess the skills, abilities, knowledge of, and experience relating to collaborating and partnering with the DIVISION, the DEPARTMENT or other agencies in the delivery of integrated primary care and behavioral healthcare services.
3. Projects/contracts, including references, pertinent to the integration of primary care and behavioral health services within the most recent five (5) years. The applicant shall include points of contact, addresses, e-mail addresses, and phone numbers. The DEPARTMENT reserves the right to contact references to verify experience. References shall not include employees of the DIVISION.
 - a. Detailed list of experience as an agency providing outpatient integrated primary care and behavioral health care services. Indicate if the integrated services were provided in a primary care or behavioral health setting.
 - b. Detailed list of experience as an agency providing outpatient primary and/or behavioral health care services to adults with severe and persistent mental illness.
 - c. If an applicant has prior experience providing consumers with community/outpatient behavioral healthcare services for the DIVISION, describe in detail any problems, concerns or difficulties encountered by the applicant or by the DIVISION, which were brought to the applicant's attention, and how they were resolved.
 - d. List of any contracts with the DEPARTMENT which provide primary care services.
 - e. List of other current or prior contracts with agencies in the public sector providing services in general for adults with severe and persistent mental illness. Discuss any problems or difficulties encountered in current or prior contracts. Applicant shall provide a

point of contact and telephone number for each contract listed. The DEPARTMENT reserves the right to contact any of the listed points of contact to inquire about the applicant's past service performance and personnel.

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

C. Quality Management and Evaluation

The applicant shall describe its own plans and methodology for quality management and evaluation of the LWH program.

The applicant shall sufficiently describe its quality management program, which shall be evaluated on the following:

1. Provision of a utilization management system.
2. Provision of a quality improvement program.
3. A policy and procedure for consumer complaints, grievances and appeals, documentation of actions taken, and demonstration of system improvement.
4. The applicant's quality management program shall include, but not be limited to, the following elements:
 - a. A written Quality Management Program description and outlined structure which includes the Performance Improvement and Management Committee reporting structure, including governing board involvement, voting composition, and a written process for performance indicator selection and goal and priority setting that follows standardized methodology and data collection, which is updated and signed annually.
 - b. A procedure for addressing consumer complaints, grievances, appeals, sentinel events and consumer satisfaction.
 - c. A system or policy that outlines how and how often the process, satisfaction, utilization, cost and clinical outcome performance indicators specific to the LWH program will be collected, tracked, reviewed, analyzed, trended, and reported to the DIVISION as appropriate.
 - d. A Quality Management Program Plan which is evaluated annually and which results in the selection of new, revised or additional performance improvement activities and goals that are based on

this evaluation. Goals and activities selected shall be relevant to the goals and objectives of the LWH program and shall include activity timelines and the titles of persons responsible for those activities.

5. Description of how the Applicant will collaborate with the DIVISION to aggregate and analyze the primary care and behavioral health data of the LWH enrollees to evaluate the effectiveness of the LWH program and use the results of the evaluation for improvement.
6. Description of the applicant's regular and systematic treatment record review using established review criteria. Additionally, the applicant shall describe how they shall develop a written plan of corrective action as indicated.
7. Provision for and evaluation of satisfaction surveys or questionnaires from consumers including the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey for a Patient Centered Medical Home (PCMH) or equivalent survey. The Applicant shall provide assurance that the CAHPS survey or a DIVISION-approved equivalent survey shall be administered at intake and at six month intervals thereafter.
8. Assurance that a staff member shall be available to represent utilization and quality management issues at meetings scheduled by the DIVISION.
9. Provision of a utilization management plan including, but not limited to the following:
 - a. A system and method of utilization review for levels of care;
 - b. Transitions in level of care;
 - c. Length of care;
 - d. A method of tracking consumer enrollment and demographics;
 - e. Consumer appeals process;
 - f. Annual evaluation of the applicant's utilization management plan;
 - g. Identification of the person in the organization who is primarily responsible for the implementation of the utilization management plan.

10. Assurance that the applicant has established, shall maintain and regularly update the following Quality Management policies and procedures regarding:
 - a. Consumer complaints, grievances and appeals;
 - b. Consumer safety;
 - c. Consumer satisfaction;
 - d. Consumer rights, responsibilities, and orientation;
 - e. Individual Support and Self-Management Services;
 - f. Health Promotion and Prevention Services;
 - g. Continuity of care for consumers transiting through levels of care or to other programs;
 - h. Disaster preparedness;
 - i. Emergency evacuation;
 - j. Health and Safety;
 - k. Infection Control
 - l. Continuous Quality Improvement
 - m. Cardiopulmonary Resuscitation
 - n. Cultural Competency
 - o. Use of evidence-based practice guidelines;
 - p. Confidentiality/HIPAA;
 - q. Treatment records and record reviews;
 - r. Recovery Care Plans;
 - s. Integration and collaboration in the treatment team care;
 - t. Coordination of all health care services and transitions;
 - u. Credentialing of staff.

