

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

## **Request for Proposals**

**HTH-560-CT-002**

# **Primary Prevention of Child Abuse and Neglect (Child Maltreatment)**

**Sub Category:  
Early Identification**

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.

October 3, 2008

## **REQUEST FOR PROPOSALS**

### **Primary Prevention of Child Abuse and Neglect (Child Maltreatment) EARLY IDENTIFICATION RFP No. HTH-560-CT-002**

The Department of Health, Family Health Services Division, Maternal and Child Health Branch, Healthy Start Program is requesting proposals from qualified Applicants to provide Early Identification screening and assessment services for prenatal women and families with children zero to three (0-3) years of age, who are at-risk for child maltreatment. The scope of Early Identification encompasses the provision of early identification of prenatal women and infants under the age of three (3) years. The contract term will be from July 1, 2010 or date of State's Notice to Proceed, whichever is later, and end on June 30, 2014, with the option to extend.

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

Proposals shall be mailed, postmarked by the United States Postal Service on or before November 14, 2008, and received no later than 10 days from the submittal deadline. Hand delivered proposals shall be received no later than 4:30 p.m., Hawaii Standard Time (HST), on November 14, 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 Family Health Services Division will conduct an orientation on October 15, 2008 from 3:00 p.m. to 4:00 p.m. HST, at 615 Piikoi Street, Suite 105, Honolulu, Hawaii 96814. All prospective Applicants are encouraged to attend the orientation.

The deadline for submission of written questions is 4:30 p.m., HST, on October 17, 2008. All written questions will receive a written response from the State on or about October 27, 2008.

Inquiries regarding this RFP should be directed to the RFP contact person, Naomi Imai at 741-A Sunset Avenue, Honolulu, Hawaii 96816, telephone: (808) 733-4182, fax: (808) 733-9078, e-mail: [naomi.imai@doh.hawaii.gov](mailto:naomi.imai@doh.hawaii.gov)

## PROPOSAL MAIL-IN AND DELIVERY INFORMATION SHEET

<b>NUMBER OF COPIES TO BE SUBMITTED:</b>	<b>Three (3)</b>
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ALL MAIL-INS SHALL BE POSTMARKED BY THE UNITED STATES POSTAL SERVICE (USPS) NO LATER THAN **November 14, 2008** and received by the state purchasing agency no later than **10 days from the submittal deadline.**

### All Mail-ins

Department of Health  
Healthy Start Program  
741 A Sunset Ave Room 204  
Honolulu, Hawaii 96816

### DOH RFP COORDINATOR

Naomi Imai  
For further info. or inquiries  
Phone: 733-4182  
Fax: 733-9078  
E-mail: [naomi.imai@doh.hawaii.gov](mailto:naomi.imai@doh.hawaii.gov)

ALL HAND DELIVERIES SHALL BE ACCEPTED AT THE FOLLOWING SITES UNTIL **4:30 P.M., Hawaii Standard Time (HST), November 14, 2008.** Deliveries by private mail services such as FEDEX shall be considered hand deliveries. Hand deliveries shall not be accepted if received after 4:30 p.m., November 14, 2008.

### Drop-off Sites

#### **Oahu:**

Department of Health  
Healthy Start Program  
741 A Sunset Ave. Room 204  
Honolulu, Hawaii 96816

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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 RFP	October 3, 2008
Distribution of RFP	October 3, 2008
RFP orientation session	October 15, 2008
Closing date for submission of written questions for written responses	October 17, 2008
State purchasing agency's response to Applicants' written questions	October 27, 2008
Discussions with Applicant prior to proposal submittal deadline (optional)	
Proposal submittal deadline	November 14, 2008
Discussions with Applicant after proposal submittal deadline (optional)	
Final revised proposals (optional)	
Proposal evaluation period	December 2008
Provider selection	January 2009
Notice of statement of findings and decision	January 2009
Contract start date	July 1, 2010 or State's Notice to Proceed

## II. Website Reference

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

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

### Non-SPO websites

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

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

## III. Authority

This RFP is issued under the provisions of the Hawaii Revised Statutes (HRS), Chapter 103F and its administrative rules. All prospective Applicants are charged with presumptive knowledge of all requirements of the cited

authorities. Submission of a valid executed proposal by any prospective Applicant shall constitute admission of such knowledge on the part of such prospective Applicant.

#### IV. **RFP Organization**

This RFP is organized into five sections:

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

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

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

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

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

#### V. **Contracting Office**

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

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Department of Health	<b>Maternal and Child Health Branch Family and Community Support Section 741 A Sunset Avenue Honolulu, Hawaii 96816</b>
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Phone (808) <b>733-9033</b>	Fax: (808) <b>733-9078</b>
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#### VI. **Orientation**

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

<b>Date:</b>	<b>October 15, 2008</b>	<b>Time:</b>	<b>3:00 – 4:00 PM</b>
<b>Location:</b>	<b>615 Piikoi Street, Suite 105, Honolulu, HI 96814</b>		

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Applicants are encouraged to submit written questions prior to the orientation. Impromptu questions will be permitted at the orientation and spontaneous answers provided at the state purchasing agency's discretion. However, answers provided at the orientation are only intended as general direction and may not represent the state purchasing agency's position. Formal official responses will be provided in writing. To ensure a written response, any oral questions should be submitted in writing following the close of the orientation, but no later than the submittal deadline for written questions indicated in the next paragraph (VII. Submission of Questions).

## VII. Submission of Questions

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

Deadline for submission of written questions:

**Date:** October 17, 2008 **Time:** 4:30 PM HST

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

**Date:** October 27, 2008

## VIII. Confidentiality of Personal Information

Act 10 relating to personal information was enacted in the 2008 special legislative session. As a result, the Attorney General's General Conditions of Form AG Form 103F, *Confidentiality of Personal Information*, has been amended to include Section 8 regarding protection of the use and disclosure of personal information administered by the agencies and given to third parties.

## IX. Submission of Proposals

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

- 1. Proposal Application Identification (Form SPO-H-200)** - Provides identification of the proposal.
- 2. Proposal Application Checklist** – Provides Applicants with information on where to obtain the required forms; information on program specific requirements; which forms are required and the order in which all components should be assembled and submitted to the state purchasing agency.

