

State of Hawaii  
Department of Health  
Family Health Services Division  
Maternal and Child Health Branch/Healthy Start Program

## **Request for Proposals**

**RFP No. HTH-560-CT-001**  
**Primary Prevention of Child Abuse and**  
**Neglect**  
**(Child Maltreatment)**

**Sub Category:**  
**Home Visiting**

Issued: September 10, 2007

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

September 10, 2007

## **REQUEST FOR PROPOSALS**

### **Primary Prevention of Child Abuse and Neglect Healthy Start Program (Home Visiting) RFP No. HTH-560-CT-001**

The Department of Health (DOH), Family Health Services Division (FHSD), Maternal and Child Health Branch (MCHB), Family and Community Support Section (FCSS), is requesting proposals from qualified applicants to provide Healthy Start Program services statewide. Funding is available for a two (2) year contract term with the initial period to commence on July 1, 2008 or date of State's Notice to Proceed, whichever is later, and end on June 30, 2010, with the option to extend.

Hawaii Healthy Start (HS) Program is a statewide, voluntary home visiting (HV) program that supports families and promotes positive parent child relationships. It consists of two components, Early Identification (EID) and Home Visiting (HV). The EID component provides screenings and assessments to identify prenatal and postnatal women and families at-risk for sub-optimal health, developmental delay and maltreatment. The HV component provides culturally appropriate support services within the family's natural environment and focuses on the reduction of parental/environmental stressors, which is directly related to child maltreatment. HV services are voluntary until the child reaches three years of age.

Hawaii HS utilizes a paraprofessional model. The paraprofessionals are trained home visitors who are supervised by a trained professional.

HV services includes but are not limited to screenings for possible developmental delays and referrals for early intervention services, teaching about child development, positive parenting skills and problem solving techniques, linkages with community resources, and encouragement to seek professional help for substance abuse, mental health issues, and domestic violence.

## PROPOSAL MAIL-IN AND DELIVERY INFORMATION SHEET

**NUMBER OF COPIES TO BE SUBMITTED: Original + 3 Copies**

ALL MAIL-INS SHALL BE POSTMARKED BY THE UNITED STATES POSTAL SERVICE (USPS) NO LATER THAN **November 2, 2007** and received by the state purchasing agency no later than **10 days from the submittal deadline.**

### All Mail-ins

Department of Health  
Administrative Services Office  
P.O. Box 3378  
Honolulu, Hawaii 96801-3378

### DOH RFP COORDINATOR

Valerie Ako  
For further info. or inquiries  
Phone: 586-4550  
Fax: 586-4649

ALL HAND DELIVERIES SHALL BE ACCEPTED AT THE FOLLOWING SITES UNTIL **4:30 P.M., Hawaii Standard Time (HST)**. Deliveries by private mail services such as FEDEX shall be considered hand deliveries. Hand deliveries shall not be accepted if received after 4:30 p.m., NOVEMBER 2, 2007.

### Drop-off Sites

#### **Oahu:**

Department of Health  
Administrative Services Office Room 310,  
Kina'u Hale  
1250 Punchbowl Street  
Honolulu, Hawaii

#### **Maui:**

Department of Health  
Maui District Health Office  
State Office Building, 3rd Floor  
54 High Street  
Attn: DOH Admin. Svcs. Office

#### **East Hawaii:**

Department of Health  
Hawaii District Health Office  
State Office Building, Room 105  
75 Aupuni Street  
Attn: DOH Admin. Svcs. Office

#### **Kauai:**

Department of Health  
Kauai District Health Office  
Lihue Health Center  
Lihue, Kauai  
Attn: DOH Admin. Svcs. Office

#### **West Hawaii:**

Department of Health  
Kealakekua Business Plaza  
81-980 Haleki'i Street  
Kealakekua, Hawaii  
Attn: DOH Admin. Svcs. Office

## RFP Table of Contents

### Section 1 Administrative Overview

I.	Procurement Timetable.....	1-1
II.	Website Reference .....	1-2
III.	Authority .....	1-2
IV.	RFP Organization.....	1-2
V.	Contracting Office .....	1-3
VI.	Orientation .....	1-3
VII.	Submission of Questions.....	1-4
VIII.	Submission of Proposals.....	1-4
IX.	Discussions with Applicants.....	1-7
X.	Opening of Proposals .....	1-7
XI.	Additional Materials and Documentation.....	1-7
XII.	RFP Amendments .....	1-7
XIII.	Final Revised Proposals .....	1-7
XIV.	Cancellation of Request for Proposals.....	1-8
XV.	Costs for Proposal Preparation.....	1-8
XVI.	Provider Participation in Planning.....	1-8
XVII.	Rejection of Proposals .....	1-8
XVIII.	Notice of Award.....	1-9
XIX.	Protests.....	1-9
XX.	Availability of Funds .....	1-10
XXI.	Monitoring and Evaluation .....	1-10
XXII.	General and Special Conditions of the Contract.....	1-10
XXIII.	Cost Principles .....	1-10

### Section 2 - Service Specifications

I.	Introduction.....	2-1
	A. Overview, Purpose or Need .....	2-1
	B. Planning activities conducted in preparation for this RFP.....	2-2
	C. Description of the Goals of the Service .....	2-2
	D. Description of the Target Population to be Served.....	2-2
	E. Geographic Coverage of Service .....	2-2
	F. Probable Funding Amounts, Source, and Period of Availability.....	2-2
II.	General Requirements.....	2-3
	A. Specific Qualifications or Requirements .....	2-3
	B. Secondary Purchaser Participation .....	2-4
	C. Multiple or Alternate Proposals .....	2-4
	D. Single or Multiple Contracts to be Awarded .....	2-5
	E. Single or Multi-Term Contracts to be Awarded .....	2-5
	F. RFP Contact Person .....	2-6
III.	Scope of Work .....	2-7
	A. Services to be Provided.....	2-7

	B.	Management Requirements .....	2-10
IV.		Facilities.....	2-17

### Section 3 - Proposal Application Instructions

		General Instructions for Completing Applications .....	3-1
I.		Program Overview .....	3-1
II.		Experience and Capability .....	3-1
	A.	Experience & Skills .....	3-2
	B.	Quality Assurance and Evaluation.....	3-2
	C.	Facilities.....	3-2
III.		Project Organization and Staffing.....	3-2
	A.	Staffing.....	3-2
	B.	Project Organization .....	3-2
IV.		Service Delivery.....	3-3
V.		Financial.....	3-4
	A.	Pricing Structure .....	3-4
	B.	Other Financial Related Materials .....	3-5
VI.		Other .....	3-5
	A.	Litigation.....	3-5

### Section 4 – Proposal Evaluation

I.		Introduction.....	4-1
II.		Evaluation Process.....	4-1
III.		Evaluation Criteria .....	4-2
	A.	Phase 1 – Evaluation of Proposal Requirements .....	4-2
	B.	Phase 2 – Evaluation of Proposal Application.....	4-3
	C.	Phase 3 – Recommendation for Award .....	4-8

### Section 5 – Attachments

Attachment A.	Proposal Application Checklist
Attachment B.	Sample Table of Contents
Attachment C.	Average Monthly Active Families Enrolled by Census Tract
Attachment D.	Interpersonal Relationships between Staff and Clients/Patients
Attachment E.	Form POST 210, 210A
Attachment F.	Performance Measures
Attachment G.	Healthy Start Billing Definitions
Attachment H.	Budget forms
Attachment I.	Healthy Start Program Model
Attachment J.	Healthy Start Training Schedule
Attachment K.	DHS Enhanced Healthy Start forms A, B, C