11. A strong training plan for the staff responsible for delivery of LWH program services. The training plan shall be a collaborative process with DIVISION staff of assessing, developing and implementing cross training on subjects pertinent to LWH staff training needs. Training topics shall include, but are not be limited to: the Affordable Care Act and Medicaid health homes, PCMHs, motivational interviewing, trauma informed care, common behavioral health diagnoses and treatment, the five targeted chronic physical health conditions and various treatment modalities, use of EHRs, health education, substance abuse issues, forensics, sentinel event reporting and investigation , risk management, HIPAA and 42 CFR compliance, consumer rights and responsibilities, collaborative treatment planning, health and safety, access issues and standards, and treatment and service provision for Non-English speaking consumers. The applicant shall describe how they shall collaborate with DIVISION in developing and presenting the trainings on primary care topics to behavioral health staff and how they shall ensure attendance of its primary care staff at trainings presented by DIVISION staff on behavioral health topics. Participation in these trainings shall be required by all LWH applicant staff as deemed appropriate by DIVISION.
12. A consumer brochure(s) outlining services available to the consumer, hours of operations, contact information (phone numbers, and instructions on how to obtain emergency services after hours), written at a sixth (6th) grade reading level and developed with consumer input. This brochure shall provide an overview of the applicant's approach to care and shall clearly outline any major program rules that could lead to discharge from services offered by the applicant.
13. A description of the steps that the applicant will take to comply with all of the DIVISION's reporting requirements as specified in Section 2.4B. 2, 4, and 7.
14. Identification of the program contact person.
15. For services described in this RFP, a statement that the applicant shall participate with the DIVISION's quality and utilization management process including, but not limited to, case reviews, specific data gathering and reporting, peer review, concurrent review, site visitation, special studies, monitoring, credentialing, and training.

D. Coordination of Services

1. The applicant shall provide assurance that it will collaborate with CENTERS' behavioral health staff through the ICMT to:
 - a. Develop a single integrated care and recovery plan, utilizing the

DIVISION's master recovery plan template, within 30 days of intake and update the plan every three months thereafter;

- b. Refer, track referrals, and follow up on referrals of consumers to specialty providers, ancillary services, and other community health resources;
 - c. Participate in "huddle" meetings to share clinical updates and reason for appointment to prepare for consumers with upcoming scheduled appointments;
 - d. Develop transition plans from the LWH program outpatient level of care to a lower level of care through discharge to a primary care provider.
 - e. Coordinate and support transitions between the community and the emergency room, inpatient, or long term care and vice versa at least 24 hours prior to the transition, when the transition is known at least 24 hours in advance.
2. The applicant shall describe its recent history of collaborating and coordinating care with other healthcare providers for:
 - a. Integrated care planning
 - b. Referrals to specialty providers, ancillary services and other community health resources
 - c. Participation in face-to-face meetings with other disciplines or health care providers to share relevant information for planning and preparing for same or next day scheduled appointments
 - d. Transition planning from outpatient to other levels of care and vice versa
 3. The applicant may list contracts or memoranda of agreement with other agencies, such as hospitals, ancillary services, other health care providers to demonstrate its experience and capability for collaboration and care coordination. If the applicant does not currently engage in the abovementioned collaboration and coordination of care activities, the applicant shall provide a description of its plan for developing the capacity to provide such collaboration and coordination of care.

E. Ancillary Services

The applicant shall provide a description of all ancillary services it intends to provide to LWH enrollees including, but not limited to, radiologic, laboratory,

vision, dental, physical therapy, occupational therapy, respiratory therapy, or pharmacy services (see Section 2, 2.4, C) supportive of the LWH services and goals. The applicant shall indicate if it currently offers those services and the locations of the ancillary services if they will not be made available on-site at the CENTERS. Any changes in the availability of ancillary services require sixty day prior notice to the DIVISION.

F. Information System Requirements

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

1. A statement about whether the applicant is a covered entity as defined by HIPAA. A statement that the applicant will comply with all HIPAA privacy, security and transactional code set requirements.
2. An explanation of how the applicant currently manages information in order to submit required information and data in the format prescribed by the DIVISION. Required data elements captured in the provider system and reported to the DIVISION may include, but are not limited to: consumer's last name, first name, middle name, any aliases, social security number, DIVISION-generated unique ID number; Medicaid Identification Number, Medicare Identification Number, other third party liability numbers, address, telephone number, admission date, discharge date, service data using DIVISION approved procedure codes, date of birth, gender, and primary language spoken.
3. The DIVISION may add data reporting requirements or specify required formats for downloading data or submitting claims in the future. Applicants are encouraged to describe their flexibility in meeting changing data requirements.
4. In regards to flexibility, a statement that describes flexibility in adding data elements or reporting requirements is addressed in their information system.
3. A copy of the current meaningful use certificate for the Applicant's EHR
4. A description of the applicant's current capability to share health information electronically with the CENTERS and other health care providers. If the applicant is not currently able to share data electronically with the CENTERS and other health care providers, the Applicant shall describe its plan, including a timeline, for developing such capability.

