State of Hawaii
Department of Health
Adult Mental Health Division

Request for Proposals

RFP No. HTH 420-1-09

Community-Based Intervention (CBI) - Statewide

Date Issued
August 28, 2008

Date Due
October 3, 2008

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.

August 28, 2008

REQUEST FOR PROPOSALS

COMMUNITY-BASED INTERVENTION (CBI) – STATEWIDE
RFP No. HTH 420-1-09

The Department of Health, Adult Mental Health Division ("DIVISION"), is requesting proposals from qualified applicants to provide Community-Based Intervention (CBI) statewide. The contract term will be from December 1, 2008 through November 30, 2009. Multiple contracts will be awarded under this request for proposals.

Proposals shall be mailed, and postmarked by the United State Postal Service on or before October 3, 2008, and received no later than 10 days from the submittal deadline. Hand delivered proposals shall be received no later than 4:00 p.m., Hawaii Standard Time (HST), on October 3, 2008, at the drop-off sites designated on the Proposal Mail-in and Delivery Information Sheet. Proposals postmarked or hand delivered after the submittal deadline shall be considered late and rejected. There are no exceptions to this requirement.

The DIVISION will conduct an orientation on September 5, 2008. The time and place for the RFP orientation session is stated in Section 1, Administrative Overview of the RFP. All prospective applicants are encouraged to attend the orientation.

The deadline for submission of written questions is 2:00 p.m., HST, on September 9, 2008. All written questions will receive a written response from the State on or about September 15, 2008.

Inquiries regarding this RFP should be directed to the RFP contact person, Ms. Betty Uyema at 1250 Punchbowl Street, Room 256, Honolulu, Hawaii 96813, telephone: (808) 586-4689, fax: (808) 586-4745.

PROPOSAL MAIL-IN AND DELIVERY INFORMATION SHEET

NUMBER OF COPIES TO BE SUBMITTED:
THE 3 COPIES MUST INCLUDE ONE (1) SIGNED ORIGINAL AND ONE (1) SINGLE SIDED, UNBOUND COPY.

ALL MAIL-INS SHALL BE POSTMARKED BY UNITED STATES POSTAL SERVICE (USPS) NO LATER THAN
October 3, 2008
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

RFP Contact Person
Betty Uyema
For further info. or inquiries
Phone: 586-4689
Fax: 586-4745

ALL HAND DELIVERIES SHALL BE ACCEPTED AT THE FOLLOWING SITES UNTIL **4:00 P.M., Hawaii Standard Time (HST), October 3, 2008.**

Drop-off Sites

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 3, 2008**, and not received within 10 days 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 **4:00 p.m., HST, October 3, 2008.**

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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.

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 Request for Proposals (RFP)	8/28/08
Distribution of RFP	8/28/08
RFP orientation session	9/5/08
Closing date for submission of written questions for written responses	9/9/08
State purchasing agency's response to applicants' written questions	9/15/08
Discussions with applicant prior to proposal submittal deadline (optional)	
Proposal submittal deadline	10/3/08
Discussions with applicant after proposal submittal deadline (optional)	
Final revised proposals (optional)	
Proposal evaluation period	10/13/08 – 10/24/08
Provider selection	10/29/08
Notice of statement of findings and decision	10/29/08
Contract start date	12/1/08

II. Website Reference

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

	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 "The RFP Website" (located under Quicklinks)
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)

	For	Go to
8	Tax Clearance Forms (Department of Taxation Website)	**http://www.hawaii.gov/tax/** click "Forms"
9	Wages and Labor Law Compliance, Section 103-055, HRS, (Hawaii State Legislature website)	**http://www.capitol.hawaii.gov/** , click "Bill Status and Documents" and "Browse the HRS Sections."
10	Department of Commerce and Consumer Affairs, Business Registration	**http://www.hawaii.gov/dcca** click "Business Registration"
11	Campaign Spending Commission	**http://www.hawaii.gov/campaign**

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. Failure to comply with any requirements may result in the rejection of the proposal.

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.

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 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.

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:

Department of Health
Adult Mental Health Division
1250 Punchbowl Street, Room 256
Honolulu, Hawaii 96813
Phone: (808) 586-4689 Fax: (808) 586-4745

VI. Orientation

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

Date: **September 5, 2008** Time: **9:00 – 10:15 a.m.**

Location: Lanakila Health Center Conference Room (KP Conference Room A), 1700 Lanakila Avenue, Honolulu, Hawaii 96817

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 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 9, 2008** **Time:** **2:00 P.M.** **HST**

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

Date: **September 15, 2008**

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 proposal requirements 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 applications 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, Service Specifications and 3, Proposal Application Instructions, as applicable. If required, Federal and/or State certifications 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. **Tax Clearance** – Pursuant to HRS Section 103-53, as a prerequisite to entering into contracts of $25,000 or more, providers shall be required to submit a tax clearance certificate issued by the Hawaii State Department of Taxation (DOTAX) and the Internal Revenue Services (IRS). The certificate shall have an original green certified copy stamp date and shall be valid for six (6) months from the most recent approval stamp date on the certificate. Tax clearance applications may be obtained from the Department of Taxation website. (Refer to this section's part II, Website Reference.)

E. **Wages and Labor Law Compliance –** If applicable, by submitting a proposal, the applicant certified that the applicant is in compliance with HRS Section 103-55, Wages, hours, and working conditions of employees

of contractors performing services. Refer to HRS Section 103-55, at the Hawaii State Legislature website. (See part II, Website Reference.)

- **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. **Hawaii Compliance Express (HCE)** – Providers may register with HCE for online proof of DOTAX and IRS tax clearance, Department of Labor and Industrial Relations (DLIR) labor law compliance, and DCCA good standing compliance. There is a nominal annual fee for the service. The "Certificate of Vendor Compliance" issued online through HCE 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 this section's part II. Website Reference for HCE's website address.

G. **Campaign Contributions by State and County Contractors –** Contractors are hereby notified of the applicability of HRS Section 11-205.5, 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, FAQs are available at the Campaign Spending Commission webpage. (See paragraph II, Website Reference.)

H. **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.

All proposals become the property of the State of Hawaii. The successful proposal shall be incorporated into the resulting contract and shall be public record. The State of Hawaii shall have the right to use all ideas, or adaptations to those ideas, contained in any proposal received in response to this RFP. Selection or rejection of the proposal shall not affect this right.

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

I. Proposal Submittal – All mail-ins shall be postmarked by 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 Deliver 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 is not permitted.

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.

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 Section 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.

X. Opening of Proposals

Upon receipt of a 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.

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.

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 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 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 HAR Sections 3-142-202 and 3-142-203.

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.

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: (Relevant sections of the Hawaii Administrative Rules for Chapter 103F, HRS, are parenthesized)

(1) Rejection for failure to cooperate or deal in good faith. (HAR Section 3-141-201)
(2) Rejection for inadequate accounting system. (HAR Section 3-141-202)
(3) Late proposals (HAR Section 3-143-603)
(4) Inadequate response to request for proposals (HAR Section 3-143-609)
(5) Proposal not responsive (HAR Section 3-143-610(a)(1))
(6) Applicant not responsible (HAR Section 3-143-610(a)(2))
(7) Proof of collusion among applicants, in which case all proposals involved in the collusive action shall be rejected and any participant to such collusion shall be barred from future bidding until reinstated as a qualified applicant.
(8) An applicant without a DIVISION approved repayment plan that is in arrears on existing contracts with the State or has defaulted on previous contracts.
(9) An applicant shows any noncompliance with applicable laws.
(10) An applicant's lack of financial stability and viability.

(11) An applicant adds any provisions reserving the right to accept or reject an award, or enters into a contract pursuant to an award, or adds provisions contrary to those in the solicitation.

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.

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 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.

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 (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: Chiyome L. Fukino, M.D.	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

XIX. 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.

XX. Monitoring and Evaluation

Any deviation from the contract scope and requirements may result in the penalties described in the temporary withholding of payments pending correction of a deficiency or a non-submission of a report by the provider, in the disallowance of all or part of the cost, or in the suspension of contract services pending correction of a deficiency.

