

State of Hawaii  
Department of Health  
Child and Adolescent Mental Health Division

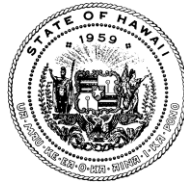
**Request for Proposals**

**RFP HTH 460-22-07**

**Family Support Services**

November 19, 2021

**Note:** *It is the Applicant's responsibility to check the public procurement notice website, the Request for Proposals ("RFP") website, or to contact the RFP point-of-contact identified in the RFP for any addenda issued to this RFP. The State of Hawaii ("State") shall not be responsible for any incomplete proposal submitted as a result of missing addenda, attachments or other information regarding the RFP.*



**STATE OF HAWAII**  
**DEPARTMENT OF HEALTH**  
**CHILD AND ADOLESCENT MENTAL HEALTH DIVISION**  
3627 KILAUEA AVENUE, ROOM 101  
HONOLULU, HAWAII 96816

In reply, please refer to:  
File:

**November 19, 2021**

**REQUEST FOR PROPOSALS**

**Family Support Services**  
**RFP HTH 460-22-07**

The Department of Health ("DOH"), Child and Adolescent Mental Health Division ("CAMHD"), is requesting proposals from qualified Applicants to provide Family Support Services ("FSS") to caregivers for youth experiencing serious emotional or behavioral challenges. The PROVIDER shall develop a strong network of mutual support among the parents of youth experiencing mental health challenges. These FSS include extensive outreach to support and assist families statewide in accessing appropriate mental health care and building collaborative relationships with Mental Health Professionals ("MHP"). The initial contract term shall be from January 28, 2022 through June 30, 2022. Unless terminated, this contract may be extended annually by the State for additional extensions (each extension shall not exceed twelve (12) months) for a maximum contract term of six (6) years, upon mutual agreement and the execution of a supplemental contract or contract modification. A single contract shall be awarded under this RFP based on the proposal evaluations.

Parent Support Services ("PSS") (See Section 5, Attachment A) is an important component of providing FSS. PSS have been shown to improve outcomes for youth and families in mental health systems of care. As a result, PSS have been made Medicaid reimbursable in many states, including the State of Hawaii ("State"). Developing the capacity to provide PSS according to MedQUEST regulations, to document services sufficiently and to follow procedural guidelines around important issues such as confidentiality and risk management shall be an expectation of the PROVIDER funded through this initiative. As part of this proposal, family-run organizations may want to partner with a service-providing agency that can help them develop these capacities.

Due to the limited office staffing during this pandemic, it is requested that the Applicant contact the DOH RFP Coordinator via email at [steven.osa@doh.hawaii.gov](mailto:steven.osa@doh.hawaii.gov) to confirm in advance a hand delivery date and time. Hand delivered proposals shall be received no later than 4:00 p.m., Hawaii Standard Time ("HST"), on December 20, 2021, at the drop-off site designated on the Proposal Mail-in and Delivery Information Sheet. Mailed proposals shall be approved in advance by the DOH RFP Coordinator via email at [steven.osa@doh.hawaii.gov](mailto:steven.osa@doh.hawaii.gov) and shall be postmarked by the United States Postal Service ("USPS") on or before December 20, 2021 and received no later than ten (10) days from the submittal deadline. Proposals postmarked or hand delivered after the submittal deadline shall be considered late and rejected. There are no exceptions to this requirement.

The CAMHD shall conduct an online orientation session via Zoom on November 29, 2021 from 3:00 p.m. to 4:00 p.m. HST. The Zoom login information is in Section 1.7 on page 1-4 of the RFP. All prospective Applicants are encouraged to attend the online Orientation via Zoom. Participation in this online Orientation is optional and not required to respond to this RFP.

The deadline for submission of proposals is December 20, 2021, and the deadline for submitting written questions is 4:00 p.m., HST, on December 6, 2021. All written questions will receive a written response on or about December 8, 2021 from the State in writing by way of an Addendum to the RFP.

Inquiries regarding this RFP should be directed to the DOH RFP Coordinator, Steven Osa, via email at [steven.osa@doh.hawaii.gov](mailto:steven.osa@doh.hawaii.gov).

## PROPOSAL MAIL-IN AND DELIVERY INFORMATION SHEET

<b>NUMBER OF COPIES TO BE SUBMITTED: one (1) electronic copy on a flash drive.</b>
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ALL MAIL-INS SHALL BE POSTMARKED BY THE USPS NO LATER THAN **DECEMBER 20, 2021** **AND SHALL BE APPROVED IN ADVANCE BY THE DOH RFP COORDINATOR** via email at [steven.osa@doh.hawaii.gov](mailto:steven.osa@doh.hawaii.gov) and received by the State Purchasing Agency no later than ten (10) days from the submittal deadline.

**All Mail-ins**

<i>Contracts Management CAMHD Room 101 3627 Kilauea Avenue Honolulu, HI 96816</i>
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**DOH RFP COORDINATOR**

<i>Steven Osa Telephone 808.733.4210 Fax 808.733.8375 e-Mail <a href="mailto:steven.osa@doh.hawaii.gov">steven.osa@doh.hawaii.gov</a> <u>It is requested that all communication be done through email.</u></i>
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Due to the limited office staffing during this pandemic, it is requested that the Applicant contact the DOH RFP Coordinator via email at [steven.osa@doh.hawaii.gov](mailto:steven.osa@doh.hawaii.gov) to confirm in advance a hand delivery date and time. ALL HAND DELIVERIES SHALL BE ACCEPTED AT THE FOLLOWING SITE UNTIL **4:00 P.M., HST, DECEMBER 20, 2021**. Deliveries by private mail services such as FEDEX shall be considered hand deliveries. Hand deliveries shall not be accepted if received after 4:00 p.m., December 20, 2021.

**Drop-off Site**

<i>Contracts Management Child and Adolescent Mental Health Division Diamond Head Health Center Room 405 3627 Kilauea Avenue Honolulu, HI 96816</i>
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# **Section 1**

## **Administrative Overview**



## Section 1

# Administrative Overview

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

### 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.**

<u>Activity</u>	<u>Scheduled Date</u>
Public notice announcing Request for Proposals ("RFP")	11/19/2021
Distribution of RFP	11/19/2021
RFP orientation session	11/29/2021
Closing date for submission of written questions for written responses	12/6/2021 4:00 p.m. HST
State purchasing agency's response to Applicants' written questions	12/8/2021
Discussions with Applicant prior to proposal submittal deadline (optional)	11/19/2021– 12/17/2021
Proposal submittal deadline	12/20/2021 4:00 p.m. HST
Discussions with Applicant after proposal submittal deadline (optional)	N/A
Final revised proposals (optional)	N/A
Proposal evaluation period	12/20/2021– 1/4/2022
Provider selection	1/4/2022
Notice of statement of findings and decision	1/4/2022
Contract start date	1/28/2022

## 1.2 Website Reference

•	Item	• Website
1	Procurement of Health and Human Services	<a href="http://spo.hawaii.gov/for-vendors/">http://spo.hawaii.gov/for-vendors/</a>
2	RFP website	<a href="http://hawaii.gov/spo2/health/rfp103f/">http://hawaii.gov/spo2/health/rfp103f/</a>
3	Hawaii Revised Statutes (“HRS”) and Hawaii Administrative Rules (“HAR”) for Purchases of Health and Human Services	<a href="http://spo.hawaii.gov">http://spo.hawaii.gov</a> Click on the “References” tab.
4	General Conditions, AG-103F13	<a href="http://hawaii.gov/forms/internal/department-of-the-attorney-general/ag-103f13-1/view">http://hawaii.gov/forms/internal/department-of-the-attorney-general/ag-103f13-1/view</a>
5	Forms	<a href="http://spo.hawaii.gov">http://spo.hawaii.gov</a> Click on the “Forms” tab.
6	Cost Principles	<a href="http://spo.hawaii.gov">http://spo.hawaii.gov</a> Search: Keywords “Cost Principles”
7	Protest Forms/Procedures	<a href="http://spo.hawaii.gov/for-vendors/vendor-guide/protests-for-health-and-human-services/">http://spo.hawaii.gov/for-vendors/vendor-guide/protests-for-health-and-human-services/</a>
8	Hawaii Compliance Express (“HCE”)	<a href="http://spo.hawaii.gov/hce/">http://spo.hawaii.gov/hce/</a>
9	Hawaii Revised Statutes (“HRS”)	<a href="http://capitol.hawaii.gov/hrscurrent">http://capitol.hawaii.gov/hrscurrent</a>
10	Department of Taxation (“DOTAX”)	<a href="http://tax.hawaii.gov">http://tax.hawaii.gov</a>
11	Department of Labor and Industrial Relations (“DLIR”)	<a href="http://labor.hawaii.gov">http://labor.hawaii.gov</a>
12	Department of Commerce and Consumer Affairs (“DCCA”), Business Registration	<a href="http://cca.hawaii.gov">http://cca.hawaii.gov</a> click “Business Registration”
13	Campaign Spending Commission	<a href="http://ags.hawaii.gov/campaign/">http://ags.hawaii.gov/campaign/</a>
14	Internal Revenue Service (“IRS”)	<a href="http://www.irs.gov/">http://www.irs.gov/</a>
<b>(Please note: website addresses may change from time to time. If a State link is not active, try the State of Hawaii website at <a href="http://hawaii.gov">http://hawaii.gov</a>)</b>		

### 1.3 Authority

This RFP is issued under the provisions of the HRS Chapter 103F and its administrative rules. All prospective Applicants are charged with presumptive knowledge of all requirements of the cited authorities. Submission of a valid executed proposal by any prospective Applicant shall constitute admission of such knowledge on the part of such prospective Applicant.

### 1.4 RFP Organization

This RFP is organized into five (5) 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 Contracting Office

The Contracting Office is responsible for overseeing the contract resulting from this RFP. The Contracting Office is located at Department of Health, Child and Adolescent Mental Health Division, Diamond Head Health Center, 3627 Kilauea Avenue, Room 101, Honolulu, HI 96816.

### 1.6 RFP Contact Person

From the release date of this RFP until the selection of the successful Provider, any inquiries and requests shall be directed to the sole point-of-contact identified below. **It is hereby requested that all communication shall be done through email.**

Steven Osa  
Contracts Management  
Child and Adolescent Mental Health Division  
3627 Kilauea Avenue, Room 101, Honolulu, HI 96816  
Telephone: 808-733-4210 Fax: 808-733-8375  
**steven.osa@doh.hawaii.gov**

## 1.7 Online Orientation

An online Orientation for Applicants shall be held on November 29, 2021 from 3:00 p.m. to 4:00 p.m. HST via Zoom as follows:

Join Zoom Meeting

<https://hawaii-gov.zoom.us/j/93037200068?pwd=aTE3NVRqREF5Y3lUSFhIWldOQ1hTUT09>

Meeting: 930 3720 0068

Passcode: 310921

One tap mobile

+13462487799,,93037200068#,,,,,0#,,310921# US (Houston)

+16699006833,,93037200068#,,,,,0#,,310921# US (San Jose)

Dial by your location

+1 346 248 7799 US (Houston)

+1 669 900 6833 US (San Jose)

+1 253 215 8782 US (Tacoma)

+1 312 626 6799 US (Chicago)

+1 646 558 8656 US (New York)

+1 301 715 8592 US (Washington DC)

Meeting: 930 3720 0068

Passcode: 310921

Find your local number: <https://hawaii-gov.zoom.us/j/93037200068?pwd=aTE3NVRqREF5Y3lUSFhIWldOQ1hTUT09>

Join by SIP

[93037200068@zoomcrc.com](https://hawaii-gov.zoom.us/j/93037200068?pwd=aTE3NVRqREF5Y3lUSFhIWldOQ1hTUT09)

Join by H.323

162.255.37.11 (US West)

162.255.36.11 (US East)

Meeting: 930 3720 0068

Passcode: 310921

**Applicants are encouraged to submit written questions prior to the online Orientation. Impromptu questions will be permitted at the online Orientation and spontaneous answers provided at the State Purchasing Agency's discretion. However, answers provided at the online Orientation are only intended as general direction and may not represent the State Purchasing Agency's position. Formal official responses shall be provided in writing by way of an Addendum to the RFP. To ensure a written response, any oral questions shall also be submitted in writing following the close of the online Orientation, but no later than the submittal deadline for written questions indicated in the subsection 1.8, Submission of Questions.**

All prospective Applicants are encouraged to attend the online Orientation via Zoom. Participation in this online Orientation is optional and not required to respond to this RFP.

## 1.8 Submission of Questions

Applicants shall submit written questions to Kim Allen, LSW, email: [kimberly.allen@doh.hawaii.gov](mailto:kimberly.allen@doh.hawaii.gov) and to the RFP Contact Person Steven Osa, email: [steven.osa@doh.hawaii.gov](mailto:steven.osa@doh.hawaii.gov). Written questions should be received by the date and time specified in Section 1.1 Procurement Timetable. The State Purchasing Agency shall respond to written questions by way of an Addendum to the RFP.

