

# **Attachment F**

## **Table A – Performance Measures**

**Table A – Performance Measures  
Children with Complex Medical Needs**

<b>Column A</b>	<b>Column B</b>	<b>Column C</b>	<b>Column D</b>	<b>Column E</b>	<b>Column F</b>
Performance Measures	Annual Performance Objective for FY 2008 (Unduplicated Count)	Annual Performance Objective for FY 2009 (Unduplicated Count)	Annual Performance Objective for FY 2010 (Unduplicated Count)	Annual Performance Objective for FY 2011 (Unduplicated Count)	Applicant’s approach in meeting the performance objectives, including the methodology proposed for data collection and reporting. (Attach additional sheets as necessary.)
1. With parental consent, <b>100%</b> of children with an IFSP, and who have care coordination provided by the program, will have <u>active involvement</u> with a medical home (e.g. PCP invited to IFSP meetings, copy of IFSP sent to PCP, child medical information obtained and is in chart)	<b>100 %</b> of children with an IFSP, and who have care coordination provided by the program, will have active involvement with a medical home.	<b>100 %</b> of children with an IFSP, and who have care coordination provided by the program, will have active involvement with a medical home.	<b>100 %</b> of children with an IFSP, and who have care coordination provided by the program, will have active involvement with a medical home.	<b>100 %</b> of children with an IFSP, and who have care coordination provided by the program, will have active involvement with a medical home.	
2. <b>100%</b> of children referred to an early intervention program, and who have care coordination provided by the program, will have received a multi-disciplinary evaluation to determine Part C eligibility within 45 days of referral to Part C	<b>100 %</b> of children referred to an early intervention program, and who have care coordination provided by the program, will receive a multi-disciplinary evaluation to determine Part C eligibility within 45 days of referral to Part C.	<b>100 %</b> of children referred to an early intervention program, and who have care coordination provided by the program, will receive a multi-disciplinary evaluation to determine Part C eligibility within 45 days of referral to Part C.	<b>100 %</b> of children referred to an early intervention program, and who have care coordination provided by the program, will receive a multi-disciplinary evaluation to determine Part C eligibility within 45 days of referral to Part C.	<b>100 %</b> of children referred to an early intervention program, and who have care coordination provided by the program, will receive a multi-disciplinary evaluation to determine Part C eligibility within 45 days of referral to Part C.	

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3. <b>100%</b> of children eligible for Part C services, and who have care coordination provided by the program, will have a completed IFSP within 45 days of referral to Part C. (Include only Initial IFSPs initiated by your program)	<b>100 %</b> of children eligible for Part C services, and who have care coordination provided by the program, will have a completed IFSP within 45 days of referral to Part C.	<b>100 %</b> of children eligible for Part C services, and who have care coordination provided by the program, will have a completed IFSP within 45 days of referral to Part C.	<b>100 %</b> of children eligible for Part C services, and who have care coordination provided by the program, will have a completed IFSP within 45 days of referral to Part C.	<b>100 %</b> of children eligible for Part C services, and who have care coordination provided by the program, will have a completed IFSP within 45 days of referral to Part C.	
4. <b>100%</b> of children with an IFSP, and who have care coordination provided by the program, will have received majority of treatment services in natural environments.	<b>100 %</b> of children with an IFSP, and who have care coordination provided by the program, will receive majority of treatment services in natural environments.	<b>100 %</b> of children with an IFSP, and who have care coordination provided by the program, will receive majority of treatment services in natural environments.	<b>100 %</b> of children with an IFSP, and who have care coordination provided by the program, will receive majority of treatment services in natural environments.	<b>100 %</b> of children with an IFSP, and who have care coordination provided by the program, will receive majority of treatment services in natural environments.	