# **Section 1**

## **Administrative Overview**

# Section 1

## Administrative Overview

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

### I. Procurement Timetable

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

Activity	Scheduled Date
Public notice announcing RFP	Sept. 10, 2007
Distribution of RFP	Sept. 10, 2007
RFP orientation session	Sept. 20, 2007
Closing date for submission of written questions for written responses	Sept. 27, 2007
State purchasing agency's response to applicants' written questions	Oct. 5, 2007
Discussions with applicant prior to proposal submittal deadline (optional)	Oct. 6 – Nov. 1, 2007
Proposal submittal deadline	Nov. 2, 2007
Discussions with applicant after proposal submittal deadline (optional)	Nov. 16, 2007
Final revised proposals (optional)	Nov. 21, 2007
Proposal evaluation period	Nov-Dec 2007
Provider selection	Jan. 2008
Notice of statement of findings and decision	Jan. 2008
Contract start date	July 1, 2008 or State's Notice to Proceed

## II. Website Reference

The State Procurement Office (SPO) website is [www.spo.hawaii.gov](http://www.spo.hawaii.gov)

	For	Click
1	Procurement of Health and Human Services	"Health and Human Services, Chapter 103F, HRS..."
2	RFP website	"Health and Human Services, Ch. 103F..." and "RFPs"
3	Hawaii Administrative Rules (HAR) for Procurement of Health and Human Services	"Statutes and Rules" and "Procurement of Health and Human Services"
4	Forms	"Health and Human Services, Ch. 103F..." and "For Private Providers" and "Forms"
5	Cost Principles	"Health and Human Services, Ch. 103F..." and "For Private Providers" and "Cost Principles"
6	Standard Contract -General Conditions	"Health and Human Services, Ch. 103F..." "For Private Providers" and "Contract Template – General Conditions"
7	Protest Forms/Procedures	"Health and Human Services, Ch. 103F..." and "For Private Providers" and "Protests"

### Non-SPO websites

(Please note: website addresses may change from time to time. If a link is not active, try the State of Hawaii website at [www.hawaii.gov](http://www.hawaii.gov))

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

(Please note: State of Hawaii website addresses may change from time to time. If a link is not active, try the State of Hawaii website at [www.hawaii.gov](http://www.hawaii.gov))

## III. Authority

This RFP is issued under the provisions of the Hawaii Revised Statutes (HRS), Chapter 103F and its administrative rules. All prospective applicants

are charged with presumptive knowledge of all requirements of the cited authorities. Submission of a valid executed proposal by any prospective applicant shall constitute admission of such knowledge on the part of such prospective applicant.

#### IV. RFP Organization

This RFP is organized into five sections:

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

*Section 2, Service Specifications*--Provides applicants with a general description of the tasks to be performed, delineates applicant responsibilities, and defines deliverables (as applicable).

*Section 3, Proposal Application Instructions*--Describes the required format and content for the proposal application.

*Section 4, Proposal Evaluation*--Describes how proposals will be evaluated by the state purchasing agency.

*Section 5, Attachments* --Provides applicants with information and forms necessary to complete the application.

#### V. Contracting Office

The Contracting Office is responsible for overseeing the contract(s) resulting from this RFP, including system operations, fiscal agent operations, and monitoring and assessing provider performance. The Contracting Office is:

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Department of Health	<b>Maternal and Child Health Branch</b>
	<b>Family and Community Support Section</b>
	<b>741-A Sunset Avenue</b>
	<b>Honolulu, Hawaii 96816</b>

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Phone (808)	<b>733-4182</b>	Fax: (808)	<b>733-9078</b>
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#### VI. Orientation

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

**Date:** September 20, 2007 **Time:** 1:00 – 3:00 PM

**Location:** Keoni Ana Videoconference Center, 1177 Alakea St. Rm 302

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Videoconferencing sites:

Hawaii – Hilo State Office Bldg. 75 Aupuni Street

Kauai – Lihue State Office Bldg. 3060 Eiwa Street

Maui – Wailuku Judiciary Bldg. 2145 Main Street

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 next paragraph (VII. Submission of Questions).

## VII. Submission of Questions

Applicants may submit questions to the RFP Contact Person identified in Section 2 of this RFP. All written questions will receive a written response from the state purchasing agency.

Deadline for submission of written questions:

**Date:** September 27, 2007 **Time:** 4:30 PM HST

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

**Date:** October 5, 2007

## VIII. Submission of Proposals

**A. Forms/Formats** - Forms, with the exception of program specific requirements, may be found on the State Procurement Office website (See page 1-2, Websites Referred to in this RFP. Refer to the Proposal Application Checklist for the location of program specific forms.

1. **Proposal Application Identification (Form SPO-H-200)** - Provides identification of the proposal.
2. **Proposal Application Checklist** – Provides applicants with information on where to obtain the required forms; information on program specific requirements; which forms are required and the order in which all components should be assembled and submitted to the state purchasing agency.
3. **Table of Contents** - A sample table of contents for proposals is located in Section 5, Attachments. This is a sample and meant as a guide. The table of contents may vary depending on the RFP.

4. **Proposal Application (Form SPO-H-200A)** - Applicant shall submit comprehensive narratives that addresses all of the issues contained in the Proposal Application Instructions, including a cost proposal/budget if required. (Refer to Section 3 of this RFP.)
5. **Tax Clearance** – A certified copy of a current valid tax clearance certificate issued by the State of Hawaii, Department of Taxation (DOTAX) and the Internal Revenue Service (IRS) will be required either at the time of proposal submittal or upon notice of award at the discretion of the purchasing agency.

Refer to Section 4, subparagraph III.A.1, Administrative Requirements, and the Proposal Application Checklist (located in Section 5) to determine whether the tax clearance is required at time of proposal submittal for this RFP. Tax clearance application may be obtained from the Department of Taxation website. (See paragraph II, Website Reference.)

- B. **Program Specific Requirements** - Additional program specific requirements are included in Sections 2 and/or 3, Service Specifications and the Proposal Application Instructions, as applicable. If Federal and/or State certifications are required, they are listed on the Proposal Application Checklist located in Section 5.
- C. **Multiple or Alternate Proposals** - Multiple or alternate proposals shall not be accepted unless specifically provided for in Section 2 of this RFP. In the event alternate proposals are not accepted and an applicant submits alternate proposals, but clearly indicates a primary proposal, it shall be considered for award as though it were the only proposal submitted by the applicant.
- D. **Wages and Labor Law Compliance** - Before a provider enters into a service contract in excess of \$25,000, the provider shall certify that it complies with section 103-55, HRS, Wages, hours, and working conditions of employees of contractors performing services. Section 103-55, HRS may be obtained from the Hawaii State Legislature website. (See paragraph II, Website Reference.)
- E. **Compliance with all Applicable State Business and Employment Laws.** All providers shall comply with all laws governing entities doing business in the State. Prior to contracting, owners of all forms of business doing business in the state except sole proprietorships, charitable organizations unincorporated associations and foreign insurance companies be registered and in good standing with the Department of Commerce and Consumer Affairs (DCCA), Business

Registration Division. Foreign insurance companies must register with DCCA, Insurance Division. More information is on the DCCA website. (See paragraph II, Website Reference.)

