State of Hawai'i Department of Health

ADULT MENTAL HEALTH SERVICES:

STATEWIDE RESPITE SERVICES

RFP Number: HTH 420-8-04

April 8, 2004

REQUEST FOR PROPOSALS

RESPITE SERVICES (STATEWIDE)
RFP No. HTH 420-8-04

The Department of Health, Adult Mental Health Division is requesting proposals from qualified applicants to provide statewide respite services to families or significant others of adults with severe and persistent mental illness. The contract term is proposed to be from July 1, 2004 through June 30, 2005. Single or multi-term contracts will be awarded under this request for proposals. Additionally, multiple contracts will be awarded under this request for proposals.

Proposals can be picked up at the Department of Health, Adult Mental Health Division, 1250 Punchbowl Street, Room 256, Honolulu, Hawaii 96813 telephone number (808) 586-4688, beginning at 9:00 a.m. on April 8, 2004.

Proposals must be postmarked by USPS mail before midnight on May 7, 2004 or hand delivered by 4:00 p.m., Hawaii Standard Time at the drop off sites that are designated on the following page.

Proposals postmarked after midnight on May 7, 2004 or hand delivered after 4:00 p.m. H.S.T. on May 7, 2004 will not be considered and will be returned to the applicant. There are no exceptions to this requirement.

The Adult Mental Health Division will conduct an orientation on April 16, 2004, from 9:00 – 11:00 a.m., at the North Trotter Basement, 3650 Maunalei Avenue, Honolulu, Hawaii 96816. All prospective applicants are encouraged to attend the orientation.

The deadline for submission of written questions is 4:00 p.m. H.S.T. on April 23, 2004. All written questions will receive a written response from the State on or about April 28, 2004.

Inquiries regarding this RFP should be directed to the RFP Contact Person, Betty Uyema by telephone, (808) 586-4688 or by facsimile, (808) 586-4745.

PROPOSAL MAIL-IN DELIVERY AND PICK-UP INFORMATION SHEET

ONE ORIGINAL AND SEVEN (7) COPIES OF THE PROPOSAL ARE REQUIRED. ADDITIONAL COPIES MAY BE SPECIFIED BY THE ADULT MENTAL HEALTH DIVISION.

ALL MAIL-INS MUST BE POSTMARKED BY USPS BEFORE 12:00 MIDNIGHT,

PROPOSAL DUE DATE: May 7, 2004

Proposal Pick-Up Sites

Adult Mental Health Division
Department of Health
1250 Punchbowl Street, Room 256
Honolulu, Hawaii 96813

All Mail-ins

Adult Mental Health Division
Department of Health
P.O. Box 3378
Honolulu, Hawaii 96801-3378

ALL HAND DELIVERIES WILL BE ACCEPTED AT THE FOLLOWING SITE(S) UNTIL 4:00 P.M., May 7, 2004.

Drop-off Sites

Adult Mental Health Division
Department of Health
1250 Punchbowl Street, Room 256
Honolulu, Hawaii 96813

BE ADVISED: **All mail-ins postmarked USPS after 12:00 midnight, May 7, 2004, will not be accepted for review and will be returned.**

Hand deliveries will not be accepted after 4:00 p.m., May 7, 2004.

Deliveries by private mail services such as FedEx shall be considered hand deliveries and will not be accepted if received after 4:00 p.m., May 7, 2004.

COMPETITIVE POS
TABLE OF CONTENTS

SECTION 1 - ADMINISTRATIVE OVERVIEW

I. Authority 1-1
II. RFP Organization 1-1
III. Contracting Office 1-1
IV. Procurement Timetable 1-2
V. Orientation 1-2
VI. Submission of Questions 1-3
VII. Submission of Proposals 1-3
VIII. Discussions w/Applicants Prior to, or After Proposal Submittal Deadline 1-4
IX. Additional Materials and Documentation 1-4
X. RFP Amendments 1-4
XI. Final Revised Proposals 1-4
XII. Cancellation of Request for Proposal 1-4
XIII. Costs for Proposal Preparation 1-5
XIV. Provider Participation in Planning 1-5
XV. Rejection of Proposals 1-5
XVI. Opening of Proposals 1-5
XVII. Notice of Award 1-6
XVIII. Protests 1-6
XIX. Availability of Funds 1-7
XX. Criteria by which the Performance of the Contract will be Monitored and Evaluated 1-7
XXI. General and Special Conditions of Contract 1-7
XXII. Cost Principles 1-8

SECTION 2 - SERVICE SPECIFICATIONS

I. Introduction
- A. Background 2-1
- B. Purpose or Need 2-1
- C. Description of the Goals of the Service 2-3
- D. Description of the Target Population to be Served 2-3
- E. Geographic Coverage of Service 2-3
- F. Probable Funding Amounts, Source, and Period of Availability 2-3

II. General Requirements
- A. Specific Qualifications or Requirements, Including but not Limited to Licensure or Accreditation 2-4
- B. Secondary Purchaser Participation 2-7
- C. Multiple or Alternate Proposals 2-7
- D. Single or Multiple Contracts to be Awarded 2-7

E. Single or Multi-term Contracts to be Awarded 2-7
F. RFP Contact Person 2-7

III. Scope of Work
A. Service Activities (Minimum and/or mandatory tasks and responsibilities) 2-8
B. Management Requirements 2-9

SECTION 3 - POS PROPOSAL APPLICATION

I. Background and Summary 3-1

II. Experience and Capability
A. Necessary Skills and Experience 3-2
B. Quality Assurance and Evaluation 3-2
C. Coordination of Service……....3-3
D. Facilities……3-4
E. Management Information System Requirements……..... 3-4

III. Personnel: Project Organization and Staffing
A. Proposed Staffing 3-5
B. Staff Qualifications 3-5
C. Supervision & Training 3-5
D. Organization Chart 3-5

IV. Service Delivery
A. Scope of Work ……3-6
B. General Requirements……..……3-7
C. Administrative Requirements…….…….3-7

V. Financial
A. Pricing Methodology 3-7
B. Other Financial Related Materials…….. 3-8

VI. Other
Litigation 3-9

SECTION 4 - PROPOSAL EVALUATION

I. Introduction 4-1

II. Evaluation Process
A. Evaluation Categories and Threshold 4-1
B. Criteria for Multiple Proposals ……..4-1

III. Evaluation Criteria
A. Phase 1 - Evaluation of Proposal Requirements 4-2
B. Phase 2 - Evaluation of POS Proposal Application. 4-2
C. Phase 3 – Recommendation for Award……4-8

SECTION 5 - ATTACHMENTS

A Competitive POS Application Checklist

B POS Proposal Application – Sample Table of Contents

C Draft Special Conditions

D Division P&P Regarding Consumer Complaints

E Treatment Services Definitions

F AMHD Level of Care Service Criteria

G Comprehensive, Continuous, Integrated System of Care Model by Kenneth Minkoff, M.D.

H Certifications

Section 1
Administrative Overview

Section 1
Administrative Overview

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

I. Authority

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

II. RFP Organization

This RFP is organized into five sections:

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

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

Section 3, POS 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.

III. Contracting Office

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

Adult Mental Health Division, Department of Health, State of Hawai'i
1250 Punchbowl Street, Room 256
Honolulu, Hawaii 96813
Phone: (808) 586-4688
Fax: (808) 586-4745

IV. Procurement Timetable

Activity	Scheduled Date
Public notice announcing RFP	April 8, 2004
Distribution of RFP RFP pick-up sites: on Oahu from the Adult Mental Health Division, 1250 Punchbowl Street, Room 256, Honolulu, Hawaii 968163	April 8, 2004
RFP orientation session	April 16, 2004
Closing date for submission of written questions for written responses	April 23, 2004
State purchasing agency's response to applicants' written questions	April 28, 2004
Discussions with applicant prior to proposal submittal deadline (optional)	
Proposal submittal deadline	May 7, 2004
Discussions with applicant after proposal submittal deadline (optional)	
Final revised proposals (optional)	
Proposal evaluation period	May 17-24, 2004
Provider selection and award	May 24, 2004
Notice of statement of findings and decisions	May 28, 2004
Estimated contract start date	July 1, 2004

V. Orientation

An orientation for applicants in reference to the request for proposals will be held on **April 16, 2004, from 9:00 a.m. to 11:00 a.m.** at North Trotter Basement, 3650 Maunalei Avenue, Honolulu, Hawaii 96816. Applicants are encouraged to submit written questions prior to the orientation. Impromptu questions will be permitted and spontaneous answers provided at the orientation at the state purchasing agency's discretion. Verbal answers provided at the orientation are only intended as general direction and may not represent the state purchasing agency's position. Formal official responses will be provided in writing. To ensure a written response, any oral questions should be submitted in writing following the close of the orientation, but no later than the submittal deadline for written questions indicated in the next paragraph (VI. Submission of Questions) in order to generate a written state purchasing agency response.