Deadline for submission of written questions:

**Date:** 12/6/2021 **Time:** 4:00 pm HST

State Purchasing Agency responses to Applicant written questions will be provided by:

**Date:** 12/8/2021

## 1.9 Submission of Proposals

- A. Forms/Formats** - Forms, with the exception of 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.** Provides Applicants with information on where to obtain the required forms; information on program specific requirements; which forms are required and the order in which all components should be assembled and submitted to the State Purchasing Agency. (See Section 5, Attachment B)
  - 3. Table of Contents.** A sample table of contents for proposals is located in Section 5, Attachments. This is a sample and meant as a guide. The table of contents may vary depending on the RFP. (See Section 5, Attachment C)
  - 4. Proposal Application (Form SPOH-200A).** Applicant shall submit comprehensive narratives that address all of the proposal requirements contained in Section 3, Proposal Application Instructions, including a cost proposal/budget, if required.
- B. Program Specific Requirements.** Program specific requirements are included in Section 2, Service Specifications and Section 3, Proposal Application Instructions, as applicable. If required, Federal and/or State certifications are listed on the Proposal Application Checklist located in Section 5.
- C. Multiple or Alternate Proposals.** Multiple or alternate proposals shall not be accepted unless specifically provided for in Section 2 of this RFP. In the event

alternate proposals are not accepted, and an Applicant submits alternate proposals, but clearly indicates a primary proposal, it shall be considered for award as though it were the only proposal submitted by the Applicant.

- D. Hawaii Compliance Express (“HCE”).** All Providers shall comply with all laws governing entities doing business in the State. Providers are strongly encouraged to register with HCE for online compliance verification from the Hawaii State Department of Taxation (“DOTAX”), Internal Revenue Service (“IRS”), Department of Labor and Industrial Relations (“DLIR”), and Department of Commerce and Consumer Affairs (“DCCA”). There is a nominal annual registration fee (currently \$12) for the HCE service. The HCE’s online “Certificate of Vendor Compliance (“CVC”) provides the registered Provider’s current compliance status as of the issuance date and is accepted for both contracting and payment purposes. Refer to Subsection 1.2, Website Reference, for Clearance and Compliance department website address for addition option.
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 DOTAX and the IRS. (See Subsection 1.2, Website Reference for DOTAX and IRS website address.)
  2. **Labor Law Compliance.** Pursuant to HRS §103-55, Providers shall be in compliance with all applicable laws of the federal and state governments relating to workers' compensation, unemployment compensation, payment of wages, and safety. (See Subsection 1.2, Website Reference for DLIR website address.)
  3. **DCCA 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 DCCA, Business Registration Division. Foreign insurance companies must register with DCCA, Insurance Division. More information is on the DCCA website. (See Subsection 1.2, Website Reference for DCCA website address.)
- E. Wages Law Compliance.** If applicable, by submitting a proposal, the Applicant certifies that the Applicant is in compliance with HRS §103-55, wages, hours, and working conditions of employees of contractors performing services. Refer to HRS §103-55, at the Hawaii State Legislature website. Refer to Section 1.2, Website Reference for statutes and DLIR website address.
- F. 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.
- G. Confidential Information.** If an Applicant believes any portion of a proposal contains information that should be withheld as confidential, the Applicant shall

request in writing nondisclosure of designated proprietary data to be Confidential and provide justification to support confidentiality. Such data shall accompany the proposal, be clearly marked, and shall be readily separable from the proposal to facilitate eventual public inspection of the non-confidential sections of the proposal. Note that price is not considered confidential and shall not be withheld.

- H. Proposal Submittal.** All mail-ins shall be postmarked by the USPS and received by the State Purchasing Agency no later than the submittal deadline indicated on the attached Proposal Mail-in and Delivery Information Sheet, or as amended. **All mail-ins shall be approved in advance by the DOH RFP Coordinator.** All hand deliveries shall be received by the State Purchasing Agency by the date and time designated on the Proposal Mail-In and Delivery Information Sheet, or as amended. Due to the limited office staffing during this pandemic, it is recommended that the Applicant contact the DOH RFP Coordinator via email at [steven.osa@doh.hawaii.gov](mailto:steven.osa@doh.hawaii.gov) to confirm in advance a hand delivery date and time. Proposals shall be rejected when:

1. Postmarked after the designated date; or
2. Postmarked by the designated date but not received within ten (10) days from the submittal deadline; or
3. If hand delivered, received after the designated date and time.

**One (1) electronic copy is to be submitted to the State Purchasing Agency on a Flash Drive. Deliveries by private mail services such as FEDEX shall be considered hand deliveries and shall be rejected if received after the submittal deadline. Dated USPS shipping labels are not considered postmarks. The Applicant bears responsibility for submission. The Applicants who submit proposals or amendments on electronic media bear the whole and exclusive responsibility for ensuring the complete, correctly formatted, and timely submission of their proposals and amendments to the State Purchasing Agency. By submitting documents on electronic media, Applicants assume all risk that a State Purchasing Agency's equipment system may be unable to read the Applicant's electronic media.**

- I. History of Performance.** It should be clear to potential Applicants that in reviewing applications in any discretionary procurement process, the CAMHD may consider the past performance of the Applicant in carrying out a previous contract including compliance with the conditions of the contract or achieving the objectives of the contracted service. By submitting a proposal, the Applicant certifies that within the past eighteen (18) months there have been no significant legal or disciplinary actions resulting in legal penalties or actions or changes in contracts taken against the proposing agency by a law enforcement or government agency.

*Faxed copies are not permitted. One (1) electronic copy on a Flash Drive is required.*

## 1.10 Discussions with Applicants

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

## 1.11 Opening of Proposals

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

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

## 1.12 Additional Materials and Documentation

Upon request from the State Purchasing Agency, each Applicant shall submit any additional materials and documentation reasonably required by the State Purchasing Agency in its evaluation of the proposals.

## 1.13 RFP Amendments

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

## 1.14 Final Revised Proposals (Optional)

If requested, final revised proposals shall be submitted in the manner, and by the date and time specified by the State Purchasing Agency. If a final revised proposal is not submitted, the previous submittal shall be construed as the Applicant's best and final offer/proposal. *The Applicant shall submit **only** the section(s) of the proposal that are amended, along with the Proposal Application Identification Form (SPOH-200).* After final revised proposals are received, final evaluations shall 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 interests 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**

The Provider awarded a contract resulting from this RFP is not required to participate in the State Purchasing Agency's future development of a service delivery plan pursuant to HRS §103F-203.

Provider participation in a State Purchasing Agency's effort to plan for or to purchase health and human services prior to the State Purchasing Agency's 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 (1) or more of the following reasons:

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

### **1.19 Notice of Award**

A Statement of Findings and Decision shall be provided to all Applicants by mail upon completion of the evaluation of competitive purchase of service proposals.

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

No work is to be undertaken by the awardee prior to the contract commencement date. The State 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:

- A. A State Purchasing Agency's failure to follow procedures established by Chapter 103F of the HRS;**
- B. A State Purchasing Agency's failure to follow any rule established by Chapter 103F of the HRS; and**
- C. 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 the USPS or hand delivered to 1) the Head of the State Purchasing Agency conducting the protested procurement and 2) the Procurement Officer who is conducting the procurement (as indicated below) within five (5) working days of the postmark of the Notice of Findings and Decision sent to the protestor. Delivery services other than the USPS shall be considered hand deliveries and considered submitted on the date of actual receipt by the State Purchasing Agency.

<b>Head of State Purchasing Agency</b>	<b>Procurement Officer</b>
Name: Scott K. Shimabukuro, Ph.D. ABPP	Name: Steven Osa
Title: Acting Chief Administrator, CAMHD	Title: Contract Specialist
Mailing Address: 3627 Kilauea Ave, Room 101, Honolulu, HI 96816	Mailing Address: 3627 Kilauea Ave, Room 101, Honolulu, HI 96816
Business Address: 3627 Kilauea Ave, Room 101, Honolulu, HI 96816	Business Address: 3627 Kilauea Ave, Room 101, Honolulu, HI 96816

## 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 shall be imposed contractually are on the SPO website (See subsection 1.2, Website References for website address). Special Conditions may also be imposed contractually by the State Purchasing Agency, as deemed necessary.

## 1.23 Cost Principles

In order to promote uniform purchasing practices among State Purchasing Agencies procuring health and human services under HRS Chapter 103F, State Purchasing

Agencies shall 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.

This contract is a cost reimbursable contract, and the billing is based on a Budget.

# **Section 2**

## **Service Specifications**

## Section 2

# Service Specifications

### 2.1 Introduction

The mission of the CAMHD is to provide timely and effective mental health prevention, assessment, and treatment services to children and youth with emotional and behavioral challenges, and their families.

#### **A. Overview, Purpose or Need**

The CAMHD has been promoting strong family involvement in Mental Health Services for their children since the mid-1990s when the CAMHD received its first in a series of System of Care Grants from the Federal Substance Abuse and Mental Health Services Administration (“SAMHSA”). Inspired by expectations and technical assistance provided by federal funders, the CAMHD has contracted for FSS statewide since the 1990s. Research shows that outcomes for youth are improved when family members are welcomed and supported to participate as partners with professional service PROVIDERS.

Evidence about the effectiveness of family support in mental health systems of care for children led the Centers for Medicare and Medicaid Services (“CMS”) to urge states to provide Medicaid reimbursements for PSS (See Section 5, Attachment A) in a letter to State Medicaid Programs sent in 2013.

Applicants need 1) to demonstrate the capacity to provide and document PSS for the caregivers of the CAMHD youth according to Medicaid regulations and 2) to describe a detailed plan that ensures the collection of data of sufficient quantity and quality to assess progress and identify the strengths and weaknesses of the Applicant’s organization for quality assurance purposes.

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

A RFI meeting was held on April 13, 2021 for interested parties to provide information and feedback to assist the CAMHD in developing this RFP. Please contact Kim Allen, LSW, Practice Development Specialist, CAMHD, at Kimberly.allen@doh.hawaii.gov or 808-733-9382 for more information regarding the RFI.

### C. Description of service goals

The Child and Adolescent Service System Program (“CASSP”) (Stroul & Friedman, 1986) values and principles emphasize the importance of making services family-centered and culturally sensitive and assuring that families are full participants in all aspects of the planning and delivering of services. The CASSP principles were adapted for Hawaii by a local group and have been adopted by the CAMHD to guide system development. The CASSP principles were developed in the mid-1980s in response to changing views on the causes of emotional and/or behavioral challenges in youth and on the appropriate roles of families in addressing those challenges. For some time professionals had considered many emotional and/or behavioral challenges to be the result of “pathological” parenting practices, and families were often excluded from the therapeutic process, with professionals developing treatment plans without seeking input from those affected (Grunebaum & Friedman, 1988; Hatfield & Lefley, 1987). In addition, consumers and their families were seldom involved in developing policies and procedures at the agency or system levels (Bernheim, 1990).

However, research began to reveal that involving families as “partners” in treatment planning and implementation tends to improve outcomes significantly (Guerney, 1991; deChillo, Koren, & Schultze, 1994). In contrast, research found that professionals who treat families paternalistically, and especially those who view the family as the “problem”, often create self-fulfilling expectations of families as uncooperative, resistant, and incapable of helping their children with emotional and/or behavioral challenges (Collins & Collins, 1990). Such reactions on the part of families are only natural if their interactions with professionals arouse negative feelings, such as feeling blamed for the challenges experienced by their children, doubts about their understanding of their own children, and confusion about diagnoses and interventions due to technical jargon (Duchnowski, Berg, & Kutash, 1995). All of these feelings are likely to be further heightened when families experience lack of sensitivity on the part of professionals to their ethnic and cultural heritage (Cross, Bazron, Dennis, & Isaacs, 1989). Understandably, paternalistic treatment approaches are associated with high rates of withdrawal (often over fifty percent (50%)) before completion of services (Armbruster & Kazdin, 1994).

It has been over two (2) decades since CASSP, university-based research and training centers, and other initiatives began promoting the improved research-based understanding that professionals can best support youth and families to achieve positive outcomes through real partnerships, which are best achieved in community-based rather than clinical settings (Stroul & Friedman, 1986). Concurrently, a strong family movement began to develop, ranging from informal self-help groups to national family-run advocacy organizations, which also stress the need for family-professional collaboration (Armstrong, Evans, & Wood, 2000). As a result, families and especially professionals across the nation have been exposed to new child- and family-centered approaches stressing mutual respect and partnership, and the CASSP values and principles have been widely adopted.

This contract aims to assure the growth of a FSS Organization that can provide support both to parents of children receiving mental health services from the

CAMHD and to the CAMHD. Through collaboration and training, the PROVIDER shall help the CAMHD staff members develop the necessary attitudes, skills, and knowledge to develop effective partnerships with diverse families requiring a range of different approaches.

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

The primary target population consists of family members of youth ages three to twenty-one (3-21) years experiencing serious emotional and behavioral challenges who are active with the CAMHD. These challenges include issues related to a youth's mood, thoughts, and behavior. They may present themselves in one (1) or more settings (i.e. home, school, and/or community). In addition, some of the supports to be provided by the PROVIDER shall be directed at the general student population, the public at large, and professional service PROVIDERs.