- F. Campaign Contributions by State and County Contractors.** Contractors are hereby notified of the applicability of Section 11-205.5, 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. For more information, Act 203/2005 FAQs are available at the Campaign Spending Commission webpage. (See paragraph II, Website Reference.)
- 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. All hand deliveries shall be received by the State purchasing agency by the date and time designated on the Proposal Mail-In and Delivery Information Sheet. Proposals shall be rejected when:

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

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

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

## **IX. Discussions with Applicants**

- A. Prior to Submittal Deadline.** Discussions may be conducted with potential applicants to promote understanding of the purchasing agency's requirements.
- B. After Proposal Submittal Deadline -** Discussions may be conducted with applicants whose proposals are determined to be reasonably susceptible of being selected for award, but proposals may be accepted without discussions, in accordance section 3-143-403, HAR.

## **X. Opening of Proposals**

Upon receipt of proposal by a state purchasing agency at a designated location, proposals, modifications to proposals, and withdrawals of proposals shall be date-stamped, and when possible, time-stamped. All documents so received shall be held in a secure place by the state purchasing agency and not examined for evaluation purposes until the submittal deadline.

Procurement files shall be open to public inspection after a contract has been awarded and executed by all parties.

## **XI. Additional Materials and Documentation**

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

## **XII. RFP Amendments**

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

## **XIII. Final Revised Proposals**

If requested, final revised proposals shall be submitted in the manner, and by the date and time specified by the state purchasing agency. If a final revised proposal is not submitted, the previous submittal shall be construed as the applicant's best and final offer/proposal. *The applicant shall submit **only** the section(s) of the proposal that are amended, along with the Proposal Application Identification Form (SPO-H-200).* After final revised proposals are received, final evaluations will be conducted for an award.

#### **XIV. Cancellation of Request for Proposal**

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

#### **XV. Costs for Proposal Preparation**

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

#### **XVI. Provider Participation in Planning**

Provider participation in a state purchasing agency's efforts to plan for or to purchase health and human services prior to the state purchasing agency's release of a request for proposals, 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 sections 3-142-202 and 3-142-203 of the Hawaii Administrative Rules for Chapter 103F, HRS.

#### **XVII. Rejection of Proposals**

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

A proposal may be automatically rejected for any one or more of the following reasons: (Relevant sections of the Hawaii Administrative Rules for Chapter 103F, HRS, are parenthesized)

- (1) Rejection for failure to cooperate or deal in good faith. (Section 3-141-201, HAR)
- (2) Rejection for inadequate accounting system. (Section 3-141-202, HAR)
- (3) Late proposals (Section 3-143-603, HAR)
- (4) Inadequate response to request for proposals (Section 3-143-609, HAR)
- (5) Proposal not responsive (Section 3-143-610(a)(1), HAR)
- (6) Applicant not responsible (Section 3-143-610(a)(2), HAR)

## XVIII. Notice of Award

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

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

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

## XIX. Protests

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

- (1) A state purchasing agency's failure to follow procedures established by Chapter 103F of the Hawaii Revised Statutes;
- (2) A state purchasing agency's failure to follow any rule established by Chapter 103F of the Hawaii Revised Statutes; and
- (3) A state purchasing agency's failure to follow any procedure, requirement, or evaluation criterion in a request for proposals issued by the state purchasing agency.

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

<b>Head of State Purchasing Agency</b>	<b>Procurement Officer</b>
Name: Chiyome Leina'ala Fukino, M.D.	Name: Leighton Tamura
Title: Director of Health	Title: Public Health Administrative Officer
Mailing Address: P.O. Box 3378 Honolulu, Hawaii 96801	Mailing Address: 741-A Sunset Ave. Honolulu, Hawaii 96816
Business Address: 1250 Punchbowl St., Honolulu, HI 96813	Business Address: 741-A Sunset Ave. Honolulu, Hawaii 96816

**XX. Availability of Funds**

The award of a contract and any allowed renewal or extension thereof, is subject to allotments made by the Director of Finance, State of Hawaii, pursuant to Chapter 37, HRS, and subject to the availability of State and/or Federal funds.

**XXI. 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

**XXII. General and Special Conditions of Contract**

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

**XXIII. Cost Principles**

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

# **Section 2**

## **Service Specifications**

## Section 2

# Service Specifications

### I. Introduction

#### A. Overview, purpose or need

Hawaii Healthy Start (“HS”) Program is a statewide, voluntary home visiting program that supports families and promotes positive parent child relationships. It consists of two components, Early Identification (“EID”) and Home Visiting (“HV”). The EID component provides screenings and assessments to identify prenatal and postnatal women and families at-risk for sub-optimal health, developmental delay and maltreatment. The HV component provides culturally appropriate support services within the family’s natural environment and focuses on the reduction of parental/environmental stressors, which is directly related to child maltreatment. HV services are voluntary until the child reaches three years of age .

HS utilizes a paraprofessional model. The paraprofessionals are trained home visitors who are supervised by a professional.

HV services include but are not limited to screenings for possible developmental delays and referrals for early intervention services, teaching about child development, positive parenting skills and problem solving techniques, linkages with community resources, and encouragement to seek professional help for substance abuse, mental health issues, and domestic violence.

The 2006 report to the Legislature for Senate Concurrent Resolution (“SCR”) 227, Hawaii Healthy Start Advisory Task Force delineated the following goals for the program:

- Reduction in child abuse and neglect,
- Increasing family self sufficiency,
- Reduction of stressors and risk to children, and
- Improved child adjustment and achievement.

The Hawaii State Department of Health (“DOH”), Family Health Services Division (“FHSD”), Maternal and Child Health Branch (“MCHB”), Family and Community Support Section (“FCSS”) is soliciting applications for the purpose of providing comprehensive home visitation services to at-risk families, both prenatal and postnatal, in the state of Hawaii determined eligible through a screening/assessment/referral process (“EID”). EID services will be continued under currently contracted providers. This solicitation is for HV services which must address family strengthening and child development services.

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

Discussions with current service providers were conducted at monthly Provider Network meetings. Provider input regarding billing revisions, model changes, discipline/role responsibilities, and overall service provision were elicited. Additionally, RFP preparation also incorporated recommendations made by the Healthy Start Task Force as per SCR 227.

On line RFI postings were held: May 4, 2007 with comment reply date of 6/1/07.

An RFI meeting was held: July 9, 2007 with comment reply date 7/16/07.

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

Home Visiting goals are:

Reduction in child abuse and neglect,  
Increasing family self-sufficiency,  
Reduction of stressors and risk to children, and  
Improved child adjustment and achievement.

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

Prenatal women and families of infants under the age of 2 ½ years may enter the program. Families may remain in the program until the youngest child is age 3.

**Secondary purchaser participation**

(Refer to §3-143-608, Hawaii Administrative Rules, "HAR").

The target population for the secondary purchase will include:

1. Families with children age 0-one year of age who have been accepted for service by the Department of Human Services Child Welfare Service ("DHS CWS") or Voluntary Case Management ("VCM") or Family Strengthening Service ("FSS"); and
2. Families with children aged 1-2½ years of age who have been accepted by the DHS CWS or VCM or FSS and are at high risk for developmental delays as determined by the assigned staff.

**E. Geographic coverage of service : Statewide****F. Probable funding amounts, source, and period of availability**

The approximate amount of State Funds available in each of fiscal years 2009 and 2010 is \$11,850,000.00.

Although the approximate amount of State Funds available for Healthy Start Home Visiting services is \$11,850,000.00 in each of fiscal years 2009 and 2010, additional funding of up to \$5,000,000 may become available in each fiscal year. The intent regarding use of any additional funds, however, must be consistent with this RFP.