The applicant shall comply with all of the requirements of the RFP and contract and the DIVISION shall have no obligation to refer any consumers to the

applicant until such time as all of said requirements have been met. 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

XXI. 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. 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.

XXII. 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

I. 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 applicant;
2. Developing the rules, policies, regulations, and procedures to be followed under the programs administered by the department;
3. Procuring, negotiating, and contracting with selected applicants;
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 providers;
7. Authorizing and determining necessity of DIVISION funded services;
8. Monitoring the quality of services provided by the applicants and subcontractors;
9. Reviewing and analyzing utilization of services and reports provided by the applicants;
10. Handling unresolved consumer grievances and appeals with the applicants;
11. Monitoring the financial status and billing practices of applicants;
12. Identifying and investigating fraud and abuse;
13. Analyzing the effectiveness of the program in meeting its objectives;
14. Conducting research activities;
15. Providing technical assistance to the applicants;
16. Providing consumer eligibility information to the applicants;
17. Payments to contracted applicants; and
18. Imposing civil or administrative penalties, monetary penalties and/or financial sanctions for violations of specific contract provisions.

Since persons who are severely and persistently mentally ill typically manifest varying levels of need for care and often experience cyclical episodes of recurrence of the illness, a variety of service and housing options must be provided simultaneously to the individual and tailored to meet his/her current

needs. Among these required services are those which must address the needs of persons when they are homeless, when they are experiencing a bout of illness or in relapse, and when services sought reflect the assumption that services provided to persons who are severe and persistent mentally ill, are community-based, are well-coordinated, and produce outcomes that benefit both the consumer and society.

B. Planning activities conducted in preparation for this RFP

The DIVISION published a Request for Information on January 8, 2007 seeking the public's input in the design of the revised scopes of services for the Community-Based Intervention fund, the availability of potential service providers, and the staffing capabilities of providers.

A series of planning events, including needs assessment conducted in 2000, were held with mental health stakeholders (consumers, staff, private providers, advocates, and family members) to determine the range of public mental health services for persons with severe and persistent mental illness. During these meetings, views were expressed on how to improve services and achieve system-wide goals. Most importantly, input had been received for provision of comprehensive, accessible services on each island and in rural locations with a range of housing options, a choice of treatment, and rehabilitation with access to case managers, and other services after regular working hours. Based on these findings, the DIVISION has appropriated funding to provide services to consumers by contracting with purchase of service providers. These services shall reflect national standards of care and best practices and shall be based on a philosophy of recovery-focused and cultural competent treatment, psychosocial rehabilitation and other community supports.

C. Description of the goals of the service

AMHD is deeply committed to building a system of care which is rooted and grounded in the recovery model. The cornerstone of the recovery process is the centrality of the individual, in their personal definition of meaning and purpose, and the belief that despite the ongoing presence of the illness, people continue to develop.

Hawai'i's adult mental health service delivery system is based on the concept of recovery, that consumers can lead fulfilling lives even in the presence of a severe and persistent mental illness. Services are focused on the need of the individual, not only on symptom relief and stabilization, but on consumer empowerment and the skills needed to lead satisfying, hopeful and contributing lives.

The goals for the Community-Based Intervention (CBI) program described in this RFP include, but are not limited to, the provision of direct therapeutic support and supervision for skill building and the enhancement of self-care capability and support through the consumer's progression through the recovery process.

Therapeutic support and supervision activities may include, but are not limited to, assisting consumers with living in the community by providing:

1. Wrap-around support and companionship
2. Monitoring and assistance with psychiatric and medical issues

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

Adults with a severe and persistent mental illness who meet the DIVISION'S eligibility criteria and who require additional temporary or intermittent therapeutic support and/or supervision to assist them through their recovery.

Adults with severe and persistent mental illness who meet DIVISION's eligibility criteria.

Due to numerous factors, it is difficult to provide an exact number of consumers to be served. For the purposes of planning, however, the DIVISION anticipates serving approximately twenty-five (25) consumers. The projection is intended to serve as a very rough estimate based on the DIVISION's current admission criteria and projected growth. The actual number of consumers identified and served through this contract may differ from these estimates, and applicants will need the flexibility to adjust their program staffing accordingly.

E. **Geographic coverage of service**

Statewide

The applicant shall be required to provide all levels of services proposed in the CBI program, for the entire geographic island. The applicant shall clearly demonstrate the capacity to provide the required services for the entire geographic island for which they are applying.

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

The source of funding is state funds or a combination of state and federal funds. Both profit and non-profit organizations are eligible for state funds. Please note that based on the availability of state funds, the amount allocated to providers who are awarded contracts may change.

The DIVISION considers itself the payor of last resort, and expects providers to obtain third party reimbursement as applicable. The DIVISION gives priority to the uninsured.

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

1. Temporarily withhold payments 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.

In the event that the additional funds become available for similar services, the DEPARTMENT reserves the right to increase funding amounts.

Competition is encouraged among as many applicants as possible.

II. General Requirements

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

1. The DIVISION will require accreditation by CARF, Commission on Accreditation of Rehabilitation Facilities, Joint Commission on Accreditation of Healthcare Organizations (JCAHO), International Center for Clubhouse Development (ICCD), Council on Accreditation (COA), or by another DIVISION approved certification/licensing process. Applicants that are currently accredited are required to maintain accreditation. Applicants who are not accredited are required to achieve accreditation within one (1) year from the date of contract award. (N/A)

2. Applicants 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 applicant.

3. The applicant shall have a written plan for disaster preparedness.

4. The applicant shall cooperate with the DIVISION in approved research, training, and service projects provided that such projects do not substantially interfere with the applicant's service requirements as outlined in this RFP.

5. The applicant shall comply with all specified, applicable existing policies, procedures, directives, and provider manual of the DIVISION and, any

applicable policies, procedures, directives, and provider manual developed in the future.

6. Whenever requested, the applicant shall submit a copy of its operating policies and procedures to the DIVISION. The copy is to be provided at the applicant's expense with revisions and updates as appropriate.

7. The applicant shall assign staff to attend provider meetings as scheduled by the DIVISION.

8. The applicant shall notify and obtain the approval of the DIVISION prior to the presentation of any report or statistical or analytical material based on information obtained through this agreement. Formal presentation shall include, but not be limited to papers, articles, professional publications, and presentations.

   The applicant shall not advertise, distribute, or provide to any consumer, any material relating to the contract that has not been approved by the DIVISION. The applicant shall not change the material without the consent of the DIVISION. All consumer satisfaction surveys and methodology must be reviewed and approved by the DIVISION prior to implementation.

9. Consumer Management Requirements:

   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. Applicants will be required to incorporate these into their service delivery and cooperate with educational and monitoring activities.

   b. Documented evidence of consumer input into all aspects of treatment planning inclusive of service related decisions.

   c. Consumers shall be served 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 in a manner compatible with their cultural health beliefs, practices and preferred language.

f. In accordance with Chapter 11-175, Hawaii Administrative Rules, and any appropriate federal guidelines, the applicant shall respect and uphold consumer rights. The applicant 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.

g. The applicant shall provide the DIVISION's Quality Management program, a written record of sentinel events, incidents, grievances, and appeals and efforts to address the situation and improve services on-site.

h. The applicant 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 45 C.F.R. part 80, the Age Discrimination Act 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.

i. The applicant shall describe how they protect confidential information. The applicant 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 applicant shall maintain safeguards, as necessary, to ensure that PHI is not used or disclosed except as provided by the Agreement or by law. The applicant 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 of disclosure of PHI that is not provided in this contract or by law.

j. The applicant shall maintain confidential records on each consumer pursuant to section 334-5, Hawaii Revised Statutes, 42 U.S.C. sections 290dd-3 and 290ee.3 and the implementing federal regulations, 42 C.F.R. Part 2, if applicable, and any other applicable confidentiality statute or rule. Such records shall be made available to the DIVISION upon request.

k. Written consumer consent shall be obtained for individuals and services funded by the DIVISION including:

1) Consent for evaluation and treatment;

2) Consent to release information by DIVISION funded service providers as needed for continuity of care, including after care services;

3) Consent to enter registration and treatment information in 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.