In Fiscal Year 2020, the total number of families receiving any contracted services through CAMHD was 1,247. These are families with children with severe emotional and behavioral challenges who will be the target recipients of PSS. The approximate numbers of families by geographic region are as follows:

Central/Windward Oahu	254
Leeward Oahu	205
Honolulu	153
Kauai	119
Maui	145
East Hawaii (Big Island)	263
West Hawaii (Big Island)	87
Family Court Liaison Branch ("FCLB") *	136
Total Families Targeted for Support	1247

\*FCLB youth may also be counted in CAMHD Family Guidance Centers ("FGC"). All other FGC counts are unduplicated.

**E. Geographic coverage of service**

The PROVIDER shall provide contracted services in all communities across the State.

**Telehealth technology** may be used to help deliver needed services when travel distances, costs, and health and safety make in-person delivery impractical. The youth and family shall agree to the use of telehealth services, and necessary equipment and telecommunications services shall be available to them. If the youth and family do not agree to the use of telehealth, services shall be provided in-person only.

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

Funding for services being solicited through this RFP shall be a portion of the CAMHD general funds service allocation. Funding for this service is subject to

appropriation, budget execution policies, and availability of funding. Federal funds may be used, if available. The CAMHD receives funding through a biennial legislative process. Any Provider agency that elects or declines to submit a proposal understands that if increased funding becomes available, the CAMHD may modify its contracts without re-procurement of the service. The CAMHD reserves the right to increase reimbursement rates as it deems fit if and when additional funding becomes available.

## **2.2 Contract Monitoring and Evaluation**

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

- A. Performance/Outcome Measures**
- B. Output Measures**
- C. Quality of Care/Quality of Services**
- D. Financial Management**
- E. Administrative Requirements**

## **2.3 General Requirements**

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

### **1. Cost Principles Compliance**

The Provider shall comply with the Chapter 103F, HRS Cost Principles for Purchases of Health and Human Services identified in SPOH-201 (Effective 10-1-98), which can be found on the SPO website.

### **2. Insurance**

The Provider shall obtain, maintain, and keep in force throughout the period of the contract the following types of insurance:

- a. Professional liability insurance issued by an insurance company in the amount of at least ONE MILLION AND NO/100 DOLLARS (\$1,000,000.00) for liability arising out of each occurrence and TWO MILLION AND NO/100 DOLLARS (\$2,000,000.00) aggregate.
- b. General liability insurance issued by an insurance company in the amount of at least ONE MILLION AND NO/100 DOLLARS (\$1,000,000.00) for bodily injury and property damage liability arising out of each occurrence and TWO MILLION AND NO/100 DOLLARS (\$2,000,000.00) aggregate.
- c. Automobile insurance issued by an insurance company in an amount of at least ONE MILLION AND NO/100 DOLLARS (\$1,000,000.00) per occurrence.



The insurance shall be obtained from a company authorized by the law to issue such insurance in the State (or meet §431: 8-301, HRS, if utilizing an insurance company not licensed by the State). For the Professional liability, general liability, and automobile liability insurance, the insurance coverage shall be primary and shall cover the insured for all work to be performed under the contract, including changes, and all work performed incidental thereto or directly or indirectly connected therewith. The Provider shall maintain in effect this liability insurance until the State certifies that the Provider's work under the contract has been completed satisfactorily.

Prior to or upon execution of the contract, the Provider shall obtain a Certificate of Insurance ("COI") verifying the existence of the necessary insurance coverage in the amounts stated above. The parties agree that the COI shall be attached to the contract as an Exhibit and be made a part of the contract.

Each insurance policy required by the contract shall contain the following clauses:

- a. The State of Hawaii and its officers and employees are additional insured with respect to operations performed for the State of Hawaii.
- b. It is agreed that any insurance maintained by the State of Hawaii shall apply in excess of, and not contribute with, insurance provided by this policy.

The COI shall indicate these provisions are included in the policy.

The Provider shall immediately provide written notice to the contracting department or State Purchasing Agency should any of the insurance policies evidenced on its COI forms be cancelled, limited in scope, or not renewed upon expiration.

If the scheduled expiration date of the insurance policy is earlier than the expiration date of the time of performance under the contract, the Provider, upon renewal of the policy, shall promptly cause to be provided to the State an updated COI.

### **3. Other Applicable Requirements.**

The Provider shall complete, execute, and submit to the State Purchasing Agency a Form W-9 Request for Taxpayer Identification Number (See Section 5, Attachment D) and the following Federal Certifications (See Section 5, Attachment E):

- a. Certification Regarding Drug-Free Workplace Requirements;
- b. Certification Regarding Debarment, Suspension Ineligibility and Voluntary Exclusion;
- c. Certification Regarding Lobbying;
- d. Certification Regarding Program Fraud Civil Remedies Act; and

e. Certification Regarding Environmental Tobacco Smoke.

The PROVIDER shall comply with all applicable federal, state, and county laws; ordinances, codes, rules, and regulations; and policies and procedures of the CAMHD, as the same may be amended from time to time, that in any way affect the PROVIDER's performance.

**B. Secondary purchaser participation**

(Refer to HAR §3-143-608)

After-the-fact secondary purchases shall not be allowed.

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

Criteria for multiple awards: NONE

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

(Refer to HAR §3-149-302)

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

Contract terms:

Initial term of contract: 1/28/2022-06/30/2022

Length of each extension: Up to twelve (12) months

Maximum length of contract: Six (6) years

Conditions for extension: The contract may be extended annually for additional terms provided that the contract price shall remain the same or is adjusted (increased or decreased) based on a negotiated price mutually agreed upon, subject to the availability of funding. Contract renewals shall be based on contracted agency's annual performance review, projections of service needs based on utilization review, and on the CAMHD's determination of need for specific and/or all program components for contract renewal. The contract extension shall be in writing.

## 2.4 Scope of Work

The Scope of Work encompasses the following tasks and responsibilities:

**A. Service Activities (Minimum and/or mandatory tasks and responsibilities)****1. The PROVIDER shall provide Parent Partners to Work with FGCs Statewide, and with the FCLB.**

The PROVIDER shall be responsible for recruiting and training adults who are qualified caregivers for children or youth with mental health challenges for positions as Parent Partners.

- a. The PROVIDER shall hire adults who have experience as caregivers for children or youth with mental health challenges.
  - b. The PROVIDER shall also have a hiring preference for adults from the same geographic area in which they shall work so that they shall have a better understanding of the needs of local families and be familiar with local resources.
  - c. A Parent Partner shall be assigned to each of the CAMHD's seven (7) regional FGCs: East Hawaii, West Hawaii, Leeward Oahu, Central Oahu (Pearl City and Kaneohe offices), Honolulu, Kauai, Maui and to the FCLB. The CAMHD shall provide office space in each of the FGC/FCLB main offices for Parent Partner use.
  - d. Activities of Parent Partners shall include: Providing and documenting direct PSS to parents (about fifty percent (50%)); planning and providing educational programs for the community including orientation programs in the FGC/FCLB (about twenty percent (20%)); training, supervision, and administrative meetings (about twenty-five percent (25%)); and other advocacy activities (about five percent (5%)).
  - e. The PROVIDER shall work with CAMHD's Credentialing Office ("CO") to complete the background checks and paperwork necessary to credential all Parent Partners as Paraprofessional Providers prior to working with families.
  - f. The PROVIDER shall work with each Parent Partner to become a Certified Parent Support Provider ("CPSP") through the National Federation of Families for Children's Mental Health ("NFFCMH") within one (1) year of being hired (Detailed information available at: <https://www.ffcmh.org/certification/>).
  - g. The PROVIDER shall provide supervision by an experienced Parent Partner to provide instruction, mentoring, and modeling through shadowing experiences to newly hired Parent Partners, as required by the NFFCMH.
- (1) Full-time Parent Partners shall receive at least four (4) hours of supervision a month. At least one (1) hour shall be individual

supervision and three (3) hours may be group supervision.

- (2) Once a Parent Partner becomes a CPSP, they shall receive supervision from a MHP (psychologist, social worker, mental health counselor, marriage and family therapist or similar master's prepared professional) that is in compliance with the requirements for Paraprofessional Providers as outlined in the current version of the CAMHPS (See Section 5, Attachment F).
- h. The PROVIDER shall work with the CAMHD Clinical Services Office ("CSO") to develop a training program that meets NFFCMH standards for becoming a CPSP. This program shall be in place by the sixth month of this contract;
- i. The PROVIDER shall fund the NFFCMH certification process for Parent Partners to become CPSPs including the testing fee for the first administration of the test and incorporate these expenses into its contract budget.
- j. The PROVIDER shall conduct orientation training for all PROVIDER staff and shall assure that all Parent Partners are trained on important CAMHD Policies and Procedures ("P&Ps") during their orientation (within the first month of hire) including, but not limited to, the following:
  - (1) Incident and Sentinel Event Reporting.
  - (2) CAMHD Health Insurance Portability and Accountability Act of 1996 ("HIPAA") policies.
  - (3) Procedures related to blood-borne pathogens.
  - (4) State laws regarding child abuse and neglect reporting, reporting criminal behavior, and threats regarding suicide and homicide.
  - (5) The CAMHD array of services and the current CAMHPS (See Section 5, Attachment F).
  - (6) The Hawaii CASSP principles (See Section 5, Attachment G).
- 2. The PROVIDER's staff of Parent Partners shall provide MedQUEST-Billable PSS to family members of the CAMHD active youth.**

The PROVIDER shall support and supervise Parent Partners in a manner that shall make it possible for them to: 1) provide effective PSS and 2) document the services as required for MedQUEST billing.

- a. The PROVIDER shall work with the CAMHD's Fiscal Office ("FO") and Healthcare Systems Management Office ("HSMO") to acquire the technical ability to submit bills for PSS to the CAMHD within the first six (6) months of the contract period.
- b. The PROVIDER shall work with the CAMHD's CSO to develop a record keeping system that provides sufficient documentation of PSS activities to support MedQUEST billing within the first six (6) months of the contract period.
- c. Once the billing and documentation mechanisms are in place and at least one (1) Parent Partner has become a CPSP, the PROVIDER shall begin submitting bills to the CAMHD for the PSS provided by the CPSP(s).
  - (1) Supervision shall be in compliance with the requirements for Paraprofessional Providers as outlined in the current CAMHPS. (See Section 5, Attachment F)
  - (2) The CPSP shall be supervised by a MHP. The MHP shall be an employee or contractor of the PROVIDER, and need not be employed full time. The PROVIDER can determine whether to utilize the MHP in other roles, such as the Quality Assurance ("QA") Compliance Specialist role discussed in a later section.
- d. As Fiscal agent for billing MedQUEST, the CAMHD maintains the right to audit the PROVIDER's documentation of services rendered either at the time of an audit by the CMS or at another time of the CAMHD's choice.

**3. The PROVIDER shall promote family engagement at all levels of the CAMHD system.**

The PROVIDER shall assist the CAMHD staff and leadership in engaging families and incorporating family perspectives at all levels of the service system.

- a. At the individual case level, the PROVIDER shall help engage families as the primary decision-makers in the care of their own children through the Parent Partners' provision of PSS directly to the caregiver(s) of a youth who is receiving services through the CAMHD. "Caregivers" are defined as adults who are responsible for caring for a youth in their home and may include, but are not limited to, parents, stepparents, grandparents, foster parents, and hanai parents.
  - (1) The PROVIDER shall establish a system for taking referrals from FGC Staff and shall become part of the FGC/FCLB treatment team for each youth while working actively with their family.

- (2) The Parent Partner shall work with FGC/FCLB leadership to prioritize cases, when necessary, in order to assure that PSS is delivered to families where it is most needed.
  - (3) All PSS shall be pre-authorized by the FGC/FCLB clinical lead (Psychiatrist or Clinical Psychologist) and shall be a coordinated part of a comprehensive, individualized plan of care for the youth.
  - (4) At the request of FGC/FCLB leadership, Parent Partners may stay involved with a youth's treatment team on an on-going basis even once regular active provision of PSS has stopped to assist the team with particularly difficult or complex cases.
- b. At the FGC/FCLB level, Parent Partners shall participate in FGC/FCLB case-oriented meetings such as treatment team meetings, and other FGC/FCLB meetings as requested, when parents have provided consent to share information. The PROVIDER shall engage families in improving local care and expanding local resources through the Parent Partners' efforts to mentor local parents to become leaders, to develop local training for families, to provide orientation to new CAMHD parents, and to work with the local Community Children's Council ("CCC") or other local groups concerned with services for children and youth.
- c. At the State level, the PROVIDER shall assist the CAMHD with engaging family members to serve as advisors on policy development, service design, staff training, etc. The PROVIDER shall commit a staff member to serve as a liaison with the CAMHD Central Office staff. This can be a part-time position or it can be combined with other roles such as the supervising MHP or the QA Compliance Specialist, described in other sections. It is recommended that the PROVIDER staff member(s) attend the following meetings:
- (1) A CAMHD diversity committee meeting (e.g., Safe Spaces Committee).
  - (2) Hawaii Interagency State Youth Network of Care ("HISYNC").
  - (3) The State Mental Health Council.
  - (4) The CAMHD PROVIDER meetings.