The above amounts are based on availability of funding and a continuation of need.

### **Secondary purchaser participation**

(Refer to §3-143-608, HAR).

For the secondary purchase the anticipated amount of funding projected by DHS is \$3,200,000 per year statewide with the following sections receiving approximately \$400,000 per year depending upon the varying costs per section: one on Kauai, one on Maui covering Lanai, one on Molokai, and two on Hawaii. The funding for Oahu will be approximately \$1,200,000 per year and will be distributed based on the primary purchaser's awardees and their geographic areas of coverage. It is anticipated that the source of funds will be from the federal Temporary Assistance to Needy Families Program (TANF) under Title IVA of the Social Security Act. Additional funding may become available over the life of the contract, and the sources of funding may change. Funding for any given year, for any geographic area, or for any contract as a whole may increase up to 300% of the original amount. Increases are subject to the availability of funds as well as acceptable program utilization, satisfactory performance, and need as determined by DHS.

## **II. General Requirements**

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

**Applicants may submit one (1) proposal for more than one geographic area, but must submit separate budget proposals for each geographic area for fiscal years 2009 and 2010.**

Requests for exceptions to the minimum staffing requirements shall be considered on a case by case basis taking into account various factors, including but not limited to geographic location, caseload amount and predicted growth, quality and quantity of staff recruitment efforts. The DOH may determine that subcontracting may fulfill these staffing requirements, however all subcontracts are subject to approval by the DOH.

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

After-the-fact secondary purchases will be allowed.

Planned secondary purchases:

DHS is a planned secondary purchaser dependent upon the availability of funding. DHS may purchase Enhanced Healthy Start services on all islands to serve the clients of the DHS CWS. Under the secondary purchase, the Providers' staffing shall meet all the requirements for the DOH Healthy Start contract. Exceptions to the DOH Healthy Start staffing requirements shall include the services of a Registered Nurse ("RN") instead of a child development specialist and include a clinical specialist who preferably is a Certified Substance Abuse Counselor ("CSAC") or at least has experience in working with substance abusing families. The paraprofessional FSWs have caseloads of approximately 15-18 families in the Enhanced Healthy Start model.

Enhanced Healthy Start Providers shall comply with the Department of Human Services Enhanced Healthy Start ("DHS EHS") staffing model as presented herein. Requests for exceptions to this staffing model shall be considered by the DHS on a case by case basis taking into account various factors, including but not limited to geographic location, caseload amount and predicted growth, quality and quantity of staff recruitment efforts. The DHS may determine that subcontracting may fulfill these staffing requirements, however all subcontracts are subject to approval by the DHS.

All EHS Providers shall inform each family at the start of their involvement with the Providers that their demographic data collected in the Provider's computerized databases is shared with the primary purchaser.

Applicants are not expected to address the secondary purchase terms and specifications in their proposals submitted to the DOH. However, the primary purchaser awardees shall be expected to propose their EHS plans and specifications including a delineation of their service delivery, staffing pattern and budgeted costs to the DHS. Upon approval, the DHS shall award EHS contracts to the primary purchaser's awardees.

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

Allowed

Unallowed

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

Single       Multiple       Single & Multiple

Criteria for multiple awards:

Census Tracts: 1-12, 90-95, 99-100, 35-43 (East Honolulu, Oahu N. Shore)

Census Tracts: 83-86, 87-89, 96-98 (Central Oahu, Leeward Oahu, Waianae)

Census Tracts: 401-416 (Kauai)

Census Tracts: 301-315 (Maui), 316 (Lanai), 317-318 (Molokai)

Census Tracts: 212-218 (West Hawaii Island)

Census Tracts: 13-34, 78-81, 44-77, 101-113 (East Honolulu, West Honolulu, Windward Oahu)

Census Tracts: 201-209, 219-221, 210-211 (East Hawaii Island, Puna)

On the island of Oahu, up to three contracts will be awarded. For the island of Hawaii (East and West) up to two contracts will be awarded. For the islands of Kauai, and Lanai, Maui, Molokai (combined), one contract will be awarded for each county.

**Secondary purchaser participation**

(Refer to §3-143-608, HAR).

The primary purchaser's awardees who execute a contract with the primary purchaser, shall also execute a separate contract with the DHS to provide EHS services. The separate contracts for the secondary purchases will be negotiated by the DHS with the primary purchaser's awardees based on the secondary purchase terms and specifications in the RFP.

**E. Single or multi-term contracts to be awarded (Refer to §3-149-302, HAR)**

Single term ( $\leq 2$  yrs)       Multi-term ( $> 2$  yrs.)

Contract terms:

Initial term of contract: July 1, 2008 to June 30, 2010

1. Length of each extension: one (1) year
2. Number of possible extensions: four (4)
3. Maximum length of contract: six (6) years
4. The initial period shall commence on the contract start date or Notice to Proceed, whichever is later.
5. Conditions for extension: Must be executed prior to the expiration of the initial term of contracts for continuation of services. Any additional

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

**Secondary purchaser participation**

(Refer to §3-143-608, HAR).

The DHS as the secondary purchaser plans to award Enhanced Healthy Start contracts as follows:

Single term (<2 yrs)                       Multi-term(>2 yrs.)

Contract terms:

1. Initial term of contract: July 1, 2008 through June 30, 2009.
2. Length of extension: one (1) year unless otherwise agreed by State.
3. Number of possible extensions: five(5) annual extensions
4. Maximum length of contract: Six (6) years from 07-01-2008 through 06-30-2014 subject to the Option to Extend provision in the Special Conditions of the Enhanced Healthy Start contract.
5. The initial period shall commence on the contract start date of Notice to Proceed, whichever is later.
6. Conditions of extension:
  - a. Satisfactory performance as determined by the State
  - b. Availability of funding
  - c. Acceptable utilization as determined by the State.
  - d. Ongoing need for the service as determined by the State.
  - e. Satisfactory compliance as determined by the State with the terms and conditions of the contract.
  - f. Must be in writing and must be executed prior to expiration.

**F. RFP contact person**

The individual listed below is the sole point of contact from the date of release of this RFP until the selection of the successful provider or providers. Written questions should be submitted to the RFP contact person and received on or before the day and time specified in Section 1, paragraph I (Procurement Timetable) of this RFP.

Naomi Imai, Children & Youth Specialist  
 Maternal and Child Health Branch  
 Family Health Services Division  
 741-A Sunset Avenue  
 Honolulu, HI 96816  
 Phone: (808) 733-4182  
 Fax: (808) 733-9078  
 Email: [naomi.imai@fhds.health.state.hi.us](mailto:naomi.imai@fhds.health.state.hi.us)

### III. Scope of Work

The scope of work encompasses the following tasks and responsibilities:

#### A. Services to be Provided

(Minimum and/or mandatory tasks and responsibilities)

Home Visiting Services –

The provider shall utilize a team approach to support families by setting meaningful goals, enhancing family functioning, and sharing child development information. Both the parents and their children are service recipients.