10. The use of subcontractors to provide services on this contract may not utilized.

11. Financial Requirements

a. The State may require providers to submit an audit as necessary. If the applicant 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. The applicant shall comply with the cost principles developed for Chapter 103F, HRS and set forth in the document SOP-H-201. This form (SPO-H-201) is available on the SPO website (see page 1-2, Website Reference).

c. 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.

d. Notification of Changes in 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 should complete the DIVISION UM Admission/Discharge/Update form and send it to 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 applicant 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 calling or faxing the information to the DIVISION, Utilization Management unit within five (5) calendar days of discovery.

e. 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 or Medicaid

f. Disenrollment from DIVISION

Consumers shall be disenrolled if no longer living in Hawaii, refuse services that are not court ordered, or are incarcerated.

g. 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.

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 before using funds awarded by the DIVISION. The applicant shall bill the DIVISION only after exhausting the third party denial process, when the service is not a covered benefit or when the consumer is uninsured. The applicant shall maintain documentation of denials and of limits of benefit coverage and make these records available to the DIVISION upon request. The DIVISION is the payor of last resort and the applicant shall consider payment from third party sources as payment in full. An annual review and reconciliation of amounts collected from third party payors by the applicant will be conducted and, if needed, adjustments will be made within ninety (90) days either crediting the DIVISION or providing payment to the applicant upon the receipt of a claim.

The Applicant shall:

1) Provide a list of service expenses, in the format requested by the DIVISION, for recovery purposes

2) Recover service expenses incurred by consumers from all other TPL resources

3) Inform the DIVISION of TPL information uncovered during the course of normal business operations

4) The applicant shall describe all eligible sources of revenue from third parties and plans to pursue additional sources of revenues.

h. Fraud and Abuse/Neglect

Through its compliance program, the applicant shall identify employees or providers who may be committing fraud and/or abuse. The applicant activities may include, but are not limited to, monitoring the billings of its employees and providers to ensure consumers receive services for which the applicant and the State are billed; monitoring the time cards of employees that 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 for over- or under-utilization, verifying with consumers the delivery of services and claims, and reviewing and trending consumer complaints regarding employees, subcontractors and providers.

The applicant shall promptly report in writing to the DIVISION instances in which suspected fraud has occurred within thirty (30) days of discovery. The applicant shall provide any evidence it has on the billing practices (unusual billing patterns, services not rendered as billed and same services billed differently and/or separately). If the billing has not been done appropriately and the applicant does not believe the inappropriate billing meets the definition of fraud (i.e., no intention to defraud), the applicant shall notify the DIVISION in writing of its findings, adjustments made to billings, and education and training provided to prevent future occurrences.

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

i. All reimbursements for services shall be subject to review by the DIVISION or its agent(s) for medical necessity and appropriateness, respectively. The DIVISION or its agents shall be provided access to medical records and documentation relevant to such a review and the applicant agrees to provide access to all requested medical records/documents. It is the responsibility of the applicant to ensure that its subcontractors and providers also provide DIVISION and its agents access to requested medical records/documents. Reimbursements for services deemed not medically necessary or not following billing guidelines by the DIVISION or its agent shall be denied. Reimbursements received by applicants for consumers with third party coverage (including consumers with Medicaid and/or Medicare) will be considered full payment (see Section 2.II.11.g.). Any DIVISION overpayments for services shall be recouped by the DIVISION from the applicant.

The DIVISION has final determination in what is considered a necessary, reimbursable service.

j. Medicaid

The MQD under the Department of Human Services (DHS) administers medical assistance to qualified, indigent, uninsured and underinsured. Aged, blind, and disabled recipients receive medical, dental, and behavioral health services under Medicaid Fee-for-Service from contracted providers. A large group of Medicaid eligible recipients receive medical and behavioral health services from contracted Medicaid Managed Care Health Plans under the QUEST and QUEST-Net programs. A small population of Medicaid Fee-for-Service, QUEST, and QUEST-Net recipients are enrolled in a behavioral health carve-out program for severely mentally ill adults. This behavioral health carve-out program is contracted by MQD. Some of the services provided to the individuals in the carve-out program are similar or identical to services provided by the DIVISION and consumers enrolled in this program shall receive services through them except for those services not included as a benefit of that program.

k. The applicant shall submit claims electronically in the HIPAA compliant 837 format unless a waiver permitting use of the CMS 1500 is granted by the DIVISION. Claims shall be submitted for payment within sixty (60) days of the provision of services. Claims for payment received after sixty (60) days of the provision of services shall be denied for untimeliness. For claims that have been denied by the DIVISION, the applicant shall have thirty (30) days from the date of denial, to re-submit a claim for payment. Claims resubmitted after thirty (30) days of the date of denial shall be denied for untimeliness.

l. If the applicant is required to provide encounter data, the HIPAA compliant 837 format shall be utilized to submit that data electronically.

12. The applicant shall have licenses and certificates, as applicable, in accordance with federal, state and county regulations, and comply with all applicable Hawaii Administrative Rules.

B. **Secondary purchaser participation**
(Refer to HAR Section 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 Section 3-143-605)

☐ Allowed ☒ Not Allowed

D. **Single or multiple contracts to be awarded**
(Refer to HAR Section 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, 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 QUEST funding, if possible.

5. Proposed budget in relation to the proposed total number of service recipients.

6. If funded in the past by the DIVISION, ability of applicant to fully utilize funding.

7. Previous DIVISION contract compliance status (e.g. timely submittal of reports and corrective action plans).

8. Accreditation status.

9. Applicants past fiscal performance based on the DIVISION's fiscal monitoring.

10. Applicants past program performance, based on the DIVISION's program monitoring.

E. **Multi-term contracts to be awarded**
(Refer to HAR Section 3-149-302)

☐ Single term (≤ 2 yrs) ☒ Multi-term (> 2 yrs.)

Initial term of contract:	1 year
Length of each extension:	1 year
Number of possible extensions:	3
Maximum length of contract:	4 years

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

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 persons and received on or before the day and time specified in Section I, Item IV (Procurement Timetable) of this RFP. The contact person is Ms. Betty Uyema. She can be reached at (808) 586-4689.

III. Scope of Work

The scope of work encompasses the following tasks and responsibilities:

A. **Service Activities**
(Minimum and/or mandatory tasks and responsibilities)

1. Have a policy that emphasizes a welcoming, empathic and integrated approach to working with individuals with co-occurring substance and mental illness.

2. Admission, Continued and Discharge Criteria – **For your information only.**

Community-Based Intervention (CBI) services are short-term in length. Lengths of services longer than three (3) months shall be authorized by the DIVISION Medical Director in writing on a case-by-case basis. The CBI provider will submit the request for authorization.

a. Admission Criteria
<u>All</u> of the following criteria shall apply:

1) The identified consumer meets the service eligibility criteria for the DIVISION and is actively linked with a case manager.

2) The consumer has an identified specific self-care or self-regulating limitation which the service will address.

3) An adequate trial of other services at a less intensive level must have proven unsuccessful or the consumer may be clearly inappropriate for a trial of less intensive services.

4) Measurable outcomes of how the service will assist the consumer is documented.

5) No other community supports or resources are available to provide this assistance, i.e. home health aide reimbursed by another payer, existing community programs, etc.

6) If service is not time-specific, there is a reasonable plan for titration of this service at the onset of admission.

7) There must be a reasonable expectation that this service will remediate symptoms, improve behaviors, and/or maintain stabilization or there is reasonable evidence that the consumer will decompensate if services are not initiated.

b. Continued Criteria

All of the following criteria must be met as determined by monthly clinical review of the Recovery Plan:

1) The continuation of CBI requires the active participation of the consumer with the case manager in the recovery process.

2) Identified specific self-care or self-regulating limitations continue to justify the service.

