

State of Hawaii
Department of Health
Adult Mental Health Division

Request for Proposals

RFP No. HTH 420-2-07 Assertive Community Treatment (ACT) Service for Oahu and Hawaii

Date Issued
April 16, 2007

Date Due
June 14, 2007

Note: If this RFP was downloaded from the State Procurement Office RFP Website each applicant must provide contact information to the RFP contact person for this RFP to be notified of any changes. For your convenience, you may download the [RFP Interest form](#), complete and e-mail or mail to the RFP contact person. The State shall not be responsible for any missing addenda, attachments or other information regarding the RFP if a proposal is submitted from an incomplete RFP.

April 16, 2007

REQUEST FOR PROPOSALS

ASSERTIVE COMMUNITY TREATMENT SERVICES (ACT) FOR OAHU AND HAWAII RFP No. HTH 420-2-07

The Department of Health, Adult Mental Health Division (“DIVISION”), is requesting proposals from qualified applicants to provide Assertive Community Treatment (ACT) services for Oahu and Hawaii. The contract term will be from November 1, 2007 through October 31, 2008. Multiple contracts will be awarded under this request for proposals.

Proposals shall be mailed, and postmarked by the United State Postal Service on or before June 14, 2007, and received no later than 10 days from the submittal deadline. Hand delivered proposals shall be received no later than 4:00 p.m., Hawaii Standard Time (HST), on June 14, 2007, at the drop-off sites designated on the Proposal Mail-in and Delivery Information Sheet. Proposals postmarked or hand delivered after the submittal deadline shall be considered late and rejected. There are no exceptions to this requirement.

The DIVISION will conduct a video-orientation on April 26, 2007. The time and place for the RFP orientation session is stated in Section 1, Administrative Overview of the RFP. All prospective applicants are encouraged to attend the orientation.

The deadline for submission of written questions is 4:00 p.m., HST, on May 4, 2007. All written questions will receive a written response from the State on or about May 18, 2007.

Inquiries regarding this RFP should be directed to the RFP contact person, Ms. Betty Uyema at 1250 Punchbowl Street, Room 256, Honolulu, Hawaii 96813, telephone: (808) 586-4688, fax: (808) 586-4745, email: byuyema@amhd.health.state.hi.us.

PROPOSAL MAIL-IN AND DELIVERY INFORMATION SHEET

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

**ALL MAIL-INS MUST BE POSTMARKED BY UNITED STATES POSTAL SERVICE
(USPS) NO LATER THAN
June 14, 2007
and received by the state purchasing agency no later than 10 days from the submittal
deadline.**

All Mail-ins

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

RFP Contact Person

Betty Uyema
For further info. or inquiries
Phone: 586-4688
Fax: 586-4745

ALL HAND DELIVERIES SHALL BE ACCEPTED AT THE FOLLOWING SITES UNTIL
4:00 P.M., Hawaii Standard Time (HST) June 14, 2007.

Drop-off Sites

Oahu:

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

BE ADVISED: All mail-ins postmarked by USPS after **June 14, 2007**, and not received within
10 days will be rejected.

Hand deliveries will **not** be accepted after **4:00 p.m., HST, June 14, 2007.**

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., HST, June 14,
2007.**

RFP Table of Contents

Section 1 Administrative Overview

I.	Procurement Timetable.....	1-1
II.	Website Reference.....	1-2
III.	Authority.....	1-2
IV.	RFP Organization.....	1-3
V.	Contracting Office.....	1-3
VI.	Orientation.....	1-3
VII.	Submission of Questions.....	1-4
VIII.	Submission of Proposals.....	1-4
IX.	Discussions with Applicants.....	1-7
X.	Opening of Proposals.....	1-7
XI.	Additional Materials and Documentation.....	1-7
XII.	RFP Amendments.....	1-8
XIII.	Final Revised Proposals.....	1-8
XIV.	Cancellation of Request for Proposals.....	1-8
XV.	Costs for Proposal Preparation.....	1-8
XVI.	Provider Participation in Planning.....	1-8
XVII.	Rejection of Proposals.....	1-8
XVIII.	Notice of Award.....	1-9
XIX.	Protests.....	1-10
XX.	Availability of Funds.....	1-11
XXI.	Monitoring and Evaluation.....	1-11
XXII.	General and Special Conditions of the Contract.....	1-11
XXIII.	Cost Principles.....	1-15