Direct services shall minimally include:

1. Identifying and assessing risk factors based on the EID screen and assessment (e.g., Kempe Family Stress Checklist), completed by the current contracted providers or the home visiting assessment conducted by home visiting professional staff.
2. Developing an Individualized Family Support Plan (“IFSP”) which addresses the risk factors in collaboration with the Clinical Specialist (“CSp”) and Child Development Specialist (“CDS”) on the Healthy Start team. Administer MCHB approved pre and post assessment to determine reduction in risk factors.
3. Conducting home visits delivered by the Family Support Worker (FSW), CSp, CDS in accordance with the IFSP, in a seamless, cohesive manner where all disciplines involved communicate with one another regarding their relationship to the family.
4. Providing care coordination, and referrals for families by the FSW, CSp, or CDS. Care coordination responsibilities include:
  - a. assisting the family in identifying strengths and resources they have within the family.
  - b. assisting the family in identifying concerns/needs they have about their child and themselves.
  - c. facilitating and participating in the development, review, and evaluation of the IFSP.
  - d. supporting the family to be active participants through the IFSP process.
  - e. coordinating and monitoring service delivery.
  - f. when appropriate, assisting and coordinating the Comprehensive Developmental Evaluation and transition process.
5. Providing short-term interventions to prepare family members for further and more intensive treatment services or “Treatment Readiness” by the CSp.

6. Identifying, assessing and monitoring the developmental status and health care needs that affect the children and families by the Healthy Start team, with consultation and direct intervention services by the CDS when appropriate.
7. Referring children with developmental concerns and participating in their ("CDE") comprehensive developmental evaluation with follow up as needed. (Referrals for comprehensive developmental evaluations are made to contracted DOH Part C providers.) CDS shall participate in the CDE and provide on going monitoring as needed.
8. Promoting positive parent-child interaction and a positive environment for child development.
9. Providing consumer and staff training including but not limited to parenting skills, including father involvement, family planning, and domestic violence by the CDS and/or CSp in addition to the modeling and support by the FSWs to strengthen the family.
10. Promoting positive child health development, which includes but is not limited to oral health, medical home, (establishing a primary care provider), immunizations, and safe child environment.
11. Promoting early and on-going prenatal care.
12. Providing creative outreach for those families that are difficult to engage in the program.

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

Services to be provided under the DHS Secondary Purchase of Healthy Start Services:

The Provider shall conduct family strengthening activities for all eligible families who agree to services. These activities are intended to promote the formation and strengthening of the family unit, and specifically address the areas of family and social communication, inter-personal relationships, anger management, substance abuse, mental health concerns, child development, problem identification and solving, parenting skills, and social and community responsibility. The Provider shall ensure the allocation of resources for the following core service activities:

- a. Standard Healthy Start screening and assessment of risk and needs of all families consenting to referral to DHS Enhanced Healthy Start Services.
- b. Development of an IFSP for families participating in DHS Enhanced Healthy Start services including collaboration with the DHS CWS or VCM or FSS plans

to ensure appropriate services and identify roles and responsibilities of all service providers.

- c. Home visits in accordance with the IFSP by an FSW with a ratio of approximately 15-18 families per worker to follow up on information and referral activities and family and child development issues.
- d. Home visits and community liaison work by a CSp to coordinate DHS EHS services with DHS CWS and other community agencies as appropriate.
- e. "Treatment readiness" (short term) counseling and/or extended counseling by the CSp and the RN until existing community resources can accommodate the family.
- f. Identification, assessment and monitoring of the health status and health care needs that affect the children and the family by the RN.
- g. Referral of the family by the RN to the medical home and other appropriate community health resources including follow up with the family and the referrals.
- h. Child development information and training, parenting skills, and therapeutic interventions by the RN and CSp in addition to the modeling and support by the FSWs to strengthen the family in accordance with agreements with DHS CWS and other CWS Purchase of Service ("POS") providers.
- i. Follow-up contact with families six (6) months after closure by both EHS and DHS CWS or VCM or FSS to determine whether these families have remained safe and healthy or whether they are in need of additional services.
- j. Collaborative meetings with DHS CWS and/or VCM Services and/or FSS to ensure coordinated service delivery to strengthen the targeted families.
- k. Quarterly progress reports, in a mutually agreed upon format, on each family within thirty days of the end of each quarter and within thirty days of termination of services. Additional reports as may be requested by DHS CWS. DHS CWS requires notification of the family's non-compliance with services.
- l. The EHS program and clients may from time to time be the subject of research and evaluation projects. The DHS EHS providers shall fully cooperate and assist with the completion of these projects, as directed by the DHS.

## **B. Management Requirements (Minimum requirements)**

Attachment C: Is a list of the average number of families per month per geographic area, to assist applicant in determining staffing proposals.

### **1. Personnel**

Supervisor shall have:

A masters degree and two (2) years experience in Social Work, Clinical Psychology, Nursing or Counseling. OR  
a bachelor's degree and three (3) years experience in Social Work, Clinical Psychology, Nursing, or Counseling.

Clinical Specialist shall have:

A masters degree and one (1) year experience in Social Work, Clinical Psychology, Nursing or Counseling. OR  
a bachelor's degree and two (2) years experience in Social Work, Clinical Psychology, Nursing, or Counseling.

Child Development Specialist shall have:

A bachelor's degree preferably in early childhood education, OR  
a bachelor's degree in another field with experience in child development may be substituted.

Family Support Worker shall have:

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

Provider's organization chart shall reflect the position of each staff and the line of responsibility and supervision. See Attachment I: Healthy Start Program Model.

Staff shall attend all MCHB required trainings. See Attachment J: Healthy Start Training Schedule.

### **Secondary purchaser participation**

(Refer to §3-143-608, HAR).

Under the secondary purchase, the Providers' staffing shall meet all the requirements for the DOH Healthy Start contract. Exceptions to the DOH Healthy Start staffing requirements shall

include the services of an RN instead of a Child Development Specialist and include a clinical specialist who preferably is a CSAC or at least has experience in working with substance abusing families. The paraprofessional FSWs have caseloads of approximately 15-18 families in the EHS mode.

Enhanced Healthy Start Providers shall comply with the DHS EHS staffing model as presented herein. Requests for exceptions to this staffing model shall be considered by the DHS on a case by case basis taking into account various factors, including but not limited to geographic location, caseload amount and predicted growth, quality and quantity of staff recruitment efforts. The DHS may determine that subcontracting may fulfill these staffing requirements, however all subcontracts are subject to approval by the DHS.

## **2. Administrative**

The DOH/HS staff shall provide guidelines and program direction to the Provider.

- a. The Provider shall utilize appropriate reports and records pertaining to the provision of services in accordance with standards developed by MCHB. Reports and records shall be maintained by the Provider and made available for monitoring and review by the MCHB staff upon request.
- b. The Provider shall send one representative to regularly scheduled Provider Network meetings.
- c. The Provider shall make an acknowledgement of the DOH and MCHB as the Provider's program sponsor. This acknowledgement shall appear on all printed materials for which the DOH is a program sponsor.
- d. The Provider shall comply with all applicable Federal and State regulations, including the Individuals with Disabilities Education Act (IDEA) Part C, the Health Insurance Portability and Accountability Act (HIPAA), and the Family Education Record Protection Act (FERPA).
- e. The Provider shall comply with all HS policies and procedures, program model, evaluation measures, research studies, data collection including electronic data and ad hoc reports, standards, formats, and timelines. Policies and procedures, evaluation measures, data collection, reports, formats, and timelines to be provided at time of contract execution. See Attachment I – Program Model.
- f. The Provider shall comply with DOH's Directive Number 04-01 dated May 3, 2004 related to Interpersonal Relationship Between Staff and Clients/Patients, attached hereto as Attachment D and incorporated herein by reference.
- g. The Provider shall collaborate with the DOH in on-going evaluative research activities for program/system improvement.

