

State of Hawaii
Department of Health
Family Health Services Division
Children with Special Health Needs Branch
Early Intervention Section

Request for Proposals

RFP No. HTH 560-CG-POS-22-02

**RFP Title: Infant and Toddler
Early Intervention Services: Complex
Medical Needs**

Issued: October 28, 2020

Note: *It is the applicant's responsibility to check the public procurement notice website, the request for proposals website, or to contact the RFP point-of-contact identified in the RFP for any addenda issued to this RFP. The STATE shall not be responsible for any incomplete proposal submitted as a result of missing addenda, attachments or other information regarding the RFP.*

October 28, 2020

REQUEST FOR PROPOSALS

INFANT AND TODDLER EARLY INTERVENTION SERVICES RFP No. HTH 560-CG-POS-22-02

The State of Hawaii, Department of Health (“DOH”), Children with Special Health Needs Branch (“CSHNB”), Early Intervention Section (“EIS”), is responsible for providing family-centered, community-based evaluation, and early intervention (“EI”) services for infants and toddlers with special needs, birth to age three (3) years (and their families), with developmental delays and/or diagnosed with a physical or mental condition that has a high probability of resulting in a developmental delay, have complex medical needs that further impact their development, and hereinafter referred to as child. In conformity with the child’s Individualized Family Support Plan (“IFSP”), EI services to be provided shall minimally include: care coordination; family training, counseling, and home visits; occupational therapy; physical therapy; speech-language pathology; special instruction; and social work services. As the lead agency, EIS is mandated to ensure that the child receives services based on criteria outlined in Public Law 108-446, known as the Individuals with Disabilities Education Act (“IDEA”), Part C; Hawaii Revised Statutes (“HRS”) §321.351 – 321.357; Hawaii Administrative Rules (“HAR”), Chapter 11-140, Early Intervention Services for Infants and Toddlers; and Hawaii IDEA Part C Early Intervention Policies and Procedures.

Request for Proposals (“RFP”) shall be received no later than 4:30 p.m., Hawaii Standard Time (“HST”), on January 4, 2021, at the drop-off site designated on the Proposal Information Sheet. Proposals delivered and received after the submittal deadline shall be considered late and rejected. There are no exceptions to this requirement.

EIS will conduct an RFP orientation on November 5, 2020, from 10:30 a.m. to 12:00 p.m. HST, via Zoom teleconference. All prospective applicants are encouraged to attend the orientation. Confirm attendance with contact listed below for Zoom teleconference link.

The deadline for submission of written questions is 4:30 p.m., HST, on November 18, 2020. All written questions will receive a written response from the STATE on or about November 25, 2020.

Any inquiries and requests regarding this RFP should be directed to:

Mae Bracer
1010 Richards Street, Suite 811
Honolulu, Hawaii 96813
Telephone: (808) 594-0014
E-mail: mae.bracer@doh.hawaii.gov

PROPOSAL DELIVERY INFORMATION SHEET

NUMBER OF COPIES TO BE SUBMITTED: ONE ORIGINAL AND 3 COPIES

ALL HAND DELIVERED or MAILED PROPOSALS SHALL BE ACCEPTED AT THE FOLLOWING SITE UNTIL **4:30 P.M., Hawaii Standard Time (“HST”), January 4, 2021.** 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., **January 4, 2021.**

Drop-off Site

Department of Health
Early Intervention Section
1010 Richards Street, Suite 811
Honolulu, Hawaii 96813
Attn: Mae Bracerros

HTH 560-CG-POS-22-02

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Section 1

Administrative Overview

Section 1

Administrative Overview

1.1 Procurement Timetable

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

<u>Activity</u>	<u>Scheduled Date</u>
Public notice announcing Request for Proposals ("RFP")	<u>October 28, 2020</u>
Distribution of RFP	<u>October 28, 2020</u>
RFP Orientation session	<u>November 5, 2020 10:30 a.m. – 12:00 p.m.</u>
Closing date for submission of written questions for written responses	<u>November 18, 2020 4:30 p.m., HST</u>
STATE purchasing agency's response to applicants' written questions	<u>November 25, 2020</u>
RFP Proposal submittal deadline	<u>January 4, 2021 4:30 p.m., HST</u>
Proposal evaluation period	<u>January 2021</u>
Provider selection	<u>February 1, 2021</u>
Notice of statement of findings and decision	<u>February 1, 2021</u>
Contract start date	<u>July 1, 2021</u>

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

1.2 Website Reference

Item	Website
1. Procurement of Health and Human Services	http://spo.hawaii.gov/for-vendors/vendor-guide/methods-of-procurement/health-human-services/competitive-purchase-of-services-procurement-method/cost-principles-table-hrs-chapter-103f-2/
2. RFP website	https://spo.hawaii.gov/for-vendors/bidding-opportunities/
3. Hawaii Revised Statutes and Hawaii Administrative Rules for Purchases of Health and Human Services	http://spo.hawaii.gov Click on the “References” tab.
4. General Conditions, AG-103F13	https://ag.hawaii.gov/cpja/files/2018/02/AG-103F13-General-Conditions.pdf
5. Forms	http://spo.hawaii.gov Click on the “Forms”
6. Cost Principles	http://spo.hawaii.gov Search the site for “Cost Principles”
7. Protest Forms/Procedures	http://spo.hawaii.gov/for-vendors/vendor-guide/protests-for-health-and-human-services/
8. Hawaii Compliance Express	http://spo.hawaii.gov/hce/
9. Hawaii Revised Statutes	http://capitol.hawaii.gov/hrscurrent
10. Department of Taxation	http://tax.hawaii.gov
11. Department of Labor and Industrial Relations	http://labor.hawaii.gov
12. Department of Commerce and Consumer Affairs, Business Registration	http://cca.hawaii.gov click “Business Registration”
13. Campaign Spending Commission	http://ags.hawaii.gov/campaign/
14. Internal Revenue Service	http://www.irs.gov/
(Please note: Website addresses may change from time to time. If a State link is not active, try the State of Hawaii website at http://hawaii.gov)	

1.3 Authority

This RFP is issued under the provisions of the Hawaii Revised Statutes 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.

1.4 RFP Organization

This RFP is organized into five sections:

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

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

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

Section 4, Proposal Evaluation: Describes how proposals will be evaluated by the STATE purchasing agency.

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

1.5 EIS Contracts Unit

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

1.6 RFP Contact Person

From the release date of this RFP until the selection of the successful provider(s), any inquiries and requests shall be directed to the sole point-of-contact identified below.

Mae Bracerros, EIS Contracts Unit
Early Intervention Section
1010 Richards Street, Suite 811
Honolulu, Hawaii 96813
Email: mae.bracerros@doh.hawaii.gov

1.7 Orientation

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

Date: November 5, 2020 **Time:** 10:30 a.m. to 12 p.m.
Via Zoom teleconference

Applicants are encouraged to submit written questions prior to the orientation.
Impromptu questions will be permitted at the orientation and spontaneous answers provided at the STATE purchasing agency's discretion. However, answers provided at

the orientation are only intended as general direction and may not represent the STATE purchasing agency's position. Formal official responses will be provided in writing. To ensure a written response, any oral questions should be submitted in writing following the close of the orientation, but no later than the submittal deadline for written questions indicated in the subsection 1.8, Submission of Questions.

1.8 Submission of Questions

Applicants may submit questions to the RFP point-of-contact identified in Section 1.5. Written questions should be received by the date and time specified in Section 1.1 Procurement Timetable. The purchasing agency will respond to written questions by way of an addendum to the RFP.

Deadline for submission of written questions:

Date: November 18, 2020 **Time:** 4:30 p.m. HST

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

Date: November 25, 2020

1.9 Submission of Proposals

A. **Forms/Formats** - Forms, apart from program specific requirements, may be found on the State Procurement Office website referred to in Section 1.2, Website Reference. Refer to the Section 5, Proposal Application Checklist for the location of program specific forms.

1. **Proposal Application Identification (Form SPOH-200).** Provides applicant proposal identification.
2. **Proposal Application Checklist.** The checklist provides applicants specific program requirements, reference and location of required RFP proposal forms, and the order in which all proposal components should be collated and submitted to the STATE purchasing agency.
3. **Table of Contents.** A sample table of contents for proposals is 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 SPOH-200A).** Applicant shall submit comprehensive narratives that address all proposal requirements specified in Section 3, Proposal Application Instructions, including a cost proposal/budget, if required.

B. **Program Specific Requirements.** Program specific requirements are included in Sections 2 and 3, as applicable. Required Federal and/or State certifications are listed on the Proposal Application Checklist in Section 5.

- C. **Multiple or Alternate Proposals.** Multiple or alternate proposals shall not be accepted unless specifically provided for in Section 2. In the event alternate proposals are not accepted and an applicant submits alternate proposals, but clearly indicates a primary proposal, it shall be considered for award as though it were the only proposal submitted by the applicant.
- D. **Provider Compliance.** All providers shall comply with all laws governing entities doing business in the State.
1. **Tax Clearance.** Pursuant to HRS §103-53, as a prerequisite to entering into contracts of \$25,000 or more, providers are required to have a tax clearance from the Hawaii State Department of Taxation (“DOTAX”) and the Internal Revenue Service (“IRS”). Refer to Section 1.2, Website Reference for DOTAX and IRS website address.
 2. **Labor Law Compliance.** Pursuant to HRS §103-55, providers shall follow all applicable laws of the federal and state governments relating to workers' compensation, unemployment compensation, payment of wages, and safety. Refer to Section 1.2, Website Reference for the Department of Labor and Industrial Relations (“DLIR”) website address.
 3. **Business Registration.** Prior to contracting, owners of all forms of business doing business in the state except sole proprietorships, charitable organizations, unincorporated associations and foreign insurance companies shall be registered and in good standing with the Department of Commerce and Consumer Affairs (“DCCA”), Business Registration Division. Foreign insurance companies must register with DCCA, Insurance Division. More information is on the DCCA website. Refer to Section 1.2, Website Reference for DCCA website address.
- E. **Hawaii Compliance Express (HCE).** Providers *shall* register with HCE for online compliance verification from the DOTAX, IRS, DLIR, and DCCA of good standing compliance. There is a nominal annual registration fee for the service. The “Certificate of Vendor Compliance” (“CVC”) 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 Section 1.2, Website Reference, for HCE’s website address.
- Providers not utilizing the HCE to demonstrate compliance shall provide paper certificates to the purchasing agency. All applications for applicable clearances are the responsibility of the providers. All certificates must be valid on the date it is received by the purchasing agency. The tax clearance certificate shall have an original green certified copy stamp and shall be valid for six (6) months from the most recent approval stamp date on the certificate. The DLIR certificate is valid for six (6) months from the date of issue. The DCCA certificate of good standing is valid for six (6) months from date of issue.
- F. **Wages Law Compliance.** If applicable, by submitting a proposal, the applicant certifies that the applicant is compliant with HRS §103-55, Wages, hours, and

working conditions of employees of contractors performing services. Refer to Section 1.2, Website Reference for statutes and DLIR website address.