VI. Submission of Questions

Applicants may submit questions to the RFP Contact Person identified in Section 2 of this RFP. The deadline for submission of written questions is 4:00 p.m. H.S.T., on **April 23, 2004**. All written questions will receive a written response from the state purchasing agency. State purchasing agency responses to applicant written questions will be sent by **April 28, 2004.**

VII. Submission of Proposals

Proposals must contain all components. Please refer to the Competitive POS Application Checklist (Section 5, Attachment A) for information on: 1) where to obtain the forms/instructions; 2) additional program specific requirements; and 3) the order in which all components of the application should be assembled and submitted to the state purchasing agency. Proposals must contain the following components:

(1) ***POS Proposal Application (Form SPO-H-200A), including Title Page (Form SPO-H-200) and Table of Contents*** **-** Applicant shall submit comprehensive narratives that addresses all of the issues contained in the POS Proposal Application, including a cost proposal/budget. (Refer to Section 3 of this RFP.)

(2) ***Competitive POS Application Check List*** **–** Provides applicants with information on where to obtain the required forms; information on program specific requirements; and the order in which all components should be assembled and submitted to the state purchasing agency.

(3) ***Registration Form (SPO-H-100A)*** **–** If an applicant is not pre-registered with the State Procurement Office (business status), this form must be submitted with the application. If an applicant is unsure as to their pre-registration status, they may check the State Procurement Office website at:
http://www.spo.hawaii.gov
Click on *Health and Human Services*
Click on *The Registered List of Private Providers for Use with the Competitive Method of Procurement*
Or call the purchased agency at 586-4688 or the State Procurement Office at 587-4706.

(4) ***Certifications*** **-** Federal and/or State certifications, as applicable.

(5) ***Program Specific Requirements*** **-** Additional program specific requirements are included in Sections 2 and/or 3, Service Specifications and the POS Proposal Application, as applicable.

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.

One (1) original and seven (7) copies of the proposal are required. **Proposals must be postmarked by U.S.P.S. Mail, before midnight on May 7, 2004, or hand delivered by 4:00 p.m., Hawaii Standard Time (H.S.T.) on May 7, 2004 to the Contracting Office.** Any proposal post-marked or received after the designated date and time shall be rejected.

VIII. Discussions with Applicants Prior to, or After Proposal Submittal Deadline

Discussions may be conducted with applicants who submit proposals determined to be reasonably susceptible of being selected for award, but proposals may be accepted without discussions, in accordance with the administrative rules.

IX. 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.

X. RFP Amendments

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

XI. Final Revised Proposals

The applicant's final revised proposal, *as applicable* to this RFP, must be postmarked or hand delivered by the date and time specified by the state purchasing agency. Any final revised proposal post-marked or received after the designated date and time will be rejected. If a final revised proposal is not submitted, the previous submittal will be construed as their best and final offer/proposal. Only the section(s) of the proposal that are amended shall be submitted by the applicant, along with the POS Proposal Application Title Page (SPO-H-200). After final revised proposals are received, final evaluations will be conducted for an award.

XII. Cancellation of Request for Proposal

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

XIII. Costs for Proposal Preparation

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

XIV. Provider Participation in Planning

Provider participation in a state purchasing agency's efforts to plan for or to purchase health and human services prior to the state purchasing agency's release of a request for proposals, including the sharing of information on community needs, best practices, and providers' resources, shall not disqualify providers from submitting proposals if conducted in accordance with sections 3-142-203 and 3-143-618 of the Hawaii Administrative Rules for Chapter 103F, HRS.

XV. Rejection of Proposals

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

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

(1) Rejection for failure to cooperate or deal in good faith. (Section 3-141-201)

(2) Rejection for inadequate accounting system. (Section 3-141-202)

(3) Late proposals (Section 3-143-603)

(4) Inadequate response to request for proposals (Section 3-143-609)

(5) Proposal not responsive (Section 3-143-610 (1))

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

XVI. Opening of Proposals

Upon receipt of proposals 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.

XVII. Notice of Award

A Notice of Award containing 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.

XVIII. Protests

Any applicant may file a protest (using a prescribed form provided by the administrator of the State Procurement Office available on the State Procurement Office Website whose address is on the Competitive POS Application Checklist located in the Attachments section of this RFP) against the awarding of the contract as long as an original and two copies of the protest is served upon the head of the state purchasing agency that conducted the protested procurement, and the procurement officer who handled the protested procurement, by United States mail, or by hand-delivery. Protests regarding awards of contracts and related matters that arise in connection with a procurement made under a competitive purchase of services shall be served within five working days of the postmark of the notice of findings and decision sent to the protester. Only the following matters may be protested:

(1) a state purchasing agency's failure to follow procedures established by Chapter 103F of the Hawaii Revised Statutes;

(2) a state purchasing agency's failure to follow any rule established by Chapter 103F of the Hawaii Revised Statutes; and

(3) a state purchasing agency's failure to follow any procedure, requirement, or evaluation criterion in a request for proposals issued by the state purchasing agency.

Head of State Purchasing Agency	**Procurement Officer**
Name: Chiyome L. Fukino, M.D.	Name: Amy Yamaguchi
Title: Director of Health	Title: Administrative Officer, Adult Mental Health Division
Mailing Address: P.O. Box 3378 Honolulu, Hawaii 96801	Mailing Address: P.O. Box 3378 Honolulu, Hawaii 96801-3378
Business Address: 1250 Punchbowl Street Honolulu, Hawaii 96813	Business Address: 1250 Punchbowl Street Honolulu, Hawaii 96813

XIX. Availability of Funds

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

The Adult Mental Health Division's services contract shall be for one (1) or two (2) years depending on such factors as the strength of the proposal and/or the provider's history with the Adult Mental Health Division in providing services as specified in this RFP or similar services. Contracts will be multi-term and may be extended upon mutual agreement for four (4) or five (5) additional twelve (12) month periods up to a maximum of six (6) years.

XX. Criteria by Which the Performance of the Contract Will be Monitored and Evaluated

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

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

(1) Performance/Outcome Measures

(2) Output Measures

(3) Quality of Care/Quality of Services

(4) Financial Management

(5) Administrative Requirements

XXI. General and Special Conditions of Contract

The general conditions that will be imposed contractually may be obtained from the SPO website. Special conditions may also be imposed contractually by the state purchasing agency, as deemed necessary. Terms of the special conditions may include, but are not limited to, the requirements as outlined in Section 5, Attachment C.

XXII. Cost Principles

In order to promote uniform purchasing practices among state purchasing agencies procuring health and human services under Chapter 103F, HRS, state purchasing agencies will utilize standard cost principles outlined in Form SPO-H-201 which is available on the SPO Website (see POS Proposal Application Checklist in Attachment 5 of this RFP). Nothing in this section shall be construed to create an exemption from any cost principle arising under federal law.
The Adult Mental Health Division may change the pricing structure from fixed or negotiated unit rate to cost reimbursement or from cost reimbursement to fixed or negotiated unit rate.

The Adult Mental Health Division may also be required to make small or major modifications to individual contracts that it is unable to anticipate now. Reasons for such modifications may include, but not be limited to, requirements imposed by the United States Department of Justice in the implementation of the Settlement Agreement and Stipulations and Orders, recommendations made by the Adult Mental Health Division's technical assistance consultant, national trends, and needs of the Hawaii State Department of Health.

Section 2
Service Specifications

Section 2
Service Specifications

I. Introduction

A. Background

The Adult Mental Health Division ("DIVISION") of the Hawaii State Department of Health ("DEPARTMENT") is responsible for coordinating public and private human services into an integrated and responsive delivery system for mental health needs. Provision of direct services to consumers in the public sector is offered through programs offered by the Community Mental Health Centers ("CENTERS") and the Hawaii State Hospital ("HOSPITAL"). In addition, the DIVISION contracts on a purchase of service basis with private providers for mental health services to supplement the efforts of the CENTERS and the HOSPITAL.

B. Purpose or Need

The prevalence data of individuals who are "severe and persistent mentally ill" in the population of Hawaii, derived from application of national studies to the local population indicates three rates based on several national door-to-door studies. The first study, the Epidemiological Catchment Area Study provided rates for an estimate of 16,148 persons; second, the National Health Center for Health Statistics study developed a rate which provided an estimate of 15,072 persons in Hawaii; and third, the National Co-morbidity Study (NCA) produced a rate which placed the prevalence at 21,531 persons in the State. In 1999, the Federal Register published guidelines for calculating current prevalence based on 2.6% of the total state adult population leading to an estimate of 21,742 adults who are seriously mentally ill**.**

Since persons who have a severe and persistent mental illness typically manifest varying levels of need for care and often experience cyclical episodes of recurrence of the illness, a variety of service and housing options must be provided simultaneously to the individual and tailored to meet his/her current needs. Among these required services are those which must address the needs of persons when they are homeless, when they are experiencing a bout of illness or in relapse**,** and when they are in recovery and engaged in rehabilitative efforts in the community. The services sought reflect the assumption that services provided to persons who have a severe and persistent mental illness, are community-based, are well-coordinated, and produce outcomes which are of benefit to both the consumer and society.

Over the past two years, a series of planning events were held with mental health stakeholders (consumers, staff, private providers, advocates, and family members)

to provide input into the planning process. During this ongoing series of meetings, views have been expressed on how to improve services and achieve system-wide goals. Emphasis on continuity of care and coordination among service providers has been expressed as well as the need to provide outcomes of service delivery. Most importantly, input has been received for provision of comprehensive, accessible services on each island and in rural locations with a range of housing options; a choice of treatment, rehabilitation, and housing services, with access to case managers; and other services after regular working hours. Services should be developed according to standards of best practices/evidence-based practices, provided by a well-trained staff, be consistent across settings as demonstrated through accreditation, be accountable through a communicative management information system which can report consumer outcomes and reviewed periodically through the assessment of needs and satisfaction of service recipients. Best practices/evidence-based practices is defined as a body of contemporaneous empirical research findings that produce the most efficacious outcomes for persons with serious mental illness, has literature to support the practices, is supported by national consensus, has a system for implementing and maintaining program integrity and conformance to professional standards.