The PROVIDER shall provide stipends to interested parents to attend meetings or provide consultation to the CAMHD as requested. The PROVIDER shall budget for at least twelve (12) stipends for parent to attend State meetings in the first year of the contract. Stipends shall include payment for travel time, and compensation for the parent/youth's time that is commensurate with the salary level of Parent Partners.

**4. The PROVIDER shall educate the public and the CAMHD stakeholders about Children's Mental Health issues and advocate for effective programs to address children's needs.**

The PROVIDER shall provide education about the needs of children with mental health challenges and their families and shall advocate for programs to address these needs in a variety of venues including:

- a. Working to reduce stigma by developing an on-going anti-stigma campaign, including leadership in the Children's Mental Health Day initiative with support from the CAMHD staff.
- b. Providing educational programs for families to better understand mental illness, to learn parenting approaches that are helpful with children who have mental health challenges, and to learn how to be effective advocates for their children with schools and service Providers. The PROVIDER shall provide at least four (4) educational programs per year in each region of the State, engaging at least two (2) families in each event.
- c. Advocating for relevant legislation at the State and federal levels, including meeting with legislators, testifying on bills in the State legislature, and participating in programs such as the Hawaii Keiki Caucus meetings that organize advocates on children's issues.
- d. The PROVIDER shall operate a phone line to provide information and referral to family members and others in the community who call the PROVIDER's office with inquiries related to a child's mental health needs during business hours. This shall include providing information about how to access services from the CAMHD and how to navigate the complex child-serving system in Hawaii through maintenance of a centralized phone number with a live operator during the regular office hours of the PROVIDER and a message system so callers outside of office hours can leave a call-back number.
- e. The PROVIDER shall work with the CAMHD Evidence-Based Services Committee to maintain their family-oriented website (<http://helpyourkeiki.com/>) by assuring that the site is updated at least twice a year with new material that includes appropriate information and resources of interest to families of youth with mental health challenges.

**5. The PROVIDER shall provide information about its activities to the CAMHD quarterly and shall engage in continuous quality improvement efforts.**

The PROVIDER shall develop the systems necessary to collect and review data about the PSS provided by Parent Partners and the other important activities of the PROVIDER's program. PROVIDER staffing shall include at least one (1) staff member whose primary duties include responsibility for QA

activities, compliance with MedQUEST requirements, CAMHD P&Ps, and HIPAA regulations. This staff member shall have sufficient training in the provision of Mental Health Services to understand expectations for documentation. A credentialed MHP would be preferred in this role.

- a. The PROVIDER's data collection activities shall include: collecting daily activity logs from Parent Partners, performing audits of service documentation, keeping supervision logs, doing satisfaction surveys of parents who receive services, and logging phone inquiries fielded from family members and others in the community. At minimum, the PROVIDER shall make regular quarterly reports to the CAMHD CSO.

These reports shall note major trends in the data reported, provide an analysis of organizational progress, discuss challenges or barriers to progress, and outline plans for improvement when indicated.

- b. Quarterly reports shall include the following information:
  - (1) Number of the CAMHD families who received PSS in individual, face-to-face meetings and the number of units (fifteen (15) minute increments) of services provided, broken down by FGC/FCLB.
  - (2) Number of individual and group supervision sessions provided by MHP to each Parent Partner who is billing for PSS.
  - (3) Results of regular (quarterly) audits done to assure PSS contacts are sufficiently documented with progress notes and Family Support Plans.
  - (4) Number of parent educational programs provided in each region, their length, their topic/purpose, the number of parents attending and whether or not each parent has a child active with the CAMHD.
  - (5) Number of phone inquiries taken from family members and others in the community, including the topic of the call, the time spent, and whether a referral was made to the CAMHD.
  - (6) Number and dates of the CAMHD and other policy meetings attended, which staff member and/or parent of current client attended, number and amount of parent stipends paid, and the time spent in each meeting. Number and type of advocacy activities undertaken, number of staff involved, number of the CAMHD parents engaged, and time spent in each activity.
  - (7) Results of satisfaction surveys of parents receiving PSS or attending other PROVIDER events shall also be reported to the CAMHD quarterly. Brief surveys shall be administered on a regular basis to



parents who work with the PROVIDER through one-to-one (1-1) contacts or in PROVIDER-sponsored group events.

- c. The CEO/Program Director of the PROVIDER shall meet monthly with the CAMHD Administrator or a designee or as required by the CAMHD to discuss progress of the PROVIDER, trends in the reported data, and any obstacles that are arising.
- d. The PROVIDER's leadership shall meet with the CAMHD CSO staff annually before the fourth quarter of the contract year to review performance and the benchmarks specified in this contract in order to make any adjustments deemed necessary for the following contract year.

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

### **1. Personnel**

#### **a. Organizational Management**

PROVIDER shall adhere to a direct employment model. PROVIDER shall agree to assume all responsibility for quality of work provided by employees.

The PROVIDER shall provide all necessary administrative and managerial infrastructures to support the provision of services, in accordance with the requirements outlined in this RFP and the current CAMHPS (See Section 5, Attachment F).

The PROVIDER shall provide all necessary clinical expertise to support the provision of services in accordance with the requirements outlined in this RFP and the current CAMHPS (See Section 5, Attachment F).

The PROVIDER shall maintain a confidential personnel file for each employee. The personnel file must contain documents, including, but not limited to, State and Federal Department of Labor required employment documents, Hawaii Administrative Rule requirements, and any other requirements outlined by the CAMHD.

PROVIDER shall ensure that PROVIDER's staff, including volunteers or subcontractors, in positions that necessitate direct involvement or close proximity to youth do not have a criminal history or background that poses a risk to youth. Employment and reference checks on all employees, including volunteers, shall be conducted. In addition, criminal history record checks (State and FBI Criminal History Check, Sex Offender Registry, and the Child Abuse and Neglect Registry Clearance) shall be conducted, as allowed or required by statutes or rules, for any person who is employed or volunteers in a position that necessitates close proximity to children or adolescents. Documentation of criminal history record checks shall be maintained in the employee's or volunteer's personnel file and

shall be available for review. The PROVIDER will be responsible for ensuring any subcontractor have the same checks performed for their employees. Criminal history record checks, except for the FBI fingerprint check, shall be conducted annually.

**b. Performance Management**

PROVIDER shall be required to fully participate in the CAMHD's performance monitoring activities. The PROVIDER shall describe how they shall internally assure the quality of services they deliver at all programmatic levels through in-house quality assurance activities.

In the proposal, the Applicant shall detail how the quality of all services and employees shall be assessed, analyzed, and how corrective actions shall be implemented.

The PROVIDER shall describe how it shall implement measures to ensure that all employees are oriented to the current CAMHPS (See Section 5, Attachment F) and the Hawaii CASSP Principles (See Section 5, Attachment G).

The PROVIDER shall detail how it shall ensure that its personnel adhere to all applicable State laws regarding the obtaining and release of client information and confidentiality.

**2. Administrative**

The PROVIDER shall identify how it shall provide the necessary infrastructure to support the provision of services in compliance with the standards as specified herein.

The PROVIDER shall allow the CAMHD representatives or any authorized representatives full access to all case files and administrative records for the purpose of program evaluation and/or contract monitoring.

The PROVIDER is required to develop and implement agency specific policies and procedures addressing the following areas. These P&Ps shall be reviewed and updated at least every two (2) years. The following agency policies shall be submitted with the proposal:

**Credentialing** This Applicant shall submit with the proposal and maintain throughout the contract period, Credentialing P&Ps to ensure that all employees and/or subcontractors providing services to youth are qualified and appropriately credentialed with CAMHD approval (granted every two (2) years for each individual) to provide services in the specific role(s) assigned by the Provider. The Provider has primary responsibility for the credentialing process, and CAMHD's Credentialing office formally provides only assistance with QA on the completeness and validity of credentialing by the Provider. The Provider shall maintain a centralized file of supporting documentation for credentialing each employee/subcontractor in files on Provider's premises that are separate from Human Resources files.

The CAMHD anticipates Information Technology ("IT") systems changes to

improve the Credentialing verification process and decrease paper document retention requirements. Providers shall collaborate with the CAMHD staff and scheduling for use of these information-retention services once available for Credentialing files. The Provider's Credentialing P&Ps shall identify the Applicant agency's processes for: primary source verification, current licensing/certification, JCAHO-covered QMHPs, and mandated background checks with fingerprinting. The Credentialing files retained on Provider premises are subject to CAMHD audit (See Section 5, Attachment H).

**Cultural Competency** The Applicant shall submit with the proposal and maintain throughout the contract period, Cultural Competency P&Ps to ensure that all employees are trained and supervised in providing services in a

culturally appropriate manner. These P&Ps should include requirements for cultural assessment and cultural considerations in the treatment planning process. These P&Ps should identify specific measures taken to ensure staff are adequately trained to work with minorities, including, but not limited to,

racial, ethnic, sexual, and gender minorities.

**Workforce Development** The Applicant shall submit with the proposal and maintain throughout the contract period, Workforce Development P&Ps that identifies how staff are recruited, oriented, trained, supervised and provided ongoing learning opportunities. These P&Ps shall identify agency strategies to retain personnel that meet performance expectations. The P&P shall include quality assurance tracking to monitor whether each employee is receiving the applicable number of required training and supervision hours. These P&Ps shall state the agency's commitment to meet all mandatory training requirements established in this RFP and the CAMHPS (See Section 5, Attachment F).

**Coordination of Care** The Applicant shall submit with the proposal and maintain throughout the contract period, Coordination of Care P&Ps to ensure the coordination of services with other involved agencies or partners including other involved CAMHD provider agencies, schools, child welfare agencies, juvenile justice personnel and agencies, MedQUEST health plans, Medicaid, community service providers and organizations, and primary care providers.

**Billing, Audit, and Fraud and Abuse Prevention** The Applicant shall submit with the proposal and maintain throughout the contract period, this group of P&Ps shall ensure that claims for payment are properly supported through appropriate billing documentation prior to submission to the CAMHD. The Provider shall maintain P&Ps and compliance programs that assure clinical staff are trained on and review required documentation and billing practices. The Provider shall regularly conduct internal reviews and audits to ensure compliance with Medicaid billing standards. These compliance programs shall ensure that all clinical staff and subcontractors are supervised and routinely audited on these compliance practices by managers or other resources. The

Provider shall be aware that the CAMHD shall employ national best-practice protocols for the identification of potential fraud or abuse in claims' submission through reviews of clinical billing practices. These prevention initiatives include thresholds in the electronic billing system that shall reject questionable or inappropriate claims, as well as reviews of reports that identify outliers to other established thresholds. The Provider shall be expected to cooperate fully in the analysis of such reports and to take appropriate action based upon the outcomes.

Providers shall engage in similar internal compliance programs, are required to immediately report all potential issues to the CAMHD, and to engage in ongoing initiatives to prevent fraud, waste, and abuse.

**Privacy, Confidentiality, and HIPAA** The Applicant shall submit with the proposal and maintain throughout the contract period, this group of P&Ps that shall describe the Provider Agency's role and responsibilities with regard to maintaining the privacy of youth served. This shall include a set of P&Ps defining how the Provider shall maintain the privacy, security, integrity, and availability of information on youth served. This shall include, but not be limited to: staff training in HIPAA and compliance, an annual Security Risk

Assessment and other system review documentation, plans with the actions to be taken should a breach occur, and plans detailing how notifications and corrective actions shall be handled after a breach. These P&Ps and associated compliance and technical documentation are subject to CAMHD audit.

**Seclusion and Restraint** The Applicant shall submit with the proposal and maintain throughout the contract period, Seclusion and Restraint P&Ps regarding the use of Seclusion and Restraint. These P&Ps shall be in accordance with the CAMHD's Seclusion and Restraint P&Ps (See Section 5, Attachment L)

**Sentinel Events and Reportable Incidents** The Applicant shall submit with the proposal and maintain throughout the contract period, Sentinel Events and Reportable Incidents P&Ps to ensure the timely reporting of Sentinel Events and Reportable Incidents occurring within the program. This P&P shall be in accordance with the CAMHD Sentinel Events and Reportable Incidents P&P (See Section 5, Attachment M).

**Client Rights and Grievances Process** The Applicant shall submit with the proposal and maintain throughout the contract period, Client Rights and Grievances Process P&Ps that shall protect client rights in accordance with CASSP principles (See Section 5, Attachment G) and the CAMHD Service Principles and Consumer Rights and Responsibilities (See Section 5, Attachment F).

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

The PROVIDER shall collect and report information about its activities and the outcomes of those activities, and regularly use evaluation results to identify and address areas of needed improvement, by conducting the following evaluation

activities:

- a. Collect information about youth and families served by the PROVIDER, including, but not limited to, the numbers served and the types of supports provided.
- b. Collect information about accomplishments of the PROVIDER and its staff, including but not limited to, listing of informational materials made available to the public, extent of dissemination (for example, number of publications distributed, number of items downloaded from Web site), number of workshops held and attendance, number of presentations made and size of audience, listing of committee and work group memberships, and number of meetings attended.
- c. Collect information reflecting the quality of supports provided by the PROVIDER, such as evaluation forms completed by those attending PROVIDER events (workshops, conferences, etc.) and questionnaires on satisfaction with supports.
- d. Compile the evaluation information quarterly and summarize the results in a Quarterly Performance Report submitted to the CAMHD Performance Management, to include a description of any changes made in response to evaluation results to improve the quality of PROVIDER activities and strategies.
- e. At least semi-annually, submit to the CAMHD documentation showing evidence of collaborative relationships with other family and community organizations, inclusive of CCC and advocacy groups.
- f. By the end of June of each year, submit to the CAMHD a brief report summarizing activities conducted as part of the Legislative Package and the status of relevant statutes and resolutions.
- g. Collect information about family involvement in evaluation and performance management reviews.