- h. The Provider shall comply with Title VI of the Civil Rights Act of 1964, as amended, and requirements pursuant to 45 CFR Part 80.
- i. The Provider shall comply with Section 504 of the Rehabilitation Act of 1973, as amended, and requirements pursuant to 45 CFR Part 84.
- j. The Provider shall comply with Title III of the Americans with Disabilities Act of 1990, as amended, and requirements pursuant to 28 CFR Part 36.
- k. The Provider shall comply with The Age Discrimination Act of 1975, as amended, and requirements pursuant to 45 CFR Part 90.
- l. The Provider shall comply, as a “covered entity,” with the provisions of HRS Chapter 371 Part II, Language Access.
- m. The Provider shall comply, if it is a “public accommodation,” with the provisions of HRS Chapter 489, Discrimination in Public Accommodations.

### **3. Quality assurance and evaluation specifications**

The Provider shall develop its own quality assurance procedures and participate in all DOH required quality assurance activities. Accreditation with Healthy Families America is recommended, but not required and will not impact the applicant’s overall score.

The Provider shall conform to established standards of care and practice, including, but not limited to the following: The IDEA Part C and the Early Intervention State Plan.

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

Output and performance/outcome measurements will be reported through the Child Health Early Intervention Record System (“CHEIRS”) and the Performance Measures. (Attachment F: Performance Measures)

#### **Secondary purchaser participation**

(Refer to §3-143-608, HAR).

Output and performance/outcome measurements for DHS secondary purchase of EHS services shall include the following and be completed during contract negotiations:

- a. Performance measures are attached to Section 5 of this RFP. Please see DHS form A – People to be Served, DHS Form B – Service Activities, and DHS Form C – Outcomes in Section 5. Forms A and B shall be completed with the

Enhanced Healthy Start Providers during contract negotiations. The Enhanced Healthy Start Providers shall be expected to attain the goals as currently revealed on Form C. The Enhanced Healthy Start Providers shall be expected to provide data and progress on the items of Forms A, B, and C over the term of the contract.

- b. The Provider shall maintain the capacity to deliver services throughout the term of the Agreement at the levels specified in DHS Forms A, B, and C.
- c. The effectiveness of the contract will be evaluated according to the utilization of the service (DHS Form A, plus units of service provided if applicable), the levels of service provided (DHS Form B), and the outcomes achieved (DHS Form C). Where performance under the contract is 80% or less of the goal levels specified on DHS Forms A, B, and C or, if applicable, the number of units of service provided is 80% or less of the program capacity, the Provider will need to submit a corrective action plan to remedy the substandard performance, and at its option, the DHS may reduce payments or funding, or terminate the contract if the proposed corrective action is not successful.
- d. Unless otherwise agreed to in writing, the numbers of people to be served and the levels of service activity specified in DHS Form A and in DHS Form B will change in proportion to future changes in funding under this Agreement.

### **5. Skills and Experience**

The Provider shall have experience in the child development field and in working with families in Hawaii who have environmental risk factors such as domestic violence, substance abuse, or mental health issues.

### **6. Coordination of services**

The Provider shall coordinate with other DOH programs, DHS, Department of Education (“DOE”), and other community providers of relevant services.

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

- a. The Provider shall submit quarterly and annual narrative and variance reports on services provided, number of children and families served, and other data according to timelines and formats set by the DOH. Reports are due 30 days after the end of each reporting period.
- b. The Provider shall submit all other reports as required by the DOH. Examples include: activities of the program related to Individuals with Disability Act (IDEA), reports relating to ongoing compliance with the former Felix vs. Lingle Consent Decree, MedQUEST, program monitoring, and quality improvement.

- c. The Provider shall submit monthly invoices to MCHB utilizing MCHB report formats. Invoices will be paid upon receipt, based on funding availability and on the condition that all required monthly/quarterly/annual reports have been received by MCHB in accordance with established due dates.
- d. The Provider shall submit monthly expenditure reports for cost reimbursement and unit costs, including personnel costs, on Form POST 210 and POST 210A (Refer to Attachment E). Billings may not be submitted more than 3 months after the month of occurrence. (e.g., time billed on January 15, 2007 may be billed no later than April 30, 2007).

#### **Secondary purchaser participation**

(Refer to §3-143-608, HAR).

Regarding the secondary purchase, the PROVIDER shall furnish all quarterly programmatic and fiscal reports requested by the secondary purchaser to document cost reimbursement expenditures and performance levels including but not necessarily limited to items specified on DHS Forms A, B, and C (See Attachment K). Unless otherwise agreed invoices shall be submitted quarterly in a format specified by DHS.

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

**Unit Cost Reimbursement:** Services provided by FSWs shall be reimbursed on a unit cost reimbursement method based on the provision of approved billable activities. The unit of reimbursement shall be the standard 15 minute increments. DOH/HS will not consider contracting for services priced above the fixed unit cost rate of \$32.48 per hour.

For each full-time FSW, 1265 direct service hours per year (105 hours per month) is expected. Service hours for each FSW shall be tracked on a monthly and cumulative basis for each worker.

It is expected that the Provider shall provide an average of 105 billable service hours per month for each full time FSW in order to meet contract requirements.

Based on the same formula, each CDS shall be reimbursed at the fixed unit cost rate of \$42.81 per hour. Each CSp shall be reimbursed at the fixed unit cost rate of \$51.26 per hour.

See Attachment G: Healthy Start Billing Definitions for a list of activities that are billable under the unit cost formula.

The following staffing recommendations reflect projected Unit Cost expenses. These are minimum staffing requirements. The applicant may propose staffing configurations greater than the minimum requirements as stated in Table 1 below with an explanation and proposed approach. Any additional staff not included in Table 1 below shall be reflected in the cost reimbursement expenses. For example, if an applicant chose to propose more Family Support

Workers (“FSW”s) than reflected below, the extra FSW costs should be reflected in the cost reimbursement amount.

**Table 1**

Geographic Area	Census Tracts	Projected average no. of families per month	Minimum No. of Family Support Workers	Minimum No. of Clinical Specialists	Minimum No. of Child Development Specialists
A	1-12, 90-95, 99-100, 35-43 (East Honolulu, Oahu N. Shore)	180	9	2	2
B	83-86, 87-89, 96-98 (Central Oahu, Leeward Oahu, Waianae)	623	31	6	6
C	401-416 (Kauai)	102	5	1	1
D	301-315, (Maui), 316 (Lanai), 317-318 (Molokai)	242	12	2	2
E	13-34, 78-81, 44-77, 101-113 (East Honolulu, West Honolulu, Windward Oahu)	687	34	7	7
F	201-209, 219-221, 210-211 (East Hawaii Island, Puna)	197	10	2	2
G	212-218 (West Hawaii Island)	136	6	1	1

**Cost Reimbursement:** Cost Reimbursement is a method of payment where the provider is reimbursed for actual costs incurred in providing contract services. All costs not reimbursed by unit cost reimbursement shall be reimbursed by cost reimbursement.

Costs, including salaries/fringe/benefits/payroll taxes for administrative and program staff including but not limited to, (Supervisors, Father Facilitators, clerks) lease costs, equipment, mileage, supplies, shall be reimbursed through cost reimbursement on a month-to-month basis, with the approved budget serving as the basis for these expenditures. Actual monthly costs must be submitted; the Awardee shall not simply bill 1/12 of the total approved budget for cost reimbursable items. See Table 2 below for the maximum amount allowed for each geographic area. The budget may be revised by mutual agreement throughout the term of the contract.