3.3 Project Organization and Staffing

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

A. Staffing

1. Proposed Staffing

- a. The applicant shall describe and demonstrate that (a) the proposed staffing pattern, consumer/staff ratio, coverage, and proposed caseload capacity are reasonable and appropriate to insure viability of the services and complies with applicable DIVISION requirements, and (b) that the applicant's assignment of staff would be sufficient to effectively administer, manage, supervise, and provide the required services. The applicant shall give the number and title of the positions needed to provide the specific service activities for each geographic area served by the CENTERS for which the applicant intends to provide primary care services. Positions descriptions shall also be submitted. (Refer to the personnel requirements in the Service Specifications, as applicable.)
- b. The applicant shall fully explain, justify, and demonstrate any proposed use of a volunteer to be as effective as in-house staff for the provision of the required services; demonstrate that proposed volunteers are or would be fully qualified for the specific work assigned, could be relied on, and would be available when and where needed to provide the required services; explain how it would provide sufficient management, supervision, oversight, and evaluation of volunteers, and otherwise assure their work quality and effectiveness; and explain how it will assure that volunteers perform in compliance with the requirements of the RFP.

2. Staff Qualifications

The applicant shall describe in this section of its proposal how it will ensure its compliance with the minimum personnel qualifications, which include, but are not limited to, licensure, educational degrees, and experience for staff assigned to the program, and comply with applicable DIVISION requirements. The applicant shall provide the minimum qualifications for staff assigned to the program; include position descriptions; and explain how the minimum qualifications and/or actual qualifications would assure delivery of quality of services. (Refer to the qualifications in the Service Specifications, as applicable.)

B. Project Organization

1. Supervision and Training

The applicant shall describe and demonstrate its ability to adequately supervise, train and provide administrative direction to its staff relative to the delivery of the proposed services and comply with applicable DIVISION requirements. The description shall include frequency and method of conducting supervision and documentation of same.

The applicant shall explain how the program organization and assignment of personnel are sufficient for the effective administration, management, supervision, and provision of its services under the program to meet the projected caseload. The applicant shall describe the training that would be provided for program staff to strengthen their capability to effectively provide the program services. The training description shall describe the Applicant's proposed collaborative cross-training process to ensure the Applicant's primary care staff have adequate knowledge of relevant behavioral health topics and the CENTERS' behavioral health staff are adequately informed of relevant primary care topics.

2. Organization Chart

The applicant shall reflect the position of each staff and line of responsibility/supervision. (Include position title, name and full time equivalency). Both the "Organization-wide" and "Program" organization charts shall be attached to the Proposal Application. The applicant shall describe their approach and rationale for the structure, functions, and staffing of the proposed organization for the overall service activity and tasks. The organization-wide and program-specific organization charts shall accurately reflect the proposed structure.

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

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

3. Evidence of Licensure/Accreditation

The applicant shall submit documentation of current and valid licensure, certification, accreditation, or NCQA recognition as relevant for the service(s) the applicant is proposing to provide.

3.4 Service Delivery

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

A. Scope of Work

The applicant shall include a detailed discussion of the applicant's approach to applicable service activities and management requirements from Section 2, Item 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.

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

1. A clear description of the applicant's demonstrated capability to provide a primary healthcare service delivery system for behavioral health consumers to meet the goals and objectives of the RFP including, but not limited to, appropriateness for consumers with severe and persistent mental illness, their communities and geographic locations.
2. A clear description of the primary healthcare services for behavioral health consumers from point of entry to discharge, including interventions to be utilized. The description must be consistent with the scope of work found in Section 2.4A. and with the personnel requirements in Section 2.4 B.1. The description shall also describe the interventions to be implemented, including supports for behavioral health consumers. Any additional relevant services the Applicant proposes to provide beyond those specifically mentioned in the scopes of service, such as individual or group disease management education or self-management tools/techniques for other chronic conditions not named in this RFP; exercise classes led by a certified trainer; etc.; shall be described in this section.
4. A clear description of the target population to be served.
5. An estimate of the number of behavioral health consumers per year it could reasonably serve and, where applicable, an indication of the minimum number of units of service the applicant will provide.
6. A description of the methods the applicant will use to determine when treatment goals are accomplished and when to terminate services or to transfer the consumer to a lower level of care.

7. A description of the accessibility of services for the target population, and a description of impediments to services and efforts to overcome barriers.
8. The applicant shall provide a thorough description of how they shall not refuse a referral of an eligible consumer to the LWH program, and that it shall not have an exclusionary policy that is inconsistent with the DIVISION'S guidelines. The applicant shall include a statement acknowledging that that they will not refuse a referral submitted to them by the DIVISION.
9. A description of the "best practices and/or evidence-based practices" the applicant incorporates and a citation of the literature to support its "best practices and/or evidence-based practices". The applicant shall provide a detailed description of the system it uses to implement and maintain its "best practice and/or evidence-based practices" program integrity.
10. The applicant shall thoroughly describe the involvement of the consumer in the decisions regarding the services the consumer receives.
11. The applicant shall describe its capability for providing twenty-four (24) hour, seven (7) days a week coverage of primary healthcare services, how the applicant's on-call system works, i.e., methodology relative to applicant's answering service, and specifically, describe how behavioral health consumers will access the applicant's service and staff availability.
12. The applicant shall describe how it will be ready, able, and willing to provide primary healthcare services to behavioral health consumers throughout the time of the contract period.
13. The applicant shall state that it has read and understands this Request for Proposal and shall describe how it will comply with the requirements of the DIVISION.