- G. Campaign Contributions by State and County Contractors.** HRS §11-355 prohibits campaign contributions from certain State or county government contractors during the term of the contract if the contractors are paid with funds appropriated by a legislative body. Refer to Section 1.2, Website Reference for statutes and Campaign Spending Commission website address.
- 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.

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

- I. Proposal Submittal.** All mail-ins shall be received by the STATE purchasing agency no later than the submittal deadline indicated on the attached Proposal Delivery Information Sheet, or as amended. All hand deliveries shall be received by the STATE purchasing agency by the date and time designated on the Proposal Delivery Information Sheet, or as amended. Proposals shall be rejected when received after the designated due date and time.

The number of copies required is located on the Proposal 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.

Submission of proposals by applicants through fax, CD, electronic mail, website or other electronic means is not permitted by the STATE purchasing agency.

1.10 Discussions with Applicants

- A. Prior to Submittal Deadline.** Discussions may be conducted with potential applicants to promote understanding of the purchasing agency's requirements.
- 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 with HAR §3-143-403.

1.11 Opening of Proposals

Upon the STATE purchasing agency's receipt of a proposal at a designated location, proposals, modifications to proposals, and withdrawals of proposals shall be date-stamped, and when possible, time-stamped. All documents so received shall be held in a

secure place by the STATE purchasing agency and not examined for evaluation purposes until the submittal deadline.

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

1.12 Additional Materials and Documentation

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

1.13 RFP Amendments

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

1.14 Final Revised Proposals

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

1.15 Cancellation of Request for Proposal

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

1.16 Costs for Proposal Preparation

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

1.17 Provider Participation in Planning

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

1.18 Rejection of Proposals

The STATE reserves the right to consider as acceptable only those proposals submitted in accordance with all requirements set forth in this RFP and which demonstrate an

understanding of the problems involved and comply with the service specifications. Any proposal offering any other set of terms and conditions contradictory to those included in this RFP may be rejected without further notice.

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

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

1.19 Notice of Award

A statement of findings and decision shall be provided to each responsive and responsible applicant by email upon completion of the evaluation of competitive purchase of service proposals.

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

No work is to be undertaken by the provider(s) awarded a contract prior to the contract commencement date. The State of Hawaii is not liable for any costs incurred prior to the official starting date.

1.20 Protests

Pursuant to HRS §103F-501 and HAR Chapter 148, an applicant aggrieved by an award of a contract may file a protest. The Notice of Protest form, SPOH-801, and related forms are available on the SPO website. Refer to Section 1.2, Website Reference for website address. Only the following matters may be protested:

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

The Notice of Protest shall be postmarked by USPS or hand delivered to 1) the head of the STATE purchasing agency conducting the protested procurement and 2) the procurement officer who is conducting the procurement (as indicated below) within five

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
Name: Elizabeth Char, M.D.
Title: Director of Health
Mailing Address: P.O. Box 3378, Honolulu, Hawaii 96801-3378
Business Address: 1250 Punchbowl Street, Honolulu, Hawaii 96813

1.21 Availability of Funds

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

1.22 General and Special Conditions of Contract

The general conditions that will be imposed contractually are on the SPO website. special conditions may also be imposed contractually by the STATE purchasing agency, as deemed necessary

1.23 Cost Principles

To promote uniform purchasing practices among STATE purchasing agencies procuring health and human services under HRS Chapter 103F, STATE purchasing agencies will utilize standard cost principles as outlined on the SPO website. Refer to Section 1.2 Website Reference for website address. Nothing in this section shall be construed to create an exemption from any cost principle arising under federal law.

Section 2

Service Specifications

Section 2

Service Specifications

2.1 Introduction

A. Overview, Purpose or Need

The HDOH's Children with Special Health Needs Branch, Early Intervention Section ("EIS"), is requesting proposals for the purpose of providing family-centered, community-based, early intervention ("EI") services for infants and toddlers (and their families), birth to age three (3) years, with developmental delays and/or a diagnosed physical or mental condition that has a high probability of resulting in a developmental delay, and have complex medical needs that further impact their development, hereinafter referred to as child. In conformity with the child's Individualized Family Support Plan ("IFSP"), EI services to be provided shall minimally include care coordination; family training, counseling, and home visits; occupational therapy; physical therapy; speech-language pathology; special instruction; and social work services. As the lead agency, EIS is mandated to ensure that the child receives services based on criteria outlined in Public Law 108-446, known as the Individuals with Disabilities Education Act ("IDEA"), Part C; Hawaii Revised Statutes ("HRS") §321.351 – 321.357; Hawaii Administrative Rules ("HAR"), Chapter 11-140, Early Intervention Services for Infants and Toddlers; and Hawaii IDEA Part C Early Intervention Policies and Procedures.

B. Planning Activities Conducted in Preparation for this RFP

A Request for Information ("RFI") Meeting was held on October 22, 2020 to share planning information with prospective service providers for EI service programs statewide. The RFI Meeting's agenda may be referenced by contacting:

Mae Bracerros
Phone: (808) 594-0014
Email: mae.bracerros@doh.hawaii.gov

Participation in the planning activities, including the RFI Meeting, is optional and is not required to respond to a subsequent request for proposal. The purchasing agency reserves the right to incorporate or not incorporate any recommendations presented in response to the request for information in a request for proposal. Neither the purchasing agency nor interested parties responding have any obligation under the request for information.

C. Service Goals

The goals of the service are to enhance the development of children with special needs; enhance the capacity of families to meet the special needs of their children; expand the children's opportunities for participation in community settings in which children without disabilities participate; and decrease the future need for special education services.

D. Target Population to be Served

A child and his/her family are eligible for services if the child is under age three (3) years and meets the eligibility criteria established by the STATE purchasing agent for the following categories:

1. A developmental delay in one (1) or more of the following areas of development: cognition, physical (including vision or hearing); communication; social or emotional; and adaptive, as defined by the STATE's EIS eligibility criteria; or
2. A diagnosed biological condition including certain mental health conditions that have a high probability of resulting in a developmental delay. Examples of these conditions include chromosomal abnormalities, severe sensory impairments (i.e., permanent hearing loss and/or impaired vision), genetic or congenital disorders, disorders secondary to the exposure to toxic substances (including fetal alcohol syndrome), severe attachment disorders, and other conditions specified by the STATE.
3. In addition to the above, eligibility under the medically needy requires infants and toddlers to have complex medical needs which includes being:
 - a. Technologically dependent with or without a ventilator;
 - b. Stable with cardiopulmonary needs requiring more than ten (10) hours of skilled nursing supervision; or
 - c. Not technologically dependent but health requires close monitoring.

E. Geographic Coverage of Service

The geographic area is the entire island of Oahu, Hawaii. The estimated average monthly number of children to be served and the available funds are indicated below. However, the Awardee shall accept and provide services to all children referred who meet eligibility for this program.

Geographic Area	Estimated Average Monthly # of Children	Estimated Funding
Island of Oahu	60	\$532,320.00

Note: The STATE purchasing agency reserves the right to exercise the option to refer eligible children to this program in unusual or emergency circumstances.

F. Probable Funding Amounts, Source, and Period of Availability

Approximately \$532,320.00 per fiscal year is from state and federal sources, based on availability of funding. An additional amount may be appropriated by the Legislature and/or the Part C Federal Grant during a fiscal year, however, the legislative intent regarding the use of the funds must be consistent with this RFP.

2.2 Contract Monitoring and Evaluation**A. Quality Assurance and Evaluation Specifications**

The Provider shall:

1. Conform to the following federal, state, and program requirements: IDEA, Part C; HRS §321-351 to 321-357; HAR Chapter 11-140, Early Intervention Services for Infants and Toddlers; Hawaii IDEA Part C Early Intervention Policies and Procedures; Family Educational Rights Privacy Act of 1974 (“FERPA”) as amended; Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) as amended; and other requirements, as applicable.
2. Have a quality assurance plan which determines how the quality of services provided to eligible children and their families will be assessed or evaluated; and whether the program meets the federal, state, and program requirements.
3. Adhere to all quality assurance efforts of the EIS System Improvement Unit, including, but not limited to:
 - a. The support of all IDEA Part C monitoring activities,
 - b. Completion of self-assessments as directed,
 - c. Development of a Corrective Action Plan (“CAP”), as necessary,
 - d. Provision of data, as required, and
 - e. Other activities and requirements as determined by the STATE and required in writing.

B. Outcome and Performance Measures

As a means toward achieving the goal of improving the developmental status of children with special needs and their families, the STATE requires the provider to report performance measures annually. The provider shall take responsibility for achieving the performance objectives for specific early intervention indicators as defined by the STATE. Annual Performance Measures (Revised 2020) are attached hereto as Attachment “E” and made a part hereof.

C. Reporting Requirements for Program and Fiscal Data

1. The provider shall submit data and other reports, as required by the STATE, within the timelines and formats set forth by the STATE.