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

The Provider shall collect, analyze, and report the following information on a quarterly basis. All Providers shall submit quarterly reports of quality monitoring including analyses of performance trends through the Provider's QAIP. Quarterly reports shall include data with trend analysis using the Quarterly QA Summary template provided by the CAMHD. Quarterly reports shall be focused on a summary of findings and activities over the quarter including analyses of performance trends and patterns, discussion of significant findings, opportunities for improvement, and actions taken to impact performance.

Please see the CAMHD Quarterly Quality Assurance Report quarterly reporting requirements (See Section 5, Attachment K).

The Provider shall submit to the CAMHD Performance Management Office (“PMO”) a quarterly report forty-five (45) days after the preceding quarter ends.

## **5. Experience**

Applicants that are family run organizations will be given additional points in the scoring process. Applicants with verifiable expertise and experience will be given higher ratings in the evaluation process. Applicants must show culturally competent expertise and experience working at the community level with local Hawaii populations.

In order to demonstrate expertise, an agency must provide evidence of training programs, supervisory structure, and other documents showing clinical and/or managerial expertise.

In order to demonstrate experience, prior Applicant performance in providing similar services will be considered. Applicants are strongly encouraged to

identify all previous experience providing the services being proposed and the detail the performance of the agency in providing these services, to include contract payer, result of contract monitoring reports, accreditation results, complaints, grievances, and contract outcomes. The documents provided by the Applicant will be used in the evaluation process, with particular attention given to the quality assurance activities implemented based upon feedback or internal findings.

## **6. Coordination of services**

The Applicant shall describe mechanisms to be instituted to ensure that all services provided are coordinated internally within the organization, and externally with the FGC, school(s), any involved Quest or other health plan, other PROVIDER agencies, and resources in the community. Specifically, the Applicant shall identify the major groups or agencies that coordination is proposed, and define how this will be accomplished. The Applicant shall also describe mechanisms for obtaining routine and regular stakeholder input in evaluating performance surrounding this coordination.

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

The following information shall be provided:

### **a. Credentialing**

The Provider shall adhere to Medicaid requirements for credentialing

and re-credentialing of direct clinical care personnel.

The Provider shall establish an e-mail address account specifically for its delegated Credentialing Specialist for direct communication with the CAMHD's Credentialing Specialist in the Healthcare Systems Management Office ("HSMO").

All direct care personnel including subcontractors shall be credentialed prior to providing direct services to any CAMHD youth, as defined in the CAMHD Credentialing and Re-credentialing P&Ps. (See Section 5, Attachment J).

The Provider shall electronically submit a monthly credentialing status log to the CAMHD Credentialing Specialist by the 15th day of each month in Excel format as specified by the CAMHD's Credentialing Specialist.

The Provider shall submit, in a format and schedule specified by the CAMHD, individual staff and/or subcontractor credentialing files for the CAMHD review, detailing the credentialing process and primary source verifications documents for all its direct care employees and/or subcontractors.

b. Training Data

The PROVIDER shall submit in a format specified by the CAMHD, the quarterly Title IV-E Training Activities and Cost Reports (See Section 5, Attachment L) to the CAMHD Fiscal Section, in accordance with the CAMHD timelines for submission, and if requested, participate in a CAMHD time study activity. The CAMHD shall notify the PROVIDER of the format and timeline associated with this requirement.

Documentation such as training curricula or detailed content of training provided, sign in sheets with names and positions of staff receiving training, and names of person (s) conducting training and a breakdown of expenses shall be available upon request.

c. Fiscal Data

Monthly expenditure reports and electronic encounter data (utilization) shall be submitted to the CAMHD Fiscal Section in the format specified by the CAMHD(based on the cost reimbursement method of pricing).

Original monthly claims shall be submitted within thirty (30) calendar days after the last day of the calendar month. All submissions and corrections shall be properly received by the CAMHD within ninety (90) days after the last day of the billing month. No claims shall be accepted after the ninety (90) day period. Should a Provider need to bill beyond the ninety (90) day period, documented contact shall be made with the CAMHD Provider

Relations before the end of the ninety (90) day period or no appeal shall be granted.

Any required corrective action plans and reports on all audit and fiscal monitoring findings shall be submitted to the CAMHD Fiscal Section.

The Provider shall bill electronically and fully adhere to the CAMHD billing reporting requirements. Provider's submission shall comply with the HIPAA and the CAMHD P&Ps. The Provider shall contact Management Information Systems ("MIS") for submission instructions at (808) 733-9309, further information shall be made available electronically to the Provider.

The Provider shall plan, implement, and maintain its own Information System. The Provider shall supply the CAMHD with a functional e-mail address that can receive documents as well as notices. The CAMHD shall not provide technical support for Provider's Information Systems or e-mail.

All Provider reporting data shall be submitted in the manner and format specified by the CAMHD.

- 1) The Provider shall submit an annual organization-wide fiscal audit completed by a certified public accountant in accordance with the following standards.
  - (a) Generally accepted auditing standards issued by the American Institute of Certified Public Accountants.
  - (b) Government Auditing Standards issued by the Comptroller General of the United States.
  - (c) Office of Management and Budget ("OMB") Circular A-128 for state and local governmental agencies, if applicable.
  - (d) OMB Circular A-133 for institutions of higher education and other non-profit organizations, if applicable.
  - (e) The audit shall be conducted on an annual basis and submitted to the STATE within six (6) months after the close of the organization's fiscal year.
- 2) The Provider shall be required to provide cost data to determine specific costs (i.e., treatment, and other expenses that may be required by funding agencies).
- 3) The Provider shall be compliant with the CAMHD, State, Federal, Medicaid requirements/rules and regulations for Fraud and Abuse.



## d. Program Data

- 1) The Provider shall, at the completion of the contract period, submit final written report summarizing contract performance to the CAMHD in a format to be prescribed by the CAMHD.
- 2) The Provider shall submit a quarterly summary of QA findings as identified in the Provider's QAIP.
- 3) The Provider shall furnish any additional reports or information that the CAMHD may require or request from time to time.

## e. Electronic Health Record ("EHR")

The Provider shall comply with the requirements of the CAMHD's Electronic Case Management System's Minimum Requirements (See Section 5, Attachment "N").

**C. Facilities**

The Applicant shall provide offices or facilities located in the service area. Facilities shall meet the HIPAA and American Disability Association ("ADA") requirements, as applicable, and have special equipment that may be required for the services. The physical location of the administrative office and any service offices shall be maximally accessible to clients and families.

**2.5 COMPENSATION AND METHOD OF PAYMENT**

The method of pricing shall be reimbursement of actual expenditures. The cost reimbursement pricing structure reflects a purchase arrangement in which the State pays the Provider for budgeted costs that are actually incurred in delivering the services specified in the Contract, up to a stated maximum obligation. The proposal budget shall be prepared in accordance with Chapter 103F, HRS, Cost Principles. Budget line items are subject to review, approval, and acceptance by the State Purchasing Agency.

Payments shall be made in monthly installments upon the monthly submission by the Provider of invoices for the services provided. Invoices shall be accompanied by expenditure reports, back up documentation as outlined in the SPO Cost Principles and utilization data for the billing month. Failure to comply with submission of encounter/utilization data shall result in payment delays until such data are submitted. At the end of the budget period, the State may withhold the final quarter payment for the Provider's failure to perform and insufficient fiscal documentation.

## **Section 3**

# **Proposal Application Instructions**

## Section 3

# Proposal Application Instructions

### General instructions for completing applications:

- *Proposal Applications shall be submitted to the State Purchasing Agency using the prescribed format outlined in this section.*
- *The numerical outline for the application, the titles/subtitles, and the Applicant organization and RFP identification information on the top right-hand corner of each page should be retained. The instructions for each section however may be omitted.*
- *Page numbering of the Proposal Application should be consecutive, beginning with page one (1) and continuing through for each section. See sample Table of Contents in Section 5 Attachment B of this RFP.*
- ***Applicants shall submit one (1) electronic copy of their proposal via Flash Drive. Proposals should be in a searchable PDF format.***
- *Tabbing of sections (Recommended).*
- *Applicants shall 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 shall impact upon an Applicant's score.*
- *Applicants are **strongly** encouraged to review evaluation criteria in Section 4, Proposal Evaluation when completing the Proposal.*
- *This form (SPOH-200A) is available on the SPO website (See Section 1.2, Website Reference). However, the form shall not include items specific to each RFP. If using the website form, the Applicant shall include all items listed in this section.*

### The Proposal Application comprises the following sections:

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

#### 3.1 Program Overview

The Applicant shall give a brief overview to orient evaluators as to the program/services being offered. In narrative format, the Applicant shall clearly and concisely summarize the contents of the proposal in such a way as to provide the State Purchasing Agency with broad understanding of the entire proposal. The Applicant shall include: (1) a brief description of the organization; (2) the history of the organization inclusive of any and all past experience pertinent to the delivery of the proposed services and supports for the

target population; (3) the organization’s philosophy, goals and objectives related to the service activity; (4) how the proposed service(s) shall work to assure the provision of high-quality services to the identified population; and (5) any special or unique characteristics of the organization which make it especially qualified to perform the related work activities.

## **3.2 Experience and Capability**

### **A. Necessary Skills**

The Applicant shall demonstrate that it has the necessary skills, abilities, and knowledge relating to the delivery of the proposed services. The Applicant shall specifically detail knowledge and skills in the delivery of proposed services consistent with the Hawaii CASSP Principles (See Section 5, Attachment G), current CAMPHS (See Section 5, Attachment F), evidence-based services, and this RFP.

### **B. Experience**

The Applicant shall provide a description of projects/contracts pertinent to the proposed services.

The Applicant shall provide a description of the agency’s previous projects/contracts pertinent to the proposed services within the immediately preceding three (3) years. The Applicant is strongly encouraged to submit findings and results from previous monitoring and performance review activities within the past three (3) years, along with its response to any required corrective actions.

The Applicant shall provide information about key clinical and administrative personnel experience in providing similar services to those proposed. The Applicant shall include points of contact, including email and telephone numbers, for those individuals. ***The CAMHD reserves the right to contact references to verify experience.***

### **C. Quality Assurance and Evaluation**

The Applicant shall describe its QAIP for the proposed services, including methodology. The Applicant’s proposed QAIP processes shall include, but not be limited to; the organization’s P&Ps for ensuring that performance meets or exceeds the standard described in this RFP and the current CAMHPS (See Section 5, Attachment F). The Applicant shall describe how it shall maintain a continuous quality improvement approach to improve performance in all service delivery areas. The QAIP shall also be responsive both to the internal organization standards for service delivery and the external standards of the CAMHD, MQD, and the Individual with Disabilities Education Act (“IDEA”) Regulations.

**D. Coordination of Services**

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

The Applicant shall describe mechanisms to be instituted to ensure that all services provided are coordinated internally within the organization, and externally with the FGC, school(s), any involved Quest or other health plan, other provider agencies, and resources in the community. Specifically, the Applicant shall identify the major groups or agencies that coordination is proposed and define how this shall be accomplished.

The Applicant shall also describe mechanisms for obtaining routine and regular youth, family, and community stakeholder input in evaluating performance surrounding this coordination.

**E. Facilities**

The Applicant shall provide location of the corporate office and provide a description of all offices or facilities located in the service area. Also describe how the facilities meet the HIPAA and ADA requirements, as applicable, and special equipment that may be required for the services. Describe efforts taken to ensure that the physical location of the administrative office and any service offices are maximally accessible to clients and families.

**Telehealth Facilities**

The Provider that wishes to provide services via telehealth shall meet a number of technical and clinical requirements. These are discussed in some detail in the CAMHPS General Standards (See Section 5, Attachment F). Each agency is required to use one (1) single technical platform for all telehealth services delivered by the agency (e.g., Zoom, VSee, and Lync) The technical platform shall allow full-

screen bi-directional video and audio communication, sufficient for therapeutic use. The agency shall ensure youth-serving staff training and support in the equipment and platform used.

Billing for this telehealth service shall include clinical notation of the services as via telehealth and billing should include a telehealth modifier (e.g., -GT).

Telehealth equipment shall allow for audio and video transmission and receipt without noticeable issues of lagging audio and/or video. Provider agencies may choose to supply their technical equipment or communication services, to youth or families for telehealth service provision. The CAMHD Clinical Leads and/or the Clinical Services Office may require stricter terms for telehealth video size or video and/or audio quality, based on the particular needs of the youth.

A HIPAA compliant secure platform is required (with minimum 128-bit encryption), under a signed HIPAA Business Associate Agreement (“BAA”) with the telehealth

technology service provider. Copies of the BAA agreement and technical service details shall be supplied to the CAMHD on request.