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5. At least <b>90%</b> of families who have non-mandated support services identified as a need in their child's IFSP, and care coordination is provided by the program, will have been referred for all identified services (e.g. respite, parent-to-parent support, community resources for housing, continuing education, etc)	<b>90%</b> of families who have non-mandated support services identified as a need in their child's IFSP, and care coordination is provided by the program, will have been referred for all identified services (e.g. respite, parent-to-parent support, community resources for housing, continuing education, etc)	<b>90%</b> of families who have non-mandated support services identified as a need in their child's IFSP, and care coordination is provided by the program, will have been referred for all identified services (e.g. respite, parent-to-parent support, community resources for housing, continuing education, etc)	<b>90%</b> of families who have non-mandated support services identified as a need in their child's IFSP, and care coordination is provided by the program, will have been referred for all identified services (e.g. respite, parent-to-parent support, community resources for housing, continuing education, etc)	<b>90%</b> of families who have non-mandated support services identified as a need in their child's IFSP, and care coordination is provided by the program, will have been referred for all identified services (e.g. respite, parent-to-parent support, community resources for housing, continuing education, etc)	
6. <b>100%</b> of children who turn 3 y.o. during the fiscal year, and who have care coordination provided by the program, will have a transition conference at least 3 months prior to their 3rd birthday, or start of home school.	<b>100 %</b> of children who turn 3 y.o. during the fiscal year, and who have care coordination provided by the program, will have a transition conference at least 3 months prior to their 3rd birthday, or start of home school.	<b>100 %</b> of children who turn 3 y.o. during the fiscal year, and who have care coordination provided by the program, will have a transition conference at least 3 months prior to their 3rd birthday, or start of home school.	<b>100 %</b> of children who turn 3 y.o. during the fiscal year, and who have care coordination provided by the program, will have a transition conference at least 3 months prior to their 3rd birthday, or start of home school.	<b>100 %</b> of children who turn 3 y.o. during the fiscal year, and who have care coordination provided by the program, will have a transition conference at least 3 months prior to their 3rd birthday, or start of home school.	

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7. At least <b>10%</b> of children with an IFSP will transfer to a geographically appropriate early intervention program when medically stable, based on physician opinion. (Includes children who have care coordination with PHN/Healthy Start)	<b>10%</b> of children with an IFSP will transfer to a geographically appropriate early intervention program when medically stable, based on physician opinion.	<b>10%</b> of children with an IFSP will transfer to a geographically appropriate early intervention program when medically stable, based on physician opinion.	<b>10%</b> of children with an IFSP will transfer to a geographically appropriate early intervention program when medically stable, based on physician opinion.	<b>10%</b> of children with an IFSP will transfer to a geographically appropriate early intervention program when medically stable, based on physician opinion.	
8. <b>100%</b> of program staff will meet the highest level of professional standards and competencies for the State of Hawaii as identified in the Early Intervention State Plan, including current Hawaii State licensing requirements.	<b>100 %</b> of staff will meet the highest level of professional standards and competencies, including Hawaii State licensing requirements.	<b>100 %</b> of staff will meet the highest level of professional standards and competencies, including Hawaii State licensing requirements.	<b>100 %</b> of staff will meet the highest level of professional standards and competencies, including Hawaii State licensing requirements.	<b>100 %</b> of staff will meet the highest level of professional standards and competencies, including Hawaii State licensing requirements.	

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<p>9. <b>100%</b> of those children with an IFSP who have feeding concerns (including food textures, pocketing food, dysphagia, etc) will be evaluated and receive follow up services from program staff (versus linking children to a medical facility). Program staff are not expected to provide medical diagnostic procedures (e.g. MBS, upper GI tests, etc). This includes children who have care coordination by PHN/Healthy Start.</p>	<p><b>100%</b> of those children with an IFSP who have feeding concerns (including food textures, pocketing food, dysphagia, etc) will be evaluated and receive follow up services from program staff.</p>	<p><b>100 %</b> of those children with an IFSP who have feeding concerns (including food textures, pocketing food, dysphagia, etc) will be evaluated and receive follow up services from program staff.</p>	<p><b>100 %</b> of those children with an IFSP who have feeding concerns (including food textures, pocketing food, dysphagia, etc) will be evaluated and receive follow up services from program staff.</p>	<p><b>100 %</b> of those children with an IFSP who have feeding concerns (including food textures, pocketing food, dysphagia, etc) will be evaluated and receive follow up services from program staff.</p>	

**This RFP is in 5 Part:**

**Part 1: Beginning through Attachment B**

**Part 2: Attachment C**

**Part 3: Attachment D through E**

**Part 4: Attachment F**

**Part 5: Attachment G through H**