2. The provider shall submit an Annual Performance Measures Report within thirty (30) calendar days after the end of each fiscal year in the format requested by the STATE. The annual Report shall document the organization's achievement towards the planned performance objectives, as defined by the STATE, explaining any significant variances, plus or minus ten percent (+/- 10%).
3. The provider shall follow all data collection requirements, including the utilization of Hawaii's Early Intervention Data System ("HEIDS"), submission of federal child count data and data for the STATE Medicaid fee-for-service reimbursement, and any other billing efforts by the STATE designed to maximize private, state and federal reimbursements, including supporting family cost participation via a sliding scale, if implemented.
4. The provider shall submit a monthly invoice to the STATE, utilizing the STATE specified format and information from HEIDS which includes unit rate reimbursements, and the following reports from the STATE:
 - a. Child Encounter Data Report;
 - b. Monthly Invoice Report; and
 - c. Other reports, as required by the STATE and requested in writing.
5. The provider shall submit a monthly invoice and expenditure report for all cost reimbursement items on Forms POST210 and POST 210A, as amended by the STATE. Forms POST 210 and POST 210A Report of Expenditures are attached hereto within Attachment "D" and made a part hereof.
6. The provider shall submit a monthly updated Employee List and Vacancies, consistent with the STATE's staffing requirements. The Employee List and Vacancies shall include Early Intervention service providers, Program Administrative Staff (i.e., program manager, office assistant and data clerk) and Social Worker/Care Coordinator. Some positions require provider verification of candidate's qualifications that are submitted to the STATE prior to hire.
7. Invoices shall be paid upon confirmation that all required reports and information have been received by the STATE in accordance with established due dates, requirements, and formats.

2.3 General Requirements

A. Specific Qualifications or Requirements

Including but not limited to Licensure or Accreditation.

B. Secondary Purchaser Participation

(Refer to HAR §3-143-608)

After-the-fact secondary purchases will be allowed, and subject to approval by the primary purchaser.

Planned secondary purchases: none

C. Multiple or Alternate Proposals

(Refer to HAR §3-143-605)

☒ Allowed ☐ Unallowed

D. Single or Multiple Contracts to be Awarded

(Refer to HAR §3-143-206)

☐ Single ☒ Multiple ☐ Single & Multiple

E. Single or Multi-term Contracts to be Awarded

(Refer to HAR §3-149-302)

☐ Single term (2 years or less) ☒ Multi-term (more than 2 years)

Contract terms:

1. Initial term of the contract shall be from ***July 1, 2021***, or the State's Notice to Proceed, up to and including ***June 30, 2022***.
2. The length of each extension shall be one (1) year.
3. The number of possible extensions shall be four (4).
4. The maximum length of the contract shall be five (5) years.

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

Requests for extensions must be in writing and must be executed prior to the contract's expiration date.

2.4 Scope of Work

The HDOH's EIS provides services for children with special needs from birth to age three (3) years, and their families. As the lead agency under the IDEA, Part C, EIS is mandated to: (1) maintain a statewide comprehensive, coordinated, multidisciplinary interagency system of early intervention for children with special needs and their families; (2) enhance the STATE's capacity to provide quality early intervention services based on evidence based practices ("EBP"); (3) enhance the STATE's capacity to identify, evaluate, and serve eligible children in underrepresented populations, particularly minority, low income, inner-city, rural, and homeless; and (4) enhance the family's capacity to support their child's development. Services shall be delivered using the Primary Service Provider ("PSP") Approach to Teaming and Coaching Model in

natural learning environments. The emphasis of services is family centered, comprehensive, and culturally appropriate, and shall be based on the child's evaluation results as well as the family's concerns and priorities.

A. Primary Service Provider Approach to Teaming and Coaching Model

The PROVIDER shall implement the PSP Approach to Teaming and Coaching model within natural learning environments.

1. The PSP shall:

- a. Serve as the liaison between the family and other team members.
- b. Use EBP when providing early intervention services to the child and family/caregiver.
- c. Access consultation support in the context of a team meeting, joint visit planning, during a joint visit, or as part of a conversation between meetings and scheduled visits from other team members that is provided via coaching model.
- d. Utilize coaching practices with parents and other caregivers to support and build their capacity in promoting their child's learning and development within daily routines and activities.
- e. Obtain desired supports and resources, to coach the family in promoting their child's learning and development.
- f. Share child and family progress and/or concerns during team meetings, joint visits, or as part of a conversation between meetings and scheduled visits.

2. The Consultant shall:

- a. Use EBP when providing early intervention services to the child and family/caregiver.
- b. Utilize coaching practices to support the PSP, parents, and other caregivers, to strengthen their abilities in promoting the child's learning and development within daily routines and activities.
- c. Obtain desired supports and resources to coach the family in promoting their child's learning and development.
- d. Provide support in the context of a team meeting, during a joint visit, or as part of a conversation between meetings and scheduled visits.
- e. Support the PSP and family, as defined by the child's IFSP through joint visits

that are based on a joint visit planning meeting. For example, if communication and fine motor delays are the child's major needs, the PSP could be a General Educator who receives consultation from the Speech Language Pathologist ("SLP") and the Occupational Therapist ("OT") who promotes EBPs as strategies to address the identified questions, concerns, and/or delays. Additionally, consults may occur during team meetings with or without family present.

3. Provide services using EBP to meet the child and family's needs. This requires that the PROVIDER shall make services available:
 - a. In conformity with the IFSP. The frequency, intensity, and duration of services shall be determined by the IFSP team at the IFSP meeting.
 - b. In collaboration with the parent(s) or legal guardian(s), hereinafter referred to as parents.
 - c. By a qualified team that meets personnel standard specified by the STATE and based on the child's identified needs, family concerns and priorities to ensure an effective provision of services.
 - d. At no cost to families, consistent with the STATE's system of payments and fees.
 - e. To support the family to enhance their ability to support their child's development within daily routines and activities.
 - f. In the child and family's natural environment or the setting where the child would be if the child did not have special needs and/or places the family normally spends time.
 - g. If the service cannot be provided in a natural environment, the Provider shall have written justification in the IFSP as to why the child's outcomes cannot be met in the home or community setting, and shall offer an alternative, including a plan to move services to the child's natural environment.
4. Provide on-going training and supervision for staff, as follows:
 - a. The PROVIDER shall ensure that all program staff, including experienced and newly hired staff, are provided on-going training to assure that services are appropriately provided to meet the developmental needs of the child and to support the family. This includes implementation of EIS training modules in the PSP Approach to Teaming and Coaching Model and how services should support the child and family's daily routines using EBP.
 - b. The PROVIDER shall ensure that on-going supervision in the PSP Approach to Teaming and Coaching Model within natural learning environments occur

regularly, to assure that: 1) services are appropriately provided to meet the developmental needs of the child and to support the family; 2) the PSP Approach to Teaming and Coaching Model is appropriately implemented; and 3) services are provided within the child and family's daily routines.

B. Service Activities

In each contract year, the PROVIDER shall:

1. Accept and process referrals from the EIS' statewide Early Intervention ("EI") Referral Line; other IDEA Part C referral sources; physicians; Public Health Nurses ("PHN"); and families.
2. Identify an interim CC for each child/family at the time of the referral to the PROVIDER Program. The interim CC shall support the family from the first contact with the family until the on-going CC is identified at the initial IFSP meeting. The interim CC shall contact the child's family within two (2) working days of referral to arrange a face-to-face intake meeting at which time the interim CC shall: provide intake services as described below; support the family throughout the evaluation process, encourage the family's participation in the evaluation process; and schedule and facilitate the development of the Initial IFSP, supporting the family's active participation in the IFSP process.
3. Provide intake services. At the Intake meeting, the interim CC shall inform families about the early intervention services and system, explain their family rights and advocacy services, and have the parents complete the relevant and appropriate forms and consents.
4. Complete a timely Multidisciplinary Developmental Evaluation ("MDE"). Within forty-five (45) days of referral to EI, each child shall receive an MDE to determine his or her eligibility for early intervention services and, if eligible, gather information for the IFSP development. IDEA, Part C, requires that the MDE be timely, comprehensive, and conducted by a multidisciplinary team of two or more disciplines or professions. The MDE shall be conducted by personnel trained on appropriate methods and procedures utilizing the STATE approved standardized evaluation tool. Families are encouraged to actively participate in the evaluation and assessment process. All subsequent MDEs shall be completed within timelines as specified by EIS. The results of the MDEs shall be used to support the development of the IFSPs.
5. Complete an assessment of the child and family. The assessment of the child identifies the child's unique strengths, needs, and EI services to meet the needs. The Family-Directed Assessment ("FDA") identifies the family's resources, priorities, concerns, as well as the supports and services necessary to meet the developmental needs of their child within their daily routines and activities. The FDA shall be voluntary and be based on information obtained through a State developed assessment tool and interview with the family.

6. Complete timely IFSPs for all eligible infants and toddlers and their families. Within forty-five (45) days of referral to early intervention, an Initial IFSP shall be completed for each Part C eligible child. The IFSP shall be reviewed every six (6) months, or more frequently, if requested by a member of the multidisciplinary team, which includes the family. An Annual IFSP shall be completed within twelve (12) months of the Initial IFSP. IFSPs shall be developed jointly with the family; functional outcomes and strategies shall be based on information from evaluations, assessments, and the family's concerns and priorities. The Initial and Annual IFSP meetings shall include: the child's parent or parents, other family members, and advocates or persons outside of the family, if requested by the family; the CC; at least one individual who evaluated the child; and individuals who may be providing services. The IFSP Review shall minimally include the child's parents and the CC. The participation by all noted for the Initial and Annual IFSP should be included to the extent possible.
7. Provide care coordination, as an on-going service and process of shared responsibilities between families and professionals. The CC shall coordinate and facilitate IFSP meetings and shall: provide on-going support to the family; coordinate and monitor the delivery of services; coordinate with medical, health, and other community providers; meet regularly with the family for input as to how services are progressing for their child and themselves; and facilitate and participate in the transition process.
8. Ensure that the following services are available and will be provided by program staff based on the identified needs of the child and family: care coordination; family training, counseling, and home visits; occupational therapy; physical therapy; special instruction; speech-language pathology; and social work services.
9. Connect families to the following services if they are not available by program staff: assistive technology; audiology; sign language and cued speech; health services necessary to enable the child to benefit from other early intervention services; medical services only for diagnostic or evaluation purposes; nursing; nutrition; psychology; vision; and transportation.
10. Provide services to enhance the family's capacity to support their child's development and support the socialization of their children with their typically developing peers.
11. Provide services in the child and family's natural environment and within their daily routines and activities.
12. Deliver services to the family according to their documented preferred method(s) of service delivery (e.g., in-person or telepractice).
13. Provide opportunities to support families, recognizing that families possess a wide range of strengths, concerns, and aspirations beyond the need for specialized health and developmental services for their child. Family support services shall

focus on promoting and building on existing strengths and abilities, increasing knowledge and self-sufficiency, and reflect the needs and wants of the family.