**Table 2**

Geographic Area	Census Tracts	Projected average no. of families per month	Maximum amount for cost reimbursement
A	1-12, 90-95, 99-100, 35-43	180	\$ 600,000.00

	(East Honolulu, Oahu N. Shore)		
B	83-86, 87-89, 96-98 (Central Oahu, Leeward Oahu, Waianae)	623	\$2,000,000.00
C	401-416 (Kauai)	102	\$ 350,000.00
D	301-315, (Maui), 316 (Lanai), 317-318 (Molokai)	242	\$ 850,000.00
E	13-34, 78-81, 44-77, 101-113 (East Honolulu, West Honolulu, Windward Oahu)	687	\$2,100,000.00
F	201-209, 219-221, 210-211 (East Hawaii Island, Puna)	197	\$ 600,000.00
G	212-218 (West Hawaii Island)	136	\$ 450,000.00

**Applicants may submit one (1) proposal for more than one geographic area, but must submit separate budget proposals for each geographic area for fiscal years 2009 and 2010.**

#### **Secondary purchaser participation**

(Refer to §3-143-608, HAR).

For the secondary purchase, unless otherwise agreed, the pricing methodology for the Enhanced Healthy Start contracts will be cost reimbursement, where the DHS pays the Provider for budgeted costs that are actually incurred in delivering the services specified in the contract, up to a stated maximum contract amount. The pricing methodology may be revised by mutual agreement throughout the term of the contract.

#### **9. Units of service and unit rate**

The FSW unit rate is \$32.48 per hour based on increments of 15 minutes.

The CDS rate is \$42.81 per hour based on increments of 15 minutes.

The C Sp rate is \$51.26 per hour based on increments of 15 minutes.

Unit rates are subject to annual review and adjustment.

#### **10. Method of compensation and payment**

There will be no advance payment for start up costs. Provider shall receive monthly reimbursement upon submission of invoices. These invoices shall be accompanied by required data collection reports, budget, and expenditure reports.

Invoices will be paid upon receipt, based on funding availability and on the condition that all required monthly/quarterly/annual reports have been received by the purchasing agency in accordance with established due dates.

Final payment is based on the receipt of all final reports, invoices and expenditure reports.

**IV. Facilities**

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

## **Section 3**

# **Proposal Application Instructions**

## Section 3

# Proposal Application Instructions

### General instructions for completing applications:

- *Proposal Applications shall be submitted to the state purchasing agency using the prescribed format outlined in this section.*
- *The numerical outline for the application, the titles/subtitles, and the applicant organization and RFP identification information on the top right hand corner of each page should be retained. The instructions for each section however may be omitted.*
- *Page numbering of the Proposal Application should be consecutive, beginning with page one and continuing through for each section. See sample table of contents in Section 5.*
- *Proposals may be submitted in a three ring binder (Optional).*
- *Tabbing of sections (Recommended).*
- *Applicants must also include a Table of Contents with the Proposal Application. A sample format is reflected in Section 5, Attachment B of this RFP.*
- *A written response is required for **each** item unless indicated otherwise. Failure to answer any of the items will impact upon an applicant's score.*
- *Applicants are **strongly** encouraged to review evaluation criteria in Section 4, Proposal Evaluation when completing the proposal.*
- *It is not sufficient to reiterate the wording of the RFP as narratives for each specific section.*
- *This form (SPO-H-200A) is available on the SPO website (see Section 1, paragraph II, Website Reference). However, the form will not include items specific to each RFP. If using the website form, the applicant must include all items listed in this section.*

### The Proposal Application comprises the following sections:

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

#### **I. Program Overview (No more than one page)**

Applicant shall give a brief overview to orient evaluators as to the program/services being offered.

#### **II. Experience and Capability**

**A. Experience & Skills**

The applicant shall provide a description of experience in the child development field and in working with families in Hawaii who have environmental risk factors such as domestic violence, substance abuse, or mental health issues.

**B. Quality Assurance and Evaluation**

The applicant shall describe its own plans and methods for quality assurance and evaluation for the proposed services.

**C. Facilities**

The applicant shall provide a description of its facilities and their adequacy including meeting ADA requirements in relation to the proposed services.

**III. Project Organization and Staffing**

**A. Staffing**

**Proposed Staffing**

1. The applicant shall describe the proposed staffing pattern including composition of teams and caseloads and all other direct service and consultative staff.
2. The applicant shall describe the roles and responsibilities for the direct service staff: CSp, CDS, FSW.

**Staff Qualifications**

3. The applicant shall ensure that staff has the minimum qualifications for staff assigned to the program. Describe policies and procedures that address suitability of employment including criminal checks.

**B. Project Organization**

**Supervision and Training**

1. The applicant shall describe its ability to supervise, train, and provide administrative direction relative to the delivery of the proposed services.
2. The applicant shall describe the in-service training provided to all staff.

3. 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.

#### IV. Service Delivery (no more than 25 pages)

- A. Applicant shall describe **utilization of a team approach** (Supervisor, Clinical Specialist, Child Development Specialist, Family Support Worker) including how these disciplines will work and communicate with each other to ensure seamless provision of services.
- B. Applicant shall describe how they will:
  1. Identify and assess risk factors based on the EID screen and assessment (e.g., Kempe Family Stress Checklist), or the home visiting assessment conducted by professional staff.
  2. Develop an Individualized Family Support Plan (IFSP) which addresses the risk factors in collaboration with the Clinical Specialist (CSp) and Child Development Specialist (CDS) on the Healthy Start team. Administer MCHB approved pre and post assessment to determine reduction in risk factors.
  3. Conduct home visits delivered by the Family Support Worker (FSW), CSp, CDS in accordance with the IFSP, in a seamless, cohesive manner where all disciplines involved communicate with one another regarding their relationship to the family.
  4. Providing care coordination and referrals for families by the FSW, CSp, or CDS. Care coordination responsibilities include:
    - a. assisting the family in identifying strengths and resources they have within the family;
    - b. assisting the family to identify concerns/needs they have about their child and themselves;
    - c. facilitating and participating in the development, review, and evaluation of the Individualized Family Support Plan;
    - d. supporting the family to be active participants through the IFSP process;
    - e. coordinating and monitoring service delivery;
    - f. when appropriate, assisting and coordinating the Comprehensive Developmental Evaluation and transition process.
  5. Provide short-term interventions to prepare family members for further and more intensive treatment services or “Treatment Readiness” by the CSp.

6. Identify, assess, and monitor the developmental status and health care needs that affect the children and families by the Healthy Start team, with consultation and direct intervention services by the CDS when appropriate.
7. Refer children with developmental concerns for a comprehensive developmental evaluation, and participate in the CDE process and provide on going monitoring of the child's development with follow up as needed.
8. Promote positive parent-child interaction and a positive environment for child development.
9. Provide consumer and staff training including but not limited to parenting skills, including father involvement, family planning, and domestic violence by the CDS and/or CSp in addition to the modeling and support by the Family Support Workers to strengthen the family.
10. Promote positive child health development, which includes but is not limited to oral health, medical home, (establishing a primary care provider), immunizations, and safe child environment.
11. Promote early and on-going prenatal care.
12. Provide creative outreach for those families that are difficult to engage in the program.