3) There is reasonable expectation that continued services will remediate symptoms, improve behaviors and/or maintain stabilization, or there is reasonable evidence that the consumer will decompensate or experience relapse if services are discontinued.

4) Titration has been considered and plans for titration are documented, if indicated.

c. Discharge Criteria

The consumer is no longer in need of or eligible for services due to at least one of the following:

1) Identified self-care or self-regulation has improved and this service is no longer needed.

2) The targeted symptoms and/or maladaptive behaviors have abated to a level of severity which no longer requires this service as documented by attainment of goals in the recovery plan.

3) Consumer needs a higher level of care and the new services will provide similar assistance.

4) Consumer has demonstrated minimal or no progress toward treatment goals for a two (2) month period and appropriate modification of plans has been made and implemented with no significant success, suggesting the consumer is not benefiting from therapeutic support services at this time.

5) Consumer exhibits new symptoms and/or behaviors which cannot be safely and effectively addressed through these services.

3. Consumer Assessment & Individual Recovery Plan
Before services can be authorized, the recovery team with consumer input must have an assessment and individual recovery plan indicating specific interventions to be implemented by the therapeutic support service provider. The recovery team is comprised of the consumer, the consumer's case manager, the consumer's psychiatrist, and other providers, family members or significant others that are determined by the consumer as important to their recovery.

4. Service Provision

a. Work with a consumer, in conjunction with other recovery team members, to facilitate his/her ability to cope and function in a healthy manner through encouragement, support, education, and skills training.

b. CBI services include assistance with Instrumental Activities of Daily Living (IADL) and Activities of Daily Living (ADL) tasks consistent with the psychiatric/medical needs of the individual. Tasks may include assistance and cueing in the following areas: eating, bathing, dressing, toileting, transferring, maintaining continence, personal hygiene, and medical care. Services may also include therapeutic supervision and support within the community.

c. The CBI provider is responsible for maintaining appropriate schedules and timesheets for all workers providing CBI services. Case managers will no longer be responsible for signing the timesheets for workers or scheduling these sevices.

d. Community-Based Intervention shall consist of three (3) levels of personnel, levels II, III, & Home Health Aide, LPN, RN, etc. The

consumer and recovery team will determine the level of therapeutic support that is needed.

1) CBI Level II (Therapeutic support and supervision)

a) Consumers receiving CBI Level II need assistance with IADL or ADL tasks to ensure their ability to remain safely within the community.

b) CBI Level II services may be used to assist with eating, bathing, dressing, or other personal hygiene activities.

c) Services may also include activities to assist a consumer with becoming self-sufficient (taking care of oneself and the necessary responsibilities to ensure independent community living) or to explore opportunities to identify and expand personal interests.

d) CBI Level II services will also ensure adequate support and supervision to consumers to maintain psychiatric stabilization within the community and enhance ongoing mental health services.

e) Such assistance shall include active supervision (readiness to intervene as necessary) and interaction with consumers. This may take the form of hands-on assistance (actually performing the task for the consumer) multi-step instructional cueing as part of a plan to prompt the consumer to perform the task, or active supervision.

f) Health-related areas that are provided may include assistance with ADL tasks including the performance of bathing, dressing, toileting, transferring, feeding, and maintaining continence.

g) Behavioral supports monitoring are intended to assist with avoidant or aggressive behaviors that may cause harm to self or others. Behavioral supports monitoring involves supervision of and interventions with consumers to assist with avoidant or aggressive behaviors. This may take the form of stand-by supervision, re-direction, skills training,

behavior coaching, or other assistance to help ensure the consumer's safety.

h) All CBI Level II interventions shall not require any special tasks of nursing requiring the presence of a Registered Nurse.

i) Due to the varied nature of the interventions included in CBI Level II, there are currently no specified hour limitations other than what is deemed necessary by the consumer's Recovery Team. Prior to the authorization of CBI services, the Recovery Team (including the consumer) shall determine the scope, frequency and duration of the CBI service required. The CBI program shall then implement services based on the needs and tailor outgoing services based on the consumer need in coloration with the Recovery Team.

2) CBI Level III (Home Health Assistance)

a) CBI Level III services include a range of assistance to provide necessary home health and medical support to assist consumers with residing in the least restrictive environment. Health related services that are provided may include skilled or nursing care to the extent permitted by law.

b) Consumers receiving CBI Level III need assistance requiring the expertise of or supervision by a registered nurse for medical needs or for acute and severe behavioral needs and may include, but are not limited to, the following:

i) Preparation of a behavioral support plan and/or psychotropic medication oversight for consumers with severe behavioral challenges including aggression against others.

ii) Medication administration shall be performed when the consumer is unable to physically or cognitively self-administer medications even with assistance.

iii) Monitoring and assessment of vital signs, i.e. administration of medication and respective assessment of response status.

iv) Wound care or other therapeutic interventions or special tasks of nursing (task that have been delegated by a registered nurse as specified in section 16-89, HAR.

v) CBI Level III services shall be limited to fifteen (15) hours per week, and shall not exceed four (4) hours in any one session.

4) CBI Home Health Aide, LPN, RN, etc.

Skilled support services to address the consumer's physical health needs, to maintain the consumer in the community, which shall be determined by the DIVISION.

e. These services are provided only when the consumer or anyone else in the household, or other relatives, caregiver, landlord, community/volunteer agency, or third party payor is not capable of or responsible for performing or financially providing for them. In the case of rental property, the responsibility of the landlord, pursuant to the lease agreement, is to be examined prior to any authorization of service.

f. All CBI services shall be provided in the presence of the consumer and shall be provided in the consumer's home or community setting and not in licensed care settings.

g. Ongoing evaluation of the consumer's ability to independently perform the tasks for which they are receiving assistance shall occur. All levels of CBI services shall also include training and skill building for consumers and family and/or other supports to assist consumers achieve independence with these tasks or to train their existing support system (if available) to assume this type of assistance.

h. CBI services shall be available twenty-four (24) hours a day seven (7) days a week. The consumer's individual recovery plan will indicate the period of time during the day and or night that the services are needed and the duration.

i. All CBI services shall have a maximum duration of three (3) months. Exceptions to the three (3) month duration may be considered on a case-by-case basis by the DIVISION.

j. Services shall be delivered in the consumer's place of residence or community setting for a specified number of hours per day for a limited period of time. Residential settings include the consumer's family home or consumer's own home or place of residence (that is not licensed).

k. Services shall be provided in close accordance with specific goals and objectives as documented in the consumer's individualized recovery plan and in conjunction with other mental health services. Individuals providing these services do not function in isolation but rather as a member of an interdisciplinary team.

l. CBI services staff shall access and review all historical and assessment data available in each consumer's treatment record.

m. CBI services staff shall attend interdisciplinary treatment team meetings on a regular basis for the purpose of coordinating and communicating with other providers of service.

n. CBI services staff shall complete progress notes for each contact and place the progress notes in the treatment record of each consumer within twenty four (24) hours of the provision of services.

o. A discharge plan shall be formulated for each consumer at the onset of services, be regularly reviewed and revised, and include an appropriate and timely evaluation of follow-up needs. The CBI provider shall collaborate with the assigned case manager on the discharge plan.

p. Individuals providing CBI services may bill for a maximum of four (4) hours per month for recovery planning and review processes with each consumer's recovery team. Documentation of attendance at these meetings is required if billing occurs. Telephonic attendance of recovery team meetings is also permitted and billable.

q. Staff Supervision

1) Ensure that the direct CBI staff is trained in the manner and method of providing service to the consumer before the direct CBI staff works independently with the consumer.

2) Ensure that the CBI staff are made aware of any and all information from the consumer's record that is essential for the CBI staff to work effectively and safely with the consumer.

3) Ensure that the needs and preferences of each consumer are matched with a CBI worker who has received training in the services to be provided to the consumer and is knowledgeable about the needs and preferences of the consumer.

4) Ensure that the place in which the CBI service is delivered is suitable to the activity, is able to physically accommodate the consumer in a safe, comfortable manner, and that the consumer's privacy and preferences are known to direct support workers and are respected.