B. General Requirements

The applicant shall describe how it will comply with the general requirements specified in Section 2.3, and document this description in this section of the RFP application.

C. Administrative Requirements

The applicant shall describe how it will comply with the administrative requirements specified in Section 2.4 B.2., and document this description in this section of the RFP application

3.5 Financial

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

- A. The applicant shall describe all eligible sources of revenue from third parties and plans to pursue additional sources of revenue for the services to be provided under this contract. In addition, the Applicant shall provide a statement of assurance that includes the following:
 - 1. Assurance that the applicant shall bill for all primary care services provided by its staff to the appropriate third party liability insurers via its own billing/claims system.
 - 2. Assurance that the applicant shall not bill for any behavioral health services and agrees that the CENTERS are the sole provider of behavioral health treatment within the CENTERS.

- B. The applicant shall demonstrate the financial viability and sustainability of LWH program services by describing the expenses it expects to incur in the provision of services and the revenue it expects to generate through third party insurance reimbursement or other funding sources for the number of consumers it proposes to serve.

3.6 Other

A. Litigation

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

Section 4

Proposal Evaluation

Section 4 Proposal Evaluation

4.1 Introduction

The evaluation of proposals received in response to the RFP will be conducted comprehensively, fairly and impartially. Structural, quantitative scoring techniques will be utilized to maximize the objectivity of the evaluation.

4.2 Evaluation Process

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

The evaluation will be conducted in three phases as follows:

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

Evaluation Categories and Thresholds

<u>Evaluation Categories</u>	<u>Possible Points</u>
<i>Administrative Requirements</i>	
<i>Proposal Application</i>	
Program Overview	0 points
Experience and Capability	30 points
Project Organization and Staffing	15 points
Service Delivery	50 points
Financial	5 Points
TOTAL POSSIBLE POINTS	100 Points

4.3 Evaluation Criteria

A. Phase 1 - Evaluation of Proposal Requirements

1. Administrative Requirements

2. Proposal Application Requirements

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

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

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

The RFP Review Committee shall use the scale in the table below to rate each section from the RFP from Not Addressed to Excellent. The percentage for the rate level will be multiplied by the maximum number of points for that item. For example, if an item is worth 6 points and the reviewer rated it as Satisfactory response, the score for that item would equal 60% (.60) x 6 = 3.6

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

Rating scale definitions:

Not Addressed: The required information was not present in the applicant’s proposal.

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

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

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

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

1. Experience and Capability Total 30 Points

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

- a. Provider monitoring scores of less than 80% on the overall score.
- b. Provider monitoring scores of less than 80% on the General Review Tool.
- c. Non-Compliance with DIVISION's Quality Management and Business Compliance initiatives.

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

a. Necessary Skills (6 points)

- 1) Demonstrated skills, abilities, and knowledge relating to the delivery of primary care services within the CENTERS utilizing an integrated, collaborative care team approach in partnership with CENTER behavioral health staff that meets standards for PCMH, Medicaid Health Home and Mac Coll Chronic Care Model.
- 2) Demonstrated ability to respond to consumer complaints, appeals and grievances including those brought to the attention of the DIVISION and its respective CENTERS.
- 3) Thoroughly describes the agency's vision, mission and goals showing commitment to serving and supporting adults with severe and persistent mental

illness in a manner consistent with DIVISION core values and guiding principles.

b. Experience (5 points)

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

c. Quality Management and Evaluation (4 points)

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

- 1) The applicant has sufficiently described its quality management program which shall include the following:
 - a) Provision of a utilization management system.
 - b) Provision of a quality improvement program.
 - c) A policy and procedure for consumer complaints, grievances and appeals, documentation of actions taken, and demonstration of system improvement.
- 2) The applicant has sufficiently described its provisions for project evaluation which shall include the following:
 - a) Periodic measurement, reporting, and analysis of well-defined process and outcome measures and performance indicators
 - b) Agreement that applicant will provide relevant and timely information and data.
 - c) Agreement that applicant will participate in joint project evaluation with DIVISION.
 - d) Assurance that the applicant will establish and maintain quality management policies and procedures.
- 3) A training plan and staff handbook/personnel manual for staff that is responsible for the delivery of

services. The plan includes the required trainings listed in Section 3.II.C.12.

d. Coordination of Services (10 points)

Adequate history and assurance of applicants' capability or a detailed plan to develop applicant's capability to collaborate and coordinate care between its primary care staff, the CENTERS' behavioral health staff, specialty providers, and community resources via ICMT collaborative treatment planning, referrals, huddle meetings, and transition planning to and from other levels of care that meets the scopes of services listed in (Section 2, 2.4, A)

e. Ancillary Services (2 points)

For this section, the applicant shall provide a clear description and location of the ancillary services it intends to provide to LWH enrollees. (see Section 2, 2.4, C)

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

For this section, points shall be assigned on a met, partially met, or unmet criteria.