Section 2 - Service Specifications

I.	Introduction.....	2-1
	A. Overview, Purpose or Need.....	2-1
	B. Planning activities conducted in preparation of this RFP.....	2-2
	C. Description of the goals of 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.....	2-4
II.	General Requirements.....	2-5
	A. Specific Qualifications or Requirements.....	2-5
	B. Secondary Purchaser Participation.....	2-14
	C. Multiple or Alternate Proposals.....	2-14
	D. Single or Multiple Contracts to be Awarded.....	2-14
	E. Single or Multi-Term Contracts to be Awarded.....	2-15
	F. RFP Contact Person.....	2-15
III.	Scope of Work.....	2-16
	A. Service Activities.....	2-16

B.	Management Requirements	2-29
IV.	Facilities	2-43

Section 3 - Proposal Application Instructions

	General Instructions for Completing Applications	3-1
I.	Program Overview	3-1
II.	Experience and Capability	3-2
A.	Necessary Skills	3-2
B.	Experience	3-2
C.	Quality Assurance and Evaluation	3-2
D.	Coordination of Services	3-5
E.	Facilities	3-5
F.	Management Information Systems (MIS) Requirements	3-5
III.	Project Organization and Staffing	3-6
A.	Staffing	3-6
B.	Project Organization	3-7
IV.	Service Delivery	3-7
V.	Financial	3-9
A.	Pricing Structure	3-9
B.	Other Financial Related Materials	3-10
VI.	Other	3-11
A.	Litigation	3-11

Section 4 – Proposal Evaluation

I.	Introduction	4-1
II.	Evaluation Process	4-1
III.	Evaluation Criteria	4-2
A.	Phase 1 – Evaluation of Proposal Requirements	4-2
B.	Phase 2 – Evaluation of Proposal Application	4-2
C.	Phase 3 – Recommendation for Award	4-8

Section 5 – Attachments

Attachment A.	Proposal Application Checklist
Attachment B.	Sample Proposal Table of Contents
Attachment C.	Draft of Special Conditions
Attachment D.	Consumer Rights
Attachment E.	Division P & P Regarding Consumer Grievances Division P & P Regarding Consumer Appeals
Attachment F.	QMHP and Supervision
Attachment G.	Definitions of Mental Health Workers
Attachment H.	Certifications
Attachment I.	Form SPO-H-205A Instructions
Attachment J.	Draft Practice Philosophy

Attachment K. Draft Psychopharmacological Practice Guidelines
Attachment L. Co-Occurring Disorders Educational Competency Assessment
Tool (CODECAT)

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 RFP's, state purchasing agencies may add additional information as applicable. It is the responsibility of the applicant to understand the requirements of *each* RFP.

I. Procurement Timetable

Note that the procurement timetable represents the State's best estimated schedule. Contract start dates may be subject to the issuance of a notice to proceed.

Activity	Scheduled Date
Public notice announcing RFP	<u>4/16/07</u>
Distribution of RFP	<u>4/16/07</u>
RFP orientation session	<u>4/26/07</u>
Closing date for submission of written questions for written responses	<u>5/04/07</u>
State purchasing agency's response to applicants' written questions	<u>5/18/07</u>
Discussions with applicant prior to proposal submittal deadline (optional)	<u>n/a</u>
Proposal submittal deadline	<u>6/14/07</u>
Discussions with applicant after proposal submittal deadline (optional)	<u>n/a</u>
Final revised proposals (optional)	<u>n/a</u>
Proposal evaluation period	<u>6/19/07 –</u> <u>6/27/07</u>
Provider selection	<u>6/27/07</u>
Notice of statement of findings and decision	<u>7/6/07</u>
Contract start date	<u>11/1/2007</u>

II. Website Reference

The State Procurement Office (SPO) website is www.spo.hawaii.gov

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

Non-SPO websites

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

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

III. Authority

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

Applicants are advised that the entire RFP, appendices, amendments, memorandum, written responses to questions and answers, and the corresponding proposal shall be a part of the contract with the successful applicant.