U.S. Department of Justice Stipulation and Order

Since 1991, the State of Hawaii has been under a Settlement Agreement with the United States Department of Justice (DOJ) relative to the treatment and rehabilitation programs and services at the HOSPITAL. Since 1998, the DIVISION has been developing and implementing an array of community-based services. In May 2001, the United States District Court appointed a Special Master to oversee the activities of the HOSPITAL and resulting community services developed by the DIVISION. On January 23, 2003 the Court ordered the implementation of the Plan for Community Mental Health Services that delineates the development and implementation of community services necessary to support the discharge and transfer of patients from the HOSPITAL, and to support the diversion of individuals who would otherwise have to be admitted to the HOSPITAL. The development, implementation, integration , coordination and monitoring of all these programs and services required by both court ordered plans will require the DIVISION to generate, coordinate and constantly monitor the systematic, uniform and accurate data and information, and the compilation of information into management reports for policy and program and/or services development.

C. Description of the Goals of the Service

The Respite Care Program provides services to families or significant others on the counties of Hawaii, Kauai, and Maui County, and the island of Oahu. Respite care provides short-term, 24-hour supports to consumers who need non-crisis care outside their primary residence for a limited period of time or who need additional supports in their own residence for a limited period of time.

The goals of respite care services include, but are not limited to:

- providing respite care, with strong caregiver involvement in respite services development;
- providing respite care services which are flexible and responsive to the individual needs of all families and significant others;
- honoring the ethnic, cultural, and geographic differences of families; with special attention to the needs of the primary caregiver; and
- securing and training respite care providers to service families in need of respite services.

D. Description of the Target Population to Be Served

The target population of services as outlined in this RFP shall be adults with severe and persistent mental illness.

E. Geographic Coverage of Service

Counties of Hawaii, Kauai, Maui & island of Oahu

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

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

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

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

1. Temporarily withhold payments pending correction of a deficiency or a non-submission of a report by a provider.

2. Disallow all or part of the cost.

3. Suspend or terminate the contract.

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

Competition is encouraged among as many applicants as possible.

II. General Requirements

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

1. The DIVISION will require accreditation by CARF.

2. Applicants shall have in place an administrative structure capable of supporting the activities required by the RFP. Specifically there shall be clinical, financial, accounting, and management information systems, and an organizational structure to support the activities of the applicant.

3. The applicant shall have a written plan for how services will be delivered in the event of a disaster.

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

5. The applicant shall comply with all specified, applicable existing policies, and procedures of the DIVISION and any applicable policy developed in the future.

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

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

8. The applicant shall acknowledge on all printed materials including program brochures and other publicly distributed matter and at public presentations, that program funding has been received from the Adult Mental Health Division, Department of Health, State of Hawaii.

9. Consumer management requirements:

   a. Incorporate "best practices/evidence-based practices" in any consumer service. "Best practices/evidence-based practices" is defined as a body of contemporaneous empirical research findings

that produce the most efficacious outcomes for persons with serious mental illness, has literature to support the practices, is supported by national consensus, has a system for implementing and maintaining program integrity, and conformance to professional standards.

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

c. Consumers shall be served in the "least restrictive" environment as determined by the consumer's level of care assessment, as established in section 334-104, Hawaii Revised Statutes and in any appropriate federal guidelines.

d. Consumers shall be made aware of and have access to community resources appropriate to their level of care and treatment needs.

e. In accordance with Chapter 11-175, Hawaii Administrative Rules and any appropriate federal guidelines, the applicant shall respect and uphold consumer rights. The applicant shall recognize the rights of authority of the consumer in the delivery of services, in deciding on appropriate treatment and services and in providing input into the decisions of all aspects of service.

f. The applicant shall have a mechanism for receiving, documenting and responding to consumer grievances, including an appeals process. The mechanism must be consistent with the DIVISION's P&P #60.901, which is found in Section 5, Attachment D.

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

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

1) Consent for evaluation and treatment; N/A

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

3) Consent to enter registration and treatment information into

the confidential Statewide DIVISION information system; and,

4) Other consent documents as needed.

10. Financial Requirements:

a. The State may require providers to submit an audit as necessary. If the applicant expends $500,000 or more in a year of federal funds from any source, it shall have a single audit conducted for that year in accordance with the Single Audit Act and Amendments of 1999, Public Law 104-156.

b. The applicant shall comply with the COST PRINCIPLES developed for Chapter 103F, HRS and set forth in the document SPO-H-201. This form (SPO-H-201) is available on the SPO website (see the Competitive POS Application Checklist located in the Attachments Section of this RFP).

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

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

e. The applicant shall, prior to October 16, 2003, submit claims using the DIVISION Standard Claims Form, the HCFA 1500 or the NSF 2.0 Electronic Format for the HCFA 1500. Beginning October 16, 2003, only HIPAA compliant claims shall be accepted. Claims shall be submitted for payment within 60 days of the provision of services. Any invoices or requests for payment received after the 60 days will be paid upon availability of funds.

f. The applicant shall, prior to May 1, 2004, submit electronic claims to the DIVISION utilizing the HIPAA 837 format. The proposal evaluation for this section is not dependent on an applicant's satisfactory response to this requirement.

B. Secondary Purchaser Participation.
(Refer to §3-143-608, HAR)

Secondary purchaser participation is not being planned by DIVISION. After the fact secondary purchase may be utilized by the DIVISION.

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

☐ Allowed ☒ Unallowed

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

☐ Single ☐ Multiple ☒ Single & Multiple

The STATE needs the flexibility to award funding to more than one applicant. For criteria to determine multiple awards, refer to items listed in Section 4.II.B.

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

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

1. The contract will be for one (1) or two (2) years depending on such factors as strength of the proposal and/or the provider's history with the Adult Mental Health Division in providing services as specified in this RFP or similar services with an option for renewal extension of four (4) or five (5) year periods up to a maximum of six (6) years.

2. Option for renewal or extension shall be based on the provider's satisfactory performance of the contracted service(s) and availability of funds.

F. RFP Contact Person.

The individual listed below is the sole point of contact from the date of release of the RFP until the selection of the winning provider or providers. Written questions should be submitted to the RFP contact person and received on or before the day and time specified in Section I, Item IV (Procurement Timetable) of this RFP. The contact person is Betty Uyema, telephone number is (808) 586-4688.

III. Scope of Work

The scope of work encompasses the following tasks and responsibilities:

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

1. Provide a menu of respite care options, including a menu of leisure activities, facilitated by a designated respite care coordinator.

2. Provide respite services in the families' home or off site as determined by the consumer, family and treatment team.

3. The amount of respite care services provided shall be determined by family need.

4. Provide a central point of access where family caregivers may be informed about available respite services.

5. Provide in service training to all case management providers on respite services options available on their island as well as a written brochure describing services to family members.

6. Provide outreach to families in need of respite care services by increasing awareness among individuals and groups who lack this information.

7. Develop and maintain at least four (4) respite care provider pools in the counties of Hawaii, Kauai and Maui, and island of Oahu.

8. Develop guidelines for families to assist them in the selection of a respite worker/volunteer.

9. Provide for a continuous quality improvement/evaluation that ensures respite services are meeting each family's needs and professional standards of practice by building in mechanisms to maintain/improve the quality of care and service provision.

10. Attend DIVISION provider meetings as scheduled by the DIVISION.

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

1. Personnel

a. The respite care coordinator position shall have a minimum of a bachelor's degree in a human service field and three (3) years of work experience involving consumers.

b. Ensure that the applicant's respite care staff receive appropriate knowledge of respite care service techniques and modalities for treating mentally ill individuals.

c. Ensure that at least one (1) personnel training addresses the areas of substance abuse, dual diagnosis, recovery, and forensic issues.

d. Ensure that all of its personnel providing services relevant to their service activity attend DIVISION trainings as required by the DIVISION.

e. The applicant shall ensure that staff receive appropriate supervision
including clinical supervision, and administrative direction.

f. The applicant shall have an organization-wide and program-specific organization chart. The program specific chart shall show the position of each staff and the line of responsibility and supervision.

g. The applicant's staff shall receive continued education and training, in consultation with the DIVISION, to all direct services personnel at least quarterly to maintain and upgrade their service skills. The applicant's education and training shall be based on a strategic training plan to upgrade the educational and professional qualification of its personnel.

h. The applicant shall ensure that all of its personnel providing services relevant to their service activity attend DIVISION trainings as required by the DIVISION.