Met: The applicant meets the requirements of the section (100%)

Partially met: The applicant meets only a portion of the requirements of the section (50%)

Unmet: The applicant does not address or meet the requirements of the section (0)

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

- 1) The applicant states they will comply with all HIPAA privacy, security, and transactional code set requirements.
- 2) An explanation of how the applicant currently manages information in order to submit required information and data in the format prescribed by the DIVISION.

- 3) A statement that describes the applicant's flexibility in adding data elements or reporting requirements is addressed in their information system.
- 4) Applicant's EHR is meaningful use two-certified and applicant demonstrates its capability to share health information electronically with CENTERS and other healthcare organizations.

2. Project Organization and Staffing Total 15 Points

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

a. Staffing (8 points)

- 1) Proposed Staffing: That the proposed staffing pattern, client/staff ratio, coverage, and proposed caseload capacity is reasonable to insure viability of the services and complies with applicable DIVISION requirements.
- 2) Staff Qualifications: Minimum qualifications (including experience) for staff assigned to the program, comply with applicable DIVISION requirements.

b. Project Organization (7 points)

- 1) Supervision and Training: Demonstrated ability to supervise, train and provide administrative direction to staff relative to the delivery of the proposed services and comply with applicable DIVISION requirements.
- 2) Organization charts: Approach and rationale for the structure, functions, and staffing of the proposed organization for the overall service activity and tasks. The organization-wide and program-specific organization charts accurately reflect the proposed structure.
- 3) Applicable submission of evidence that the applicant is licensed and has current applicable national accreditation, certification, or recognition of the service(s) the applicant is applying.

3. Service Delivery Total 50 Points

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

Evaluation criteria will include the following:

- a. A detailed description of the service that the applicant is proposing to provide including:
 - 1) Demonstrated capability of service delivery system to meet the goals and objectives of the RFP including, but not limited to, appropriateness to consumer populations, communities and geographic locations. **(16 points)**
 - 2) A clear description of the primary care services for consumers from point of entry to discharge, including interventions to be utilized. **(15 points)**
 - 2) A reasonable estimate of the number of consumers per each geographic location it will serve and where applicable the number of units it will provide. **(5 points)**
- b. A statement that the applicant shall not refuse a referral and that it shall not have an exclusionary policy that is inconsistent with the DIVISION's guidelines. **(4 points)**
- c. The program incorporates "best practices/evidence-based practice," has literature to support this, and has a system for implementing and maintaining best practice program integrity. **(4 points)**
- d. A description by the applicant of the involvement of the consumer in the decisions regarding the services the consumer receives. **(5 points)**
- e. A statement by the applicant that they have read the Request for Proposal, will comply with DIVISION requirements, and are ready, able and willing to provide services throughout the time of the contract period. **(1 point)**

4. Financial

Total 5 Points

- a. Description of all eligible sources of revenue for the services the Applicant will provide under this contract.
 - 1) Assurance that applicant shall bill for all primary care services provided by its staff to the appropriate TPL insurers via its own billing/claims system. **(1 point)**
 - 2) Assurance that the applicant shall not bill for any behavioral health services and that the CENTERS are the sole provider of behavioral health treatment. **(1 point)**
- b. Plan for financial viability and sustainability is adequate and is based on reasonable and realistic projected service volume and estimated reimbursements from third party insurers and other funding sources sufficient to cover personnel and non-personnel costs of providing the services under contract. **(3 points)**

C. Phase 3 - Recommendation for Award

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

Section 5

Attachments

- A. Proposal Application Checklist (Rev. 10/12)**
- B. Sample Table of Contents**
- C. Draft Special Conditions**
- D. Certifications**
- E. Form SPO-H-205A Instructions**
- F. Form W-9, Request for Taxpayer Identification Number and Certification**

Attachment A

Competitive POS Application Checklist

Proposal Application Checklist

Applicant: _____

RFP No.: HTH 420-3-15

The applicant's proposal must contain the following components listed below. This checklist must be signed, dated and returned to the purchasing agency as part of the Proposal Application. SPOH forms are on the SPO website. See Section 1, paragraph 1.2 Website References.*

Item	Reference in RFP	Format/Instructions Provided	Required by Purchasing Agency	Completed by Applicant
General:				
Proposal Application Identification Form (SPO-H-200)	Section 1, RFP	SPO Website*	X	
Proposal Application Checklist	Section 1, RFP	Attachment A	X	
Table of Contents	Section 5, RFP	Section 5, RFP	X	
Proposal Application (SPO-H-200A)	Section 3, RFP	SPO Website*	X	
Tax Clearance Certificate (Form A-6)	Section 1, RFP	Dept. of Taxation Website (Link on SPO website)*		
Cost Proposal (Budget)				
SPO-H-205	Section 3, RFP	SPO Website*	X	
SPO-H-205A	Section 3, RFP	SPO Website* Special Instructions are in Section 5	X	
SPO-H-205B	Section 3, RFP,	SPO Website* Special Instructions are in Section 5		
SPO-H-206A	Section 3, RFP	SPO Website*	X	
SPO-H-206B	Section 3, RFP	SPO Website*	X	
SPO-H-206C	Section 3, RFP	SPO Website*	X	
SPO-H-206D	Section 3, RFP	SPO Website*		
SPO-H-206E	Section 3, RFP	SPO Website*	X	
SPO-H-206F	Section 3, RFP	SPO Website*	X	
SPO-H-206G	Section 3, RFP	SPO Website*		
SPO-H-206H	Section 3, RFP	SPO Website*	X	
SPO-H-206I	Section 3, RFP	SPO Website*	X	
SPO-H-206J	Section 3, RFP	SPO Website*		
Certifications:				
<i>Federal Certifications</i>		Section 5, RFP		
Debarment & Suspension		Section 5, RFP	X	
Drug Free Workplace		Section 5, RFP	X	
Lobbying		Section 5, RFP	X	
Program Fraud Civil Remedies Act		Section 5, RFP	X	
Environmental Tobacco Smoke		Section 5, RFP	X	
Program Specific Requirements:				
Form W-9, Request for Taxpayer Identification Number and Certification		Section 5, RFP	X	