IV. RFP Organization

This RFP is organized into five sections:

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

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

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

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

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

V. Contracting Office

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

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

VI. Orientation

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

Date: April 26, 2007 Time: 9:00 – 10:30 a.m.

Location: Oahu: Keoni Ana Bldg. 1177 Alakea St., #302 Honolulu, Hawaii

Kona: Kona District Health Office, 79-1015 Haukapila St.,
Kealahou, Hawaii

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

VII. Submission of Questions

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

Deadline for submission of written questions:

Date: May 4, 2007 **Time:** 4:00 P.M. HST

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

Date: May 18, 2007

VIII. Submission of Proposals

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

- 1. Proposal Application Identification (Form SPO-H-200)** - Provides identification of the proposal.
- 2. Proposal Application Checklist** – Provides applicants with information on where to obtain the required forms; information on program specific requirements; which forms are required and the order in which all components should be assembled and submitted to the state purchasing agency.
- 3. Table of Contents** - A sample table of contents for proposals is located in Section 5, Attachments. This is a sample and meant as a guide. The table of contents may vary depending on the RFP.

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

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

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

Division. Foreign insurance companies must register with DCCA, Insurance Division. More information is on the DCCA website. (See paragraph II, Website Reference.)

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

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

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

- H. Proposal Submittal –** All mail-ins shall be postmarked by United States Postal System (USPS) and received by the State purchasing agency no later than the submittal deadline indicated on the attached Proposal Mail-In and Deliver Information Sheet. All hand deliveries shall be received by the State purchasing agency by the date and time designated on the Proposal Mail-In and Delivery Information Sheet. Proposals shall be rejected when:
- postmarked after the designated date; or
 - postmarked by the designated date but not received within 10 days from the submittal deadline; or
 - If hand delivered, received after the designated date and time.

The number of copies required is located on the Proposal Mail-In and Delivery Information Sheet. Deliveries by private mail services such as FEDEX shall be considered hand deliveries and shall be rejected if

received after the submittal deadline. Dated USPS shipping labels are not considered postmarks.

Proposals shall be considered non-responsive and rejected if subcontracting for the provision of ACT services to meet RFP requirements.

IX. Discussions with Applicants

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

From the issue date of this RFP until an applicant is selected and the selection is announced, communications with State staff may be pursuant to Chapter 3-143, Hawaii Administrative Rules (HAR).

In order to provide equal treatment to all applicants, questions from applicants shall be submitted in writing and answers to applicants shall be distributed to all known interested parties.

X. Opening of Proposals

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

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

XI. Additional Materials and Documentation

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

The DIVISION reserves the right to conduct an on-site visit to verify the appropriateness and adequacy of the applicant's proposal before the award of the contract.

XII. RFP Amendments

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

XIII. Final Revised Proposals

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

XIV. Cancellation of Request for Proposal

The 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.

XV. Costs for Proposal Preparation

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

XVI. Provider Participation in Planning

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

XVII. Rejection of Proposals

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

The DIVISION also reserves the right to waive minor variances in proposals providing such action is in the best interest of the State. Where the DIVISION may waive minor variances, such waiver shall in no way modify the RFP requirements or excuse an applicant from full compliance with the RFP specifications and other contract requirements if the applicant is awarded the contract.

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

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

XVIII. Notice of Award

A statement of findings and decision shall be provided to all applicants by mail upon completion of the evaluation of competitive purchase of service proposals.