2. Administrative

a. Services shall be authorized by the DIVISION, unless this requirement is waived by the DIVISION. Waivers shall be for specific periods of time and number of units**,** and may be renewed by the DIVISION.

b. The applicant shall accept all referrals deemed appropriate by the DIVISION's utilization management process. Should it be jointly agreed that a referral not be accepted, the DIVISION's utilization management process and the applicant shall work conjointly to find an alternate approach that will adequately meet the needs of the referred case.

c. There will be a single point of accountability for each consumer

entering the system who will be responsible for the continuity of communication, care, and follow up regardless of service, setting, or provider. In most cases, the single point of accountability will be the DIVISION designated case manager.

d. All consumers shall be registered for services and have a record open within the DIVISION's information system. When requested by the DIVISION, the applicant shall obtain and provide the information necessary to register, open and monitor services received. Applicants shall also report all required information when cases are closed. All recipients shall be registered with the DIVISION and authorized for services as appropriate.

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

3. Quality assurance and evaluation specifications

a. The purpose of quality assurance and evaluation is to monitor, evaluate, and improve the results of the applicant's services in an ongoing manner. The applicant's quality assurance and evaluation plan must include at a minimum the content indicated in Section 3, II. B.

b. The applicant shall participate in the DIVISION's continuing quality improvement plan. The applicant shall ensure that a staff member be available to participate in system-wide quality assurance meetings as scheduled by the DIVISION.

4. Output and performance/outcome measurements

The applicant shall be required to meet ongoing informational needs of the DIVISION over the course of the contract period through the production of informational responses in both paper and computer format. The specific content of these requests cannot be readily specified in advance as the DIVISION is required to provide a variety of ad hoc reports to funding sources including the legislature and other branches of State Government, as well as to national tracking and research groups, the Federal Government, advocacy organizations, accreditation bodies, professional groups, stakeholder groups, and others. Regular requests for information to the applicant shall occur in the following areas, including consumer demographics, consumer needs, clinical and service information including encounter data, staffing and capacity patterns, risk management areas, consumer outcomes, regulatory compliance, organizational processes, resource utilization, and billing and insurance areas. The DIVISION will

work with the applicant over the contract period to streamline requests for information when those requests are regular and ongoing.

5. Reporting requirements for program and fiscal data

   a. Reports shall be submitted in the format and by the due dates prescribed by the DIVISION.

   b. The required content and format of all reports shall be subject to ongoing review and modification by the DIVISION as needed.

   c. At the discretion of the DIVISION, providers may be required to submit reports in an approved electronic format, replacing some written reports.

   d. The applicant may be required to submit HIPAA compliant claims.

6. Pricing or pricing methodology to be used

   The DIVISION is allowing a negotiated unit rate pricing methodology.

7. Units of service and unit rate

   Negotiated unit rate per consumer per 15 minutes

Section 3
POS Proposal Application

Section 3
POS Proposal Application

General instructions for completing applications:

- *POS 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 POS Proposal Application should be consecutive, beginning with page one and continuing through the complete proposal.*
- *Proposals may be submitted in a three ring binder (Optional).*
- *Tabbing of sections (Recommended).*
- *Applicants must also include a Table of Contents with the POS Proposal Application. A sample format is reflected in Section 5, Attachment B of this RFP.*
- *A written response is required for **each** item unless indicated otherwise. Failure to answer any of the items will impact upon an applicant's score.*
- *Applicants are encouraged to take Section 4, Proposal Evaluation, into consideration when completing the proposal.*
- *This form (SPO-H-200A) is available on the SPO Website (see the Competitive POS Application Checklist located in the Attachments Section of this RFP). However, the form will not include items specific to each RFP. If using the website form, the applicant must include all items listed in this section.*

The POS Proposal Application comprises the following sections:

- *Title Page*
- *Table of Contents*
- *Background and Summary*
- *Experience and Capability*
- *Personnel: Project Organization and Staffing*
- *Service Delivery*
- *Financial*
- *Other*

I. Background and Summary

This section shall clearly and concisely summarize and highlight in this section the contents of its proposal in such a way as to provide the State with a broad understanding of the entire proposal. The applicant shall briefly describe the applicants' organization, goals and objectives related to the service activity, and how the proposed service is designed to meet the problem/need identified in the service specifications.

II. Experience and Capability

A. Necessary Skills and Experience

The applicant shall demonstrate that it has the necessary skills, abilities, knowledge of, and experience relating to the delivery of the proposed services. The applicant shall also provide a listing of verifiable experience with projects or contracts for the most recent five years that are pertinent to the proposed services.

B. Quality Assurance and Evaluation

The applicant shall describe its quality improvement and risk management plans for the proposed services, including methodology.

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

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

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

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

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

5. Provision of satisfaction or informational surveys of consumers and appropriate agencies including, but not limited to, the CENTERS, HOSPITAL, Purchase of Service (“POS”) providers, other state agencies, and other private sector programs.

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

7. Provision of a plan for training of staff on how to handle incidents such as consumers getting hurt or dying on the premises, and how to report such incidents.

8. Training plan for staff who are responsible for delivery of services.

9. A description of the steps that the applicant will take to comply with all of the DIVISION's reporting requirements as specified in Section 2. III. B. 4. and Section 2. III. B. 5. The applicant shall also indicate how it will use the information in the report to improve its services.

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

    a. A method for tracking authorizations.
    b. A method for assuring that consumers are informed of their rights, including the right to file a complaint, grievance, or appeal a service delivery decision.
    c. A method of documenting goals and service activity as they relate to the Individual Service Plan developed by the DIVISION designated case manager and consumer.
    d. Consumer involvement in service planning and organizational management.
    e. Statement that the applicant will participate in the use of outcome instruments at the discretion of the DIVISION.
    f. Identification of fiscal and program contact person.

C. Coordination of Services

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

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

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

2. Memorandum of agreements with other agencies.

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

D. Facilities

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

E. Management Information System (MIS) Requirements

The applicant shall submit a description of its current management information system (MIS) and plans for the future. The description shall include, but not be limited to, the following:

1. A statement about whether the applicant has conducted an assessment of whether they are a covered entity as defined by HIPAA and if completed, the resulting decision. For those applicants who consider themselves a covered entity, a description of plans to meet HIPAA standards should be attached.

2. An explanation of how the applicant currently manages information in order to submit required information and data in the format prescribed by the DIVISION. Information could be maintained electronically or manually. Required data elements captured in the provider system and reported to the DIVISION may include, but are not limited to: consumer's last name, first name, any aliases, social security number, DIVISION-generated unique ID number, DIVISION-generated authorization number, admission date, discharge date, service data using DIVISION approved procedure codes, date of birth, and gender. Where infrastructure is lacking, applicants should propose solutions and include the proportion of costs related to this contract in their response to the RFP.

3. The DIVISION may add data reporting requirements or specify required formats for downloading data or submitting claims in the future. Applicants are encouraged to describe their flexibility in meeting changing data requirements.

4. Prior to the October, 2003 HIPAA deadline to implement the new electronic transaction sets, applicants may have some choice in how they send claims. The DIVISION will accept the NSF 2.0 electronic claims format for the HCFA1500 or UB92 if all required fields and formatting requirements as specified by the DIVISION are met and following

successful testing of sample files. These conditions are subject to change. Applicants can download information from http://amh.health.state.hi.us/MIS/provinfo.htm. Note that DIVISION will migrate to and require the HIPAA required transaction sets so providers should be cautious in investing in development of claims formats which have a time limited period of usefulness.

III. Personnel: Project Organization and Staffing

A. Proposed Staffing

The applicant shall describe the proposed staffing pattern, consumer/staff ratio and proposed caseload capacity appropriate for the viability of the services as outlined in Section 2.III.A.

The applicant shall give the number and title of the positions needed to provide the specific service activities. If incumbents occupy the positions, the applicant shall give their names. The applicant shall submit position descriptions for the different kinds of staff who will be involved in providing services.

B. Staff Qualifications

The applicant shall describe in this section of its proposal how it will ensure its compliance with the personnel requirements, which includes, but not limited to, licensure, educational degrees, and experience for staff assigned to the program. Refer to Section 2.III.B.1. for personnel requirements of staff delivering specific service activities.

The applicant shall submit position descriptions for principle staff responsible for the delivery of service. Position descriptions shall include the minimum qualifications (including experience) for staff assigned to the project.

C. Supervision & Training

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

The applicant shall submit its training plan for staff who are responsible for the delivery of services.

D. Organization Chart

The applicant shall reflect in the program specific chart, 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 POS application.

IV. Service Delivery

A. Scope of Work

The service delivery section 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.

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

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

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

3. A reasonable estimate of the number of consumers it could serve and, where applicable, an indication of its total capacity (e.g. total beds available), and the number of units it will provide.

4. A description of the methods the applicant will use to determine when treatment goals are accomplished and when to terminate services. (N/A)

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

6. A statement that the applicant shall not refuse a referral, and that it shall not have an exclusionary policy that is inconsistent with the DIVISION's guidelines.

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

8. For services described in this RFP, a statement that the applicant shall participate with the DIVISION's utilization management process.

9. Where applicable, demonstration that the provider is capable of providing twenty-four (24) hour coverage for services. (N/A)

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

11. Where the service is a residential or treatment service, a weekly schedule that can be individualized to consumers and consistent with the requirements of the scope of services described in Section 2.III.A. (N/A)

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

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

14. Where there is an intention to subcontract, the applicant must demonstrate that services provided by the subcontractor are consistent with the scope of work for specific service activities described in Section 2.III.A. and with all applicable requirements specified in Section 2 including, but not limited to, compliance with reporting requirements.