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

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

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

doing business in the State. Prior to contracting, owners of all forms of business doing business in the state except sole proprietorships, charitable organizations unincorporated associations and foreign insurance companies be register and in good standing with the Department of Commerce and Consumer Affairs (DCCA), Business Registration Division. Foreign insurance companies must register with DCCA, Insurance Division. More information is on the DCCA website. (See paragraph II, Website Reference.)

- F. Campaign Contributions by State and County Contractors.** Contractors are hereby notified of the applicability of Section 11-205.5, HRS, which states that campaign contributions are prohibited from specified State or county government contractors during the term of the contract if the contractors are paid with funds appropriated by a legislative body. For more information, Act 203/2005 FAQs are available at the Campaign Spending Commission webpage. (See paragraph II, Website Reference.)
- G. Confidential Information** – If an Applicant believes any portion of a proposal contains information that should be withheld as confidential, the Applicant shall request in writing nondisclosure of designated proprietary data to be confidential and provide justification to support confidentiality. Such data shall accompany the proposal, be clearly marked, and shall be readily separable from the proposal to facilitate eventual public inspection of the non-confidential sections of the proposal.

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

- H. Proposal Submittal** – All mail-ins shall be postmarked by the United States Postal System (USPS) and received by the State purchasing agency no later than the submittal deadline indicated on the attached Proposal Mail-in and Delivery Information Sheet. All hand deliveries shall be received by the State purchasing agency by the date and time designated on the Proposal Mail-In and Delivery Information Sheet. Proposals shall be rejected when:
- Postmarked after the designated date; or
  - Postmarked by the designated date but not received within 10 days from the submittal deadline; or
  - If hand delivered, received after the designated date and time.
- The number of copies required is located on the Proposal Mail-In and Delivery Information Sheet. Deliveries by private mail services such as FEDEX shall be considered hand deliveries and shall be rejected if received after the submittal deadline. Dated USPS shipping labels are not considered postmarks.

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

## **X. Discussions with Applicants**

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

## **XI. Opening of Proposals**

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

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

## **XII. 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.

## **XIII. RFP Amendments**

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

## **XIV. 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.

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

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

## **XVI. Costs for Proposal Preparation**

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

## **XVII. Provider Participation in Planning**

Provider participation in a state purchasing agency's efforts to plan for or to purchase health and human services prior to the state purchasing agency's release of a request for proposals, including the sharing of information on community needs, best practices, and providers' resources, shall not disqualify providers from submitting proposals if conducted in accordance with sections 3-142-202 and 3-142-203 of the Hawaii Administrative Rules for Chapter 103F, HRS.

## **XVIII. Rejection of Proposals**

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

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

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

- (6) Applicant not responsible (Section 3-143-610(a)(2), HAR)

## **XIX. 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.

## **XX. Protests**

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

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

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

<b>Head of State Purchasing Agency</b>	<b>Procurement Officer</b>
Name: Chiyome Leinaala Fukino, M.D.	Name: Loretta Fuddy, A.C.S.W., M.P.H.
Title: Director of Health	Title: Chief, Family Health Services Divsn
Mailing Address: P.O. Box 3378 Honolulu, Hawaii 96801	Mailing Address: P.O. Box 3378 Honolulu, Hawaii 96801
Business Address: 1250 Punchbowl Street, Honolulu, Hawaii 96813	Business Address: 1250 Punchbowl Street, Honolulu, Hawaii 96813

## **XXI. 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.

## **XXII. Monitoring and Evaluation**

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

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

## **XXIII. General and Special Conditions of the 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.

## **XXIV. Cost Principles**

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

# **Section 2**

## **Service Specifications**

## **Section 2**

# **Service Specifications**

### **I. Introduction**

#### **A. Overview, purpose or need**

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

The Hawaii State Department of Health (“DOH”), Family Health Services Division (“FHSD”), Maternal and Child Health Branch (“MCHB”), Family and Community Support Section (“FCSS”) is soliciting applications for the purposes of early identification of at-risk families, both prenatal and postnatal, in the state of Hawaii. This request for proposals shall address only the EID component of the Healthy Start Program.

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

Requests for Information were conducted in May and September of 2008. Informal discussions were also held with current providers on the feasibility of the proposed changes to the program model and billing.

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

1. Systematically identify and intervene early with prenatal women and families with newborns, and/or children under three (3) years of age who are at-risk for child maltreatment, with the intent of reducing the occurrence or reoccurrence of maltreatment among the families receiving services.
2. To ensure that families at-risk for child maltreatment receive appropriate services, including medical and social services.

The major activities of EID are:

1. Contacting and offering free home visiting services to all mothers in civilian hospitals following the birth of their child.
2. Of those who express an interest in the home visiting service, screen and assess families utilizing an MCHB approved tool for eligibility for program services.
3. Refer these eligible families to home visiting services.
4. Refer ineligible families to other community services as needed.

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

Prenatal women and families with children under the age of three (3) years.

**E. Geographic coverage of service**

Statewide

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

The approximate amount of funding available in each fiscal years 2011, 2012, 2013, and 2014 is \$1,608,261.00. Additional funding of up to \$500,000.00 may become available in each fiscal year.

General funds per year: \$1,608,261.00

## II. General Requirements

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

The Provider shall comply with the Chapter 103F, HRS Cost Principles for Purchases of Health and Human Services identified in SPO\_H-201 (Effective 10/1/98), which can be found on the SPO website (See Section 5, POS Proposal Checklist, for the website address).

### B. Secondary purchaser participation

(Refer to §3-143-608, HAR)

After-the-fact secondary purchases will be allowed.

Planned secondary purchases

None

### C. Multiple or alternate proposals

(Refer to §3-143-605, HAR)

Allowed  Unallowed

### D. Single or multiple contracts to be awarded

(Refer to §3-143-206, HAR)

Single  Multiple  Single & Multiple

Criteria for multiple awards:

Multiple contracts are based on island(s) to be served that have obstetric labor and delivery wards. The following is a list of hospitals by island:

Oahu (Castle Medical Center, Kaiser Permanente Medical Center, Kapiolani Medical Center for Women and Children, Queen's Medical Center)

Kauai (Wilcox Hospital and Kauai Veterans Memorial Hospital)

Maui (Maui Memorial Medical Center)

Molokai (Molokai General Hospital)

East Hawaii (Hilo Hospital)

West Hawaii (North Hawaii Community Hospital and Kona Hospital)

**E. Single or multi-term contracts to be awarded**

(Refer to §3-149-302, HAR)

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

Contract terms:

1. Initial term of contract: July 1, 2010 to June 30, 2014
2. Length of each extension: one (1) year
3. Number of possible extensions: two (2)
4. Maximum length of contract: six (6) years
5. The initial period shall commence on the contract start date or Notice to Proceed, whichever is later.
6. Conditions for extension: Must be executed prior to the expiration of the initial term of contracts for continuation of services. Any additional funding, changes in contract language, or changes in service specifications will be agreed upon in writing.