14. Develop strategies to identify difficult-to-reach families, specifically the under-represented populations including minority, low income, inner-city, rural, and homeless, and encourage them to participate in early intervention activities to support their child's development.
15. Assist families with an eligible child to access a Primary Care Physician ("PCP") or physician for preventive care, anticipatory guidance, and well-baby care. A medical home is an approach to providing comprehensive primary care that facilitates partnerships between clinicians, medical staff, and families. To support collaboration, developmental evaluation and assessment results shall be shared with the medical home, with parent/legal guardian consent. The medical home providers, also with parent consent, shall be included as an IFSP team member to support the development and provision of early intervention services.
16. Implement transition services prior to the child's third birthday. Each IFSP shall include a transition plan that outlines steps to be taken to support the transition of the child from IDEA, Part C into other settings, including the Department of Education ("DOE"), or a community-based preschool or day care, or elsewhere.

Transition Plan shall include the following components:

- A. Discussion and training for parents, encouraging them to voice their dreams and expectations for their child regarding potential future services, placements and other matters related to the transition.
- B. Procedures to prepare the child for changes in service delivery, including steps to help the child and family adjust to, and function successfully in a new setting.
- C. With written parent consent, provide information (e.g., evaluation and assessment information, copies of prior IFSPs) about the child to DOE, or other community service providers, to ensure continuity of services.
- D. Unless a parent opts out, notify the DOE of children possibly eligible under IDEA, Part B, at least ninety (90) days, but no more than one hundred twenty (120) days prior to the child's third birthday.
- E. For all children, at least ninety (90) days prior to the child's third birthday (and up to nine (9) months before, at the discretion of the parents), offer a Part C transition conference with IDEA, Part B and any community agency that may likely provide services to the child. The Part C transition conference shall include the parents, the CC, and any agency representatives who may likely serve the child, to discuss future service options.

- F. For children possibly eligible under IDEA, Part B, at least ninety (90) days prior to (and up to nine (9) months before, at the discretion of all parties) the child's third birthday, convene a Part C transition conference to discuss future service options. Minimally, the transition conference shall include the parents, the CC, and a representative from the school district for IDEA, Part B.

C. Personnel Qualifications and Requirements

1. Personnel

- a. EI Service Providers shall include an Occupational Therapist ("OT"), Physical Therapist ("PT"), Speech-Language Pathologist ("SLP"), and Special instruction staff who shall be either a Special Education ("SpEd") teacher or a Teacher. A General Educator may be included.
- ii. The OT, PT, and SLP shall meet the highest professional standards and competencies as identified in HAR, Chapter 11-140, Early Intervention Services for Infant and Toddlers, and Hawaii IDEA Part C Early Intervention Policies and Procedures. These providers shall be licensed and/or registered to practice in Hawaii, as applicable. EI providers in this group, shall be hired or subcontracted and must adhere to all specifications in this RFP.
- iii. Special instruction staff shall include either a SpEd Teacher or a Teacher.
 - a. SpEd teacher shall possess a Special Education degree (Bachelor's or Master's).
 - b. Teacher shall meet one of the following,
 - (1) Degree in Elementary Education (Bachelor's or Master's) with a focus on Early Childhood or Special Education; or
 - (2) 5th Year Teaching Certification with a focus on Early Childhood or Special Education; or
 - (3) Degree in Early Childhood (Bachelor's or Master's) and shall have successfully passed at least one (1) course in behavioral management with a minimum grade of a "C."
- iv. General Educator shall minimally have a bachelor's degree in education (i.e., secondary education) or a related field.
- b. Program Administrative Staff includes a program manager, office assistant and data clerk.
 - i. Program Manager ("PM"). The roles and responsibilities of the PM are to: ensure that the EI program meets state and federal Part C requirements and those of this RFP; **provide staff supervision and**

support to implement the PSP Approach to Teaming and Coaching model; monitor the provision of services for compliance with Part C requirements and the use of EBP; and maintain budget oversight. A full-time equivalent (“FTE”) program manager is required if the program serves a minimum of seventy (70) children. If there are fewer than seventy (70) children, the FTE may be less. Justification for less than an FTE program manager is required. PM shall minimally have a Bachelor’s or Master’s degree and preferred experience in early intervention, early childhood, or related field, as well as supervisory experience.

- ii. Office Assistant (“OA”). The OA provides support to the EI program in answering phones, managing incoming/outgoing mail, copying, printing, and faxing, as well as other tasks determined by the program that support the EI program’s operation. One (1) FTE clerk is generally allowable for a program expecting to serve one hundred (100) children. The reference of 100 children is not a ratio measurement for determining the number of OAs. A request for more than 1.0 FTE OA for a program serving more than 100 children should be determined based on the job responsibilities to support to program. Justification is required for the FTE requested.
- iii. Data Clerk (“DC”). The data clerk provides support to the EI program by inputting data into the EIS designated data system, producing and printing reports, uploading/downloading files, and other tasks determined by the program that support the EI program’s operation. The DC ensures that data is timely, accurate, valid, and reliable. One (1) FTE data clerk is generally allowable for a program expecting to serve one hundred (100) children. The reference of 100 children is not a ratio measurement for determining the number of DCs. A request of more than 1.0 FTE DC for a program serving more than 100 children FTE should be based on the job responsibilities to support the program. Justification is required for the FTE requested.
- c. Social Worker (“SW”). Have at least one (1) licensed social worker. The program must demonstrate access to an LSW to provide SW services in lieu of having an LSW as part of the team structure. Under this condition, the program must obtain written approval from EIS prior to proceeding. Should the program have an LSW as part of the team structure, this individual’s primary function is to provide care coordination services and when specified in a child’s IFSP provide SW services to the child’s family. An LSW shall be licensed to practice in Hawaii.
- d. Care Coordinator (“CC”). The PROVIDER shall determine the number of CCs and SWs needed by utilizing a ratio standard of one (1) FTE for every thirty-five (35) children served. If the number of children increases, additional CC staff shall be hired with prior written approval by the EIS. CC

shall minimally have a bachelor's degree in a social service or education field (e.g., counseling, psychology, social work, behavioral sciences or related field).

- e. Requirements when staff do not meet personnel standards. In certain geographic areas it may be difficult to hire staff who meet standards identified in the HAR Chapter 11-140, Early Intervention Services for Infants and Toddlers; and Hawaii IDEA Part C Early Intervention Policies and Procedures or listed above. In these instances, the PROVIDER shall submit a written request to the EIS Contracts Unit Supervisor for a temporary exception which must be approved prior to hiring staff who do not meet these standards. The written request shall include the following information:
 - i. The background of the individual the PROVIDER intends to hire and identify which service the individual will meet in this RFP.
 - ii. The PROVIDER's plan to ensure the individual will be provided with appropriate training, support, and supervision.
 - iii. The PROVIDER's plan, including a proposed timeline, to ensure the individual meets the standards identified in the HAR Chapter 11-140, Early Intervention Services for Infants and Toddlers; and Hawaii IDEA Part C Early Intervention Policies and Procedures or meets the service requirements.

2. Experience

- a. Personnel possesses the necessary skills, abilities, knowledge of, and experience relating to the delivery of service provision, to children, birth to three (3) years of, with special needs and their families.
- b. The PROVIDER's PM and all program staff shall complete the EI Provider Orientation Checklist within two weeks of hire.
- c. EI Orientation Training within six (6) months of hire provided by EIS.
- d. The PROVIDER's PM and all program staff shall participate in training mandated by EIS. In addition, the PM shall collaborate with EIS' Personnel Development Coordinator to identify other trainings to meet program, staff and family needs.
- e. The PROVIDER shall provide staff training at least once each year to upgrade skills and to stay abreast of the most current techniques for providing early intervention services for children with special needs and their families.
- f. The PROVIDER shall ensure that EI service providers and SWs maintain current license to practice in Hawaii by remaining current on practice skills within each discipline's area of expertise.

3. Administrative

The PROVIDER shall:

- a. Utilize the HEIDS to track and monitor services to eligible children and to support Medicaid, Tricare, and other required billing activities.
- b. Submit appropriate reports and data required by EIS within the timelines provided. The PROVIDER shall maintain records and data that support reports and shall make them available for monitoring and review by EIS upon request.
- c. Maintain confidential data and records on each child pursuant to the: HAR Chapter 11-140, Early Intervention Services for Infants and Toddlers; Hawaii IDEA Part C Early Intervention Policies and Procedures; Family Educational Rights Privacy Act ("FERPA"); Health Insurance Portability and Accountability Act of 1996 ("HIPAA"); HAR Chapters 487J, 487N and 487R; and Act 10, Special Session Laws of Hawaii, 2008.
- d. Make all child records and data available for review by EIS upon request. Maintain complete and accurate data in the HEIDS.
- e. Attend EIS meetings that are specified for either the Purchase of Service ("POS") Providers or PMs.
- f. Provide a schedule for services that identifies days and hours of operation, including evenings, weekends, days that the program will be closed for services due to staff training, other required activities, and holidays.
- g. Ensure that parents are informed of, and understand their rights to the following:
 - i. The MDE and IFSP shall be completed within forty-five (45) days of referral to, Part C.
 - ii. All EI services identified on the IFSP shall be provided within the timeline specified by EIS.
 - iii. Other family members, friends or advocates, or an attorney shall be included at the IFSP meetings as requested by the parents.
 - iv. A CC shall be assigned to ensure the IFSP services are provided to support the child and family.
 - v. Prior written notice shall be given to the parents, before an evaluation is scheduled, when there is a determination regarding their child's eligibility, and/or the IFSP is developed or modified.
 - vi. Parents may examine their child's file and may receive, with written request and payment of any applicable fees, copies of their child's records.
 - vii. Personally identifiable information concerning anyone in the family shall not be released without written parental consent.