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

No work is to be undertaken by the awardee prior to the contract commencement date. The State of Hawaii is not liable for any costs incurred prior to the official starting date.

Upon receipt and acceptance of the winning proposal, the DIVISION shall initiate the contracting process. The applicant who has been awarded a contract shall be notified in writing that the DIVISION intends to contract with the applicant. This letter shall serve as notification that the applicant should begin to develop its programs, materials, policies and procedures for the contract. The DIVISION will not reimburse applicants for costs incurred related to services not delivered

The DIVISION reserves the right to review any provider contracts or agreements prior to the notification of award of the contract. Upon award of the contract, the applicant shall submit a plan for implementation of services and shall provide progress/performance reports every two weeks beginning two weeks after the notification of contract award. The format to be used shall be approved by the DIVISION. The purpose of the reports is to ensure that the applicant will be ready to provide services as of the implementation date of the contract and that all required elements are in place. If the applicant is not able to demonstrate readiness to implement the contract, the award shall be withdrawn by the DIVISION and the next qualified applicant shall replace the applicant. **NOTE:** Subcontracting for the provision of ACT services that meet the requirements of this RFP is not allowed.

After the award of the contract, prior to implementation, an on-site readiness review will be conducted by a team from the DIVISION and will examine the applicant's staffing and provider contracts, fiscal operations, and other areas specified prior to review. **NOTE:** Subcontracting for the provision of ACT services that meet the requirements of this RFP is not allowed.

XIX. Protests

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

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

The Notice of Protest shall be postmarked by USPS or hand delivered to 1) the head of the state purchasing agency conducting the protested procurement and 2) the procurement officer who is conducting the procurement (as indicated below) within five (5) working days of the postmark of the Notice of Findings and

Decision sent to the protestor. Delivery services other than USPS shall be considered hand deliveries and considered submitted on the date of actual receipt by the state purchasing agency.

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

XIX. Availability of Funds

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

XX. Monitoring and Evaluation

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

The applicant shall comply with all of the requirements of the RFP and contract and DIVISION shall have no obligation to refer any consumers to the applicant until such time as all of said requirements have been met. The criteria by which the performance of the contract will be monitored and evaluated are:

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

XXI. General and Special Conditions of Contract

The general conditions that will be imposed contractually are on the SPO website. (See paragraph II, Website Reference). Special conditions may also be imposed contractually by the state purchasing agency, as deemed necessary. Terms of the special conditions may include, but not limited to, the requirements as outlined in Section 5, Attachment C.

A. Termination of the Contract

1. This contract may terminate or may be terminated by the DIVISION for any or all of the following reasons:
 - a. For any default by the applicant
 - b. For necessity or convenience
 - c. In the event of the insolvency of or declaration of bankruptcy by the applicant
 - d. In the event sufficient appropriated; otherwise unobligated funds no longer exist for the payment of the DIVISION obligations hereunder.

2. Procedure for Termination

The applicant shall:

- a. Stop work under the contract on the date and to the extent specified in the notice of termination.
- b. Notify the consumers of the termination of the contract and arrange for the orderly transition to the new provider.
- c. Place no further orders for materials, services, or facilities, except as may be necessary for completion of the work under the portion of the contract that is not terminated. **NOTE:** Subcontracting for the provision of ACT services that meet the requirements of this RFP is not allowed.
- d. Terminate all orders to the extent that they relate to the performance of work terminated by the notice of termination. **NOTE:** Subcontracting for the provision of ACT services that meet the requirements of this RFP is not allowed.
- e. Assign to the DIVISION in the matter and to the extent directed by the DIVISION Chief of the right, title, and interest of the applicant under the orders so terminated, in which case the DIVISION shall have the right, in its discretion, to settle or pay any or all claims arising out of the termination of such orders. **NOTE:** Subcontracting for the provision of ACT services that meet the requirements of this RFP is not allowed.