### **3.3 Project Organization and Staffing**

#### **A. Staffing**

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

The Applicant shall describe the proposed staffing pattern, client/staff ratio and proposed caseload capacity appropriate for the viability of the FSS services. (Refer to the personnel requirements in the current CAMHPS (See Section 5, Attachment F) and Section II Service Specifications of this RFP, as applicable.)

The Applicant shall describe how the agency shall implement a workforce development program to assure that the required levels of staffing shall be maintained, trained, and supervised throughout the Contract period. The Applicant shall describe how the agency shall provide the required staffing in all areas of the geographic region proposed.

##### **2. Staff Qualifications**

The Applicant shall identify clinical leadership staff and other key clinical personnel, and provide assurances that the all staff assigned to the program shall meet the minimum qualifications, including credentialing. (Refer to the staffing qualifications and credentialing requirements in the current CAMHPS (See Section 5, Attachment F) and Section II of this RFP, as applicable)

The Applicant shall describe the capacity and protocols to provide oversight and management of service delivery. The Applicant shall detail how they shall provide the necessary administrative, clinical and managerial infrastructure to support the provision of services, in accordance with this RFP and the current CAMHPS (See Section 5, Attachment F).

The Applicant shall identify the names of the corporate officers and key personnel. Include resumes outlining years and types of experiences for:

- Individual with direct management authority for the contract;
- Individual responsible for day-to-day work management;
- FSS Supervisor;
- Financial Manager;
- Parent Partners (not yet certified);
- Certified Parent Support Providers; and
- Mental Health Professionals,

The Applicant shall provide evidence that all employee staff meet minimum qualifications (including experience) for any service identified in the Proposal.

(Refer to the qualifications in the Service Specifications, or the current CAMHPS (See Section 5, Attachment F), as applicable)

The Applicant shall detail the organization's P&Ps governing the hiring, credentialing, and privileging of staff. These P&Ps shall detail the organization's mechanisms for conducting a criminal history record check of current and future employees.

## **B. Project Organization**

### **1. Supervision and Training**

The Applicant shall describe its workforce development program detailed the agency's ability to recruit, orient, train, supervise, and provide administrative direction relative to the delivery of the proposed services. (Refer to the requirements in the current CAMHPS (See Section 5, Attachment F) and Section II of this RFP).

The Applicant shall describe how orientation and training shall be provided to personnel and/or subcontracted providers in CASSP principles (See Section 5, Attachment G), evidence-based approaches, as well as other required training as specified in the current CAMHPS (See Section 5, Attachment F).

The Applicant shall provide a specific supervision plan detailing how personnel shall be evaluated and supervised to ensure adherence to evidence-based services for populations as addressed in the proposal and as identified in the supervision requirements of the individual levels of care described in the current CAMHPS (See Section 5, Attachment F).

The Applicant shall briefly describe how it ensures the Applicant's personnel and its subcontractors adhere to all applicable State and federal laws regarding the obtaining and release of client information and confidentiality.

The Applicant shall describe the procedures for the maintenance and tracking of information for credentialing and recredentialing of all employed and subcontracted staff. The Applicant shall submit a written P&P as outlined in Section II of this RFP.

### **2. Organization Chart**

The Applicant shall reflect the position of each staff and line of responsibility/supervision (Include position title, name and full-time equivalency). Both the "Organization-wide" and "Program" organization charts shall be attached to the Proposal Application.

## **3.4 Service Delivery**

Applicant shall include a detailed discussion of the Applicant's approach to applicable service activities and management requirements from Section 2, Item III. - Scope of

Work, including (if indicated) a work plan of all service activities and tasks to be completed, related work assignments/responsibilities and timelines/schedules.

**A. Program Planning**

Describe the process utilized by the organization to obtain information and collaborate with local school systems, community organizations, neighborhood boards, Children Community Councils (“CCC”) and community groups in the development of Applicant’s proposal and plan for delivery of services.

**B. Service Implementation**

The Applicant shall submit details of how the organization shall maintain sufficient capacity to ensure the provision of services proposed. The Applicant shall detail how coverage shall be maintained during times of personal leave or staff vacancy.

The Applicant shall submit details of how the organization shall ensure the provision of services in the least restrictive and most convenient location for the youth and family; detail the organizational P&Ps governing the respect for, and protection of, youth and family choice regarding service delivery location.

The Applicant shall detail the organizational P&Ps surrounding the youth and family right of choice regarding service provider/professional options.

The Applicant shall identify the services that shall be provided and the capacity for each service and geographic location/telehealth.

The Applicant shall describe how they will provide the proposed services in a timely and consistent manner, in compliance with the relevant standards and practice guidelines, as specified in the current CAMHPS (See Section 5, Attachment F).

For the service the Applicant shall describe the expected outcomes the proposed services shall produce. The Applicant shall formulate those outcomes in clear and measurable terms.

The Applicant shall provide performance indicators and a performance evaluation plan. In addition, the Applicant shall provide empirical or other evidence that supports the Applicant’s proposed positive behavioral interventions or strategies to produce the desired outcomes.

Applicant shall describe how their internal QA practices are in alignment with the CAMHD performance management system and QA practices, including how service quality is internally monitored through tracking and analyses of trends and patterns. They shall also describe how information on their performance and quality shall be used to make programmatic and practice improvements.

**C. Emergency/Crisis Capacity**

The Applicant shall submit details of the organizational mechanisms to be instituted to address crisis/emergent situations that may arise with the youth and family



receiving services from your organization.

#### **D. Service Provision**

The Applicant shall detail:

1. The entry and flow of youth through the organization, identifying how the assessment and individualized treatment planning and review process shall occur in an inclusive and collaborative manner within the organization;
2. How the decisions regarding service recommendations and professional/provider assignment are made within the organization;
3. The population proposed to be served, the geographic area to be served, and the specific services to be provided;
4. How the proposed services shall meet the goals of the CAMHD;
5. What standards the organization shall use to evaluate the performance of staff; and
6. How the PROVIDER shall engage family members at all levels of the FSS program.

### **3.5 Financial**

#### **A. Pricing Structure**

The Applicant shall submit a cost proposal based on the reimbursement of budgeted costs that are actually incurred in delivering the services as specified in the contract, up to a stated maximum obligation. The proposal budget shall be prepared in accordance with Chapter 103F, HRS, Cost Principles. Budget line items are subject to review, approval, and acceptance by the State Purchasing Agency

##### ***Cost Reimbursement Service:***

All budget forms, instructions and samples are located on the SPO website (see the Proposal Application Checklist in Section 5 for the website address). The Applicant shall submit a separate budget with accompanying justification budget forms and back up documentation as outlined in the Cost Principles for each service proposed. The following budget form(s) shall be submitted (as applicable) with the Proposal Application:

1. SPOH-205 Budget
2. SPOH-205A Organization-wide Budget by Source of Funds
3. SPOH-205B Organization-wide Budget by Programs
4. SPOH-206A Personnel Salaries and Wages
5. SPOH-206B Personnel Payroll Taxes, Assessments & Fringe
6. SPOH-206C Travel Inter-Island
7. SPOH-206E Contractual Services – Admin
8. SPOH-206F Contractual Services – Subcontractors

9. SPOH-206G Depreciation
10. SPOH-206H Program Activities
11. SPOH-206I Budget Justification – Equipment Purchases

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

The Provider shall submit an organization-wide fiscal audit annually by a certified public accountant in accordance with the following:

### **1. Standards**

- a. Generally accepted auditing standards issued by the American Institute of Certified Public Accountants;
- b. Government Auditing Standards issued by the Comptroller General of the United States; and
- c. OMB Circular A-133 for state and local governmental agencies, if applicable.

### **2. Accounting System**

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

- a. Most recent financial audit with management letter.
- b. The Applicant shall describe its fiscal operating procedures for accurate tracking of the cost of related services provided for each youth served.
- c. The Applicant shall submit a P&P to ensure that claims and utilization data are properly supported through appropriate documentation prior to submission to the CAMHD.
- d. The Applicant shall provide a flow chart depicting the agency's accounting cycle, and an organizational chart of accounting staff.

### **3. Information System**

The Applicant shall describe the organization's information system, inclusive of type of hardware, type of software, any plans for major changes, how recently current system was installed, the capability of your staff to use the system.

Describe the following:

- a. The process for resolving any differences that may occur between the CAMHD and the organization's system;
- b. Applicant's computer hardware;
- c. How youth are registered in the system; and
- d. How the services provided by the organization are accounted for within the system.

### **3.6 Other**

#### **Litigation**

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

# **Section 4**

## **Proposal Evaluation**

## Section 4

### Proposal Evaluation

#### 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 (3) phases as follows:

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

#### Evaluation Categories and Thresholds

##### Evaluation Categories

##### Possible Points

##### *Administrative Requirements*

##### *Proposal Application*

**100 Points**

Program Overview	0 points
Experience and Capability	35 points
Project Organization and Staffing	23 points
Service Delivery	30 points
Financial	12 Points

**TOTAL POSSIBLE POINTS**

**100 Points**

#### 4.3 Evaluation Criteria

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

##### 1. Administrative Requirements

- Proposal Application Checklist

- Registration (if not pre-registered with the State Procurement Office)
- Federal Certifications
- Geographical Service Coverage Form
- Proposal Evaluation Guide

## **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
- Financial (All required forms and documents)
- Program Specific Requirements (as applicable)

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

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

#### **2. *Experience and Capability (35 points)***

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

##### **A. Necessary Skills**

- Demonstrates skills, abilities, and knowledge relating to the delivery of the proposed services for the specific population. ***[3 points]***
- Thoroughly describes the history and relevant background of the agency and its professionals and staff, illustrating a strong commitment to CASSP principles, knowledge and experience base with the services for the proposed population. ***[3 points]***
- Thoroughly describes the agency's vision, mission and goals showing a commitment to serving and supporting the population in

manner with consistent with CAMHD values and core commitments. *[1 point]*

- Demonstrates a thorough understanding of the goals of the CAMHD through a specific description of how the agency and the proposed services shall assist the CAMHD in achieving the CAMHD's goals within this contract term. *[3 points]*

**B. Experience**

- Describes the agency's experience as a family-run organization, if applicable. *[2 points]*
- Demonstrates the agency's key leadership personnel possess the knowledge, skills, and abilities to train, supervise and monitor the delivery of the proposed services in accordance with the current evidence-based research. *[5 points]*
  - Demonstrates the agency's ability to provide and manage the proposed services in accordance with contractual obligations. Evaluation of this provision shall include a specific review of the agency's performance monitoring results within the past three (3) years, as related to any services previously provided to the target population while under contract to the State (agencies are strongly encouraged to provide monitoring reports). *[5 points]*

**C. Quality Assurance and Evaluation**

- Demonstrates agency's operational plans to monitor the program's quality. *[10 points]*

**D. Coordination of Services**

- Demonstrates agency commitment and capability to coordinate services with schools, other child serving agencies, and informal community programs and resources in the community. *[3 points]*

### **3. Project Organization and Staffing (23 Points)**

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

#### **A. Staffing**

- Proposed Staffing: That the proposed staffing pattern, client/staff ratio, and proposed caseload capacity is reasonable to insure viability of the services. **[4 points]**
- Staffing Qualifications: Credentialing policy, internal protocols, and oversight that ensure minimum qualifications (including experience) of staff/mental health professionals as guided by the current CAMHPS requirements. **[2 points]**

#### **B. Project Organization**

- A workforce development program that assures timely and effective recruitment, orientation, training and supervision of MHP and staff, relative to the delivery of the proposed services in accordance with the current CAMHPS, and all aspects of the contract. **[5 points]**
- A Demonstrated ability to supervise, train and provide administrative direction to staff relative to the delivery of the proposed services. **[3 points]**
- Describes how the Applicant's clearly defined supervision structure to provide administrative and clinical direction to MHPs and staff, relative to the delivery of the proposed service is in accordance with the current CAMHPS, this RFP, and all aspects of the contract. **[4 points]**
- Sufficiency of the Organization Chart to support the overall service activities and tasks. **[5 points]**

### **4. Service Delivery (30 Points)**

The State will evaluate the Applicant's implementation plan for service delivery that shall include:

- A clear description of proposed services and the way in which the services "mesh" with the organization; **[4 points]**



- Demonstrates thorough understanding of the CASSP principles and thoroughly describes the plan to integrate the organization within all aspects of the system of care; **[2 points]**
- Demonstrates a thorough understanding of the goals and objectives of the proposed service and thoroughly describes how the organization will assist the CAMHD in achieving the goals within this contract term; **[5 points]**
- A clear description of population intended to be served including geographic locations and telehealth accommodations; **[2 points]**
- A clear description of the geographic area to be served including a map to delineate service area; **[1 point]**
- A clear description of entry to services, flow of families through services, and discharge protocols; **[2 points]**
- Thoroughly describes how the proposed service is designed to build on the youth's, family's, and community's inherent strengths, including mechanisms to ensure that the family participates as equal partners in all aspects of service delivery; **[5 points]**
- A clear description of mechanisms for integrating/collaborating with other agencies, Providers, courts, and schools; **[3 points]**
- Evidence of support for organization from agencies, schools, CCCs and other community organizations in geographic vicinity; and **[3 points]**
- Demonstration of policy governing support to collaborate with agencies and other Providers in the provision of services. **[3 points]**

#### **5. *Financial* (12 Points)**

##### **Pricing structure based on cost-reimbursement**

- Applicant's proposal budget is reasonable, given program resources and operational capacity. **[3 points]**
- Demonstration of the adequacy of accounting system and infrastructure to support electronic/manual billing including a demonstration of the agency's ability to accurately track cost of related services by youth served. **[3 points]**
- Degree of competitiveness and reasonableness of cost budget. **[3 points]**

- Demonstration of the agency financial solvency with submission of current (within twelve (12) months of application) financial audit and management letter. *[3 points]*

### C. Phase 3 - Recommendation for Award

#### Methodology for Calculating Scores

As a group, the evaluation team will rate proposals solely against the criterion using the 0-5 point Likert scale (see Figure 1.) and in whole number (i.e. 1 or 2 and etc.). Each criterion has a weighted point (bracketed and in italic), and the sum of points for criteria in each evaluation category equals the total possible points or threshold for that category. The evaluation categories and thresholds are experience and capability (35 points), project organization and staffing (23 points), service delivery (30 points), and financial (12 points). There are no points assigned for program overview.