- viii. Parents have the right to disagree with any recommendations made. Only services that parents' consent to shall be provided.
 - ix. Parents may contact their child's CC, Program Manager, or the EIS Supervisor if they have concerns regarding services provided.
 - x. Parents may submit to EIS a formal written complaint or due process hearing request if they think believe their rights are being violated. Mediation shall be offered whenever a request for a due process hearing is submitted.
 - xi. Services shall continue pending the outcome of a parent's complaint and/or due process hearing.
- h. Comply, as a covered entity, with the provisions of chapter 321C, HRS, Language Access Plan. This requires that the PROVIDER has resources to link families with interpreter services if English is not the family's native or primary language.
 - i. Have resources to provide sign language interpretation when the primary caregiver needs sign language interpretation.
 - j. Have policies and procedures concerning behavior management which emphasizes positive reinforcement techniques and the least restrictive approaches that ensure that the staff providing services shall not subject children to physical, verbal, sexual, or psychological abuse and punishment, and to ensure that children are treated with respect and dignity. The policies and procedures shall include, but not be limited to:
 - i. Provision for immediate medical attention as soon as injury is suspected.
 - ii. Immediate notification to the STATE and other appropriate government investigative bodies, including Child Welfare Services, of all incidents of abuse, neglect, or where there is a substantial risk that child abuse or neglect may occur in the reasonably foreseeable future.
 - iii. Submission of written reports of the incident to the State's HDOH Early Intervention Section EIS within seven (7) days of the incident.
 - k. Acknowledge the HDOH, EIS, as the PROVIDER's program sponsor on all informational materials (e.g., newsletters, brochures, and websites).
 - l. Provide identification badges for all EI staff that include:
 - i. Staff picture
 - ii. Staff first and last name
 - iii. Position
 - iv. Program name
 - v. Date issued; and
 - vi. The statement: "Contracted by the State of Hawaii, Department Health, Early Intervention Section."

- m. Cooperate with the HDOH's system of payments and fees which includes, but is not limited to: supporting the centralized billing efforts of the HDOH to maximize federal reimbursements (e.g., Title XIX Medicaid fee-for-service billing); other third party collections (e.g., billing private insurance); and supporting a sliding fee scale if implemented. Parental consent shall be obtained prior to billing Medicaid, Tricare, or private insurance.
- n. Be appropriately staffed and operationally able to provide services to at least fifty percent (50%) of the contracted number of children within three (3) months of the contract award date, and be fully staffed to provide services to one hundred percent (100%) of the contracted number of children within six (6) months of contract award date.
- o. Secure, identify, record, and maintain records of all equipment leased or purchased under the contract and make acknowledgement of the HDOH as the owner of said equipment.

Note: Equipment and supplies purchased with STATE funds shall become the property of the STATE at the end of a contract. If the contract is terminated with cause or without cause at the scheduled expiration of the time of performance specified in the contract, all equipment and unused supplies and materials leased or purchased with funds paid to the PROVIDER under the contract shall become the property of the STATE, as it so specifies, and shall be disposed of as directed by the STATE, except, if applicable, as otherwise may be provided under a Federal grant. Under this circumstance, federal law will not allow a transfer of equipment and supplies without compensation to the federal government.

- p. Provide mobile equipment and internet access to all EI providers, SWs, and CCs to use the HEIDS in the field and provide telepractice services.
- q. Obtain a minimum of ONE MILLION AND NO/100 DOLLARS (\$1,000,000.00) per occurrence and TWO MILLION AND NO/100 DOLLARS (\$2,000,000.00) in the aggregate of general liability insurance and ONE MILLION AND NO/100 DOLLARS (\$1,000,000.00) per accident in automobile insurance. Automobile insurance shall cover owned, non-owned, and rental vehicles utilized in carrying out all the activities as specified in the contract. A waiver for the automobile coverage is possible if no vehicles are used while carrying out the contract. On a case by case basis, the STATE purchasing agency may require the per occurrence and aggregate amounts to be higher, depending on criteria set in the request for proposal or negotiation between the STATE purchasing agency and the PROVIDER. The STATE purchasing agency may also allow for professional liability insurance or other types of insurance coverage, such as an umbrella policy that totals ONE MILLION AND NO/100 DOLLARS (\$1,000,000.00) per occurrence and TWO MILLION AND NO/100 DOLLARS (\$2,000,000.00) in the aggregate.

D. Facility

PROVIDERs shall maintain its facilities to provide a safe environment for children, family, staff, and the public. The PROVIDER's facility shall:

1. Be located within the designated geographic area that is being applied for (provide address if known).
2. Be easily accessible by the public and have designated meeting areas.
3. Be recognizable to the public.
4. Be available to the public on days and times necessary to support families' schedules (e.g., evenings or weekends).
5. Have a telephone and a facsimile number dedicated exclusively to the EI program.
6. Ensure that the staff have an adequate workstation, and an area where confidential records are secured.
7. Comply with and meet all requirements as set forth in the Americans with Disabilities Act of 1990 ("ADA"), as amended.

2.5 Compensation and Method of Payment

A. Advance Payment

Upon execution of the contract, the PROVIDER may request an advance payment equal to one-twelfth (1/12th) of the available funds per geographical area. The advance shall be made thirty (30) days after the execution of the agreement. The balance shall be paid by monthly reimbursement upon submission of provider invoices and expenditure reports. These invoices shall be accompanied by required reports to EIS. The advance shall be reconciled within the first fiscal year. Final payment shall be based on the receipt of all final reports, invoices, expenditure plans, and tax clearance.

B. Pricing Structure

1. Unit Rate Reimbursement.

EI services provided by approved staff shall be reimbursed based upon the provision of allowable, approved, and documented billable activities.

For each FTE EI service staff, nine hundred sixty (960) direct service hours per year or eighty (80) hours per month is expected. The number of direct service staff estimated to be needed shall be based on the number of children expected to

be served and the estimated number of service hours per child, based on the billable activities by PROVIDER.

Reimbursement shall be based on the actual service time, up to the maximum allowed specified in the Billing Reference Guide provided by EIS. Any additional time more than the maximum, requires prior approval from the STATE before PROVIDER may provide the service and bill the STATE.

The PROVIDER shall track service hours used by discipline on a monthly and cumulative basis for each EI service provider and compare hours used with the contractual hours included in the Contract. This comparison shall be provided to the STATE upon request. If the PROVIDER requires an adjustment to authorized service hours for any discipline, a written request with justification and the proposed adjustment(s) may be submitted for approval by the STATE.

Unit rate is an hourly rate initially determined via a process described in Attachment D-2 and supported by EIS Worksheets (Attachment D-3) and EIS Budget Forms (Attachment D-4). All parts of the budget request are subject to negotiation. Unit rates are applied to the billable activities identified on EIS Worksheet 1 (Attachment D-3) by EI service provider and are subject to annual review and adjustment.

2. Cost Reimbursement.

The salaries, inclusive of fringe benefits and payroll taxes, for agency administrative staff, program administrative staff (i.e., PM, OA, and DC), and other program personnel (i.e., SW and CCs) are allowable expenditures.

3. Operational Expenditures

Operational expenditures, according to the Cost Principles for Chapter 103F HRS Contracts and Procurement Standards of the Code of Federal Regulations 200.317 to 326 under this Contract, shall be approved by the STATE and reimbursed based upon actual costs incurred during the billing period. Actual expenditures shall be submitted to the STATE on the forms required by the STATE. If increased operational costs are anticipated, the parties mutually agree to negotiate in good faith and modify the Contract through a Contract Modification, as necessary.

The Indirect Discretionary Cost is capped at 10%. This amount is determined by the formula stated below:

Formula: (Category A Total) x (.10) = 10% cap allowed for Indirect Discretionary Cost

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.*
- *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 an applicant's score.*
- *Applicants are **strongly** encouraged to review evaluation criteria in Section 4, Proposal Evaluation when completing the proposal.*
- *This form (SPOH-200A) is available on the SPO website (Refer to Section 1.2 Website Reference). However, the form will not include items specific to each RFP.*

The Proposal Application is comprised of the following sections:

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

3.1 Program Overview

Applicant shall give a brief overview to orient evaluators to the organization applying in response to this RFP. The overview shall include and/or demonstrate the mission and philosophy of the organization.

3.2 Experience and Capability

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

A. Experience

1. The applicant shall list and briefly describe previous or current contract(s) and experience(s) within the last 5 years consistent with this RFP:

When, where, and for what period of time the Applicant utilized Occupational Therapists (“OTs”), Physical Therapists (“PTs”), Speech-Language Pathologists (SLPs), Special Education (“SpEd”) Teachers, Teachers, General Educators and Social Workers (“SWs”) or Care Coordinators (“CCs”) to provide early intervention services to special needs children birth to age three (3) years and their families.

2. The Applicant shall list and briefly describe each previous or current contract(s) and experience(s) that served special needs children birth to age three (3) years and their families:

When, where, and for what period, the Applicant utilized OTs, PTs, SLPs, SpEd Teachers, Teachers, General Educators and SW/CC to special needs children over age three (3) and their families. Applicant shall describe the age range of children for whom these services were provided.

3. The Applicant shall list and briefly describe each previous or current contract(s) and experience(s) that served special needs children birth to age three (3) years if not consistent with this RFP:

When, where, and for what period, the Applicant provided alternative services to special needs children birth to age three (3) years and their families. Alternative services are services provided by providers not listed in (1) or (2) above. Applicant shall describe the services provided.