- f. With the approval of the DIVISION Chief, settle all outstanding liabilities and all claims arising out of such termination of orders the cost of which would be reimbursable in whole or in part, in accordance with the provisions of the contract. **NOTE:** Subcontracting for the provision of ACT services that meet the requirements of this RFP is not allowed.
- g. Complete the performance of such part of the work as shall not have been terminated by the notice of the termination.
- h. Take such action as may be necessary, or as the DIVISION Chief may direct, for the protection and preservation of any and all property or information related to the contract which is in the possession of the applicant and in which the DIVISION has or may acquire an interest.
- i. Within ten (10) working days from the effective date of the termination, deliver to the DIVISION copies of all current data files, program documentation, and other documentation and procedures used in the performance of the contract at no cost to DIVISION. The applicant agrees that the DIVISION or its agent shall have a non-exclusive, royalty-free right to the use of such documentation.

3. Termination Claims

After receipt of a notice of termination, the applicant shall submit to the DIVISION Chief any termination claim in the form and with the certification prescribed by the DIVISION Chief. Such claim shall be submitted promptly but in no event later than sixty (60) days from the effective date of termination. Upon failure of the applicant to submit its termination claims within the time allowed, the DIVISION Chief may, subject to any review required by the State procedures in effect as of the date of execution of the contract, determine, on the basis of information available to him/her, the amount, if any, due to the applicant by reason of the termination and shall thereupon cause to be paid to the applicant the amount to be determined.

Upon receipt of notice of termination, the applicant shall have no entitlement to receive any amount of lost revenues or anticipated profits or for expenditures associated with this or any other contract. The applicant shall be paid only the following upon termination:

- a. At the contract price(s) for the number of consumers serviced by the applicant at the time of termination; and/or
- b. At a price mutually agreed by the applicant and the DIVISION.

In the event of the failure of the applicant and the DIVISION to agree in whole or in part as to the amounts with respect to costs to be paid to the applicant in connection with the total or partial termination of work pursuant to this article, the DIVISION shall determine on the basis of information available the amount, if any, due to the applicant by reason of termination and shall pay to the applicant the amount so determined.

The applicant shall have the right to appeal any such determination made by the DIVISION.

B. Extension of Contract

Options for renewal or extension shall be based on the applicant's satisfactory performance of the contracted services(s) and availability of funds.

Extensions beyond the award period will be time limited in order to accomplish specific short-term goals of the DIVISION. An extension beyond the award period does not imply further extensions once the extension date has ended.

C. Dispute Resolution

Any disputes concerning a question of a fact arising under the contract, which is not disposed of by an agreement shall be decided by the DIVISION Chief or his/her duly authorized representative. The decision shall be in writing and forwarded to the applicant. The decision shall be final and conclusive unless determined by a court of competent jurisdiction to have been fraudulent, capricious, arbitrary, or as grossly erroneous as necessary to imply bad faith. In connection with any dispute proceeding under this clause, the applicant shall be afforded an opportunity to be heard and to offer evidence in support of his/her dispute. Pending final decision of a dispute, the applicant shall proceed diligently with the performance of the contract in accordance with the disputed decision.

XXII. Cost Principles

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

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

Section 2

Service Specifications

I. Introduction

A. Overview, purpose or need

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

For purposes related to this RFP, the basic functions or responsibilities of the DIVISION include:

1. Defining the services to be provided to consumers by the applicant;
2. Developing the rules, policies, regulations, and procedures to be followed under the programs administered by the department;
3. Procuring, negotiating, and contracting with selected applicants;
4. Determining initial and continuing eligibility of consumers;
5. Enrolling and disenrolling consumers;
6. Reviewing and ensuring the adequacy of the applicant’s employees and providers;
7. Authorizing and determining necessity of DIVISION funded services;
8. Monitoring the quality of services provided by the applicants. **Note:** Subcontracting for the provision of ACT services to meet the requirements of this RFP is not allowed.
9. Reviewing and analyzing utilization of services and reports provided by the applicants;
10. Handling unresolved consumer grievances and appeals with the applicants;
11. Certifying Medicaid Rehabilitation Option (“MRO”) providers;
12. Authorizing and paying MRO services and claims;
13. Monitoring the financial status and billing practices of applicants;
14. Identifying and investigating fraud and abuse;
15. Analyzing the effectiveness of the program in meeting its objectives;
16. Conducting research activities;
17. Providing technical assistance to the applicants;
18. Providing consumer eligibility information to the applicants;
19. Payments to the non-MRO contracted applicants; and,
20. Imposing civil or administrative penalties, monetary penalties and/or financial sanctions for violations of specific contract provisions.

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

B. Planning activities conducted in preparation for this RFP

The DIVISION published a Request for Information on January 8, 2007 seeking the public's input on the availability of potential service providers, staffing capabilities for services, and culturally specific service capabilities.

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

C. Description of the goals of the service

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

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

Assertive community treatment (“ACT”) provides a highly complex, all-inclusive community-based service to consumers whose symptoms and impairments are not generally remedied by currently available treatments or who resist or avoid involvement in mental health services.

The goals for ACT services described in this RFP include, but are not limited to:

1. Keeping consumers out of the hospital and helping them to have a life that is not dominated by having a mental illness.
2. Lessening or eliminating debilitating symptoms of mental illness and minimizing or preventing recurrent acute episodes of the illness through creative and progressive treatment interventions and empowerment of consumers.
3. Ensuring that consumers have the basic needs and skills for sustaining community living and enhancing quality of life.
4. Realizing recovery, vocational and personal goals.
5. Improving or establishing new linkages with a variety of community services and mobilizing the involvement of the consumer’s support network.
6. Maintaining consumer engagement in treatment.
7. Engaging individuals who would not seek or remain involved with mental health services but who would benefit from them.
8. Promoting harm reduction, substance use reduction, abstinence, and recovery for consumers by providing substance abuse services.

D. Description of the target population to be served

Consumers served by ACT are individuals with severe and persistent mental illness, with severe functional impairments, who have avoided or not responded well to traditional outpatient mental health care and psychiatric rehabilitation services. Persons served by ACT often have co-existing problems such as homelessness, substance abuse problems, or involvement with the judicial system.

E. Geographic coverage of service

Islands of Oahu and Hawaii. The bidder shall specify which geographical areas they are proposing to serve. **SEPARATE PROPOSALS ARE REQUIRED TO BE SUBMITTED FOR EACH ISLAND.**

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

The source of funding is state funds or a combination of state and federal funds. Both profit and non-profit organizations are eligible for state funds. Please note that based on the availability of 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.

Start-up costs up to \$2,000.00 will be allowed for the purpose of setting up electronic billing, subject to approval by the DIVISION. Start-up costs should reference the purchase of software that performs the function of creating a Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) compliant 837, including optional fields.

The criteria for determining the amount allocated for setting up electronic billing will be based on the applicant demonstrating that they are able to submit 837 compliant claims files including DIVISION optional fields. Where software is being purchased, applicants must submit documentation from the vendor selected which includes the full purchase price of the software and supporting evidence that the software meets required specifications. Direct contact with the vendor to confirm the functionality of the product may be necessary prior to allocation of funds. Should an applicant wish to use the funding to support the costs of modifying an existing billing system, the applicant must obtain prior approval of their project plan. This plan must include milestones which demonstrate that the modifications will be completed in time to meet the electronic billing deadline referenced in this RFP. The plan must also identify personnel resources, describe the modifications planned and estimate the number of hours required to complete the project. Payment would be made upon successful acceptance of an 837 claims file by DIVISION.

The request for start-up costs is optional and not required as part of the proposal application package.

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

1. Temporarily withhold payments pending correction of a deficiency or a non-submission of a report by a provider.
2. Disallow all or part of the cost.
3. Restrict, suspend or terminate the contract.