**F. RFP contact person**

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

Naomi Imai, Children & Youth Specialist  
 Maternal and Child Health Branch  
 Family Health Services Division  
 741 A Sunset Avenue  
 Honolulu, Hawaii 96816  
 Phone: (808) 733-4182  
 Fax: (808) 733-9078  
 Email: naomi.imai@doh.hawaii.gov

**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. Offer the home visiting program universally to all mothers of newborns in all civilian birthing hospitals.
2. Screen for risk factors at all hospitals that have obstetric labor and delivery wards, excluding military dependent births. Screening tool will be an MCHB approved tool.
3. Of those cases screening positive, assess further for risk factors utilizing an MCHB approved tool and refer all positive assessments for home visiting services.
4. Develop a working relationship with at least one community entity to screen and assess pregnant women to increase prenatal referrals to the home visiting programs.
5. The Provider shall be responsible for the provision of laptop computers required to score and record assessment data.

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

**1. Personnel**

Supervisor shall have:

A masters degree and two (2) years experience in Social Work, Clinical Psychology, Nursing or Counseling. OR

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

Family Assessment Worker ("FAW") shall have:

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

Flexible work hours shall be granted and scheduled in order to provide needed and timely services during evenings, weekends, and holidays.

Provider's organization chart shall reflect the staffing proposal for each hospital and staffing proposals for increasing prenatal referrals.

**C. Administrative**

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

1. The Provider shall comply with all data entry requirements of the Child Health Early Intervention Record System (CHEIRS) and related data management issues.
2. The Provider shall utilize appropriate reports and records pertaining to the provision of services in accordance with standards developed by MCHB. Reports and records shall be maintained by the Provider and made available for monitoring and review by the MCHB staff upon request.
3. The Provider shall send one representative to regularly scheduled Provider Network meetings.
4. The Provider shall make an acknowledgement of the DOH and MCHB as the Provider's program sponsor. This acknowledgement shall appear on all printed materials for which DOH is program sponsor.
5. The Provider shall comply with all applicable Federal and State regulations, including the Individuals with Disabilities Education Act (IDEA) Part C, the Health Insurance Portability and Accountability Act (HIPAA), and the Family Education Record Protection Act (FERPA).
6. The Provider shall comply with all HS policies and procedures, program model, evaluation measures, research studies, data collection including electronic data and ad hoc reports, standards, formats, and timelines. Policies and procedures, evaluation measures, data collection, reports, formats, and timelines to be provided at time of contract execution.
7. The Provider shall comply with DOH's Directive Number 04-01 dated May 3, 2004 related to Interpersonal Relationships Between Staff and Clients/Patients, attached hereto as Attachment C and incorporated herein by reference.
8. The Provider shall collaborate with the DOH in on-going evaluative research activities for program/system improvement.
9. The Provider shall comply with Title VI of the Civil Rights Act of 1964, as amended, and requirements pursuant to 45 CFS Part 80.

10. The Provider shall comply with Section 504 of the Rehabilitation Act of 1973, as amended, and requirements pursuant to 45 CFR Part 84.
11. The Provider shall comply with Title III of the Americans with Disabilities Act of 1990, as amended, and requirements pursuant to 28 CFR Part 36.
12. The Provider shall comply with The Age Discrimination Act of 1975, as amended, and requirements pursuant to 45 CFS Part 90.
13. The Provider shall comply, as a “covered entity,” with the provisions of HRS Chapter 371 Part II, Language Access.
14. The Provider shall comply, if it is a “public accommodation,” with the provisions of HRS Chapter 489, Discrimination in Public Accommodations.
15. The Provider shall comply with Act 10, Special Session Laws of Hawaii 2008, Part V, Section 8, regarding protecting personal information.
16. The Provider shall obtain a minimum of one (1) million dollars per occurrence and two (2) million dollars in the aggregate of general liability insurance and one (1) million dollars per accident in automobile insurance. On a case by case basis, the State may require the per occurrence and aggregate amounts to be higher, depending on criteria set in the request for proposal of negotiation between the State and the Provider. The State may also allow for professional liability insurance or other types of insurance coverage, such as an umbrella policy which total one (1) million dollars per occurrence and two (2) million dollars in the aggregate would be acceptable.

**D. Quality assurance and evaluation specifications**

The Provider shall develop its own quality assurance procedures and participate in all DOH required quality assurance activities.

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

Output and performance/outcome measurements shall be reported through the CHEIRS and the Performance Measures (Attachment D - Performance Measures).

**F. Experience**

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

**G. Coordination of services**

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

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

1. The Provider shall submit quarterly reports on services provided, number of children and families served, and other data according to timelines and formats set by the DOH. Reports are due 30 days after the end of each reporting period. An annual Variance report on Performance Measures is also required 30 days after the end of the fiscal year.
2. The Provider shall submit all other reports as required by the DOH. Examples include: activities of the program related to Individuals with Disability Act (IDEA), reports relating to ongoing compliance with the former Felix vs. Lingle Consent Decree, MedQUEST, program monitoring, and quality improvement.
3. The Provider shall submit monthly invoices to MCHB utilizing MCHB report formats. Invoices will be paid upon receipt, based on funding availability and on the condition that all required monthly/quarterly/annual reports have been received by MCHB in accordance with established due dates.
4. The Provider shall submit monthly expenditure reports for cost reimbursement and unit costs, including personnel costs, on Form POST 210 and POST 210A (Refer to Attachment E). Billings may not be submitted more than 3 months after the month of occurrence. (e.g.,

time billed on January 15, 2007 may be billed no later than April 30, 2007).

5. The Provider shall comply with the FHSD Memo on policies on transfer of funds between Cost Elements and within existing Cost Elements, effective September 1, 2008 and attached hereto as Attachment F and incorporated herein by reference.