5) Provide regular documented supervision meetings with individual CBI staff workers to review their work with consumers, assess clinical performance on a scheduled or non-scheduled basis, and give feedback on documentation in the progress notes. The supervision requirements shall be as follows:

   a) On-site supervision of services provided to consumers shall be conducted quarterly and shall consist of verification of service provision, quality of service, and consumer satisfaction.

   b) Off-site supervision shall be conducted quarterly and occur in the form of group supervision, training, and service record review.

   c) Supervision of CBI Level III and Home Health Aide staff shall be provided by a registered nurse licensed in the State of Hawaii who also has a minimum of two (2) years of nursing experience.

   d) Quarterly skills training and education shall be provided to all direct service CBI staff on topics relevant to the provision of services and effectively working with consumers with severe and persistent mental illness.

5. Staffing ratio
The staff to consumer ratio for CBI levels II, III, and Home Health Aide is 1:1.

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

1. **Personnel**

The PROVIDER's personnel requirements for staff providing CBI shall include, but are not limited to, the following:

a. The CBI program leader shall be, at minimum a mental health professional (MHP). See Attachment D for the definition and role of an MHP. The CBI program leader shall provide general supervision to the CBI program, and have the necessary knowledge and skills to provide emergency coverage for CBI Level II services as needed. Supervision of CBI Level III and Home Health Aide workers shall be provided by a registered nurse with a minimum of two (2) years work experience. If the Program Leader does not meet this requirement, supervision of CBI Level III and Home Health Aide workers shall be delegated to an appropriately qualified member on the team.

b. CBI Level II workers, at minimum, shall have completed the agency's orientation on how to deliver services to the DIVISION's consumer population and have a satisfactory skill level to meet the consumer's identified needs at this service level.

c. CBI Level III and Home Health Aide workers shall complete the agency's orientation on how to deliver services to the DIVISION's consumer population and meet one of the following minimum requirements:

1) Certified Nurse's Aide (CNA) with a minimum of three (3) years clinical experience.

2) Licensed Practical Nurse (LPN) licensed in the State of Hawaii with a minimum of two (2) years of clinical experience.

3) Registered nurse licensed in the State of Hawaii with a minimum of one (1) year of clinical experience.

d. The specific tasks assigned to the CBI Level III and Home Health Aide worker shall be limited to the individual qualifications of the

worker. CBI Level III and Home Health Aide workers shall not practice outside the scope of their certification or license.

e. CBI staff at all levels of service shall have a general, working knowledge of mental illness and the necessary skills to work with consumers with severe and persistent mental illness.

f. All staff providing CBI services shall also meet the following qualifications:

1) A current tuberculosis (TB) clearance in accordance with Department of Health standards;

2) A satisfactory criminal history, clearance from the Hawaii Criminal Justice Data Center;

3) Satisfactory Department of Human Services Adult Protective and Child Protective Services checks; and

4) Satisfactory skills (skill level as defined and identified in the Recovery Plan) as verified and documented by the CBI program leader.

g. Staff providing CBI Level II & III and Home Health Aide services shall also have current first aid and cardiopulmonary resuscitation (CPR) training and certification.

h. The organization shall have a consistently applied, documented method for measuring staff competencies which include:

1) Staff proficiency in treating individuals with a co-occurring substance use disorder using a DIVISION tool or a tool approved by the DIVISION. (usually applies to programs providing treatment)

2) Staff competency in providing warm, empathic approaches in dealing with consumers using a DIVISION tool or a tool approved by the DIVISION.

3) Staff competencies related to the requirements of the job and the needs of the persons served.

i. The applicant shall ensure and document that direct CBI staff receive appropriate and regular clinical and administrative supervision.

j. The applicant shall ensure and document that its CBI staff receive appropriate education and training in techniques and modalities relevant to their service activity for the treatment and rehabilitation of individuals with mental illness, following the organization's policy and procedures.

k. The applicant shall ensure that all of its CBI staff attend trainings sponsored or required by the DIVISION, as appropriate to the service(s) they are providing. Training shall include compliance and fraud and abuse.

l. A training program for direct CBI staff shall be designed to assist with ongoing staff education and skills training, providing staff input into the design of future training topics.

m. The applicant shall conduct regular consumer satisfaction surveys evaluating the effectiveness of their services and identifying additional areas for improvement.

2. **Administrative**

a. Services shall be authorized by the DIVISION's utilization management process, by prior authorization or registration, and in accordance with the DIVISION's processes as outlined in current DIVISION policies and procedures and directives from the DIVISION Chief. It is the responsibility of each program to understand and follow these policies, procedures, and directives in order that reimbursement can be approved by the DIVISION. Authorization of services is not a guarantee of payment.

b. The applicant shall accept all referrals deemed appropriate by the DIVISION's utilization management process. If the applicant is unable to meet the needs of the referral, the applicant shall work conjointly to find an alternate approach that will adequately meet the needs of the referred case.

c. 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.

d. All consumers shall be registered for services and have a record open within the DIVISION'S information system. When requested by the DIVISION, the applicant shall obtain and provide the information necessary to register, open and monitor services received. Applicants shall also report all required information

when cases are closed or consumers transferred to another level of care within one (1) working day of such action. All recipients shall be registered with the DIVISION and authorized for services as appropriate.

e. The applicant shall cooperate with the coordination and the transition of services for newly enrolled consumers with the consumer's current DIVISION provider, Medicaid fee-for-service provider, Community Care Services (CCS), and/or a QUEST health plan, since many of the eligible consumers already have an established behavioral health care provider.

Individuals who are receiving services from the Child and Adolescent Mental Health Division (CAMHD), and will no longer be eligible for services (age 21) with CAMHD, will also need to be transitioned to the DIVISION, if determined to meet DIVISION eligibility criteria, or back to their QUEST health plan or Medicaid fee-for-service if they are determined to no longer meet DIVISION criteria for continued enrollment.

If the consumer is to be enrolled in the DIVISION from a QUEST health plan, CAMHD, Fee-for-Service Program, or CCS, the disenrolling program and the applicant shall equally assist the consumer in the transition process.

f. All providers shall submit a rate schedule which outlines charges made to consumers for service(s) rendered.

DIVISION consumers shall not be charged finance charges, co-payments for services or no-show fees. Consumers must be informed that they cannot be terminated by the applicant for non-payment of co-payments, finance charges, no-show fees, and non-covered services or for receipt of services from unauthorized applicant employees or providers.

3. **Quality assurance and evaluation specifications**

a. The purpose of quality management is to monitor, evaluate, and improve the results of the applicant'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) Improved clinical outcomes and enhanced quality of life;

10) Consumer satisfaction;

11) User friendly grievance procedures which resolve issues in a timely manner; and

12) Upholds consumer rights.

b. The applicant's quality management program shall include at a minimum the content indicated in Section 3, II.

c. The applicant shall participate in the DIVISION's continuing quality management program and activities as directed by the DIVISION. The applicant 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 applicant's Quality Management and related programs and

2) Performance measures.

The objectives of the performance measures are:

1) To standardize how the applicant specifies, calculates and reports information; and

2) To trend an applicant's performance over time and to identify areas with opportunities for improvement.

e. Required Quality Management Activities Reports

The applicant 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 if written Quality Management Program required.

5) Written request for approval of any delegation of quality management activities to subcontractors and providers.

6) Written notification of lawsuits, license suspensions, and revocation to provide Medicaid or Medicare services, or other actions brought against the applicant, 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.

7) Notice to Utilization Management of consumer admission and discharge from services or change in level of care in writing within one (1) working day of such action.

8) Written notification of suspected fraud within thirty (30) calendar days of discovery, and of consumer abuse and neglect immediately upon discovery.

9) 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) Number of consumers served per level of service, per month, by county

d) Average length (in service units) of CBI utilization per consumer, per level of care, by county

e) 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.

f) Sentinel events.