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

Competition is encouraged among as many applicants as possible.

II. General Requirements

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

1. The DIVISION will require accreditation by the Commission on Accreditation of Rehabilitation Facilities (“CARF”), Joint Commission on Accreditation of Healthcare Organizations (“JCAHO”), International Center for Clubhouse Development (“ICCD”), Council on Accreditation (“COA”), or by another DIVISION approved certification/licensing process. Applicants that are currently accredited are required to maintain accreditation. Applicants who are not accredited are required to achieve accreditation within one (1) year from the date of contract award.
2. Applicants shall have an administrative structure in place capable of supporting the activities required by the RFP. Specifically, there shall be clinical, financial, accounting and management information systems, and an organizational structure to support the activities of the applicant.
3. The applicant shall have a written plan for disaster preparedness.
4. The applicant shall cooperate with the DIVISION in approved research, training, and service projects provided that such projects do not substantially interfere with the applicant’s service requirements as outlined in this RFP.
5. The applicant shall comply with all specified, applicable existing policies, procedures, directives, and provider manual of the DIVISION and, any applicable policies, procedures, directives, and provider manual developed in the future.
6. Whenever requested, the applicant shall submit a copy of its operating policies and procedures to the DIVISION. The copy shall be provided at the applicant’s expense with revisions and updates as appropriate.
7. The applicant shall assign staff to attend provider meetings as scheduled by the DIVISION.
8. The applicant shall notify and obtain the approval of the DIVISION prior to the presentation of any report or statistical or analytical material based on information obtained through this agreement. Formal presentation

shall include, but not be limited to papers, articles, professional publications, and presentations.

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

9. Consumer Management Requirements:

- a. Incorporate “best practices/evidence-based practices” in any consumer service.

“Best practices/evidence-based practices” are defined as a body of contemporaneous empirical research findings that produce the most efficacious outcomes for person with severe and persistent mental illness, have literature to support the practices, are supported by national consensus, and have a system for implementing and maintaining program integrity and conformance to professional standards. The DIVISION has developed fidelity scales based on best practices/evidence-based practices for some services. Applicants will be required to incorporate these into their service delivery and cooperate with educational and monitoring activities.

- b. Document evidence of consumer input into all aspects of recovery planning inclusive of service related decisions.
- c. Consumers shall be served in the “least restrictive” environment as determined by the consumer’s level of care assessment, as established in section 334-104, Hawaii Revised Statutes and in any appropriate federal guidelines.
- d. Consumers shall be made aware of and have access to community resources appropriate to their level of care and treatment needs.
- e. Consumers shall receive services in a manner compatible with their cultural health beliefs, practices and preferred language.
- f. In accordance with Chapter 11-175, Hawaii Administrative Rules, and any appropriate federal guidelines, the applicant shall respect and uphold consumer rights. The applicant shall recognize the rights of authority of the consumer in the delivery of services, in deciding on appropriate treatment and services and in providing

input into the decisions of all aspects of service. The rights of the consumer are listed in Section 5, Attachment D.

- g. 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 Policies and Procedures on Consumer Grievances and Consumer Appeals which are found in Section 5, Attachment E.
- h. The applicant shall provide the DIVISION's Quality Management program, a written record of sentinel events, incidents, grievances, and appeals and efforts to address the situation and improve services on-site.
- i. The applicant shall comply with any applicable Federal and State laws such as title VI of the Civil Rights Act of 1964 as implemented by regulations at 45 C.F.R. part 80, the Age Discrimination Act 1975 as implemented by regulations at 45 C.F.R. part 91, the Rehabilitation Act of 1973, and titles II and III of the Americans with Disabilities Act.
- j. The applicant shall describe how they protect confidential information. The applicant shall not use or disclose patient health information (PHI) in any manner that is not in full compliance with HIPAA regulations or with the laws of the State of Hawaii. The applicant shall maintain safeguards, as necessary, to ensure that PHI is not used or disclosed except as provided by the Agreement or by law. The applicant shall not use or further disclose PHI for any purpose other than the specific purposes stated in DIVISION contracts or as provided by law and shall immediately report to DIVISION any use or disclosure of PHI that is not provided by contract or by law.
- k. The applicant shall maintain confidential records on each consumer pursuant to section 334-5, Hawaii Revised Statutes, 42 U.S.C. sections 290dd-3 and 290ee.3 and the implementing federal regulations, 42 C.F.R. Part 2, if applicable, and any other applicable confidentiality statute or rule. Such records shall be made available to the DIVISION upon request.
- l. Written consumer consent shall be obtained for individuals and services funded by the DIVISION including:
 - 1) Consent for evaluation and treatment;