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

1. **Unit Cost Reimbursement:** Services provided by FAWs shall be reimbursed on a unit cost reimbursement method based on the provision of approved billable activities. The unit of reimbursement shall be the standard 15 minute increments. DOH/HS will not consider contracting for services priced above the fixed unit cost rate of \$33.99 per hour, for an average of 6 billable hours per day.
2. **Cost Reimbursement:** Cost Reimbursement is a method of payment where the provider is reimbursed for actual costs incurred in providing contract services. All costs not reimbursed by unit cost reimbursement shall be reimbursed by cost reimbursement.

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

Table A – Geographic Areas

A	Oahu: Castle Medical Center, Kaiser Permanente Medical Center, Kapiolani Medical Center for Women and Children, Queen's Medical Center
B	Kauai: Wilcox Hospital, Kauai Veterans Memorial Hospital
C & D	Maui: Maui Memorial Medical Center Molokai: Molokai General Hospital
E	East Hawaii: Hilo Hospital
F	West Hawaii: North Hawaii Community Hospital, Kona Hospital

Table B – Maximum allowable amounts

Geographic Area	Total Maximum amount (cost reimbursement + unit cost)
A	\$ 1,064,575.36
B	\$ 78,597.57
C & D	\$ 222,664.26
E	\$ 125,965.44
F	\$ 116,459.05

### 3. Units of service and unit rate

The FAW unit rate is \$33.99 per hour based on increments of fifteen (15) minutes.

### 4. Method of compensation and payment

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

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

Final payment will be paid upon receipt of all final reports, invoice and expenditure reports.

## IV. Facilities

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

## **Section 3**

# **Proposal Application Instructions**

## Section 3

# Proposal Application Instructions

### General instructions for completing applications:

- *Proposal Applications shall be submitted to the state purchasing agency using the prescribed format outlined in this section.*
- *The numerical outline for the application, the titles/subtitles, and the Applicant organization and RFP identification information on the top right hand corner of each page should be retained. The instructions for each section however may be omitted.*
- *Page numbering of the Proposal Application should be consecutive, beginning with page one and continuing through for each section. See sample table of contents in Section 5.*
- *Proposals may be submitted in a three ring binder (Optional).*
- *Tabbing of sections (Recommended).*
- *Applicants must also include a Table of Contents with the Proposal Application. A sample format is reflected in Section 5, Attachment B of this RFP.*
- *A written response is required for **each** item unless indicated otherwise. Failure to answer any of the items will impact upon an Applicant's score.*
- *Applicants are **strongly** encouraged to review evaluation criteria in Section 4, Proposal Evaluation when completing the proposal.*
- *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**

### **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 pertinent to the proposed services. The Applicant shall include points of contact, addresses, e-mail/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.

### **D. Coordination of Services**

The Applicant shall demonstrate the capability to coordinate services with other agencies and resources in the community.

### **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.

## **III. Project Organization and Staffing**

### **A. Staffing**

#### **1. Proposed Staffing**

The Applicant shall describe the proposed staffing pattern, client/staff ratio and proposed caseload capacity appropriate for the viability of the services. (Refer to the personnel requirements in the Service Specifications, as applicable.)

## 2. Staff Qualifications

The Applicant shall provide the minimum qualifications (including experience) for staff assigned to the program. (Refer to the qualifications in the Service Specifications, as applicable)

### B. Project Organization

#### 1. Supervision and Training

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

#### 2. Organization Chart

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

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 and tasks to be completed, related work assignments/responsibilities and timelines/schedules.

## 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.

All budget forms, instructions and samples are located on the SPO website (see Section 1, paragraph II Websites referred to in this RFP). The following budget form(s) shall be submitted with the Proposal Application:

SPO-H-205	Budget
SPO-H-206A	Budget Justification-Personnel: Salaries & Wages
SPO-H-206B	Budget Justification-Personnel: Payroll Taxes, Assessments & Fringe Benefits
SPO-H-206C	Budget Justification-Travel: Inter-Island

SPO-H-206E	Budget Justification-Contractual Services: Administrative
SPO-H-206F	Budget Justification-Contractual Services: Subcontracts
SPO-H-206H	Budget Justification-Program Activities
SPO-H-206I	Budget Justification-Equipment Purchases
	MCHB – HS Unit Cost Budget Form (attached)
	MCHB – HS – Summary Budget Form (attached)

Applicants may submit one (1) proposal for more than one geographic area, however must submit separate cost reimbursement budget proposals for each geographic area for fiscal years 2011, 2012.

**B. Other Financial Related Materials**

**1. Accounting System**

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

Please attach most recent financial audit report.

**VI. Other**

**A. Litigation**

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

# **Section 4**

## **Proposal Evaluation**

## Section 4

# Proposal Evaluation

### I. Introduction

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

### II. Evaluation Process

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

The evaluation will be conducted in three phases as follows:

Phase 1 - Evaluation of Proposal Requirements

Phase 2 - Evaluation of Proposal Application

Phase 3 - Recommendation for Award

#### Evaluation Categories and Thresholds

<u>Evaluation Categories</u>	<u>Possible Points</u>
<i>Administrative Requirements</i>	<b>0 Points</b>
<i>Proposal Application</i>	<b>100 Points</b>
Program Overview	0 points
Experience and Capability	25 points
Project Organization and Staffing	15 points
Service Delivery	55 points
Financial	5 points
<b>TOTAL POSSIBLE POINTS</b>	<b>100 Points</b>

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

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

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

**5 – Outstanding (100% of points)**

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

**4 – Satisfactory (80% of points)**

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

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

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

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

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

**1 – Unresponsive (20% of points)**

Response did not answer the question.

**0 – No response given**

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

Example:

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

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

### **III. Evaluation Criteria**

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

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

Not applicable

## 2. Proposal Application Requirements

- a. Proposal Application Identification Form (Form SPO-H-200)
- b. Table of Contents
- c. Program Overview
- d. Experience and Capability
- e. Project Organization and Staffing
- f. Service Delivery
- g. Financial (All required forms and documents)

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

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

#### 1. *Experience and Capability (25 Points)*

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

##### A. Necessary Skills

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

- Did the applicant provide a detailed description of skills in the field of identifying and intervening with families with newborns/children under age 3 who are at risk for child maltreatment.