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

The applicant 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. Regular requests for information to the applicant shall occur in the following areas, including consumer demographics, consumer needs, clinical and service information including encounter data, staffing and capacity patterns, risk management areas, consumer outcomes, regulatory compliance, organizational processes, resource utilization, and billing and insurance areas. 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**
Direct care staff shall meet the minimum qualifications.

6. **Coordination of Services**
Refer to the Service Activities, Section 2, III.A.

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.

8. **Contract Compliance**

The State performs periodic reviews, including validation studies, in order to ensure contract compliance. The State is authorized to impose financial penalties if the data is not provided timely and accurately.

The DIVISION reserves the right to request additional data, information and reports from the applicant, as needed, to comply with external requirements and for its own management purposes.

a. Timeliness of Data Submitted

All information, data, medical records, and reports shall be provided to the DIVISION by the specified written deadlines. The applicant shall be assessed a penalty of $200.00 per day until the required information, data, medical records, and reports are received by the DIVISION. If the applicant will not be able to comply with the request, the applicant may ask for an extension in writing with an explanation to justify the extension. The DIVISION reserves the right to determine if an extension is acceptable and set a new date for submission.

The applicant, shall in turn, sanction it and providers if the required information, data, medical records, and reports are not provided to the applicant within the timeframe established by the applicant.

b. Accuracy and Completeness

The information, data, medical records, and reports provided to the DIVISION shall be reasonably accurate and complete. Data and reports shall be mathematically correct and present accurate information. The applicant shall be notified within thirty (30) calendar days from the receipt date of the initial submission of any information, data, medical records, and reports that do not appear

to be accurate and complete. The applicant shall be given thirty (30) calendar days to correct the errors or provide documentation to support the accuracy of the initial submission. If at the end of the thirty (30) calendar days the new submission continues to inaccurate or incomplete, a penalty will be assessed.

9. **Pricing structure or pricing methodology to be used.**

The DIVISION will use a fixed unit of service rate pricing for this service.

Billing Code	Services	Rates
TBD	CBI Level II	$7.25, per 15 minutes, per consumer
TBD	CBI Level III	$8.58, per 15 minutes, per consumer
TBD	CBI Home Health Aide	Service and rate to be negotiated

C. Facilities – not applicable

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).*
- *Proposals should be submitted utilizing a 12 pt. font size.*
- *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.*
- *Each section shall be scored in its entirety. Information submitted in another section, shall not be considered.*
- *Applicants are* ***strongly*** *encouraged to review evaluation criteria in Section 4, Proposal Evaluation when completing the proposal.*
- *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

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

II. Experience and Capability

Ensure that each section in

A. Necessary Skills

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

B. Experience

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

C. Quality Assurance and Evaluation

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

Quality assurance shall include, but not be limited to, the following elements:

1. A written Quality Management Program description and outlined structure which includes the Quality Committee reporting structure, including Governing Board Involvement, voting composition, and a written process for goal and priority setting following standardized methodology and data collection, which is updated and signed annually.

2. The Quality Management Program must address consumer complaints, grievances, appeals, sentinel events and consumer satisfaction.

3. The Quality Management Program must have a system or policy that outlines how items are collected, tracked, reviewed, and analyzed (and reported to the DIVISION as appropriate).

4. The Quality Management Program Work Plan is established annually and selects goals and activities that are based on the annual program evaluation and are relevant to the DIVISION consumer and problem area under review, with designated timelines for the project and indicates department/persons responsible for carrying out the project(s) on the Work Plan.

5. Provision for the periodic measurement, reporting, and analysis of well-defined output, outcome measures and performance indicators of the delivery system, and an indication of how the applicant will use the results of these measurements for improvement of its delivery system.

6. A process of regular and systematic treatment record review, using established review criteria. A report summarizing findings is required. Additionally, the applicant shall develop a written plan of corrective action as indicated.

7. Provision of satisfaction surveys of consumers.

8. Assurance that a staff member be available to represent utilization and quality management issues at meetings scheduled by the DIVISION.

9. Provision of a utilization management system including, but not limited to the following: a) system and method of reviewing utilization; b) method of tracking authorization approvals; c) method of reviewing invoices against authorizations; d) consumer appeals process; e) annual evaluation of the applicant's utilization management plan; and, g) identification of the person in the organization who is primarily responsible for the implementation of the utilization management plan.

10. A policy and procedure for consumer complaints, grievances and appeals which includes documentation of actions taken, and demonstration of system improvement.

11. Assurance that the applicant has established and will maintain and regularly update the following QM policies and procedures:

    a. Consumer complaints, grievances and appeals

    b. Consumer Safety

    c. Consumer Satisfaction

    d. Disaster preparedness

    e. Emergency Evacuation

    f. Evidence Based Practice Guidelines

    g. LOCUS/Level of Care Placement

    h. Compliance

    i. Consumer Rights and Orientation

    j. Confidentiality/HIPAA

    k. Treatment Records

l. Individualized Service Plans

m. Transition of consumers to other programs

n. Treatment Team

o. Use of Restraints

p. Restricting Consumer Rights

q. Credentialing Staff

12. A training plan and staff handbook/personnel manual for staff that are responsible for delivery of services. Training shall include, but not be limited to: Substance Abuse, Forensics, Sentinel Events, Risk Management, Compliance, HIPAA Compliance, Consumer Rights, Treatment Planning, and Access and Treatment for Non-English Speaking Consumers.

13. A consumer handbook/brochure(s) that outline services available to the consumer, hours of operations, contact information (phone numbers, and instructions on emergency services), is written at a sixth (6th) grade reading level, provides an overview and the applicant's approach to care, and clearly outlines any major program rules that could lead to discharge from services offered by the organization.

14. 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. III. B. 2., 4., and 7. The applicant shall also indicate how it will use the information in the report to improve its services.

15. For applicants whose annual contract or estimated reimbursements will be less than $100,000.00 or whose staff number five (5) or less, a modified Quality Management and Utilization Management Plan are acceptable with prior approval from the DIVISION. A modified quality and utilization management system shall include the following:

    a. A method for tracking authorizations.

    b. A method for assuring that consumers are informed of their rights, including the right to file a complaint, grievance, or appeal a service delivery decision.

    c. A method of documenting goals and service activity as they relate to the Individual Service Plan developed by the DIVISION designated case manager and consumer.

d. Consumer involvement in service planning.

e. Statement that the applicant will participate in the use of outcome instruments at the discretion of the DIVISION.

f. Identification of fiscal and program contact person.

16. 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

The applicant shall demonstrate the capability or plan to coordinate services with other agencies and resources in the community, if required in the RFP.

Demonstration or plan of the applicant's coordination efforts shall include, but not be limited to, the following:

1. A history of the applicant's cooperative efforts with other providers of mental health services.

2. Memorandum of agreements with other agencies (if required in the RFP).

3. Applicant's current efforts to coordinate with the DIVISION, CENTERS, HOSPITAL, and other POS providers, and where there is no current coordination, the applicant's plans to do so.

E. Facilities

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

F. Management Information System (MIS) 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, DIVISION-generated authorization number(s), Medicaid Identification Number, Medicare Identification Number, other third party insurer numbers, address, telephone number, admission date, discharge date, service data using DIVISION approved procedure codes, date of birth, and gender, 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. For any Fixed Unit of Service Rate contracts, a statement that the applicant shall submit claims electronically in the 837 format. (N/A)

5. Where infrastructure is lacking to meet MIS requirement, applicants shall propose solutions and include the proportion of cost related to this contract in their response to the RFP.

III. Project Organization and Staffing

A. Staffing

1. Proposed Staffing

The applicant shall describe the proposed staffing pattern, consumer/staff ratio for each team and proposed caseload capacity appropriate for the viability of the services. The applicant shall give the number and title of the positions needed to provide the specific service activities. Positions descriptions shall also be submitted. (Refer to the personnel requirements in the Service Specifications, as applicable.)

2. Staff Qualifications

The applicant shall describe in this section of its proposal how it will ensure its compliance with the personnel requirements, which includes, but not limited to, licensure, educational degrees, and experience for staff assigned to the program. (Refer to the qualifications in the Service Specifications, as applicable.)