Figure 1. Likert Rating Scale

Not responsive	Unsatisfactory	Less than satisfactory	Satisfactory	More than satisfactory	Very satisfactory
0	1	2	3	4	5

Score will be mathematically calculated for each criterion by dividing the evaluation team rating for the criterion on the 0-5 point scale by 5 (i.e. the highest possible score) and then multiplying by the weighted value of that criterion. For example, if the evaluation team scored the first criterion at 5 points and the criterion had a weighted value of 3 points, the resulting score is 3 ( $(5/5)*3=3$ ). If the evaluation team had instead scored the first criterion at 2, the resulting score is 1.2 ( $(2/5)*3=1.2$ ). The scores for each criterion will then be added to obtain a total score for each proposal. If all criteria received a perfect score of 5, then the total score for the proposal will be 100.

The total final score for each proposal will then be ranked across applicants in order of responsiveness to the RFP from the most advantageous to least advantageous, based on the evaluation of each proposal.

Each notice of award shall contain a statement of findings and decision for the award or non-award of the contract to each Applicant.

## **Section 5**

### **Attachments**

- A. Parent Support Services
- B. Proposal Application Checklist
- C. Sample Table of Contents
- D. Request for Taxpayer Identification Number
- E. Federal Certifications
- F. Child and Adolescent Mental Health Performance Standards (“CAMHPS”) (effective September 23, 2018)
- G. Hawaii Child and Adolescent Service System Program (“CASSP”) Principles
- H. CAMHD’s Credentialing and Recredentialing Policy and Procedures
- I. CAMHD’s Seclusion and Restraints Policy and Procedures
- J. CAMHD’s Sentinel Events Policy and Procedures
- K. CAMHD’s Quarterly Quality Assurance Reports
- L. Quarterly Title IV-E Training Activities and Cost Reports
- M. CAMHD’s Electronic Case Management System’s Minimum Requirements

# Attachment A

## Parent Support Services

## Parent Support Services (PSS)

## CHILD &amp; ADOLESCENT MENTAL HEALTH PERFORMANCE STANDARDS 2018 EDITION

**B. PARENT SUPPORT SERVICE (PSS)**

<b>Definition</b>	Face-to-face supportive interactions with the caregiver for a CAMHD youth, focused on helping the family participate fully in and benefit from mental health treatment. This service is provided by individuals: 1) who have lived experience as a caregiver within the mental health system of care for youth and 2) who have been certified to provide peer support by the National Federation of Families or another certifying body. The service is provided under the supervision of a Mental Health Professional (MHP) in order to meet Medicaid requirements, and it is documented in the youth's record. The need for Parent Support Services shall be documented in the CMP/CSP as part of a comprehensive, individualized plan of care for the youth.
<b>Service Offered</b>	<p>Parent Support Services include all the following components:</p> <ol style="list-style-type: none"> <li>1. Accepting referrals from Family Guidance Center (FGC) Care Coordinators to work with parents, including contacting families and setting up an initial pre-admission meeting. When possible, Parent Support providers will be introduced to the family by the Care Coordinator (CC) as part of the intake process, and the CC will obtain the caregiver's written consent to share information with the Parent Support Provider.</li> <li>2. Meeting with the caregiver face-to-face to identify the family's needs and goals, and to provide encouragement and emotional support.</li> <li>3. Attending treatment planning, CSP development, or other multi-agency meetings with the parent to support them in communicating their needs/goals to the treatment team, and to help professionals understand the family perspective.</li> <li>4. Helping the caregiver find ways of meeting their needs and navigating the complicated system of care. This may include helping parents to identify and connect with community resources, qualify for government benefits, and seek out adult mental health/substance abuse treatment resources.</li> <li>5. Facilitating group support opportunities for parents (parent groups must have a ratio no greater than 8 participants per facilitator).</li> <li>6. Providing education, training and mentoring to caregivers including: orienting them to the FGC, educating them about mental health issues and the system of care, providing training in areas such as advocacy skills, parenting skills, and leadership skills.</li> <li>7. Mentoring emerging parent leaders in new roles such as serving on the board of a local agency or on a statewide committee related to Children's services.</li> </ol>
<b>Admission Criteria</b>	Parent support services may be provided to the caregiver (parent, grandparent, formal or informal foster parent, stepparent, etc.) of any youth who meets eligibility criteria for CAMHD or who is in the process of eligibility determination.

Authorizations	CAMHD LOC code:			
	Unit	Credential	CPT code	Modifier
	fifteen (15) minutes	Para 1 or 2	H0038	
	Clinical Lead may authorize up twelve (12) units [three (3) hours] for a pre-admission meeting for introductory and planning between the Parent Partner and the caregiver.			
<b>Reauthorization</b>	Clinical Lead may reauthorize up to thirty-two (32) units [eight (8) hours] per thirty (30) days up to ninety (90) days based on a Family Support Plan submitted by the Parent Partner.			
<b>Continuing Stay Criteria</b>	<b>All</b> the following criteria must be met as determined by clinical review: <ol style="list-style-type: none"> <li>1. The family service plan includes clear goals to be addressed through peer/family support services;</li> <li>2. The caregiver wants continued peer support;</li> <li>3. There is evidence that the family is benefitting from peer support services; and</li> <li>4. The youth and family continue to be engaged in treatment through CAMHD.</li> </ol>			
<b>Discharge Criteria</b>	The youth/caregiver are no longer in need of or eligible for the service due to <b>one (1)</b> of the following: <ol style="list-style-type: none"> <li>1. The youth is no longer eligible for CAMHD services;</li> <li>2. The goals on the Family Support Plan are completed; or</li> <li>3. The youth and caregiver no longer desire the service.</li> </ol>			
<b>Service Exclusions</b>	None			
<b>Clinical Exclusions</b>	None			

#### Staffing Requirements:

In addition to the staffing requirement listed in the general standards, these staff requirements must also be followed. If the standards referenced here differ from those in the general standards, these staffing requirements will supersede the general standards.

1. The program has a Mental Health Professional (MHP) on staff who has oversight and supervision responsibilities for all staff decisions made regarding services to families.
2. Parent Support services shall be provided by personnel that meet all the following requirements:
  - a. Has had lived experience as the primary caregiver for a youth with serious mental health challenges;
  - b. Has been certified as a Parent Support Provider (PSP) by the National Federation of Families in Children's Mental Health or the equivalent or is in the process of achieving within one (1) year of start date;
  - c. Is Credentialed by CAMHD as a Paraprofessional (Para) level 1 or 2; **AND**
  - d. Is working under the supervision of an MHP. The supervisor is expected to review all the supervisees work in detail.



**Clinical Operations:**

In addition to the clinical operation requirements listed in the general standards, these requirements must also be followed. If the standards referenced here differ from those in the general standards, these clinical operation requirements will supersede the general standards.

1. Parent Support Service providers shall coordinate with the CC and with other system of care agencies such as education, juvenile justice system, and/or child welfare as needed to provide services.
2. The Parent Support Organization shall have the ability to deliver services in various environments, such as homes (birth, kin, adoptive and foster), schools, jails, homeless shelters, juvenile detention centers, street locations, etc.
3. The Parent Support Organization shall establish written policies which govern the provision of services in natural settings and which document that the organization respects youths' and/or families' right to privacy and confidentiality when services are provided in these settings.
4. The Parent Support Organization shall establish written procedures/protocols for handling emergency and crisis situations that describe: methods for assuring the safety of staff and family members, guidelines for when to consult with the program MHP and what to document in the youth's chart.
5. The Parent Support Organization shall establish written policies and procedures governing the provision of outreach services, including methods for protecting the safety of staff who engage in outreach activities.
6. The Parent Support Organization shall establish written policies and procedures around the use of personal vehicles for outreach services and for transporting clients when necessary.
7. Please see Section I General Standards for additional clinical operation requirements:
  - A. Core Components of Current CAMHD System
    - Commitment to Clinical Excellence & Co-management of Care
  - E. Referral Process for Contracted Services:
  - F. Commitment to Serve All Youth;
  - G. Training;
  - H. Supervision;
  - I. Credentialing;
  - L. Service Quality;
  - N. Risk Management;
  - O. Additional Reporting Requirements
  - P. Youth Rights and Confidentiality

**Documentation**

In addition to the documentation requirements listed in the general standards, these requirements must also be followed. If the standards referenced here differ from those in the general standards, these documentation requirements will supersede the general standards.

1. The Parent Support Provider (PSP) develops a written Family Support Plan with the caregiver, identifying the kinds of support the caregiver would like to receive from the PSP. In addition, the PSP works with the CC to assure that Parent Support is included as a service on the youth's CMP/CSP. The written Family Support Plan shall be submitted to the CAMHD FGC within ten (10) calendar days of the PSP's first meeting with the family.
2. PSPs shall provide a written service note for each face-to-face contact with a caregiver, and for indirect service activities (e.g. team meeting attendance, phone calls with team members) that are billed. Service notes shall document the types of support provided, who was present in the meeting, the goals addressed, and the start time and end time of each encounter.

3. Please see Section I General Standards for additional documentation requirements:

- D. Service/Treatment Planning:
  - Mental Health Treatment Plan including crisis and discharge components. If any major changes occur in the course of treatment, the all components of the MHTP should be updated;
  - Discharge Summary;
- J. Billing
- N. Maintenance of Service Records:
  - Progress Notes;
  - Monthly Treatment and Progress Summary
- O. Additional Reporting Requirements:
  - Attendance and Encounter Records



# Attachment B

## Proposal Application Checklist

## Proposal Application Checklist

Applicant: \_\_\_\_\_ RFP No.: 460-15-03

The applicant's proposal must contain the following components in the order shown below. Return this checklist to the purchasing agency as part of the Proposal Application. SPOH forms are on the SPO website.

Item	Reference in RFP	Format/Instructions Provided	Required by Purchasing Agency	Applicant to place "X" for items included in Proposal
<b>General:</b>				
Proposal Application Identification Form (SPOH-200)	Section 1, RFP	SPO Website*	X	
Proposal Application Checklist	Section 1, RFP	Attachment A	X	
Table of Contents	Section 5, RFP	Section 5, RFP	X	
Proposal Application (SPOH-200A)	Section 3, RFP	SPO Website*	X	
Provider Compliance	Section 1, RFP	SPO Website*	X	
Cost Proposal (Budget)			X	
SPOH-205	Section 3, RFP	SPO Website*	X	
SPOH-205A	Section 3, RFP	SPO Website* Special Instructions are in Section 5	X	
SPOH-205B	Section 3, RFP,	SPO Website* Special Instructions are in Section 5	X	
SPOH-206A	Section 3, RFP	SPO Website*	X	
SPOH-206B	Section 3, RFP	SPO Website*	X	
SPOH-206C	Section 3, RFP	SPO Website*	X	
SPOH-206D	Section 3, RFP	SPO Website*	X	
SPOH-206E	Section 3, RFP	SPO Website*	X	
SPOH-206F	Section 3, RFP	SPO Website*	X	
SPOH-206G	Section 3, RFP	SPO Website*	X	
SPOH-206H	Section 3, RFP	SPO Website*	X	
SPOH-206I	Section 3, RFP	SPO Website*	X	
SPOH-206J	Section 3, RFP	SPO Website*	X	
<b>Certifications:</b>				
<b>Federal Certifications</b>		Section 5, RFP	X	
Debarment & Suspension		Section 5, RFP	X	
Drug Free Workplace		Section 5, RFP	X	
Lobbying		Section 5, RFP	X	
Program Fraud Civil Remedies Act		Section 5, RFP	X	
Environmental Tobacco Smoke		Section 5, RFP	X	
<b>Program Specific Requirements:</b>				

\*Refer to Section 1.2, Website Reference for website address.