15. A description of all eligible sources of revenue from third parties and plans to pursue additional sources of revenue.

B. General Requirements

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

C. Administrative Requirements

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

V. Financial

A. Pricing Methodology

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

The DIVISION is permitting the use of a unit rate pricing structure for the RFP, the applicant is requested to furnish a reasonable estimate of the maximum number of service units it can provide for which there is sufficient operating capacity (adequate, planned and budgeted space, equipment and staff). The following forms are located on the SPO website (see the POS Proposal Checklist) shall be submitted with the POS Proposal Application:

- SPO-H-205
- SPO-H-205A
- SPO-H-205B
- SPO-H-206A
- SPO-H-206B
- SPO-H-206C
- SPO-H-206E
- SPO-H-206F
- SPO-H-206H
- SPO-H-206I
- SPO-H-206J

B. Other financial related materials

1. Accounting system

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

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

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

2. Tax Clearance Certificate (Form A-6)

   An original or certified copy of a current, valid tax clearance certificate issued by the Hawaii State Department of Taxation (DOTAX) and the Internal Revenue Service (IRS) shall be submitted upon notification of award. The two-part Tax Clearance Application (Form A-6) that combines DOTAX and IRS tax clearance shall be used for this purpose.

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

VI. Other

Litigation

The applicant shall disclose any pending litigation to which it may be a party, including the disclosure of any outstanding judgement. If applicable, please explain.

Section 4
Proposal Evaluation

Section 4
Proposal Evaluation

I. Introduction

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

II. Evaluation Process

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

The evaluation will be conducted in three phases as follows:

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

A. Evaluation Categories and Threshold

Evaluation Categories		Possible Points
Mandatory Requirements		**Pass or Rejected**
POS Proposal Application		**100 Points**
Background and Summary	10 points	
Experience and Capability	20 points	
Personnel: Applicant Organization and Staffing	10 points	
Service Delivery	50 points	
Financial	10 Points	
TOTAL POSSIBLE POINTS		**100 Points**

B. Criteria for Multiple Proposals

In the event that more than one APPLICANT's proposal for a service meets the minimum requirements, the proposal will be reviewed in accordance with the following additional criteria in determining the funding allocations:

1. Interest of the State to have a variety of providers in order to provide choices for consumers.
2. Interest of the State to have geographic accessibility.
3. Readiness to initiate or resume services.
4. Ability to maximize QUEST funding, if possible.
5. Proposed budget in relation to the proposed total number of service recipients.
6. If funded in the past by the DIVISION, ability of APPLICANT to fully utilize funding.
7. Previous DIVISION contract compliance status (e.g. timely submittal of reports and corrective action plans).
8. Accreditation status.
9. APPLICANT's past fiscal performance based on the DIVISION's fiscal monitoring.
10. APPLICANT's past program performance, based on the DIVISION's program monitoring.

III. Evaluation Criteria

A. Phase 1 - Evaluation of Proposal Requirements

1. Mandatory Administrative Requirements

a. Application Checklist
b. Registration (if not pre-registered with the State Procurement Office)
c. Certifications

2. Mandatory POS Proposal Application Requirements

a. POS Application Title Page
b. Table of Contents
c. Background and Summary
d. Experience and Capability
e. Personnel: Project Organization and Staffing
f. Service Delivery
g. Financial (All required forms and documents)
h. Program Specific Requirements (as applicable)

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

1. Background and Summary (10 Points)

a. The applicant has demonstrated a thorough understanding of the purpose and scope of the service activity.

b. The applicant's goals and objectives are in alignment with the proposed service activity.

c. The applicant has described how the proposed service is designed to meet the pertinent issues and problems related to the service activity.

2. Experience and Capability (20 Points)

a. The applicant has demonstrated that it possesses the skills, abilities, knowledge of, and experience relating to the delivery of the proposed services including, but not limited, to previous and current contract performance with the DIVISION and other agencies. Up to 10 points may be deducted from agencies who in the past demonstrated unsatisfactory performance.

b. The applicant has demonstrated the ability to respond to consumer complaints that were brought to the attention of the DIVISION.

c. The applicant has sufficiently demonstrated that their management information system (MIS) shall include, but not be limited to, the following:

1) Relative to HIPAA requirements:

The applicant has completed the assessment process and states whether they consider themselves a covered entity.

2) Relative to current MIS

a) The applicant is currently able to collect all required information.
b) The applicant is currently able to collect some required information with a plan to upgrade the MIS to collect all information by the time the contract begins.
c) The applicant is not currently able to collect all required information and unable to do so in the future or no description of implementation plan to collect all required information. No points shall be applied to applicants that provide this response.
d) Relative to the applicant’s infrastructure:

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

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

4) Relative to claims:

a) The applicant is currently able to produce either paper or electronic HIPAA compliant forms.
b) The applicant will be able to produce either paper or electronic HIPAA compliant forms by the time that a contract is initiated.
c) The applicant is unable to produce either paper or electronic HIPAA compliant forms now or in the future. No points shall be applied to applicants that provide this response.

(Points shall be heavily weighted with respect to the applicant's current MIS)

d. The applicant has sufficiently described it quality improvement and risk management program which shall include the following:

1) Provision of a utilization management system.

2) Provision of satisfaction or informational surveys of consumers and appropriate agencies including, but not limited to, the CENTERS, the HOSPITAL, POS providers, and other private sector programs.

3) A policy and procedure for adequate documentation of complaints, actions taken, and demonstration of system improvement.

4) A training plan for staff who are responsible for the delivery of services.

5) A description of the steps that the applicant will take to comply with all of the DIVISION's reporting requirements as specified in Section 2, III.B.5 and an indication of how the applicant will use the information in the report to improve its delivery of services.

e. The applicant has sufficiently demonstrated its capability to coordinate services with other agencies and resources in the community. Evidence of the coordination shall include, but not be limited to, the following:

1) Proven record of cooperative efforts with other agencies in the network, if applicable.

2) Memorandum of agreements with other agencies.

3) Applicant's specific plans to develop cooperative relationships with other agencies.

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

f. Adequacy of facilities relative to the proposed services, or identification of strategies to secure such facilities.

3. Personnel: Applicant Organization and Staffing (10 Points)

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

a. The proposed staffing pattern, consumer/staff ratio, and proposed caseload capacity is reasonable to insure viability of the services.

b. Minimum qualifications including, but not limited to, required education, training, experience, certification, or licensing of staff assigned to the program.

c. Demonstrated ability to provide supervision, and where necessary clinical supervision, training, evaluation, technical assistance and administrative direction to staff for the delivery of the proposed services.

d. Two organization charts: An organization-wide chart and a program-specific organization chart. The program specific chart must include the title of each position, name of incumbent, and full time equivalency, and reflect the organizational lines of authority. A written rationale must be provided for the structure, functions, and staffing of the proposed organization of the overall service activity and tasks.

e. Demonstration of the ability of the applicant to make decisions based on organizational lines of authority and responsibility.

f. What applicable submission of evidence that the applicant is licensed and/or accredited.

g. Other organization description criteria.

4. Service Delivery (50 Points)

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

Evaluation criteria may include, but not be limited to, the following:

a. Demonstrated capability of service delivery system to meet the goals and objectives of the RFP including, but not limited to, appropriateness to consumer populations, communities, and regions.

b. A clear description of the services for consumers from point of entry to discharge, aftercare and follow-up.

c. A reasonable estimate of the number of consumers it will serve and where applicable of the number of units it will provide.

d. Demonstration of adequate methods to determine when treatment goals are accomplished and when to move consumers throughout the various service levels within the system.

e. A statement that the applicant shall not refuse a referral, and

that it shall not have an exclusionary policy that is inconsistent with the DIVISION's guidelines.

f. The program incorporates "best practices/evidence-based practices," has literature to support this, and has a system for implementing and maintain best practice program integrity.

g. A statement to assure that the applicant shall conform to the DIVISION's standardized assessment package. (N/A)

h. Where applicable, the applicant has demonstrated twenty-four (24) hour per day coverage for services.

i. Where there is an intention to subcontract, the applicant must demonstrate that services provided by the subcontractor are consistent with the scope of work for specific service activities described in Section 2.III.A. and with all applicable requirements specified in Section 2, including but not limited to, compliance with reporting requirements.

j. Where the service is a residential or treatment services, a weekly schedule that is individualized to consumers and consistent with requirements of the scope of services described in Section 2 must be provided. (N/A)

k. If applicable, a description by the applicant of their intent and plan to incorporate the services of the consumers through employment opportunities within their organization.

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

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

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

5. **Financial (10 Points)**

a. Pricing structure based on cost reimbursement (N/A)

1) Personnel costs are reasonable and comparable to positions in the community.

2) Non-personnel costs are reasonable and adequately justified.

3) To what extent does the budget support the scope of service and requirements of the Request for Proposal.

4) A cost allocation plan clearly describing the allocation of funds across several funding sources.

5) The submission of a copy of the most recent audit report or completed financial statement.

6) Adequacy of accounting system.

7) An indication of the third party reimbursements the applicant is eligible to receive and of the plans the applicant has made or is making to obtain as many third party reimbursements as possible.

b. Pricing structure based on unit rate:

1) Applicant's proposal budget is reasonable, given program resources and operational capacity.

2) Competitiveness and reasonableness of unit rate.