B. Project Organization

1. Supervision and Training

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

2. Organization Chart

The applicant shall reflect the position of each staff and line of responsibility/supervision. (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

A. Scope of Work

Applicant shall include a detailed discussion of the applicant's approach to applicable service activities and management requirements from Section 2, Item III. - Scope of Work, including (if indicated) a work plan of all service activities which the applicant is proposing to provide and tasks to be completed, related work assignments/responsibilities and timelines/schedules.

The applicant's description of its service delivery system shall include, but not be limited to, the following:

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

    a. Hours of operation

    b. The services provided and the qualifications of staff providing the services.

    c. The services provided to the consumers who may have a co-occurring substance abuse disorder.

    d. How the team will operate on a daily basis, including the team meeting, assignment of tasks and the services to be delivered during the day and evening hours.

    e. The on-call system including how consumers access this service and staff availability to respond.

f. How the program will provide adequate coverage utilizing qualified personnel when a team position is vacant.

2. A clear description of the services for consumers from point of entry to discharge, aftercare and follow-up. The description must be consistent with the scope of work found in Section 2.III.A. and with the personnel requirements in Section 2.III.B.1.

3. A clear description of the target population to be served.

4. A description of the number of teams the applicant is proposing, the number of consumers to be served by each team and the location of each team, and a reasonable estimate of the number of units of service it will provide.

5. A description of the methods the applicant will use to determine when treatment goals are accomplished and when to terminate services.

6. A description of the accessibility of services for the target population, and a description of impediments to services and efforts to overcome barriers.

7. A statement that the applicant shall not refuse a referral if the program is not at full capacity and the referral meets the DIVISION's criteria for this service. The applicant shall not have an exclusionary policy that is inconsistent with the DIVISION'S guidelines.

8. An indication of the "best practices/evidence-based practices" the applicant incorporates and a citation of the literature to support its "best practices/evidence-based practices". A description of the system it uses to implement and maintain its "best practice/evidence-based practices" program integrity.

9. Demonstration that the applicant is capable of providing twenty-four (24) hour coverage for services.

10. For services with twenty-four (24) hour, seven (7) days a week coverage, description of how the applicant's on-call system works, i.e., methodology relative to applicant's answering service. Specifically describe how consumers access applicant's service and staff availability.

11. A description by the applicant of the involvement of the consumer in the decisions regarding the services the consumer receives.

12. A statement by the applicant that it is ready, able, and willing to provide services throughout the time of the contract period.

13. A statement by the applicant that it has read and understands the Request for Proposal and will comply with the DIVISION requirements.

B. General Requirements

The applicant shall describe in this section of its proposal how it will comply with the general requirements specified in Section 2.II.

C. Administrative Requirements

The applicant shall describe in this section of its proposal how it will comply with the administrative requirements specified in Section 2.III.B.2.

V. Financial

A. Pricing Structure

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

The DIVISION will use a fixed unit of service rate pricing structure for Community-Based Intervention services described in the RFP. The applicant is requested to furnish a reasonable estimate of the maximum number of service units it can provide for which there is sufficient operating capacity (adequate, planned and budgeted space, equipment and staff). 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 forms shall be submitted with the Proposal Application:

- SPO-H-205 – Budget
- SPO-H-205A – Organization-Wide Budget by Source of Funds (special instructions are located in Section 5)
- 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-206D – Budget Justification – Travel-Out of State
- 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

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):

   a. The applicant shall submit a cost allocation plan showing how costs are allocated across different funding sources.

   b. Also, the applicant shall submit a copy of its most recent audited or compiled financial statements.

2. The applicant shall describe all eligible sources of revenue from third parties and plans to pursue additional sources of revenue and how the applicant will prevent billing more than one (1) payer and submit overpayments to the DIVISION. The applicant may not bill other payers for services already paid for by the DIVISION or bill the DIVISION for services eligible for payment by another payer.

3. The applicant shall describe its billing/claims process and how it ensures accurate and timely submission of billing/claims based on written documentation which supports the bill/claim, and how it processes adjustments, reconciles payment, and posts payment.

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

Evaluation Categories		Possible Points
Administrative Requirements		
Proposal Application		**100 Points**
Program Overview	0 points	
Experience and Capability	20 points	
Project Organization and Staffing	15 points	
Service Delivery	55 points	
Financial	10 Points	
TOTAL POSSIBLE POINTS		**100 Points**

III. 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.

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 20 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. Compliance with DIVISION's Quality Management and Business Compliance initiatives.

For new agencies, who have not had a history providing this type of service for the DIVISION, no points shall be deducted.

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 the proposed services.

2) Demonstrate the ability to respond to consumer complaints, appeals and grievances including those brought to the attention of the DIVISION.

b. Experience (2 points)

Possesses 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 Assurance and Evaluation (5 points)

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

1) The applicant has sufficiently described its quality improvement program which shall include the following:

a) Provision of a utilization management system.

b) Provision of a quality management program.

c) A policy and procedure for consumer complaints, grievances and appeals, documentation of actions taken, and demonstration of system improvement.

2) 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 (2 points)

Demonstrated capability to coordinate services with other agencies and resources in the community.

e. Facilities – not applicable **(0 points)**

Adequacy of facilities relative to the proposed services.

f. Management Information Systems (MIS) (5 points)

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

1) Relative to HIPAA requirements:

   a) The applicant states whether they are a covered entity.

   b) The applicant states they will comply with all HIPAA privacy, security, and transactional code set requirements. (No points if statement is absent or applicant cannot comply.)

2) Relative to current MIS:

   a) Applicant is able to collect all required information.

   b) Applicant currently able to collect some required information with a plan to upgrade the MIS to collect all information by the time the contract begins.

   c) If applicant is not currently able to collect all required information and unable to do so in the future or no description of implementation plan to collect information, no points shall be applied to applicants that provide this response.

3) Relative to the applicant's infrastructure:

a) A clear statement that their MIS system is fully functional.
b) Inclusion of an implementation plan to create a fully functional MIS system by initiation of a contract.

4) In regards to flexibility, a statement that describes flexibility in adding data elements or reporting requirements is addressed in their information system.

5) Relative to claims:

a) The applicant is currently able to produce either paper or electronic 837 file.

b) The applicant will be able to produce an electronic 837 file by the time that a contract is initiated.

c) The applicant is unable to produce an 837 now or in the future. (No points to a provider who will not be able to produce a compliant claim).

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 (10 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. Position descriptions for CBI staff are submitted.

2) Staff Qualifications: Minimum qualifications (including experience) for staff assigned to the program, comply with applicable DIVISION requirements.

b. Project Organization (5 points)

1) Supervision and Training: Demonstrated ability to supervise, train and provide administrative direction to staff relative to the delivery of the proposed services, 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 if licensure is required; and for all applicants, accreditation of the service(s) the applicant is applying for if it is an accreditable service.

3. Service Delivery ***Total 55 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. **(38 Points)**

1) Number of teams, number of consumers to be served by each team, and location of team(s), and a reasonable estimate of the number of units of service it will provide.

2) Hours of operation.

3) The services provided and the qualifications of staff providing the services.

4) The services provided to the consumers who may have a co-occurring substance abuse disorder.

5) How the team will operate on a daily basis, including the team meeting, assignment of tasks and the

services to be delivered during the day and evening hours.

6) The on-call system including how consumers access this service and staff availability to respond.

7) How the program will provide adequate coverage utilizing qualified personnel when a team position is vacant.

b. A detailed description of how a consumer is served from point of entry to discharge, aftercare and follow up which includes how the program determines when treatment goals are accomplished and when to move consumers throughout the various services in the program. **(10 Points)**

c. The description of the services shows how the program incorporates "best practices/evidence-based practices", has literature to support this, and has a system for implementing and maintaining best practice program integrity. **(1 Point)**

d. The description by the applicant demonstrates consumer involvement in decisions regarding the services the consumer receives. **(2 Points)**

e. A statement by the applicant that they are ready, able and willing to provide services throughout the time of the contract period. **(2 Points)**

f. A statement by the applicant that has read the Request for Proposal and will comply with DIVISION requirements. **(2 Points)**

4. ***Financial*** ***Total*** **10 Points**

a. Pricing structure based on a fixed unit of service rate cost

1) Applicants proposal budget is reasonable, given program resources and operational capacity.