To support (1), (2), and (3) above, the Applicant shall provide information on the ASO Log Number for the contract, the date(s) of the contract, and the department that issued the contract. If the Applicant has current or previous contracts other than with the State of Hawaii, the Applicant shall submit all pertinent information for those contracts.

Applicant should attach references who can attest to the Applicant's

knowledge and skills, including names, addresses, emails, and phone numbers. The STATE reserves the right to contact the references to verify experience.

B. Quality Assurance and Evaluation

The applicant shall demonstrate ability to implement its own plans for quality assurance and evaluation for the proposed services, including methodology to be used to assess or evaluate the quality and utilization of services.

The Applicant shall describe:

- a. How the quality of services provided to eligible children and their families will be assessed or evaluated.
- b. How the program will assure that their procedures meet federal, state, and EI requirements.
- c. How the program will assure that the following quality assurance and program requirements are followed:
 - a. Supporting IDEA Part C monitoring activities.
 - b. Completing self-assessments when directed.
 - c. Developing Corrective Action Plan, as necessary.
 - d. Providing valid and reliable data as required.
 - e. Following other requirements as determined by EIS.

C. Coordination of Services

The Applicant shall:

1. Describe how they will ensure that the services they provide are coordinated with other providers that serve this population in the geographical area for which the Applicant is applying.
2. Describe strategies that will be implemented to help identify difficult-to-reach families and underrepresented populations including minority, low income, inner-city, rural and homeless, and encourage them to participate in early intervention activities to support their child's development.

3. Identify who they intend to coordinate/collaborate with both within and outside their geographical service area and why. Letters of agreement are not necessary.

D. PSP Approach to Teaming and Coaching Model

The Applicant shall:

1. Describe the purpose and philosophy of the PSP Approach to Teaming and Coaching Model.
2. Describe how the PSP Approach to Teaming and Coaching Model shall be implemented, including how the PSP and consultant(s) are identified, and who may act in these roles.
3. Describe how team members will obtain supports through the context of a team meeting, joint visit planning, during a joint visit, and/or as part of a conversation between meetings and scheduled visits with other team members.
4. In what circumstances, if any, the PSP Approach to Teaming and Coaching Model is not appropriate.

3.3 Project Organization and Staffing

A. Staffing

1. Proposed Staffing

EI service providers shall include, at a minimum, an OT, PT, SLP, Special instruction staff (i.e., SpEd Teacher and/or Teacher), and may include General Educator). Program Administrative staff shall include, at minimum a PM, OA, and DC.

The Applicant shall:

- a. Describe in detail its proposed staffing pattern for EI service providers to ensure services are available, based on the expected number of children to be served.
- b. Describe in detail the proposed staffing pattern for Program Administrative staff to ensure oversight and program requirements are met, based on the expected number of children to be served.
- c. Describe in detail the proposed staffing pattern for SW/CC to ensure children and families receive the social work and care coordination services, based on the expected number of children to be served.

2. Staff Qualifications

EI service providers whether hired or subcontracted, shall meet the highest professional standards and competencies as identified in HAR, Chapter 11-140, Early Intervention Services for Infant and Toddlers, and Hawaii IDEA Part C Early Intervention Policies and Procedures. These EI service providers shall be licensed and registered to practice in Hawaii, as applicable.

The Applicant shall:

- a. Describe minimum qualifications, including experience for EI service providers to be hired and include resumes of proposed staff.
- b. Describe the minimum qualifications, including experience for Program Administrative Staff and include resumes of proposed staff.
- c. Describe minimum qualifications, including experience for SW and CCs to be hired resumes of proposed of proposed staff.

3. Requirements When Staff Do Not Meet Personnel Standards

In certain geographic areas it may be difficult to hire staff who meets standards identified in the Hawaii Early Intervention Policies and Procedures. In these instances, the Applicant shall provide a written request to EIS for a temporary exemption which must be approved prior to hiring staff who does not meet these standards.

The Applicant shall:

- a. Describe in detail the circumstances in which a temporary exemption to hire staff that does not meet personnel standards, include the background of the staff the Applicant intends to hire in order to meet the service requirements of this RFP.
- b. Describe in detail the Applicant's plan to ensure the staff will be provided with appropriate training, support, and supervision, including a proposed timeline, to ensure staff meets the standards identified in the Hawaii Early Intervention Policies and Procedures.

4. Supervision and Training

The Applicant shall describe:

- a. How and when staff will be supervised and evaluated.
- b. How and when staff training needs will be identified and supported.
- c. How and when staff will be trained to implement the PSP Approach to Teaming and Coaching Model.
- d. How the Applicant will ensure the safety of staff and families in providing services.

B. Project Organization

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 “Agency” and the “Early Intervention Program” organization charts shall be attached to the Proposal Application. If there is only one organizational chart the Applicant shall indicate this and outline administrative versus programmatic responsibilities.

3.4 Service Delivery

The Applicant shall describe in detail their implementation plan to address the following service activities and management requirements, including a work plan of all service activities and tasks to be completed, related work assignments and responsibilities, and timelines/schedules. The program’s capacity to provide services in the following settings and days/times shall be included.

A. Service Activities

The Applicant shall:

1. Accept and process referrals from the Early Intervention (“EI”) Referral Line and other Part C referral sources.
 - a. Describe who, in addition to the EI Referral Line, may refer children to their Purchase of Service (“POS”) program.
 - b. Describe how the Applicant will handle referrals that are more than the children they are contracted to serve, knowing that they are responsible for accepting all referrals in their geographical area.
2. Identify an interim CC for each child/family at the time of their referral to the early intervention program.
 - a. Identify who is appropriate to be assigned as CC, and why those individuals are appropriate.
 - b. Describe how the interim CC will be assigned.
 - c. Describe the roles/responsibilities of the interim CC.
 - d. Describe how the Applicant will ensure that families are contracted within two (2) working days of the referral.
3. Provide intake services.
 - a. Describe the purpose of intake.
 - b. Describe what is to be accomplished by the end of intake.
 - c. Describe the steps each person will take to ensure the intake process is both complete and successful.

4. Complete timely Multidisciplinary Developmental Evaluations (“MDEs”).
 - a. Describe how the Applicant will ensure that all MDEs are completed by due dates or as needed.
 - b. Identify how the MDE team will be determined.
 - c. Describe the role of the family in the MDE process and how the family, if reticent, will be encouraged to participate in the evaluation.
 - d. Describe the procedure the Applicant will follow if a child is found ineligible for early intervention services.
5. Complete an assessment of the child and family.
 - a. Describe how the unique strengths and needs of the child will be identified.
 - b. Describe how the family will be informed about the voluntary assessment and be encouraged to participate.
 - c. Describe how the family’s resources, priorities, and concerns will be identified.
6. Complete timely IFSPs for all eligible infants and toddlers and their families.
 - a. Describe how the Applicant will ensure that all IFSP meetings are completed by due dates or as needed.
 - b. Describe how the Applicant will identify who will be invited to the IFSP meeting.
 - c. Describe the roles and responsibilities of the IFSP team members, including the family, to support the IFSP process.
 - d. Describe how the Applicant will ensure that the family’s priorities will be addressed in the IFSP.
 - e. Describe how the CC facilitating the IFSP meeting will handle situations when family priorities are not supported by the evaluation results.
 - f. Describe how the Applicant will ensure that outcomes are functional and support the family’s daily routines. Applicant shall include examples of functional outcomes.
 - g. Describe how the MDE results will support the development of the IFSP.
7. Provide care coordination services.
 - a. Describe how and when the CC will be identified.
 - b. Describe how the Applicant will ensure that services are coordinated with other appropriate agencies.
 - c. Describe how the program can provide the necessary care coordination services when the CC’s caseload exceeds the 1:35 ratio.
8. Provide or link children and families with the following services.
 - a. Describe how the following services will be provided by program staff: care coordination; family training, counseling, and home visits;

- occupational therapy; physical therapy, special instruction; speech-language pathology; and social work services.
- b. Describe how families will be linked to the following services: assistive technology devices and assistive technology services; audiology services and sign language; cued language services; health services necessary to enable the child and family to benefit from other early intervention services; medical services only for diagnostic or evaluation purposes; nursing services; nutritional services; psychological services; vision services; and transportation and related costs that are necessary to enable the child and family to receive other services described in this paragraph. The Applicant will also describe what it means to “be linked” to these services and how and when these services can be provided to support the socialization of enrolled children with typically developing peers.
 - c. Describe how services will be provided to enhance the family’s capacity to support their child’s development.
 - d. Describe how and where the above services can be provided to support the socialization of enrolled children with their typically developing peers.
9. Provide services in the child and family’s natural environment and within the child and family’s daily routines.
 - a. Describe how the interim CC will explain to families the benefits of services being provided in their natural environments and within their daily routines.
 - b. Describe how the CC will respond to the situation where the family would rather have services at the Applicant’s site.
 - c. Provide examples (be specific) of appropriate natural environments in the geographic region for which the Applicant is applying, especially if families do not want to be served in their home.
 10. Support families.
 - a. Describe how the level of support needed by each family will be determined
 - b. Describe how support will be provided to families to help them understand and acknowledge that they possess a wide range of strengths, skills, and abilities to support their child’s development.
 - c. Describe the support provided so that families will feel an increase in self-sufficiency.
 - d. Describe strategies that will help identify difficult-to-reach and underrepresented families including minority, low income, inner- city, rural, and homeless, and encourage them to participate in early intervention activities to support their child’s development.

11. Assist families to access a medical home for their eligible child.
 - a. Describe how Applicant will assist families to access a medical home for preventive care, anticipatory guidance, and well-child check if they do not have a medical home.
 - b. Describe how the CC will encourage the family to include the medical home as part of the IFSP team.
12. Implement transition services prior to the child's third birthday.
 - a. Describe how and when families will be informed, in a positive manner that services for their child will end at age three (3).
 - b. Describe how the Applicant will ensure that transition will be discussed at each IFSP meeting.
 - c. Describe how families' expectations for their children regarding potential future services, placements and other matters related to the transition, will be identified.
 - d. Describe how children will be prepared to function successfully in a new setting.
 - e. Describe how families will be informed and supported regarding potential changes in their child's setting.
 - f. Describe the types of settings that might be appropriate for children exiting from Part C, depending on their skills and abilities.
 - g. Describe how the Applicant will ensure that Transition Notices are sent, and Transition Conferences are held, within state and federal required timelines.
 - h. Describe the purpose of a Transition Conference and how the Applicant will encourage/ensure that the appropriate individuals attend.