Authorized Signature

Date

Attachment B

Sample Table of Contents for the POS Proposal Application

Proposal Application Table of Contents

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 - 1. Supervision and Training.....10
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 - A. Cost Proposal
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 - SPO-H-206A Budget Justification - Personnel: Salaries & Wages
 - SPO-H-206B Budget Justification - Personnel: Payroll Taxes and Assessments, and Fringe Benefits
 - SPO-H-206C Budget Justification - Travel: Interisland
 - SPO-H-206E Budget Justification - Contractual Services – Administrative
 - B. Other Financial Related Materials
Financial Audits for fiscal year ended June 30, 2011 and June 30, 2012
 - C. Organization Chart
Program
Organization-wide
 - D. Performance and Output Measurement Tables
 - E. Program Specific Requirement

Attachment C

Draft Special Conditions

DRAFT SPECIAL CONDITIONS

1. The Compensation and Payment Schedule is attached hereto as Attachment 3 and made a part hereof.
2. The Certificate of Exemption from Civil Service is attached hereto as Attachment 4 and made a part hereof.
3. The PROVIDER’s Standards of Conduct Declaration is attached hereto as Attachment 5 and made a part hereof.
4. The General Conditions are attached hereto as Attachment 6 and made a part hereof.
5. The Special Conditions are attached hereto as Attachment 7 and made a part hereof.
6. Campaign Contributions by State and County Contractors. Contractors are hereby notified of the applicability of Section 11-355, HRS, which states that campaign contributions are prohibited from specified State or county government contractors during the term of the contract if the contractors are paid with funds appropriated by a legislative body.
7. Insurance. Paragraph 1.4, General Conditions, is replaced with the following:

The PROVIDER shall obtain, maintain, and keep in force throughout the period of this Contract the following types of insurance:

- a. General liability insurance issued by an insurance company in the amount of at least ONE MILLION AND NO/100 DOLLARS (\$1,000,000.00) for bodily injury and property damage liability arising out of each occurrence and TWO MILLION AND NO/100 DOLLARS (\$2,000,000.00) aggregate.
- b. Automobile insurance issued by an insurance company in an amount of at least of ONE MILLION AND NO/100 DOLLARS (\$1,000,000.00) per occurrence.
- c. Professional liability insurance issued by an insurance company of at least ONE MILLION AND NO/100 DOLLARS (\$1,000,000.00) for liability arising out of each occurrence and TWO MILLION AND NO/100 DOLLARS (\$2,000,000.00) aggregate.

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

For general liability, automobile liability, and professional liability, the insurance coverage shall be primary and shall cover the insured for all work to be performed under the Contract, including changes, and all work performed incidental thereto or

directly or indirectly connected therewith. The PROVIDER shall maintain in effect this liability insurance until the STATE has certified that the PROVIDER's work under the Contract has been completed satisfactorily.

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

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

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

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

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

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

The PROVIDER shall immediately provide written notice to the contracting department or agency should any of the insurance policies evidenced on its certificate of insurance forms be cancelled, limited in scope, or not renewed upon expiration.

If the scheduled expiration date of the insurance policy is earlier than the expiration date of the time of performance under this Contract, the PROVIDER, upon renewal of the policy, shall promptly cause to be provided to the STATE an updated certificate of insurance.

8. Option to Extend Contract. Unless terminated, this Contract may be extended by the STATE for specified periods of time not to exceed five (5) years or for not more than five (5) additional twelve (12)-month periods, upon mutual agreement and the execution of a supplemental contract or contract modification. This Contract may be extended provided that the Contract price shall remain the same or is adjusted per the Contract Price Adjustment provision stated herein. The STATE may terminate the extended agreement at any time in accordance with General Conditions no. 4.
9. Contract Price Adjustment. The Contract price may be adjusted prior to the beginning of the extension period and shall be subject to allotment and the availability of state and special funds.
10. Audit Requirements. The PROVIDER shall conduct a financial and compliance audit in accordance with the guidelines identified in Exhibit "E" attached hereto and made

a part hereof. Failure to comply with the provisions of this paragraph may result in the withholding of payments to the PROVIDER.