5

##### B. Experience

- Did the applicant provide a detailed description of projects/contracts pertinent to the field of identifying and intervening with families at risk for child maltreatment.

5

##### C. Quality Assurance and Evaluation

- Did the applicant describe its own plans for quality assurance and evaluation.
- Did the applicant describe the methodology for its quality assurance and evaluation plans.

3

2

**D. Coordination of Services**

- Did the applicant describe its demonstrated capability to coordinate services with other agencies and resources in the community. 5
- Did the applicant describe one community entity to develop a MOA for prenatal referrals? 3

**E. Facilities**

- Adequacy of facilities relative to the proposed services. 2

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

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

**A. Staffing**

- Proposed Staffing: That the proposed staffing pattern, client/staff ratio, and proposed caseload capacity is reasonable to insure viability of the services. 5
- Staff Qualifications: Minimum qualifications (including experience) for staff assigned to the program. 4

**B. Project Organization**

- Supervision and Training: Demonstrated ability to supervise, train and provide administrative direction to staff relative to the delivery of the proposed services. 4
- Organization Chart: Approach and rationale for the structure, functions, and staffing of the proposed organization for the overall service activity and tasks. 2

### 3. *Service Delivery (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.*

- |                                                                                                                                                                                                                                 |           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|
| • Applicant described in detail clear procedures on approaching and screening and assessing potential cases.                                                                                                                    | <u>10</u> |
| • Applicant described in detail screening strategies and methods including addressing barriers to acceptance of screens/assessments/referrals.                                                                                  | <u>10</u> |
| • Applicant described in detail specific documentation procedures and materials to ensure timely referral of cases to home visiting programs.                                                                                   | <u>10</u> |
| • Applicant described specific procedures and strategies for developing, maintaining, and improving community referrals to increase prenatal enrollments.                                                                       | <u>10</u> |
| • Applicant described specific procedures, strategies, and timelines for establishing and updating a current and varied range of community resources and referrals made available to families at the time of screen/assessment. | <u>10</u> |
| • Applicant described supervision of assessment workers would be managed and coordinated to assure accuracy and completeness.                                                                                                   | <u>5</u>  |

### 5. *Financial (5 Points)*

Points will be awarded based on use of maximum amounts for cost reimbursement. Applicants may submit one (1) proposal for more than one geographic area, but must submit separate budget proposals for each geographic area for fiscal years 2011 and 2012.

5 points: Budget proposal is at or below the maximum allowable amount.

0 points: Budget proposal is over the maximum allowable amount.

**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. Interpersonal Relationships Between Staff and Clients/Patients
- D. Performance Measures
- E. Form POST 210, 210A
- F. FHSD Budget Revision Memo
- G. Billing Definitions
- H. MCHB Budget Forms

## Attachment A

## Proposal Application Checklist

Applicant: \_\_\_\_\_ RFP No.: HTH-560-CT-002

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 Reference.\*

Item	Reference in RFP	Format/Instructions Provided	Required by Purchasing Agency	Completed by Applicant
<b>General:</b>				
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)			X	
SPO-H-205	Section 3, RFP	SPO Website*	X	
SPO-H-205A	Section 3, RFP	SPO Website* Special Instructions are in Section 5		
SPO-H-205B	Section 3, RFP,	SPO Website* Special Instructions are in Section 5		
SPO-H-206A	Section 3, RFP	SPO Website*	X	
SPO-H-206B	Section 3, RFP	SPO Website*	X	
SPO-H-206C	Section 3, RFP	SPO Website*	X	
SPO-H-206D	Section 3, RFP	SPO Website*		
SPO-H-206E	Section 3, RFP	SPO Website*	X	
SPO-H-206F	Section 3, RFP	SPO Website*	X	
SPO-H-206G	Section 3, RFP	SPO Website*		
SPO-H-206H	Section 3, RFP	SPO Website*	X	
SPO-H-206I	Section 3, RFP	SPO Website*	X	
SPO-H-206J	Section 3, RFP	SPO Website*		
<b>Certifications:</b>				
<i>Federal Certifications</i>		Section 5, RFP		
Debarment & Suspension		Section 5, RFP		
Drug Free Workplace		Section 5, RFP		
Lobbying		Section 5, RFP		
Program Fraud Civil Remedies Act		Section 5, RFP		
Environmental Tobacco Smoke		Section 5, RFP		
<b>Program Specific Requirements:</b>				
MCHB Budget forms	Section 3, RFP		X	

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

## Attachment B

Sample

Organization: \_\_\_\_\_  
RFP No: \_\_\_\_\_

## Proposal Application Table of Contents

- I. Program Overview .....1**
- II. Experience and Capability .....1**
  - A. Necessary Skills .....2
  - B. Experience.....4
  - C. Quality Assurance and Evaluation.....5
  - D. Coordination of Services.....6
  - E. Facilities.....6
- III. Project Organization and Staffing .....7**
  - A. Staffing.....7
    - 1. Proposed Staffing.....7
    - 2. Staff Qualifications .....9
  - B. Project Organization .....10
    - 1. Supervision and Training.....10
    - 2. Organization Chart (Program & Organization-wide)  
(See Attachments for Organization Charts)
- IV. Service Delivery.....12**
- V. Financial.....20**  
See Attachments for Cost Proposal
- VI. Litigation.....20**
- VII. Attachments**
  - A. Cost Proposal
    - SPO-H-205 Proposal Budget
    - 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, 1996
  - C. Organization Chart
    - Program
    - Organization-wide
  - D. Performance and Output Measurement Tables
    - Table A
    - Table B
    - Table C
  - E. Program Specific Requirement

## Attachment C

LINDA LINGLE  
GOVERNOR OF HAWAII



STATE OF HAWAII  
DEPARTMENT OF HEALTH  
P. O. BOX 3378  
HONOLULU, HI 96801-3378

INTRA-DEPARTMENTAL DIRECTIVE 04-01  
May 3, 2004 Page 1 of 5

TO: All Deputies, Division and Branch Chiefs, Staff Officers, District Health Officers, and Administrators of Attached Agencies

FROM: Chiyome Leinaala Fukino, M.D.  
Director of Health *Chiyome Leinaala Fukino*

SUBJECT: INTERPERSONAL RELATIONSHIPS BETWEEN STAFF AND CLIENTS/PATIENTS

04-1.1 PURPOSE

This directive provides the policy for the State of Hawaii, Department of Health on interpersonal relationships between staff and clients/patients.