B. Administrative Requirements

The Applicant shall:

1. Describe how the program will ensure that reports and data required by EIS are valid and reliable and will be submitted within the required timelines. This includes but is not limited to Medicaid, TriCare, and other required billing activities and reports.
2. Describe how the program will ensure that FERPA, HIPAA, and other administrative requirements will be met, including how data on each child will be kept confidential.
3. Describe how the program will ensure that it can provide services to meet the availability of enrolled children and their families. The Applicant shall provide their proposed schedule:
 - a. Days of the week services can be provided (e.g., Monday to Friday).
 - b. Times during the day (e.g., daytime is 7:45 a.m. to 4:30 p.m.).

- c. Where services will be provided (e.g., family's home, preschool, beach, park, early intervention program, etc.).
4. Describe how and when families are informed of and understand their rights in accordance with IDEA Part C, State, and EIS requirements, consistent with Section 2, 2.4, C, 3, g, i to xi.
5. Describe how the Applicant will provide interpreter services, including sign language interpretation, when families need these services, consistent with Section 2, 2.4, C, 3, h and i.
6. Describe policies and procedures to ensure that staff providing the services will not subject children to physical, verbal, sexual, or psychological abuse and punishment. Describe how these policies and procedures will be monitored, consistent with Section 2, 2.4, C, 3, j.
7. Describe policies and procedures concerning incidents of neglect and abuse by the child's family or caregiver. Describe how these policies and procedures will be monitored, consistent with Section 2, 2.4, C, 3, j.
8. Describe how the HDOH, EIS will be acknowledged as the program's sponsor on all printed materials, consistent with Section 2, 2.4, C, 3, k. Attach a copy of any material(s) currently disseminated to families or a rendering of proposed Agency materials.
9. Describe the identification badges that all staff will wear when they are in the community. Attach a rendering of the badge, consistent with Section 2, 2.4, C, 3, l.
10. Describe how HDOH's system of payments and fees will be supported to maximize federal reimbursements and other third-party collection efforts by the HDOH, consistent with Section 2, 2.4, C, 3, m.
11. Describe how the program will be fully staffed and operationally able to provide services to 50% of the contracted number of children within 3 months of the contract award, and 100% within 6 months, if applicable.
12. Describe how the program will support the use of mobile equipment and internet access to EI service providers, SWs, and CCs to use the EIS data system in the field and provide telepractice services.
13. Describe how equipment leased or purchased with contract funds will be maintained and identified as HDOH owned equipment.
14. Describe how data will be collected to ensure accurate reporting of performance measures.

C. Facilities

The Applicant shall describe:

1. How its facility will meet the proposed service requirements, including its ability to ensure confidentiality of records; provide adequate workstations for staff; and provide appropriate accessibility for families if needed.
2. How the facility will meet the following requirements:
 - a. Have space (i.e. square feet) to ensure adequate workstations for staff justifying square footage. The Applicant shall take into consideration that the children shall receive most of their services in a natural environment, or via telepractice.
 - b. Be within the geographic area that is being applied for (provide address if known).
 - c. Be easily accessible by the public.
 - d. Be recognizable to the public.
 - e. Have telephone/fax number dedicated exclusively to the contracted program.
 - f. Comply with all requirements as set forth in the Americans with Disabilities Act ("ADA").
3. Plans for how the Applicant will secure a facility that is not presently available.

3.5 Financial

The Applicant shall submit a cost proposal utilizing the price structure designated by the STATE purchasing agency. The cost proposal shall be attached to the Proposal Application. The Applicant shall utilize the following pricing structure methodology:

A. Pricing Structure or Pricing Methodology to be Used

1. Unit Price Reimbursement. The Applicant shall submit EIS Worksheets and EIS Budget Forms that provide proposed billable rates, salaries, related fringe benefits ranges and payroll taxes for EI service providers.

Note: Billable activities are to be reimbursed based on actual time of allowable/ approved billing activities (consistent with Attachment D-1) up to the EIS specified maximum amount. It is expected that each full time (1.0 FTE) direct service employee will meet 960 direct service hours per year (80 service hours per month), or comparable if full-time staff is not needed.

The completion of EIS Worksheets 1 (Attachment D-3) shall describe how this expectation shall be met. Applicant shall describe how these hours shall be tracked on a monthly and cumulative basis for each EI service provider.

2. Cost reimbursement. The Applicant shall submit EIS Worksheets and EIS Budget Forms (see Section 5, Attachments D-3 and D-4) that will show in detail the cost for salaries/fringe benefits/payroll taxes for agency program administrative staff, SW/CC, and agency administrative staff. These costs shall be billed based on actual costs incurred on a month-to-month basis, not simply 1/12 of the approved cost reimbursement portion of the budget.
3. Required forms. The following budget forms, billable activities worksheets and instructions for both are in Section 5, Attachments D-1 through D-4. The following EIS Worksheets and EIS Budget Forms shall be submitted with the Proposal Application:
 - a. EIS Budget Forms 1 through 5
 - b. EIS Worksheets 1 through 5

Justifications are required for proposed costs and billable activities. Be sure to include them within the proposal narrative or as an attachment to the specific EIS Worksheet and EIS Budget Form. Read the instructions carefully to ensure that all justifications are provided as required.

Note: A revised budget may be requested from the Applicant upon issuance of the notice of statement of findings and decisions.

3.6 Other

A. Litigation

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

Section 4

Proposal Evaluation

Section 4

Proposal Evaluation

4.1 Introduction

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

4.2 Evaluation Process

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

The evaluation will be conducted in three phases as follows:

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

Evaluation Categories and Possible Points

Evaluation Categories	Possible Points
<i>A. Phase 1: Evaluation of Proposal Requirements</i>	
1. Administrative Requirements	
2. Proposal Application Requirements	
<i>B. Phase 2: Evaluation of Proposal Application</i>	
Program Overview	NA
Experience and Capability	90 points
Project Organization and Staffing	120 points
Service Delivery	210 points
Financial	120 points
TOTAL POSSIBLE POINTS	540 Points

4.3 Evaluation Criteria

A. Phase 1 - Evaluation of Proposal Requirements

1. Administrative Requirements

- Application Checklist
- Tax Clearance Certificate (with proposal or when contract is awarded)
- Required EI service staff resumes

2. Proposal Application Requirements

- Proposal Application Identification Form (Form SPOH-200)
- Table of Contents
- Program Overview
- Experience and Capability
- Project Organization and Staffing
- Service Delivery
- Facility
- Financial (All required forms and documents)
- Litigation

B. Phase 2 - Evaluation of Proposal Application (540 Points)

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

5 - Outstanding	<ul style="list-style-type: none">▪ <i>Each bullet identified and clearly addressed with detailed information for how Applicant will consistently exceed meeting all requirements.</i>▪ <i>Consistently exceeded required elements by clearly proposing additional services or strategies for implementation to achieve the RFP requirements.</i>
4 - Above Average	<ul style="list-style-type: none">▪ <i>Each bullet identified and clearly addressed with information for how Applicant will meet all requirements.</i>▪ <i>More than met expectations by providing additional details, specific examples of the services, and/or strategies for implementation to achieve the RFP requirements.</i>
3 - Satisfactory	<ul style="list-style-type: none">▪ <i>Each bullet identified and clearly addressed with general description of “what we do” for all required</i>

	<p><i>elements.</i></p> <ul style="list-style-type: none"> ▪ <i>May have some additional details, specific examples, additional services, and/ or strategies to achieve the RFP.</i>
2 - Marginally Adequate	<ul style="list-style-type: none"> ▪ <i>At least one bullet or a component of a bullet was not evident or completely answered in terms of approach, services, strategies, and/or descriptions.</i> ▪ <i>Bullets that were completely addressed contained information (e.g., examples, descriptions, strategies, etc.) to achieve the RFP.</i>
1 - Unsatisfactory	<ul style="list-style-type: none"> ▪ <i>More than one bullet or components of a bullet were addressed or evident in the proposal.</i> ▪ <i>Only reiterated the wording of RFP or other attached DOH materials.</i>
0 - Incomplete	<ul style="list-style-type: none"> ▪ <i>A section was not answered.</i>

1. Program Overview (No Points Assigned)

The intent is to provide information on the organization applying in response to the RFP.