11. The PROVIDER shall have bylaws or policies that describe the manner in which business is conducted and policies that relate to nepotism and management of potential conflicts of interest.
12. Language Access. The PROVIDER shall comply, as a covered entity, with the provisions of chapter 321C, Hawaii Revised Statutes, regarding language access; and with federal law regarding language access, Title VI of the Civil Rights Act of 1964, 42 USC section 2000d et seq., and 45 CFR part 80. These laws require the PROVIDER to, among other things, ensure meaningful access to services, programs, and activities by providing clients with oral and written language services, including written translations of vital documents, if, on account of national origin, clients do not speak English as their primary language and have a limited ability to read, write, speak, or understand the English language. If it is necessary to provide oral or written language services to a client's family in order for the client to benefit from the PROVIDER's services, programs, or activities, the PROVIDER shall provide those language services to the family.

Attachment D

Certifications

CERTIFICATIONS

1. CERTIFICATION REGARDING DEBARMENT AND SUSPENSION

The undersigned (authorized official signing for the applicant organization) certifies to the best of his or her knowledge and belief, that the applicant, defined as the primary participant in accordance with 45 CFR Part 76, and its principals:

- (a) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal Department or agency;
- (b) have not within a 3-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- (c) are not presently indicted or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (b) of this certification; and
- (d) have not within a 3-year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause or default.

Should the applicant not be able to provide this certification, an explanation as to why should be placed after the assurances page in the application package.

The applicant agrees by submitting this proposal that it will include, without modification, the clause titled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion--Lower Tier Covered Transactions" in all lower tier covered transactions (i.e., transactions with sub-grantees and/or contractors) and in all solicitations for lower tier covered transactions in accordance with 45 CFR Part 76.

2. CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

The undersigned (authorized official signing for the applicant organization) certifies that the applicant will, or will continue to, provide a drug-free workplace in accordance with 45 CFR Part 76 by:

- (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
- (b) Establishing an ongoing drug-free awareness program to inform employees about--
 - (1) The dangers of drug abuse in the workplace;
 - (2) The grantee's policy of maintaining a drug-free workplace;
 - (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
 - (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- (c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a) above;
- (d) Notifying the employee in the statement required by paragraph (a), above, that, as a condition of employment under the grant, the employee will--
 - (1) Abide by the terms of the statement; and
 - (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
- (e) Notifying the agency in writing within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central

point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

- (f) Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d) (2), with respect to any employee who is so convicted--
 - (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 - (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- (g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

For purposes of paragraph (e) regarding agency notification of criminal drug convictions, the DHHS has designated the following central point for receipt of such notices:

Office of Grants and Acquisition Management
Office of Grants Management
Office of the Assistant Secretary for Management and Budget
Department of Health and Human Services
200 Independence Avenue, S.W., Room 517-D
Washington, D.C. 20201

3. CERTIFICATION REGARDING LOBBYING

Title 31, United States Code, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions," generally prohibits recipients of Federal grants and cooperative agreements from using Federal (appropriated) funds for lobbying the Executive or Legislative Branches of the Federal Government in connection with a SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal (non-appropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING \$100,000 in total costs (45 CFR Part 93).

The undersigned (authorized official signing for the applicant organization) certifies, to the best of his or her knowledge and belief, that:

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the under-

signed, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

- (2) If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. (If needed, Standard Form-LLL, "Disclosure of Lobbying Activities," its instructions, and continuation sheet are included at the end of this application form.)
- (3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

4. CERTIFICATION REGARDING PROGRAM FRAUD CIVIL REMEDIES ACT (PFCRA)

The undersigned (authorized official signing for the applicant organization) certifies that the statements herein are true, complete, and accurate to the best of his or her knowledge, and that he or she is aware that any false, fictitious, or fraudulent statements or claims may subject him or her to criminal, civil, or administrative penalties. The undersigned agrees that the applicant organization will comply with the Public Health Service terms and conditions of award if a grant is awarded as a result of this application.

5. CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such Federal funds. The law does not apply to children's services provided in private residence, portions of facilities used for inpatient drug or alcohol treatment, service providers whose sole source of applicable Federal funds is Medicare or Medicaid, or facilities where WIC coupons are redeemed.

Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

By signing the certification, the undersigned certifies that the applicant organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.

The applicant organization agrees that it will require that the language of this certification be included in any subawards which contain provisions for children's services and that all subrecipients shall certify accordingly.

The Public Health Services strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of tobacco products. This is consistent with the PHS mission to protect and advance the physical and mental health of the American people.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	TITLE	
APPLICANT ORGANIZATION		DATE SUBMITTED

Attachment E

Form SPO-H-205A Instructions

**Instructions for Completing
FORM SPO-H-205A ORGANIZATION - WIDE BUDGET BY
SOURCE OF FUNDS**

Applicant/Provider:	Enter the Applicant's legal name.
RFP#:	Enter the Request For Proposal (RFP) identifying number of this service activity.
For all columns (a) thru (d)	<p>Report your total organization-wide budget for this fiscal year by source of funds. Your organization's budget should reflect the total budget of the "organization" legally named. Report each source of fund in separate columns, by budget line item.</p> <p>For the first column on the first page of this form, use the column heading, "Organization Total".</p> <p>For the remaining columns you may use column headings such as: Federal, State, Funds Raised, Program Income, etc. If additional columns are needed, use additional copies of this form.</p>
Columns (b), (c) & (d)	Identify sources of funding in space provided for column titles.
TOTAL (A+B+C+D)	Sum the subtotals for Budget Categories A, B, C and D, for columns (a) through (d).
SOURCE OF FUNDING: (a) (b) (c) (d)	Identify all sources of funding to be used by your organization.
TOTAL REVENUE	Enter the sum of all revenue sources cited above.
Budget Prepared by:	Type or print the name of the person who prepared the budget request and their telephone number. If there are any questions or comments, this person will be contacted for further information and clarification. Provide signature of Applicant's authorized representative, and date of approval.