04-1.2 POLICY

- A. Staff shall not use their professional position to exploit others for any reason.
- B. Staff shall avoid engaging in dual/multiple relationships with clients/patients or former clients/patients. When dual/multiple relationships are unavoidable, staff shall take steps ensure that the nature of the dual/multiple relationship shall neither harm nor exploit the client/patient.
- C. Sexual relationships with any client/patient or former client/patient are prohibited. Staff shall not have financial relationships with clients/patients or former clients/patients.

- D. Staff are prohibited from engaging in sexual relationships with clients/patients' relatives or other individuals with whom clients/patients maintain close personal relationships, or to whom clients/patients are reliant upon. Staff are required to set clear, appropriate and culturally sensitive boundaries.
- E. Staff shall neither initiate, assume, nor maintain a treatment relationship to individuals with whom they have had prior sexual relationships. Staff shall inform their supervisor if there have been past relationships with potential clients/patients and arrange to have the care of such patients/clients provided by another qualified staff person.
- F. Staff shall not engage in physical contact with clients/patients when there is a possibility of psychological harm to the clients/patients as a result of the contact (such as cradling or caressing clients/patients). In providing services, staff who are required to have physical contact with clients/patients are responsible for setting clear, appropriate and culturally sensitive boundaries that govern such physical contact.
- G. Staff who anticipate the potential for sexual relationships with former clients/patients shall consult in depth with their supervisors, exploring the various risks and concerns.

04-1.3 **SCOPE**

This directive applies to all Department of Health employees, including volunteers, who provide treatment and/or services and individuals or agencies that are contracted to provide treatment and/or services on behalf of the Department of Health.

04-1.4 **DEFINITIONS**

- Clients/Patients: Persons under observation, care, treatment, or receiving services.
- Department: Department of Health
- Director: Director of Health

<b>Dual/multiple relationships:</b>	When an employee has, or has had, more than one relationship with a patient or client, either presently or in the past. These may include professional, business, social, or personal relationships. Dual/multiple relationships can occur simultaneously or consecutively.
<b>Staff:</b>	Department employees, including volunteers, and individuals or agencies that are contracted to provide services on behalf of the Department.
<b>Health:</b>	Includes physical and mental health.
<b>Providers:</b>	Any persons, public or private vendors, agencies, or business concerns authorized by the department to provide health care, services, or activities.
<b>Services:</b>	Appropriate assistance provided to a person with a medical illness, developmental disability, mental illness, substance abuse or dependency disorder, or mental retardation. These services include, but are not restricted to assessment, case management, care coordination, treatment, training, vocational support, testing, day treatment, dental treatment, residential treatment, hospital treatment, developmental support, respite care, domestic assistance, attendant care, habilitation, rehabilitation, speech therapy, physical therapy, occupational therapy, nursing counseling, family therapy or counseling, interpretation, transportation, psychotherapy, and counseling to the person and/or to the person's family, guardian or other appropriate representative.
<b>Treatment:</b>	The broad range of services and care, including diagnostic valuation, medical, psychiatric, psychological, and social service care, vocational rehabilitation, career counseling, and other special services which may be extended to a person in need or with a disabling condition.

04-1.5

**RESPONSIBILITIES**

- A. **Director:** Insure this policy is maintained, interpreted, updated, and communicated to all program managers.
- B. **Deputy Directors:** Insure this policy is communicated to, understood and implemented by program managers within their administrations, and insure needed revisions of this policy are communicated to the Director.
- C. **Program Managers:**
  - (1) Insure this policy is communicated to and understood by all vendors, providers, or contractors, and insert a reference to this policy in appropriate contracts.
  - (2) Insure this policy is enforced.
  - (3) Investigate alleged or reported infractions of this policy and take corrective actions as may be indicated.
  - (4) Recommend needed changes to this policy to their Deputy Directors.
- D. **Employees:** Comply with this policy and report alleged infractions of this policy to their supervisors or superiors.
- E. **Providers:** Insure this policy is communicated, understood, and implemented.

04-1.6

**PROVISO**

If there is a conflict between this policy and a collective bargaining agreement, the collective bargaining agreement shall prevail.

04-1.7

**REFERENCES**

- A. Discrimination in Public Accommodations, Chapter 489, Hawaii Revised Statutes, as amended.
- B. Fair treatment, Section 84-13, Hawaii Revised Statutes, as amended.
- C. Rights of persons with developmental or mental retardation, Section 333F-8, Hawaii Revised Statutes, as amended.
- D. Rights of recipients of mental health services, Chapter 334E, Hawaii Revised Statutes, as amended.
- E. Sex Discrimination, Title 12, Chapter 46, Subchapter 4, Hawaii Administrative Rules, as amended.
- F. Disability Discrimination, Chapter 46, Subchapter 9, Hawaii Administrative Rules.

**This document should be placed in the Personnel Manual of Policies and Procedures under Section 11, SUBJECT: EMPLOYEE RELATIONS.**

## Attachment D

**Healthy Start Early Identification Variance Report FY 2011**  
**Agency Name:**

**Site:**  
**ASO Log No.:**

Column A	Column B	Column C
<p align="center"><b>Objective</b></p>	<p align="center"><b>Agency's data for FY 2011</b></p>	<p align="center"><b>Explanation of significant variances, plus or minus ten percent (+/- 10%) and corrective action plan, if applicable.</b></p>
<p>One hundred percent (100%) of all eligible families shall be screened utilizing a psychosocial screening tool specified by the DEPARTMENT.</p>	<p>a) Number of eligible families was _____.</p> <p>b) Number of eligible families screened by the program utilizing a psychosocial screening tool specified by the DEPARTMENT was _____.</p> <p>c) Percent of eligible families screened by the program utilizing a psychosocial screening tool specified by the DEPARTMENT was _____ (b divided by a).</p>	