3) Adequacy of accounting system.

c. Tax Clearance Certificate (Form A-6)
An original or certified copy of a current, valid tax clearance certificate issued by the Hawaii State Department of Taxation (DOTAX) and the Internal Revenue Service (IRS).

C. Phase 3 - Recommendation for Award

The Evaluation Committee will prepare a notice of award which shall contain a statement of findings and decision for the award or non-award of the contract to each applicant.

Section 5
Attachments

Section 5
Attachments

Attachment	Document
A	Competitive POS Application Checklist
B	POS Proposal Application – Sample Table of Contents
C	Draft Special Conditions
D	Division P&P Regarding Consumer Complaints
E	Treatment Services Definitions
F	AMHD Level of Case Service Criteria
G	Comprehensive, Continuous, Integrated System of Care Model by Kenneth Minkoff, M.D.
H	Certifications

Attachment A

Competitive POS Application Checklist

Competitive POS Application Checklist

Applicant:_____ RFP No.:_____

The applicant's proposal must contain the following components in the order shown below. This checklist must be signed, dated and returned to the state purchasing agency as part of the POS Proposal Application. *SPO-H Forms are located on the web at http://www.spo.hawaii.gov Click on *Health and Human Services* and then on *Procurement Forms & Instruction for Private Agencies.**

Item	Reference in RFP	Format/Instructions Provided	Required by Purchasing Agency	Completed by Applicant
General:				
1. POS Proposal Application Title Page (SPO-H-200)	**Section 1, RFP**	**SPO Website***	**X**	
2. Competitive POS Application Checklist	**Section 1, RFP**	**Attachment A**	**X**	
3. Table of Contents	**Section 5, RFP**	**Attachment B**	**X**	
4. POS Proposal Application (SPO-H-200A)	**Section 3, RFP**	**SPO Website***	**X**	
5. Registration Form (SPO-H-100A)	**Section 1, RFP**	**SPO Website***	**(Required if not Pre-Registered)**	
6. Tax Clearance Certificate (Form A-6)	**Section 3, RFP**	**SPO Website***	**X (Upon contract award)**	
7. Cost Proposal (Budget)				
SPO-H-205	**Section 3, RFP**	**SPO Website***	**X**	
SPO-H-205A	**Section 3, RFP**	**SPO Website***	**X**	
SPO-H-205B	**Section 3, RFP**	**SPO Website***	**X**	
SPO-H-206A	**Section 3, RFP**	**SPO Website***	**X**	
SPO-H-206B	**Section 3, RFP**	**SPO Website***	**X**	
SPO-H-206C	**Section 3, RFP**	**SPO Website***	**X**	
SPO-H-206D	**Section 3, RFP**	**SPO Website***	**X**	
SPO-H-206E	**Section 3, RFP**	**SPO Website***	**X**	
SPO-H-206F	**Section 3, RFP**	**SPO Website***	**X**	
SPO-H-206G	**Section 3, RFP**	**SPO Website***		
SPO-H-206H	**Section 3, RFP**	**SPO Website***	**X**	
SPO-H-206I	**Section 3, RFP**	**SPO Website***	**X**	
SPO-H-206J	**Section 3, RFP**	**SPO Website***	**X**	
Certifications:				
8. Federal Certifications	**Section 1, RFP**	**Section 5, RFP**		
Debarment & Suspension			**X**	
Drug Free Workplace Requirements			**X**	
Lobbying			**X**	
Program Fraud Civil Remedies Act			**X**	
Environmental Tobacco Smoke			**X**	
Program Specific Requirements:				
9.				
10.				

_____ Authorized Signature

_____ Date

Attachment B

Sample Table of Contents for the POS Proposal Application

Organization: _____
RFP No:_____

Sample

POS Proposal Application
Table of Contents

I. Background and Summary 1

II. Experience and Capability

A. Necessary Skills and Experience 2
B. Quality Improvement and Risk Management 3
C. Coordination of Services……..4
D. Facilities 5

III. Personnel: Project Organization and Staffing

A. Proposed Staffing.....6
B. Staff Qualifications 7
C. Clinical Supervision.....8
D. Organization Chart (Program & Organization-wide - attached)

IV. Service Delivery ……9

V. Attachments

A. Cost Proposal

1. SPO-H-205 Proposal Budget for FY 2000 & 2001
2. SPO-H-206A Budget Justification – Personnel: Salaries & Wages
3. SPO-H-206B Budget Justification – Personnel: Payroll Taxes and Assessments, and Fringe Benefits
4. SPO-H-206C Budget Justification – Travel: Interisland
5. SPO-H-206E Budget Justification – Contractual Services – Administrative

B. Other Financial Related Materials

1. Financial Audit for fiscal year ended June 30, 1998.

C. Performance and Output Measurement Tables

D. Program Specific Requirements

E. Workplan Form

Attachment C

Draft Special Conditions

SPECIAL CONDITIONS

1. Time of Performance. The PROVIDER shall provide the services required under this Agreement from _____, to and including _____, unless this Agreement is extended or sooner terminated as hereinafter provided.

2. Option to Extend Agreement. Unless terminated, this Agreement may be extended by the STATE for specified periods of time not to exceed five (5) years or for not more than five (5) additional twelve (12) month periods, without resolicitation, upon mutual agreement and the execution of a supplemental agreement. This Agreement may be extended provided that the Agreement price shall remain the same or is adjusted per the Agreement Price Adjustment provision stated herein. The STATE may terminate the extended agreement at any time in accordance with General Conditions no. 4.

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

4. Audit Requirement. The PROVIDER shall conduct a financial and compliance audit in accordance with the guidelines identified in Exhibit _____ attached hereto and made a part hereof. Failure to comply with the provisions of this paragraph may result in the withholding of payments to the PROVIDER.

5. The PROVIDER shall have bylaws or policies that describe the manner in which business is conducted and policies that relate to nepotism and management of potential conflicts of interest.

Attachment D

DIVISION P&P Regarding Consumer Complaints

ADULT MENTAL HEALTH DIVISION

POLICY AND PROCEDURE MANUAL	**Number: 60.901**
AMHD Administration	Effective Date: 09/30/93 History: Replaces A-26.a; Revised 10/93
SUBJECT: Consumer Complaints	Page: 1 of 4 APPROVED:
REFERENCE: HAR 11-175-34; HRS Section 334-3(c)(12); HRS Section 334E-2(c),(d); Intra-Departmental Directive No. 80-50, 07-01-80; Intra-Departmental Directive No. 81-55, 06-30-81; Civil Rights Act of 1964, Title VI; Rehabilitation Act of 1973, Title V, Section 504; Age Discrimination Act of 1975; Americans with Disabilities Act of 1990.	(Signed by S. Harrison) Title: Chief, AMHD

PURPOSE

To develop guidelines for responding to service-related and discrimination consumer complaints.

POLICY

All service-related and discrimination consumer complaints shall be investigated, and corrective measures shall be executed in a timely manner, if such action is deemed warranted.

Each service area center shall designate a person as a Rights Advisor, who will investigate written consumer complaints and ensure that grievance procedures are followed.

PROCEDURE

A. Service-Related Consumer Complaints:

1. A consumer's complaint shall be investigated within the organization where the alleged incident occurred. At the complainant's option, the complaint may be handled informally or formally.

    a. An informal response to a complaint means that a designated staff investigates the complaint, and resolves the matter within the organization to the consumer's satisfaction. (See attached "Important Rules for Handling Complaints.")

    b. A formal response necessitates the completion of an Incident Report Form by the complainant at the time the complaint is made. Copies of the Incident Report shall be submitted to the Center's Rights Advisor, who will conduct an investigation.

1) Within 15 working days of receiving the complaint, the Rights Advisor shall investigate the complaint and submit a written report to the complainant and program administrator as to the progress and results of the investigation, including any remedial action taken. A written report must be made every 15 working days until the complaint is resolved. All staff shall cooperate with the Rights Advisor during the course of the investigation.

2) If the Rights Advisor or the program administrator believes that (s)he cannot conduct a full and fair investigation because of a conflict of interest, the administrator of the program where the complaint originated shall appoint another qualified individual to conduct the investigation.

3) Within 15 working days after receiving the Rights Advisor's written report, the administrator of the program where the complaint originated shall issue a statement to the complainant reporting what corrective measures, if any, will be taken.

4) If the complainant is not satisfied with the Rights Advisor's investigation or report, the complainant may then appeal in writing to the AMHD Chief. The Chief shall re-open the investigation and submit a written report to the complainant within 30 working days of receipt of appeal, and every 30 days thereafter, stating results of the investigation and reporting what corrective measures, if any, will be taken.

5) If the complainant remains dissatisfied, the complainant may then appeal to the Protection and Advocacy Agency of Hawaii and/or other advocacy agencies which may be willing to act on behalf of consumers.

2. The consumer shall sign a "Consent to Release Information" form before clinical information is shared outside the clinical setting.

3. Allegations which appear to be serious breaches of care standards by an employee and/or breaches of professional ethics shall be immediately reported verbally and in writing to the Center Chief and AMHD Chief by the staff receiving the complaint.

   a. The Center Chief and AMHD Chief, or designee, shall consult with the DOH Personnel Officer in all subsequent actions taken in response to the allegations. In the interest of consumer and employee concerns, concerted efforts shall be made to effect a prompt investigation and resolution of the complaint.

   b. The Center Chief is responsible for informing the employee against whom the complaint has been made.