# Attachment C

## Sample Table of Contents

## Proposal Application Table of Contents

<b>1.0</b>	<b>Program Overview.....</b>	<b>1</b>
<b>2.0</b>	<b>Experience and Capability .....</b>	<b>1</b>
	A. Necessary Skills .....	2
	B. Experience.....	4
	C. Quality Assurance and Evaluation .....	5
	D. Coordination of Services .....	6
	E. Facilities .....	6
<b>3.0</b>	<b>Project Organization and Staffing.....</b>	<b>7</b>
	A. Staffing.....	7
	1. Proposed Staffing .....	7
	2. Staff Qualifications .....	9
	B. Project Organization.....	10
	1. Supervision and Training .....	10
	2. Organization Chart (Program & Organization-wide) (See Attachments for Organization Charts)	
<b>4.0</b>	<b>Service Delivery.....</b>	<b>12</b>
<b>5.0</b>	<b>Financial .....</b>	<b>20</b>
	See Attachments for Cost Proposal	
<b>6.0</b>	<b>Litigation .....</b>	<b>20</b>
<b>7.0</b>	<b>Attachments</b>	
	A. Cost Proposal	
	SPOH-205 Proposal Budget	
	SPOH-206A Budget Justification - Personnel: Salaries & Wages	
	SPOH-206B Budget Justification - Personnel: Payroll Taxes and Assessments, and Fringe Benefits	
	SPOH-206C Budget Justification - Travel: Interisland	
	SPOH-206E Budget Justification - Contractual Services – Administrative	
	B. Other Financial Related Materials	
	Financial Audit for fiscal year ended _____	
	C. Organization Chart	
	Program	
	Organization-wide	
	D. Performance and Output Measurement Tables	
	Table A	
	Table B	
	Table C	

E.	Program Specific Requirements
F.	<i>You may begin inserting any other attachments you may have here, such as:</i>
	<i>Workplans</i>
	<i>Performance and output tables</i>
	<i>Certifications</i>

*Before inserting each document, insert a “section break/next page” to preserve formatting of each additional document. If you are having problems with formatting, it will be easier to convert all documents to PDF and then insert them into one document.*

## Attachment D

# Request for Taxpayer Identification Number

The IRS W-9 Form is available at  
<https://www.irs.gov/pub/irs-pdf/fw9.pdf>

# Attachment E

## Federal Certifications

## CERTIFICATIONS

### 1. CERTIFICATION REGARDING DEBARMENT AND SUSPENSION

The undersigned (authorized official signing for the applicant organization) certifies to the best of his or her knowledge and belief, that the applicant, defined as the primary participant in accordance with 45 CFR Part 76, and its principals:

- (a) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal Department or agency;
- (b) have not within a 3-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- (c) are not presently indicted or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (b) of this certification; and
- (d) have not within a 3-year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause or default.

Should the applicant not be able to provide this certification, an explanation as to why should be placed after the assurances page in the application package.

The applicant agrees by submitting this proposal that it will include, without modification, the clause titled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion--Lower Tier Covered Transactions" in all lower tier covered transactions (i.e., transactions with sub-grantees and/or contractors) and in all solicitations for lower tier covered transactions in accordance with 45 CFR Part 76.

### 2. CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

The undersigned (authorized official signing for the applicant organization) certifies that the applicant will, or will continue to, provide a drug-free workplace in accordance with 45 CFR Part 76 by:

- (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
- (b) Establishing an ongoing drug-free awareness program to inform employees about--
  - (1) The dangers of drug abuse in the workplace;
  - (2) The grantee's policy of maintaining a drug-free workplace;
  - (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
  - (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- (c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a) above;
- (d) Notifying the employee in the statement required by paragraph (a), above, that, as a condition of employment under the grant, the employee will--
  - (1) Abide by the terms of the statement; and
  - (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
- (e) Notifying the agency in writing within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central



point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

- (f) Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d) (2), with respect to any employee who is so convicted--

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

- (g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

For purposes of paragraph (e) regarding agency notification of criminal drug convictions, the DHHS has designated the following central point for receipt of such notices:

Office of Grants and Acquisition Management  
Office of Grants Management  
Office of the Assistant Secretary for Management and Budget  
Department of Health and Human Services  
200 Independence Avenue, S.W., Room 517-D  
Washington, D.C. 20201

### 3. CERTIFICATION REGARDING LOBBYING

Title 31, United States Code, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions," generally prohibits recipients of Federal grants and cooperative agreements from using Federal (appropriated) funds for lobbying the Executive or Legislative Branches of the Federal Government in connection with a SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal (non-appropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING \$100,000 in total costs (45 CFR Part 93).

The undersigned (authorized official signing for the applicant organization) certifies, to the best of his or her knowledge and belief, that:

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the under-

signed, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

- (2) If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. (If needed, Standard Form-LLL, "Disclosure of Lobbying Activities," its instructions, and continuation sheet are included at the end of this application form.)

- (3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

***This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.***

### 4. CERTIFICATION REGARDING PROGRAM FRAUD CIVIL REMEDIES ACT (PFCRA)

The undersigned (authorized official signing for the applicant organization) certifies that the statements herein are true, complete, and accurate to the best of his or her knowledge, and that he or she is aware that any false, fictitious, or fraudulent statements or claims may subject him or her to criminal, civil, or administrative penalties. The undersigned agrees that the applicant organization will comply with the Public Health Service terms and conditions of award if a grant is awarded as a result of this application.

## 5. CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such Federal funds. The law does not apply to children's services provided in private residence, portions of facilities used for inpatient drug or alcohol treatment, service providers whose sole source of applicable Federal funds is Medicare or Medicaid, or facilities where WIC coupons are redeemed.

Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

By signing the certification, the undersigned certifies that the applicant organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.

The applicant organization agrees that it will require that the language of this certification be included in any subawards which contain provisions for children's services and that all subrecipients shall certify accordingly.

The Public Health Services strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of tobacco products. This is consistent with the PHS mission to protect and advance the physical and mental health of the American people.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	TITLE	
APPLICANT ORGANIZATION		DATE SUBMITTED

## Attachment F

# Child and Adolescent Mental Health Performance Standards (“CAMHPS”)

Current Edition is the Teal Book

(Effective September 23, 2018)

The CAMPHS Teal Book is available on the Department of Health,  
CAMHD website under For Providers/Administrative  
Tools/Performance Standards at  
<https://health.hawaii.gov/camhd/files/2019/11/CAMHPS-September-update.pdf>

## Attachment G

# Hawaii Child And Adolescent Service System Program (“CASSP”) Principles

The CASSP Principles are available on the Department of  
Health, CAMHD website as part of the CAMPHS Teal Book  
under For Providers/Administrative Tools/Performance  
Standards at

<https://health.hawaii.gov/camhd/files/2019/11/CAMHPS-September-update.pdf>

## Attachment H

# CAMHD's Credentialing and Recredentialing Policy and Procedures

The Credentialing and Recredentialing Policies and Procedures are available on the Department of Health, CAMHD website as part of the CAMPHS Teal Book under For Providers/  
Administrative Tools/Performance Standards at  
<https://health.hawaii.gov/camhd/files/2019/11/CAMHPS-September-update.pdf>

## Attachment I

### CAMHD's Seclusion and Restraints Policy and Procedures

The Seclusion and Restraints Policy and Procedures are available on the Department of Health, CAMHD website as part of the CAMPHS Teal Book under For Providers/ Administrative Tools/Performance Standards at <https://health.hawaii.gov/camhd/files/2019/11/CAMHPS-September-update.pdf>

## Attachment J

# CAMHD's Sentinel Events and Reportable Incidents Policy and Procedures

The Sentinel Events and Reportable Incidents Policy and Procedures are available on the Department of Health, CAMHD website as part of the CAMPHS Teal Book under For Providers/ Administrative Tools/Performance Standards at <https://health.hawaii.gov/camhd/files/2019/11/CAMHPS-September-update.pdf>

# Attachment K

## CAMHD's Quarterly Quality Assurance Reports

The Quarterly Quality Assurance Report's requirements are available on the Department of Health, CAMHD website as part of the CAMPHS Teal Book under For Providers/Administrative Tools/Performance Standards at <https://health.hawaii.gov/camhd/files/2019/11/CAMHPS-September-update.pdf>



## Attachment L

### CAMHD's Quarterly Title IV-E Training Activities and Cost Reports

The Quarterly Title IV-E Training Activities and Cost Reports is available on the Department of Health, CAMHD website as part of the CAMPHS Teal Book under For Providers/Administrative Tools/Performance Standards at <https://health.hawaii.gov/camhd/files/2019/11/CAMHPS-September-update.pdf>

## Attachment M

### CAMHD's Electronic Case Management System's Minimum Requirements

## **CHILD AND ADOLESCENT MENTAL HEALTH DIVISION'S ELECTRONIC CASE MANAGEMENT SYSTEM'S MINIMUM REQUIREMENTS**

1. The PROVIDER shall enter all State of Hawaii's ("STATE") Department of Health Child and Adolescent Mental Health Division's ("CAMHD") clients receiving services under this Contract related information into the CAMHD Electronic Case Management System ("MAX System") via the MAX System portal.
2. The PROVIDER shall enter all the CAMHD client service records including, but not limited to, service encounter and treatment-related Progress Notes, MHTPs, and Invoices into the MAX System and shall be electronically sent to the CAMHD as claims to initiate the reimbursement for services rendered process. All electronic records shall have Clinical (creation of encounters with billable units, under an MHTP, attached to a Service Authorization) and Billing (creation of invoices) as separate functions. The PROVIDER shall additionally enter service-related non-billable activities within the electronic record.
3. All encounters entered into the MAX System shall contain the names of the PROVIDER's credentialed staff rendering and supervising the service.
4. Every individual PROVIDER staff member accessing the MAX System must have his or her own MAX System logins. The MAX System logins shall not be shared. All terminated PROVIDER staff who have a MAX System login shall have their MAX System logins immediately sent by the PROVIDER to the CAMHD for removal by the CAMHD.
5. The PROVIDER shall designate at least one (1) or two (2) individuals as the PROVIDER's MAX System Electronic Portal Coordinator ("EPC") through which all the MAX System - related information shall be routed. The PROVIDER's EPC shall be responsible for:
  - a. Distributing all the MAX System information;
  - b. Coordinating the MAX System training;
  - c. Requesting additions, changes in role, and immediately requesting terminations for all PROVIDER access;
  - d. Responding to an annual complete list for reconciliation of all PROVIDER staff with access, and supplying any added information for access;
  - e. Reporting any problems associated with the MAX System;
  - f. Tracking, reporting, and communicating with the CAMHD on the name, access, role, email address, and telephone number for all the PROVIDER staff accessing the MAX System;
  - g. The name(s) of the PROVIDER's EPC(s), their email address(es), and their telephone number(s) shall be submitted in writing to the MAX System Help Desk; and
  - h. The MAX System Help Desk shall be immediately notified in writing (via email) of any changes to the PROVIDER's EPC(s).
6. The PROVIDER shall acquire and maintain all hardware, software, and internet connectivity for the PROVIDER staff to access the MAX System. The minimum requirements to access the MAX System are:

- a. Desktop or Laptop computer capable of accessing the internet with the currently supported operating system, e.g., Windows 10 or greater;
  - b. Tablet or Smartphone device capable of accessing the internet with the currently supported operating system, e.g. Apple IOS, or Google Android;
  - c. Phone number registered with capability of receiving multi-factor authentication message (for example: text message with a one-time code, or phone call to receive a code) for additional login security;
  - d. Applicable system software for anti-virus and anti-malware protection;
  - e. Most current internet browser, e.g., Microsoft Edge, Google Chrome, Firefox, Apple Safari;
  - f. All current software and system and security patches applied prior to accessing the MAX System; and
  - g. Internet connectivity for all computers accessing the MAX System.
7. It is required that each PROVIDER staff who accesses the MAX System be assigned an individual email address capable of sending and receiving secure emails.
8. The STATE shall not be obligated to design, develop, implement, nor maintain any software used to transfer the MAX System data to and/or from any third-party software.
9. The STATE reserves the right to use all de-identified data on the MAX System for research and reporting purposes.
10. The STATE's obligation for support and maintenance shall only apply to correction of verifiable and reproducible errors. The STATE shall not be responsible for the correction of any error attributable to the PROVIDER's misuse or improper use of the MAX System. The STATE's obligation to correct errors shall be limited to providing reasonable efforts to design and implement programming changes to the MAX System and to endeavor to correct such errors of which the STATE has received notice.
11. The STATE shall make every effort to provide and make available seven (7) days a week all hardware, software, and telecommunication services required for authorized users to access the MAX System.
12. The STATE shall backup the PROVIDER's data daily on a set schedule, and in the event of physical loss of the PROVIDER's data, restore the PROVIDER's data on the CAMHD clients back to its state at the last data backup.
13. The STATE shall have a MAX System Help Desk that will provide:
  - a. Technical assistance for use of the MAX System;
  - b. End user training;
  - c. Development of Ad Hoc reports; and
  - d. Assistance in maintaining client electronic records.

14. The STATE reserves the right, to upgrade the MAX System at which time the MAX System may not be available to the PROVIDER. The STATE shall make every effort to make updates and upgrades to the MAX System after the end and prior to the start of the PROVIDER's standard workday.
15. All the CAMHD client data entered into the MAX System shall become the property of the STATE.