**Healthy Start Early Identification Variance Report FY 2011**  
**Agency Name:**

**Site:**  
**ASO Log No.:**

Column A	Column B	Column C
Objective	Agency's data for FY 2011	Explanation of significant variances, plus or minus ten percent (+/- 10%) and corrective action plan, if applicable.
<p>Ninety percent (90%) of all screened positive families shall be assessed utilizing a MCHB approved assessment tool.</p>	<p>a) Number of screened positive families was _____.</p> <p>b) Number of screened positive families assessed utilizing the MCHB approved tool was _____.</p> <p>c) Percent of screened positive families assessed utilizing the MCHB approved tool _____.</p> <p>(b divided by a).</p>	

**Healthy Start Early Identification Variance Report FY 2011**  
**Agency Name:**

**Site:**  
**ASO Log No.:**

<b>Column A</b>	<b>Column B</b>	<b>Column C</b>
<p align="center"><b>Objective</b></p>	<p align="center">Agency's data for FY 2011</p>	<p align="center">Explanation of significant variances, plus or minus ten percent (+/- 10%) and corrective action plan, if applicable.</p>
<p>Ninety-percent (90%) of all assessed positive families will be referred to a Hawaii Healthy Start Home Visiting program.</p>	<p>a) Number of families assessed positive _____.</p> <p>b) Number of families accepting referral to a Hawaii Healthy Start Home Visiting program _____.</p> <p>c) Percent of families accepting home visiting services _____.                      (b divided by a)</p>	

**HEALTHY START EID OUTPUT MEASURES  
FY 2011**

<b>Column A</b>	<b>Column B</b>	<b>Column C</b>
Program Activity	Annual Performance for Fiscal Year 2011	Applicant's approach in meeting the output objectives, including the methodology proposed for data collection and reporting. (Attach additional sheets as necessary.)
Number of families screened during prenatal period		
Number of families assessed during prenatal period		
Number of families referred to a Hawaii Healthy Start Home Visiting program		
Number of families (including prenatal families) assessed positive and not referred to Home Visiting, but referred to other community agencies.		

## Attachment E

Awardee:  
 Contract No.:

**REPORT OF EXPENDITURE**

Reporting Period Covered:

EXPENDITURE CATEGORIES	CONTRACT COST					
	BUDGET	ACTUAL			BALANCE	% EXPENDED
	TOTAL CONTRACT (a)	Prior Periods to Date (Cumulative) (b)	Current Reporting Period (c)	Contract Period to Date Period b+c (d)	(a) - (d) (e)	(d / a) (f)
A. PERSONNEL COST						
1. Salaries				-	-	#DIV/0!
2. Payroll Taxes & Assessments				-	-	#DIV/0!
3. Fringe Benefits				-	-	#DIV/0!
TOTAL PERSONNEL COST				-	-	#DIV/0!
B. OTHER CURRENT EXPENSES						
1. Airfare, Inter-Island				-	-	#DIV/0!
2. Airfare, Out-of-State				-	-	#DIV/0!
3. Audit Services	-			-	-	#DIV/0!
4. Contractual Services - Administrative	-			-	-	#DIV/0!
5. Contractual Services - Subcontracts	-			-	-	#DIV/0!
6. Insurance	-			-	-	#DIV/0!
7. Lease/Rental of Equipment	-			-	-	#DIV/0!
8. Lease/Rental of Motor Vehicle	-			-	-	#DIV/0!
9. Lease/Rental of Space	-			-	-	#DIV/0!
10. Mileage	-			-	-	#DIV/0!
11. Postage, Freight & Delivery	-			-	-	#DIV/0!
12. Publication & Printing	-			-	-	#DIV/0!
13. Repair & Maintenance	-			-	-	#DIV/0!
14. Staff Training	-			-	-	#DIV/0!
15. Subsistence/Per Diem	-			-	-	#DIV/0!
16. Supplies	-			-	-	#DIV/0!
17. Telecommunication	-			-	-	#DIV/0!
18. Transportation	-			-	-	#DIV/0!
19. Utilities	-			-	-	#DIV/0!
20. Misc	-			-	-	#DIV/0!
21. Program Activities	-			-	-	#DIV/0!
22. Admin Acctg	-			-	-	#DIV/0!
23. EDP supplies/services	-			-	-	#DIV/0!
TOTAL OTHER CURRENT EXPENSES						#DIV/0!
C. EQUIPMENT PURCHASES						
D. MOTOR VEHICLE PURCHASES						
<b>TOTAL EXPENDITURES</b>	-	-	-	-	-	#DIV/0!

For Official Use Only		DECLARATION: I declare that this report, including any accompanying schedules or statements has been examined by me and to the best of my knowledge and belief is a true, correct and complete report, made in good faith, for the reporting period(s) stated.	
		Report Prepared By:	
Signature of Program Reviewer	Date	Name (Please Type or Print)	Phone
Signature of Fiscal Reviewer	Date	Signature of Awardee's Authorized Official	Date
		Name and Title (Please Type or Print)	Date



## Attachment F



STATE OF HAWAII  
DEPARTMENT OF HEALTH  
HEALTH RESOURCES ADMINISTRATION  
FAMILY HEALTH SERVICES DIVISION  
P. O. Box 3378  
HONOLULU, HAWAII 96801-3378

## FAMILY HEALTH SERVICES DIVISION POLICY ON BUDGET REVISIONS FOR COST REIMBURSEMENT CONTRACTS (Effective September 1, 2008)

The Family Health Services Division (“FHSD”) has developed the following policies for budget revisions related to cost reimbursement contracts to promote consistency in its implementation and to ensure that program objectives are not adversely affected by major revisions.

As a general rule, any proposed *transfer of funds* between Cost Elements (from the approved Contract Budget), e.g. “Personnel” to “Other Operating,” shall receive *prior* written approval by FHSD. To transfer funds between Cost Elements, please provide FHSD with the following forms as applicable:

1. **Budget Revision Justification Form (FHSD/BUDREV)**. In Section I. of the form, please document the amount of the proposed transfer between Cost Element(s). In Section II, please provide a detailed justification for the proposed transfer(s). If funds are being transferred from Personnel to another Cost Element, the justification shall include an explanation of the impact of such transfers in the attainment of planned outcome, output, and other performance objectives as described under the terms and conditions of the contract. Please attached additional sheets as necessary.
- 2.. **FHSDBud/Rev1 & 2 Forms**. Please submit these Budget Revision forms if they are required by your FHSD Program Manager.
3. **SPO-H-206 A-J**. Please submit the appropriate budget justification forms as they relate to the specific budget revisions made to the expenditure categories. To obtain these forms online, please go to the Hawaii State Procurement Office website at: <http://hawaii.gov/spo/spoh/for-private-providers/forms-and-instructions-for-private-providers-applicants>.