Special Instructions by the State Purchasing Agency:

Attachment F

Form W-9

**Request for Taxpayer
Identification Number
and Certification**

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	Exemptions (see instructions): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number									

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number									

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. The IRS has created a page on IRS.gov for information about Form W-9, at www.irs.gov/w9. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the

withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States:

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity,
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust, and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS a percentage of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code* on page 3 and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships* on page 1.

What is FATCA reporting? The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code* on page 3 and the Instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account, for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

Sole proprietor. Enter your individual name as shown on your income tax return on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name/disregarded entity name" line.

Partnership, C Corporation, or S Corporation. Enter the entity's name on the "Name" line and any business, trade, or "doing business as (DBA) name" on the "Business name/disregarded entity name" line.

Disregarded entity. For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulation section 301.7701-2(c)(2)(iii). Enter the owner's name on the "Name" line. The name of the entity entered on the "Name" line should never be a disregarded entity. The name on the "Name" line must be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on the "Name" line. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on the "Business name/disregarded entity name" line. If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Note. Check the appropriate box for the U.S. federal tax classification of the person whose name is entered on the "Name" line (Individual/sole proprietor, Partnership, C Corporation, S Corporation, Trust/estate).

Limited Liability Company (LLC). If the person identified on the "Name" line is an LLC, check the "limited liability company" box only and enter the appropriate code for the U.S. federal tax classification in the space provided. If you are an LLC that is treated as a partnership for U.S. federal tax purposes, enter "P" for partnership. If you are an LLC that has filed a Form 8832 or a Form 2553 to be taxed as a corporation, enter "C" for C corporation or "S" for S corporation, as appropriate. If you are an LLC that is disregarded as an entity separate from its owner under Regulation section 301.7701-3 (except for employment and excise tax), do not check the LLC box unless the owner of the LLC (required to be identified on the "Name" line) is another LLC that is not disregarded for U.S. federal tax purposes. If the LLC is disregarded as an entity separate from its owner, enter the appropriate tax classification of the owner identified on the "Name" line.

Other entities. Enter your business name as shown on required U.S. federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name/disregarded entity name" line.

Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the *Exemptions* box, any code(s) that may apply to you. See *Exempt payee code* and *Exemption from FATCA reporting code* on page 3.

Exempt payee code. Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends. Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.

Note. If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

The following codes identify payees that are exempt from backup withholding:

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2—The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8—A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10—A common trust fund operated by a bank under section 584(a)
- 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 5 ²
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.

² However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney, and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements.

- A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)
- B—The United States or any of its agencies or instrumentalities
- C—A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities
- D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Reg. section 1.1472-1(c)(1)(i)
- E—A corporation that is a member of the same expanded affiliated group as a corporation described in Reg. section 1.1472-1(c)(1)(i)
- F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

- G—A real estate investment trust
- H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940
- I—A common trust fund as defined in section 584(a)
- J—A bank as defined in section 581
- K—A broker
- L—A trust exempt from tax under section 664 or described in section 4947(a)(1)
- M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on page 2), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note. See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at www.ssa.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/businesses and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting IRS.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note. Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, or 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on the "Name" line must sign. Exempt payees, see *Exempt payee code* earlier.

Signature requirements. Complete the certification as indicated in items 1 through 5 below.

- 1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.** You must give your correct TIN, but you do not have to sign the certification.
- 2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.** You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.
- 3. Real estate transactions.** You must sign the certification. You may cross out item 2 of the certification.
- 4. Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).
- 5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor ²
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee ¹
b. So-called trust account that is not a legal or valid trust under state law	The actual owner ¹
5. Sole proprietorship or disregarded entity owned by an individual	The owner ³
6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulation section 1.671-4(b)(2)(i)(A))	The grantor ⁴
For this type of account:	Give name and EIN of:
7. Disregarded entity not owned by an individual	The owner
8. A valid trust, estate, or pension trust	Legal entity ⁴
9. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
10. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
11. Partnership or multi-member LLC	The partnership
12. A broker or registered nominee	The broker or nominee
13. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulation section 1.671-4(b)(2)(i)(B))	The trust

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name and you may also enter your business or "DBA" name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴ List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 1.

*Note. Grantor also must provide a Form W-9 to trustee of trust.

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information such as your name, social security number (SSN), or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Publication 4535, Identity Theft Prevention and Victim Assistance.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: spam@uce.gov or contact them at www.ftc.gov/idtheft or 1-877-IDTHEFT (1-877-438-4338).

Visit IRS.gov to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.