2) A cost allocation plan clearly describing the allocation of funds across different funding sources.

3) The submission of a copy of the most recent audit report or compiled financial statement.

4) Adequacy of accounting system.

5) An indication of the third party reimbursements the applicant is eligible to receive and of the plans the applicant has made or is making to obtain as many third party reimbursements as possible without collecting payment from more than one (1) payer.

b. Eligible Sources of revenue

Description of all eligible sources of revenue from third parties and plans to pursue additional sources or revenue.

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. Draft Special Conditions
D. QMHP, MHP and Supervision
E. Certifications
F. Form SPO-H-205A Instructions

Attachment A

Competitive POS Application Checklist

Proposal Application Checklist

Applicant: _____ RFP No.: HTH 420-1-09

The applicant's proposal must contain the following components in the order shown 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 II 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*	**X**	
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:				
Federal Certifications		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:				

_____ Authorized Signature

_____ Date

Attachment B

Sample Table of Contents for the POS Proposal Application

Proposal Application
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VI. Litigation.....20

VII. Attachments
- **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 Audit for fiscal year ended June 30, 2008
- **C.** Organization Chart
  - Program
  - Organization-wide
- **D.** Performance and Output Measurement Tables
  - Table A
  - Table B
  - Table C
- **E.** Program Specific Requirement

Attachment C

Draft Special Conditions

SPECIAL CONDITIONS

1. Option to Extend Agreement. Unless terminated, this Agreement may be extended by the STATE for specified periods of time not to exceed three (3) years or for not more than three (3) additional twelve (12) month periods, without resolicitation, upon mutual agreement and the execution of a supplemental agreement. This Agreement may be extended provided that the Agreement price shall remain the same or is adjusted per the Agreement Price Adjustment provision stated herein. The STATE may terminate the extended agreement at any time in accordance with General Conditions no. 4.

2. Agreement Price Adjustment. The Agreement price may be adjusted prior to the beginning of each extension period and shall be subject to the availability of state funds.

3. Federal Citation. Pursuant to the Public Health Service Act, Title XIX, Part B, Subparts I and III, as amended, Public Law 106-310, 42 U.S.C. 300X, and the implementing Federal regulations 45 C.F.R. Part 96, the Center for Mental Health Services of the Substance Abuse and Mental Health Services Administration of the United States Department of Health and Human Services has granted federal funds to the STATE under a Community Mental Health Services Block Grant by Grant No. 3B09SM010015-0753, dated July 30, 2007, for the block grant period from October 1, 2006 through September 30, 2008, Catalog of Federal Domestic Assistance No. 93.958, which notice of award, grant application, and other applicable documents and conditions are hereinafter collectively referred to as the "Federal Grant."

4. Audit Requirements.

   a. Nonprofit organizations that expend $500,000 or more in a year of federal funds from any source shall have a single audit conducted for that year in accordance with the Single Audit Act Amendments of 1996, Public Law 104-156.

b. If the preceding condition applies, the PROVIDER shall conduct a financial and compliance audit in accordance with the guidelines identified in Exhibit "_" attached hereto and made part hereof. Failure to comply may result in the withholding of payments to the PROVIDER.

c. Nonprofit organizations that expend less than $500,000 a year in federal funds are exempt from federal audit requirements for that year; however, records shall be available for review or audit by appropriate officials of the federal awarding agency, the STATE, or General Accounting Office.

d. If the PROVIDER is exempt from federal audit requirements in accordance with subparagraph c., above, the cost of any audit conducted on behalf of the PROVIDER shall not be charged to the federal portion of this Agreement.

5. Certification Regarding Environment Tobacco Smoke. The PROVIDER shall comply with the requirements of the Pro-Children Act of 1994 and by signing the "Certification Regarding Environmental Tobacco Smoke," attached as Exhibit "_" and made a part of this Agreement, acknowledges that is a subgrantee of federal funds to be received under the Federal Grant.

6. If this Agreement is terminated with cause or without cause or at the scheduled expiration of the time of performance specified in this Agreement, all equipment and unused supplies and materials leased or purchased with funds paid to the PROVIDER under this Agreement shall become the property of this STATE as it so specifies and shall be disposed of as directed by the STATE, except as otherwise may be provided under the Federal Grant. 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.

7. 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.

Attachment D

QMHP, MHP AND SUPERVISION

Definition and Role of the Qualified Mental Health Professional and Mental Health Professional

Qualified Mental Health Professional (QMHP)

A Qualified Mental Health Professional ("QMHP") is defined as a Licensed Psychiatrist, Licensed Clinical Psychologist (Ph.D. or Psy.D.), Licensed Clinical Social Worker (LCSW), Licensed Marriage and Family Therapist (LMFT), or Licensed Advanced Practice Registered Nurse (APRN) in behavioral health currently licensed in the State of Hawaii.

The QMHP shall oversee the development of each consumer's treatment plan to ensure it meets the requirements stated in the Community Plan 2003 and sign each treatment plan.

The QMHP shall serve as a consultant to the treatment team.

The QMHP shall serve as the LOCUS expert.

The QMHP shall provide oversight and training.

The QMHP shall review and sign each authorization request for clinical services prior to submittal to ensure that the services requested are medically necessary.

The QMHP shall provide clinical consultation and training to team leaders and/or direct care providers as needed.

Additionally, for Specialized Residential Treatment Programs, the QMHP shall provide day-to-day program planning, implementation, and monitoring.

Mental Health Professional (MHP)

Except for Assertive Community Treatment ("ACT"), the team leader is not required to be a QMHP. Non-QMHP team leaders shall be clinically supervised by a QMHP.

Non-QMHP team leaders are defined as Mental Health Professionals ("MHP") and shall meet the following minimum requirements:

- Licensed Social Worker (LSW); or
- Master of Science in Nursing (MSN); or
- APRN in a non-behavioral health field; or
- Master's degree from accredited school in behavioral health field
    a) Counseling, or
    b) Human Development, or
    c) Marriage, or
    d) Psychology, or
    e) Psychosocial Rehabilitation, or
    f) Criminal Justice.

- Master's degree in health related field with two (2) years experience in behavioral health; or
- Licensed Registered Nurse with two (2) years experience in behavioral health.

The MHP may supervise para-professional staff if the MHP is clinically supervised by a QMHP.

The MHP may function as the DIVISION Utilization Management Liaison.

Supervision:

Clinical supervision of all staff is ongoing and shall be sufficient to ensure quality services and improve staff clinical skills and is according to community standards, scope of license as applicable, and agency policies and procedures. Treatment team meetings are consumer focused whereas clinical supervision is staff focused. Therefore, treatment team meetings do not need to meet clinical supervision requirements.

One-on-one clinical supervision of MHP team leaders and direct care providers, if there is no MHP team leader, shall be performed by the QMHP at a minimum of once per month. If a MHP is the team leader, the MHP shall provide one-on-one monthly clinical supervision of non-MHP and non-QMHP staff.

The supervision shall be documented in writing, legible, signed and dated by the QMHP or MHP as directed by the provider agency's policies and procedures.

The DIVISION funded PROVIDER shall have policies and procedures to select and monitor the MHP team leaders if non-QMHP team leaders are used.

The QMHP and non-QMHP staff does not have to work in the same physical setting but shall have routine meetings as defined in the PROVIDER's policies and procedures.

Attachment E

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, In eligibility, 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 undersigned, 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 an mental health of the American people.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	TITLE
APPLICANT ORGANIZATION	DATE SUBMITTED

Attachment F

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)	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. For the first column on the first page of this form, use the column heading, "Organization Total". 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.
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:

Provide a budget by source of funds for this specific service activity.