B. Discrimination Complaints:

1. A complaint shall be investigated within the organization where the alleged incident occurred, whenever possible. At the complainant's option, the complaint may be handled informally or formally.

   a. Informal response: same as for service-related complaints.

   b. A formal response necessitates the completion of an Incident Report form by the complainant within 180 days of the incident. The complainant shall be given a copy of "Equal Health Care -- It's Your Right" (Reference No. B14, State Department of Health) and helped to understand his/her rights.

      The written complaint may be addressed to the administrator of the program where the alleged incident occurred, <u>or</u> the Affirmative Action Officer of the State Department of Health, <u>or</u> the Region IX Director of the Office for Civil Rights, U.S. Department of Health and Human Services.

      1) If the complaint is directed to the program administrator, the administrator shall respond in writing to the complainant within 30 days, stating the findings and outlining what corrective measures, if any, will be taken. In complex circumstances, additional time may be utilized, as

long as the complainant is kept informed as to the status of the investigation.

2) Responses to complaints directed to the State Affirmative Action Officer or Office of Civil Rights are outside the jurisdiction of the Department. However, staff are encouraged to assist consumers access these offices whenever appropriate.

2. Nothing in these procedures shall prevent a consumer from initiating a complaint with the Office of Ombudsman or other consumer advocacy organizations.

C. All written complaints and written responses shall be kept in a separate file and stored according to the guidelines on managing records.

ATTACHMENT

Incident Report

Date of Review: ___/___/___; ___/___/___; ___/___/___; ___/___/___

Initials: [_____] [_____] [_____] [_____]

DIVISION USE

INCIDENT REPORT / CONSUMER COMPLAINT

NAME OF CONSUMER:_____ **DATE:**_____

ADDRESS OF CONSUMER:_____ **TELEPHONE #:**_____

PERSON COMPLETING FORM:_____ **RELATION TO CONSUMER:**_____

DATE AND TIME OF INCIDENT:_____

SPECIFIC LOCATION OF INCIDENT:_____

_____

SUMMARY OF COMPLAINT:_____

_____

_____

_____

_____

_____

_____

_____

WITNESSES, IF ANY (names, addresses, telephone numbers, etc):_____

_____

_____

_____

_____

RECOMMENDATIONS TO CONSUMER/REPRESENTATIVE:_____

_____

_____

_____

SIGNATURE OF PERSON COMPLETING FORM:_____

FOR OFFICE USE ONLY:

DIVISION RECOMMENDATION(S)	TARGET DATE	RESULTS

Attachment to
AMHD Policy #60.901

Attachment E

Treatment Services Definitions

Diagnostic/Functional Assessment. Intensive clinical and functional evaluation which results in a treatment plan that documents and identifies needed services and supports, goals and objectives related to the provision of these services and supports, and methods for achieving the objectives. Required components include: (1) evidence that an interdisciplinary team process was conducted; (2) evidence of consumer participation including families and/or guardians where required; (3) assessment of a person's psychological, neuropsychological, psychiatric, psychosocial, and physical health (including nutrition) associated with a person's mental health, as well as conducting a risk and developmental assessment; and (4) periodic review of the treatment plan which shall occur no less frequently than every ninety (90) days. This service also includes the assessment of the need for psychiatric hospitalization for persons being referred to psychiatric inpatient services to assure less restrictive alternatives are considered and evaluated when appropriate.

Biopsychosocial Rehabilitative Programs. A set of therapeutic and rehabilitative social skill building services which promotes resiliency and recovery and which allows children with serious emotional or behavioral disturbance and adults with serious mental illness to gain the necessary social, independent living, work-related, and communication skills necessary to allow them to remain in or return to communities of their choice and access naturally occurring community supports. Services include, but are not limited to: individual or group skill building activities that focus on the development of problem-solving techniques, independent living skills, social skills, medication management, and recreational activities that improve self-esteem.

Crisis Management. This service provides mobile assessment for children or adults in an active state of crisis twenty-four (24) hours per day, seven (7) days per week and can occur in a variety of settings including the consumer's home, local emergency departments, etc. It does not include transportation time to and from clinic/hospital and community settings. Immediate response is provided to conduct a thorough assessment of risk, mental status, and medical stability, explore service options in the community, and assure immediate crisis resolution and de-escalation as applicable. The presenting crisis situation is one where it is medically necessary to deliver the services in the consumer's home or natural environment setting as the consumer does not have the resources to present at the clinic for crisis services.

Licensed Crisis Residential Services. This service offers short-term, acute interventions to individuals experiencing crisis. This is a structured residential alternative or diversion from psychiatric inpatient hospitalization. Licensed Crisis Residential Services are for individuals who are experiencing a period of acute stress that significantly impairs the capacity to cope with normal life circumstances. The program provides psychiatric services that address the psychiatric, psychological, and behavioral health needs of the individuals. Specific services are: psychiatric medical assessment, crisis stabilization and intervention, medication management and monitoring, individual, group and/or family counseling, daily living skills training, and linkage to other services, as needed.

Counseling and Psychotherapy Services. Individual, group or family face-to-face services include symptom/behavior management, development, restoration, or enhancement of adaptive behaviors and skills, enhancement or maintenance of daily living skills. These skills include those necessary to access community resources and support systems, interpersonal skills, and restoration or enhancement of the family unit and/or support of the family.

Medication/Somatic Treatment. Medical interventions include: physical examinations; prescription, supervision or administration of psychoactive medications; monitoring of diagnostic studies; and medical interventions needed for effective mental health treatment provided as either an individual or group intervention. Activities include promoting compliance, evaluating the clinical effectiveness of the medication, monitoring and treating the side effects of medication and any adverse reactions, and providing education and direction for symptom and medication self-management. Group treatment is always therapeutic, educational, and interactive with a strong emphasis on group member selection, peer interaction, and support as specified in the treatment plan.

Assertive Community Treatment (ACT). ACT is an intensive case management community service for adults discharged from the state or community hospitals after multiple or extended stays. Intensive, integrated rehabilitative, crisis, treatment, and community support services provided by an interdisciplinary staff team is available twenty-four (24) hours per day, seven (7) days per week. Services offered by the ACT team must be documented in a treatment plan and must include (in addition to those provided by other systems): some medication prescription, administration, and monitoring medication and self medication; crisis assessment and intervention; symptom assessment, management, and individual supportive therapy; substance abuse and co-occurring disorders treatment; psychosocial rehabilitation and skill development; personal, social, and interpersonal skill training; consultation, education, and support for individuals, families, and their support systems; representative payee and money management; and general client support services.

Intensive Case Management. This is an intensive community rehabilitation service for adults at-risk of hospitalization, or for crisis residential or high acuity substance abuse services. Treatment and restorative interventions assist individuals to gain access to necessary services to reduce psychiatric and addiction symptoms and to develop optimal community living skills. Services can be provided by a team or an individual case manager and documented in a treatment plan. Services provided by the intensive case management team or individual include: assistance and support for the individuals in crisis situations; service coordination; consultation, education, and support for individuals, families, and their support systems; individual restorative interventions for the development of interpersonal, community coping, and independent living skills; development of symptom monitoring and management skills; medication prescription, administration, and monitoring medication and self medication; representative payee and money management; and treatment for substance abuse or other co-occurring disorders.

Screening. Determination of an individual's need and eligibility for psychiatric services, as well as registration for psychiatric evaluation and treatment.

Targeted Case Management. The least intensive model of case management and it is generally used in conjunction with at least one additional community mental health service. Interventions employed to assist eligible individuals in gaining access to needed medical services, including psychiatric, social, educational, vocational, and other services. Services include, but are not limited to, maintenance of a supportive relationship to assist with problem solving and development of necessary skills to sustain recovery; regular contact for the purpose of assessing or reassessing needs for planning or monitoring services; contact with collaterals (family and agency) to mobilize services and provide support and education; advocacy on behalf of the individual; coordination of services specified in the plan, such as medication management and rehabilitation activities; and some limited crisis intervention.

Treatment Planning. Development of a comprehensive, individualized document specifying treatment modalities and interventions to be provided for the consumer that is approved by a licensed psychiatrist, licensed psychologist, or licensed advanced psychiatric practice nurse. The plan is derived from the assessment and includes:

1. DSM – IV, five axes diagnoses;
2. Signs and symptoms expressed in measurable terms;
3. Specification of needs or problems which are barriers to consumer's enhancement of independent psychosocial functioning;
4. Integration of consumer's preferences, expectations, strengths, and expressed goals;
5. Clearly stated measurable, output performance, and outcome measurements;
6. Intervention and treatment methods which specifically address identified needs or problems;
7. Identification of staff, community supports, other professionals responsible for treatment or interventions;
8. Medications prescribed;
9. A prognosis expressed in expected length of stay in current level of care.

Licensed psychiatrists shall approve treatment plans for consumers who have prescribed medications. Licensed psychologists and licensed advanced practice psychiatric nurses may approve treatment plans for consumers who have not been prescribed medications. There should be some cooperation between all three on all treatment plans in case some consumers have unidentified needs.