FHSD Policy on Budget Revisions for  
Cost Reimbursement Contracts  
Effective September 1, 2008  
Page 2

In addition to policies related to transfer of funds between Cost Elements mentioned above, the following policies shall apply to proposed changes within existing Cost Elements in the approved Contract Budget:

1. Any proposed amendment(s) to the following Personnel categories: 1) full time equivalency ("FTE"); 2) percentage of time charged to the contract; and 3) budgeted salary (other than the FTE, percentage of time, and budgeted salary in the approved Contract Budget) shall receive prior written approval by FHSD before the changes are implemented.

The Contractor shall submit form SPO-H-206A as an e-mail attachment to their assigned FHSD Program Manager to justify the proposed changes. Please provide an explanation of the impact of such changes in the attainment of planned outcome, output, and other performance objectives as described under the terms and conditions of the contract. The FHSD Program Manger will respond to the Contractor via e-mail and will include an effective date for the changes, as warranted.

2. Any proposed addition(s) of a new expenditure cost category (other than the pre-authorized expenditure cost categories approved under the Contract Budget) shall receive prior written approval by the DOH before such new expenditure cost categories are added to the budget. To accomplish this, the Contractor shall send a written justification to the FHSD Program Manager via e-mail. The FHSD Program Manager will respond to the Contractor via e-mail and will include an effective date for the amendments, as warranted.
3. FHSD reserves the right to establish more stringent policies regarding the transfer of funds within the pre-authorized expenditure cost categories approved under the Contract Budget on a program by program basis as needed.

Should there be questions in reference to the above policy, please do not hesitate to contact the FHSD Program Manager assigned to your program.



**BUDGET REVISION (Personnel, Other Operating)**

Date: \_\_\_\_\_  
 ASO Log No: \_\_\_\_\_  
 Page \_\_\_\_\_ of \_\_\_\_\_

Applicant: \_\_\_\_\_  
 Service: \_\_\_\_\_  
 Contract Period: \_\_\_\_\_

CATEGORIES	STATE			FEDERAL			OTHER			TOTAL REVISIONS (C+F+D+H+I)
	ORIGINAL A	CHANGES B	REVISED C	ORIGINAL D	CHANGES E	REVISED F	ORIGINAL G	CHANGES H	REVISED I	
<b>A PERSONNEL</b>										
1 Salaries & Wages										
2 Payroll Taxes & Assess										
3 Fringe Benefits										
Personnel Total										
<b>B OTHER OPERATING</b>										
1 Airfare, Inter-Island										
2 Airfare, Out-of-State										
3 Audit Services										
4 Contractual Svcs-Admin.										
5 Contractual Svcs-Subcontracts										
6 Insurance										
7 Lease/Rental of Equipmt										
8 Lease/Rental of Motor Vehicle										
9 Lease/Rental of Space										
10 Mileage										
11 Postage, Freight & Delivery										
12 Publication & Printing										
13 Repair & Maintenance										
14 Staff Training										
15 Subsistence/Per Diem										
16 Supplies										
a. Office										
b. Medical										
c. Program										
d. Other										
17 Telecommunication										
18 Transportation										
19 Utilities										
20										
Operating Total										
Page Total										



## Attachment G

Healthy Start Billing Definitions  
 Early Identification  
 (Billing definitions subject to change by MCHB)

<b>Healthy Start Billing Definitions</b>	<b>Limitations</b>	<b>Documentation</b>
<p>Preparation:            Time for preparing service activities; gathering materials, making referrals, telephone contacts, and other means of communication, including electronic with other agencies and family, documentation in record</p>	<p>Time reflected will be monitored by MCHB.</p>	<p>1. Start and end time to be recorded.</p>
<p>Travel:            This is the time necessary for the worker to travel to and from a home or community site to conduct service activities associated with the screen or assessment.</p>	<p>Time reflected is between program site and service site, OR between worker's home and service site when time and distance is a factor.</p>	<p>1. Start and end time.</p>
<p>Screen:            Time for conducting and scoring the 15 point Screen.</p>	<p>Time reflected will be monitored by MCHB.</p>	<p>1. Start and end time to be recorded.</p>
<p>Assessment:            Time for conducting and scoring the MCHB approved assessment tool.</p>	<p>Time reflected will be monitored by MCHB.</p>	<p>1. Start and end time to be recorded.</p>
<p>Supervision:            Consultation and supervision is provided to support and assist the FAW in learning the skills necessary to screen and assess for the needs of the family.</p>	<p>Time reflected will be monitored by MCHB.</p>	<p>1. Start and end time to be recorded.</p>
<p>Outreach:            Time spent following up to conduct screens and assessments for families that could not be contacted via the usual hospital route. Time spent following up on referrals made by other community entities for HS services.</p>	<p>Time reflected will be monitored by MCHB.</p>	<p>1. Start and end time to be recorded.</p>

## Attachment H

## MCHB-HS-Unit Cost Budget Form

Geographic Area: \_\_\_\_\_

FY 2009: # of FAW x Hourly Rate x Yearly Hours = FAW Total

*Example:*  $9 \times \$33.99 \times 1265 = \$386,976.15$

**FY 2009 Total: \$386,976.15**

FY 2010: # of FSW x Hourly Rate x Yearly Hours = FSW Total

*Example:*  $9 \times \$33.99 \times 1265 = \$386,976.15$

**FY 2010 Total: \$386,976.15**

## MCHB-HS-Summary Budget Form

Geographic Area: \_\_\_\_\_

FY 2009 Unit Cost: Insert FY 2009 amount from MCHB-HS-Unit Cost Budget

FY 2010 Unit Cost: Insert FY 2010 amount from MCHB-HS-Unit Cost Budget

FY 2009 Cost Reimbursement: Insert FY 2009 total from SPO-H-205

FY 2010 Cost Reimbursement: Insert FY 2010 total from SPO-H-205

### Total Budget

**Total FY 2009 Budget:**

FY 2009 Unit Cost + FY 2009 Cost Reimbursement = FY 2009 Total budget

**Total FY 2010 Budget:**

FY 2010 Unit Cost + FY 2010 Cost Reimbursement = FY 2010 Total budget