## V. Financial

### A. Pricing Structure

**Unit Cost Reimbursement:** The applicant shall submit budget proposals for the unit cost reimbursement expenses. Staffing configurations greater than the minimum staffing requirements in Table 1 on page 2-15, shall be reflected in the cost reimbursement expenses. For example, if an applicant chose to propose more FSWs than the minimum number of FSWs, the additional FSW costs shall be reflected in the cost reimbursement amount. **Applicants may submit one (1) proposal for more than one geographic area, however must submit separate MCHB-HS-Unit Cost Budget form for each geographic area for fiscal years 2009 and 2010. See Attachment H.**

**Cost Reimbursement:** The applicant shall submit budget proposals for the cost reimbursement expenses. See Table 2 pages 2-15 and 2-16 for maximum amounts for cost reimbursement. All budget forms, instructions and samples are located on the SPO website (see Section 1, paragraph II Websites referred to in this RFP). **The following budget form(s) shall be submitted:**

SPO-H-205      Budget

SPO-H-206A	Budget Justification-Personnel: Salaries & Wages
SPO-H-206B	Budget Justification-Personnel: Payroll Taxes, Assessments & Fringe Benefits
SPO-H-206C	Budget Justification-Travel: Inter-Island
SPO-H-206E	Budget Justification-Contractual Services: Administrative
SPO-H-206F	Budget Justification-Contractual Services: Subcontracts
SPO-H-206H	Budget Justification-Program Activities
SPO-H-206I	Budget Justification-Equipment Purchases

**Applicants may submit one (1) proposal for more than one geographic area, however must submit separate cost reimbursement budget proposals for each geographic area for fiscal years 2009 and 2010.**

**Summary Budget:** The applicant shall submit MCHB-HS-Summary Budget form. A summary budget shall be submitted for each geographic area in the applicant's proposal. See Attachment H.

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

### **1. Accounting System**

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

Please attach most recent financial audit report.

## **VI. Other**

### **A. Litigation**

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

**Section 4**

**Proposal Evaluation**

## Section 4 Proposal Evaluation

### I. Introduction

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

### II. Evaluation Process

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

The evaluation will be conducted in three phases as follows:

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

#### Evaluation Categories and Thresholds

<u>Evaluation Categories</u>	<u>Possible Points</u>
<i>Administrative Requirements</i>	
<i>Proposal Application</i>	
Program Overview	0 points
Experience and Capability	10 points
Project Organization and Staffing	25 points
Service Delivery	60 points
Financial	5 points
<b>TOTAL POSSIBLE POINTS</b>	<b>100 Points</b>

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

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

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

**5 – Outstanding (100% of points)**

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

**4 – Satisfactory (80% of points)**

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

**3 – Marginally Adequate (60% of points)**

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

**2 – Unsatisfactory (40% of points)**

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

**1 – Unresponsive (20% of points)**

Response did not answer the question.

**0 – No response given**

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

**Example:**

A question worth 2 points that receives a score of five will be awarded 2 points (100% x 2 points = 2 points).

A question worth 2 points which receives a score of four will be awarded 1.6 points. (80% x 2 points = 1.6 points).

### **III. Evaluation Criteria**

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

##### **1. Administrative Requirements**

Not applicable

## 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)

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

#### ***Experience and Capability (10 Points)***

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

Experience and Capability	Points
Did the applicant provide a description of experience in the child development field and in working with families in Hawaii who have environmental risk factors such as domestic violence, substance abuse, or mental health issues	5
Did the applicant describe its own plans and methods for quality assurance and evaluation for the proposed services.	3
Did the applicant describe its facilities and demonstrate ADA compliance	2

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

Project Organization and Staffing	Points
Did the applicant describe proposed staffing patterns including composition of teams and all other direct service and consultative staff.	4
Did the applicant describe roles and responsibilities for the direct service staff. CSp, CDS, FSW	3 3 3
Did the applicant describe how they will ensure staff has met the minimum qualifications.	3

Supervision and Training	Points
Did the applicant describe its ability to supervise, train, and provide administrative direction to the delivery of the proposed services.	5
Did the applicant describe the in-service training provided to all staff.	3
Did the applicant provide an organization chart	1

**Service Delivery (60 Points)**

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

Service Delivery	Points
<p>A. Does the applicant describe utilization of a team approach:</p> <p>Does the applicant describe how team members will ensure information regarding families are shared among team members.</p> <p>Does the applicant describe how they will ensure that families recognize Healthy Start services being provided as a team rather than by an individual.</p>	<p>4</p> <p>5</p>
<p>1. Does the applicant describe how they will identify and assess risk factors based on the EID screen and assessment (e.g., Kempe Family Stress Checklist), or the home visiting assessment conducted by professional staff.</p>	<p>3</p>
<p>2. Does the applicant describe how they will develop an Individualized Family Support Plan (IFSP) which addresses the risk factors in collaboration with the Clinical Specialist (CSp) and Child Development Specialist (CDS) on the Healthy Start team.</p>	<p>3</p>
<p>3. Does the applicant describe how they will conduct home visits delivered by the Family Support Worker (FSW), C Sp, CDS in accordance with the IFSP, in a seamless, cohesive manner where all disciplines involved communicate with one another regarding their relationship to the family.</p>	<p>3</p>

4. Does the applicant describe how they will Provide care coordination, and referrals for families by the FSW, CSp, or CDS. Care coordination responsibilities include:	(18)		
	FSW	CSp	CDS
a. Assisting the family in identifying strengths and resources they have within the family	1	1	1
b. Assisting the family to identify concerns/needs they have about their child and themselves	1	1	1
c. Facilitating and participating in the development, review, and evaluation of the Individualized Family Support Plan	1	1	1
d. Supporting the family to be active participants through the IFSP process.	1	1	1
e. Coordinating and monitoring service delivery.	1	1	1
f. When appropriate, assisting and coordinating the Comprehensive Developmental Evaluation and transition process.	1	1	1
5. Does the applicant describe how they will provide short-term interventions to prepare family members for further and more intensive treatment services or "Treatment Readiness" by the CSp.	3		
6. Does the applicant describe how they will identify, assess, and monitor the developmental status and health care needs that affect the children and families by the Healthy Start team, with consultation and direct intervention services by the CDS when appropriate.	3		

7. Does the applicant describe how they will refer children for a comprehensive developmental evaluation with follow up as needed, with CDS participation and follow up.	3
8. Does the applicant describe how they will promote positive parent-child interaction and a positive environment for child development.	3
9. Does the applicant describe how they will provide consumer and staff training including but not limited to parenting skills, including father involvement, family planning, and domestic violence by the CDS and/or CSp in addition to the modeling and support by the Family Support Workers to strengthen the family.	3
10. Does the applicant describe how they will promote positive child health development, which includes but is not limited to oral health, medical home, (establishing a primary care provider), immunizations, and safe child environment.	3
11. Does the applicant describe how they will promote early and on-going prenatal care.	3
12. Does the applicant describe how they will provide creative outreach for those families that are difficult to engage in the program.	3

**5. Financial (5 Points)**

Points will be awarded based on use of maximum amounts for cost reimbursement in Table 2 pages 2-15 and 2-16.

**Applicants may submit one (1) proposal for more than one geographic area, but must submit separate budget proposals for each geographic area for fiscal years 2009 and 2010.**

Financial	Points
exceeded 100% of maximum projection	0
less than 50% use of maximum projection	1
less than 80% use of maximum projection	2
100% use of maximum projection	3
90-99% use of maximum projection	4
80-89% use of maximum projection	5

**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
- B. Sample Table of Contents
- C. Average Monthly Active Families Enrolled by Census Tract
- D. Interpersonal Relationships Between Staff and Clients/Patients
- E. Form POST 210, 210A
- F. Performance Measures
- G. Healthy Start Billing Definitions
- H. Budget forms
- I. Healthy Start Program Model
- J. Healthy Start Training Schedule
- K. DHS Enhanced Healthy Start forms A, B, C