Supported Housing Program. This program provides housing for persons who are able to live in the community with appropriate supports. This type of housing is directed to those individuals who desire, and are capable of, living independently with flexible tailored services in accordance with their needs. Services are provided, with prior authorization from the Adult Mental Health Division ("DIVISION"), to targeted consumers and include, but are not limited to, assisting consumers in search of housing,

developing and sustaining working relationships with local landlords and property managers, working collaboratively with DIVISION-designated case managers regarding consumer/tenant status, and assisting consumers/tenants in meeting tenancy requirements under the Supported Housing Program.

Pharmaceuticals. As defined in Chapter 10 of the Medicaid Provider's Manual, "pharmacy services as allowed by the Medicaid program pays for medically necessary and non-experimental drugs and pharmacy services with certain limitations." The dispensement and drug formulary shall be in accordance with the guidelines as specified in Chapter 19 of the Medicaid Provider Manual Pharmacy Services (Date issued: November 15, 2001; Date revised: November 5, 2001).

Medical Supplies. As defined in Chapter 10 of the Medicaid Provider Manual, "durable medical equipment, prosthetic and orthotic devices and medical supplies (DMEPOS) include medically necessary equipment/appliances/items provided either through purchase or rental and prescribed by a physician for the maximum reduction of medical disability and for the restoration or maximum improvement in the patient's functional level."

Ancillary Services. Not considered as a main part of a patient's treatment milieu. Services are regarded as supportive services which may include durable medical equipment and medical supplies, as defined in Chapter 10 of the Medicaid Provider Manual.

Attachment F

AMHD Level of Care Service Criteria

RESPITE SERVICES
Effective Date 09/16/02

Respite services provide short-term, 24-hour supports of individuals who need non-crisis care outside their primary residence for a limited period of time or who need additional supports in their own residence (in-home) for a limited period of time. Distinct respite settings must be home like and integrated into the community.

The goals of respite care program services include:

1. To provide respite care within a family-centered framework, with strong caregiver involvement in respite services development.

2. To provide respite care services which are flexible and responsive to the individual needs of all families, honoring the ethnic, cultural and geographic differences of families.

3. To secure and train respite care providers to service families in need of respite services.

Level Of Care	LOCUS Level 2
Population Focus	Adults who are registered and eligible for Adult Mental Health Division services who meet the following criteria
Initial Authorization	Unit-6 hours, 12 units
Re-Authorization	Unit-6 hours, 12 units
Admission Criteria	Meets all of the following: 1. Consumer has low risk of harm with no current suicidal or homicidal ideation, plan, or intentions 2. Functional impairment is such that consumer cannot manage their daily skills without supervision or support from others 3. Either there is no co-morbidity or, if it exists, is no immediately threatening or debilitating 4. Environmental concerns as evidenced by significant discords in family relationships or danger in or near habitat 5. Support system have incomplete ability to participate full time in care or resources are not abundant enough to meet the needs of the consumer and family system 6. Strong professional or peer support is needed to sustain recovery 7. Consumer has at least limited ability to accept responsibility for recovery and to engage in treatment
Continued Stay Criteria	Meets all of the following: 1. Environmental supports need this service so that their supports can continue effectively 2. There is a reasonable likelihood that this service will

	increase the capacity for community and family supports 3. The service is not a substitute for a needed higher level of care 4. Reception of this service is resulting in maintenance of functioning and supports 5. There are no other community supports in place that can provide this service
Discharge Criteria	Meets one of the following: 1. Consumer's functioning has improved to the point where appropriate self care is possible without additional supports 2. Alternate community supports have been identified and are in place to substitute for this service 3. Consumer's needs have increased to the point where more intensive services are needed
Service Exclusions	There are no service exclusions for this service except for Inpatient, Crisis Stabilization, Licensed Crisis Residential, and Specialized Residential.
Clinical Exclusion	1. Consumers who are at risk for harm to self or others 2. Consumers who have no support system for which respite can assist 3. Consumers who are in crisis and in need of crisis services 4. Consumers who need a higher level of supervision and housing and/or treatment

Attachment G

Comprehensive, Continuous, Integrated System of Care Model by Kenneth Minkoff, M.D.

Comprehensive, Continuous, Integrated System of Care Model

By Kenneth Minkoff, M.D.

The eight research-derived and consensus-derived principles that guide the implementation of the CCISC are as follows:

1. *Dual diagnosis is an expectation, not an exception:* Epidemiologic data defining the high prevalence of comorbidity, along with clinical outcome data associating individuals with co-occurring psychiatric and substance disorders ("ICOPSD") with poor outcomes and high costs in multiple systems, imply that the whole system, at every level, must be designed to use all of its resources in accordance with this expectation. This implies the need for an integrated system planning process, in which each funding stream, each program, all clinical practices, and all clinician competencies are designed proactively to address the individuals with co-occurring disorders who present in each component of the system already.

2. *All ICOPSD are not the same; the national consensus four quadrant model for categorizing co-occurring disorders (NASMHPD, 1998) can be used as a guide for service planning on the system level.* In this model, ICOPSD can be divided according to high and low severity for each disorder, into high-high (Quadrant IV), low MH – high SA (Quadrant III), high MH – low SA (Quadrant II), and low-low (Quadrant I). High MH individuals usually have SPMI and require continuing integrated care in the MH system. High SA individuals are appropriate for receiving episodes of addiction treatment in the SA system, with varying degrees of integration of mental health capability.

3. *Empathic, hopeful, integrated treatment relationships are one of the most important contributors to treatment success in any setting; provision of continuous integrated treatment relationships is an evidence based best practice for individuals with the most severe combinations of psychiatric and substance difficulties.* The system needs to prioritize a) the development of clear guidelines for how clinicians in any service setting can provide integrated treatment in the context of an appropriate scope of practice, and b) access to continuous integrated treatment of appropriate

intensity and capability for individuals with the most complex difficulties.

4. *Case management and care must be balanced with empathic detachment, expectation, contracting, consequences, and contingent learning for each client, and in each service setting.* Each individual client may require a different balance (based on level of functioning, available supports, external contingencies, etc.); and in a comprehensive service system, different programs are designed to provide this balance in different ways. Individuals who require high degrees of support or supervision can utilize contingency based learning strategies involving a variety of community based reinforcers to make incremental progress within the context of continuing treatment.

5. *When psychiatric and substance disorders coexist, both disorders should be considered primary, and integrated dual (or multiple) primary diagnosis-specific treatment is recommended.* The system needs to develop a variety of administrative, financial, and clinical structures to reinforce this clinical principle, and to develop specific practice guidelines emphasizing how to integrate diagnosis-specific best practice treatments for multiple disorders for clinically appropriate clients within each service setting

6. *Both mental illness and addiction can be treated within the philosophical framework of a "disease and recovery model" (Minkoff, 1989) with parallel phases of recovery (acute stabilization, motivational enhancement, active treatment, relapse prevention, and rehabilitation/recovery), in which interventions are not only diagnosis-specific, but also specific to phase of recovery and stage of change.* Literature in both the addiction field and the mental health field has emphasized the concept of stages of change or stages of treatment, and demonstrated the value of stagewise treatment (Drake et al, 2001.)

7. *There is no single correct intervention for ICOPSD; for each individual interventions must be individualized according to quadrant, diagnoses, level of functioning, external constraints or supports, phase of recovery/stage of change, and (in a managed care system) multidimensional assessment of level of care requirements.* This principle forms the basis for developing clinical practice guidelines for assessment and treatment matching. It also forms the basis for designing the template of the CCISC, in which

each program is a dual diagnosis program, but all programs are not the same. Each program in the system is assigned a "job": to work with a particular cohort of ICOPSD, providing continuity or episode interventions, at a particular level of care. Consequently, all programs become mobilized to develop cohort specific dual diagnosis services, thereby mobilizing treatment resources throughout the entire system.

8. *Clinical outcomes for ICOPSD must also be individualized, based on similar parameters for individualizing treatment interventions.* Abstinence and full mental illness recovery are usually long term goals, but short term clinical outcomes must be individualized, and may include reduction in symptoms or use of substances, increases in level of functioning, increases in disease management skills, movement through stages of change, reduction in "harm" (internal or external), reduction in service utilization, or movement to a lower level of care. Systems need to develop clinical practice parameters for treatment planning and outcome tracking that legitimize this variety of outcome measures to reinforce incremental treatment progress and promote the experience of treatment success.

Attachment H

Certifications

CERTIFICATIONS

1. CERTIFICATION REGARDING DEBARMENT AND SUSPENSION

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

(a) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal Department or agency;

(b) have not within a 3-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

(c) are not presently indicted or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (b) of this certification; and

(d) have not within a 3-year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause or default.

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

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

2. CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

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

(a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;

(b) Establishing an ongoing drug-free awareness program to inform employees about--
   (1) The dangers of drug abuse in the workplace;
   (2) The grantee's policy of maintaining a drug-free workplace;
   (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
   (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

(c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a) above;

(d) Notifying the employee in the statement required by paragraph (a), above, that, as a condition of employment under the grant, the employee will--
   (1) Abide by the terms of the statement; and
   (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

(e) Notifying the agency in writing within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central

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

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

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

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

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

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

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

3. CERTIFICATION REGARDING LOBBYING

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

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

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

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

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

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

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

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

5. CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

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

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

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

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

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

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	TITLE
APPLICANT ORGANIZATION	DATE SUBMITTED