2. Experience and Capability (90 Points)

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

<p>A. Experience <i>The Applicant listed and briefly described each previous or current contract(s) and experience(s) consistent with this RFP. Does the proposal:</i></p>	
<ul style="list-style-type: none"> • Describe verifiable experience within the past five (5) years utilizing OTs, PTs, SLPs, SpEd Teachers, Teachers, SWs, CCs, or General Educators to provide early intervention services for children, birth to age three (3) years, with special needs and their families? 	20
<ul style="list-style-type: none"> • Describe verifiable experience utilizing OTs, PTs, SLPs, SpEd Teachers, Teachers, SWs, CCs, or General Educators for children with special needs over age three (3) and their families? • Includes the age range of children for each experience. 	10
<ul style="list-style-type: none"> • Describe verifiable experience providing alternative services (i.e., not OT, PT, SLP, SpEd, or SW services) to children birth to age three (3) 	

years with special needs and their families including a description of the services provided?	5
B. Quality Assurance and Evaluation <i>The Applicant fully described its quality assurance and evaluation plans for the proposed services, including methodology to assess or evaluate the quality and utilization of services. Does the proposal:</i>	
<ul style="list-style-type: none"> Describe how the quality of services provided will be assessed or evaluated? Describe how their procedures meets federal, state, and EI requirements? Describe how the program will assure the following quality assurance and program requirements are followed: <ul style="list-style-type: none"> Supporting IDEA Part C monitoring activities; Completing self-assessments when directed; Developing Corrective Action Plans as necessary; Providing valid and reliable data as required; and Meeting other requirements as determined by EIS 	15
C. Coordination of Services Does the proposal:	
<ul style="list-style-type: none"> Describe how services are coordinated with other providers that serve this population in the geographical area? Describe strategies to help identify difficult-to-reach families and underrepresented populations including minority, low income, inner-city, rural and homeless, and encourage them to participate in early intervention activities to support their child's development? Identify who they will coordinate/collaborate with both within and outside the geographical service area and why? 	15
D. PSP Approach to Teaming and Coaching Model Does the proposal:	
<ul style="list-style-type: none"> Describe the purpose and philosophy of PSP? Describe how the model shall be implemented, including how the PSP and consultant(s) are identified, and who may act in these roles? Describe how team members obtain supports through the context of a team meeting, joint visit planning, during a joint visit, and/or as part of a conversation between meetings and scheduled visits with other team members? Describe what circumstances, if any, the PSP model is not appropriate? 	25

3. Project Organization and Staffing (120 Points)

A. Staffing/ Staff Qualifications/Supervision and Training <i>Does the proposal:</i>	
• Describe in detail its proposed staffing for EI service providers?	25
• Describe the proposed staffing for Program Administrative staff with justification for the FTE for each position?	5
• Describe the proposed staffing pattern for SW/CC with justification for the FTE for each position?	5
• Describe in detail minimum staff qualifications, education, experience, and licensure/certification that will be needed to meet this RFP?	30
• Describe in detail the circumstances when an exemption to hire staff who do not meet the personnel standards will be obtained, the background of the staff the Applicant intends to hire, as well as the plan for training, support, and supervision including proposed timelines to meet the identified standards in the Hawaii IDEA Part C Early Intervention Policies and Procedures?	30
• Describe the following: <ul style="list-style-type: none"> ○ Detail of the supervision and evaluation of staff. ○ How and when staff training needs are identified and supported ○ How and when staff will be trained on the PSP Approach to Teaming and Coaching Model 	10
• Describe how the safety of staff and families will be ensured when services are being provided?	10
B. Project Organization <i>The Applicant presented the position of each staff and line of responsibility/ supervision (include position title, name and full-time equivalency). Both the “Agency” and the “Early Intervention Program” organization charts were provided. If only one organizational chart, the administrative versus programmatic responsibilities are outlined. Does the proposal:</i>	
• Include organizational chart(s) for both the Agency and the Early Intervention Program? If only one organizational chart, are administrative versus programmatic responsibilities clearly delineated?	5

4. Service Delivery (210 Points)

A. Service Activities <i>The Applicant described in detail their implementation plan to address the service activities and management requirements. Does the proposal:</i>	
<ul style="list-style-type: none"> Describe in detail the process for referrals, who may refer and how referrals that are more than the children they are contracted to serve will be handled? 	5
<ul style="list-style-type: none"> Describe in detail who is appropriate to be interim CC and why, as well as how the interim CC will be assigned, including the role and responsibilities Describe how families are contracted within two (2) working days of the referral. 	5
<ul style="list-style-type: none"> Describe in detail a complete and successful intake (i.e., purpose, what is to be accomplished, and steps taken by each person involved)? 	5
<ul style="list-style-type: none"> Describe in detail how all MDEs will be completed by the due dates or as needed; how the MDE team will be determined; the role of the family; how the family will be encouraged to participate; and the procedure if a child is found ineligible for services? 	10
<ul style="list-style-type: none"> Describe in detail an assessment of the child and family; how strengths and needs of the child will be identified; how family is informed about the voluntary assessment and be encouraged to participate: and how the family's resources, priorities, and concerns of the family will be identified? 	10
<ul style="list-style-type: none"> Describe how all IFSPs are completed by due dates or as needed and how the appropriate individuals will be invited to the IFSP meeting? Describe the roles and responsibilities of the IFSP team, including the family and how the family's priorities will be addressed? Describe how the CC facilitating will handle situations when family priorities are not supported by the evaluation results? Describe how outcomes are functional and support the family's daily routines, as well as provided examples of functional outcomes. Describe how the MDE results supports the development of the IFSP? 	25
<ul style="list-style-type: none"> Describe how and when the CC will be identified; how services are coordinated with other appropriate agencies; and how the CC can provide the necessary support to families when their caseload exceeds the 1:35 ratio? 	5

<ul style="list-style-type: none"> • Describe how CC, FTCHV, OT, PT, Special Instruction, SLP, and SW services will be provided by program staff? • Describe how families will be linked to assistive technology, audiology services, sign language/cued language services, health services, medical services, nursing services, nutritional services, psychological services, vision services, and transportation and related costs that are necessary to receive other services described here? • Describe what it means to be “linked” to these services; how services will be provided to enhance the family’s capacity to support their child’s development; and how and when these services can be provided to support the socialization of enrolled children with typically developing peers? 	10
<ul style="list-style-type: none"> • Describe how the interim CC will explain benefits of services provided in natural environments and within daily routines? • Describe how the CC will respond if the family would rather have services at the Applicant’s site and provide specific examples of natural environments in the Applicant’s geographic region? 	15
<ul style="list-style-type: none"> • Describe how the level of support needed by each family will be determined; how support will be provided to families to help them understand and acknowledge that they possess a wide range of strengths, skills, and abilities to support their child’s development; and the support to be provided to increase the family’s feelings self-sufficiency? • Describe strategies to identify difficult-to-reach families, specifically the under-represented families including minority, low income, inner-city, rural, and homeless, and encourage them to participate in early intervention activities to support their child’s development? 	10
<ul style="list-style-type: none"> • Describe how families will be assisted to access a medical home (primary care physician or PCP) if they do not have a medical home and how the CC will encourage families to include the PCP as part of the IFSP team? 	5
<ul style="list-style-type: none"> • Describe how and when families will be informed that services for their child will end at age three, as well as how transition will be discussed at each IFSP meeting? • Describe how families’ expectations for their children regarding potential future services, placements, and other matters related to the transition, will be identified and how children will be prepared to function successfully in a new setting? • Describe how families will be informed and supported regarding potential changes in their child’s setting; the types of settings that might be appropriate for children exiting EI, depending on their skills and abilities? 	

<ul style="list-style-type: none"> Describe how the Applicant will ensure that Transition Notices and Transition Conferences are completed within state and federal required timelines; families understand the purpose of a Transition Conference and how the Applicant ensures appropriate individuals attend? 	15
B. <i>Administrative Requirement</i> <i>Does the proposal:</i>	
<ul style="list-style-type: none"> Describe how the program will ensure that reports and data required by EIS (including Medicaid/other billing activities and reports) are valid and reliable and will be submitted within the required timelines? 	10
<ul style="list-style-type: none"> Describe how the program will ensure that FERPA, HIPAA, and other administrative requirements will be met, including how child data will be kept confidential? 	5
<ul style="list-style-type: none"> Describe the days, times, and where services will be delivered? 	5
<ul style="list-style-type: none"> Describe how and when families are informed of, and understand their rights regarding: required timelines (MDE, IFSP, services, etc.); who is included in IFSP meetings; an assigned CC; receipt of a written prior notice; review of child's file and copies of records; parental consent to release personally identifiable information; either decline and/or accept services offered; who to contact (i.e., CC, the PM, or EIS Supervisor) for concerns regarding services being provided; submitting a formal written complaint; requesting a due process hearing; mediation being provided when a due process request is submitted; and how IFSP services continue pending complaint outcome or due process hearing? 	10
<ul style="list-style-type: none"> Describe how the program will have the resources to provide interpreter services, including sign language interpretation as needed? 	5
<ul style="list-style-type: none"> Describe their policies and procedures to ensure EI providers will not subject children to physical, verbal, sexual, or psychological abuse and punishment and how these policies monitored? 	5
<ul style="list-style-type: none"> Describe their policies and procedures concerning incidents of neglect and abuse by the child's family or caregiver and how these policies will be monitored? 	5
<ul style="list-style-type: none"> Describe how the HDOH, EIS will be acknowledged as the program's sponsor on all printed materials and included copy of materials disseminated to families or a sample of proposed Agency materials? 	5
<ul style="list-style-type: none"> Describe staff identification badges that meet EIS requirements and included a sample of the badge? 	5

• Describe how centralized billing efforts will be supported to maximize federal reimbursement and other third-party collection efforts?	5
• Describe how the program will be fully staffed and operational to provide services to 50% of contracted number of children within three (3) months of the contract award, and 100% within six (6) months?	5
• Describe how the program will support the use of mobile equipment and internet access to EI service providers SW, and CCs to use the EIS data system in the field and provide telepractice services?	5
• Describe how equipment leased or purchased with contract funds will be maintained and identified as State HDOH owned equipment?	5
• Describe how data will be collected to ensure accurate reporting of performance measures (See Annual Performance Measures)?	5
C. Facilities <i>Does the proposal:</i>	
• Describe how its facility meets the requirements: adequate workstations for staff and other activities; justify square footage keeping in mind that services are provided in the natural environment; be within the geographical boundary; accessible to the public; have a dedicated telephone and fax line; comply with ADA requirements?	10

5. Financial (120 Points)

i. Pricing Structure or Pricing Methodology <i>Does the proposal:</i>	
• Include all EIS Worksheets and all EIS Budget Forms that provide proposed billable rates, salaries, related fringe benefits and payroll taxes for all EI providers?	10
• Provide justification for the number of hours requested for billable activities?	10
• Describe how the billable hours will be tracked on a monthly and cumulative basis for each EI Provider?	10
• Describe how the billable hours by EI providers will be tracked on a monthly and cumulative basis?	10
• Provide proposed salaries and billable rates for all EI providers that are	

reasonable and is there sufficient justification for the salaries and rates?	20
• Provide proposed salaries for Program Administrative staff that are reasonable and is there sufficient justification for these salaries?	20
• Provide justification for Section B: Reimbursable Costs?	20
• Meet the 10% cap for Section C: Indirect Discretionary Costs? If not, is the additional request reasonable and is there sufficient justification for the additional amount requested.	20

B. 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.