- 2) Consent to release information by DIVISION funded service providers as needed for continuity of care, including after care services; and
- 3) Other consent documents as needed.

Consumer consent is not required for oversight activities of the DIVISION and its agents, and in the case of Medicaid Rehabilitation Option Services (“MRO”), the Centers for Medicare and Medicaid Services (“CMS”) Office of the Inspector General (“OIG”), the Med-QUEST Division (“MQD”) and their agents.

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 SOP-H-201. This form (SPO-H-201) is available on the SPO website (see the Competitive POS Application Checklist located in the Attachments Section 5 of this RFP).
- c. Eligibility and enrollment is determined through the assessment process by DIVISION assessors. Eligible consumers are:
 - 1) At least 18 years old.
 - 2) Live in Hawaii
 - 3) Have severe and persistent mental illness, be in a state of crisis (short-term services), be victims of natural disasters and terrorism, or court ordered for treatment by the DIVISION.
- d. Notification of Changes in Consumer Status.

As part of education conducted by the DIVISION, consumers shall be notified that they are to provide the applicant, through their case manager, with any information affecting their status. The case manager and/or consumers should report changes to their case manager and/or provider. The provider should complete the DIVISION UM Admission/Discharge/Update form and send it to

UM. The DIVISION shall describe the information that is to be provided and explain the procedures to be followed through the DIVISION staff and in its printed material. The applicant shall also explain the information and the procedures to be followed by the consumers during the orientation process.

It is expected that not all consumers will remember to or be able to provide information on changes to their status. Therefore, it is important for the applicant to obtain and forward such information to the DIVISION on a timely basis and inform the consumer of his/her responsibility to report changes to their case manager.

The applicant shall notify each case manager and the DIVISION of changes in consumer status by calling or faxing the information to the DIVISION, Utilization Management unit within five (5) calendar days of discovery.

e. Changes in Consumer Status include:

- 1) Death of the consumer
- 2) Change in address, including homelessness
- 3) Change in name
- 4) Change in phone number
- 5) Institutionalization (imprisonment or long term care)
- 6) Short term inpatient psychiatric treatment
- 7) Third Party Liability (“TPL”) coverage, especially employer-sponsored, Medicare or Medicaid

f. Disenrollment from DIVISION

Consumers will be disenrolled if they are no longer living in Hawaii, refuse all services that are not court ordered, or are incarcerated. (N/A)

g. TPL means any individual, entity or Program that is or may be liable for all or part of the expenditures for furnished services. The DEPARTMENT must take all reasonable measures to identify legally liable third parties and treat verified TPLs as a resource of the consumer.

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

The Applicant shall:

- 1) Provide a list of service expenses, in the format requested by the DIVISION, for recovery purposes.
- 2) Recover service expenses incurred by consumers from all other TPL resources.
- 3) Inform the DIVISION of TPL information uncovered during the course of normal business operations.
- 4) The applicant shall describe all eligible sources of revenue from third parties and plans to pursue additional sources of revenues.

h. Fraud and Abuse/Neglect

Through its compliance program, the applicant shall identify employees, or providers who may be committing fraud and/or abuse. The applicant activities may include, but are not limited to, monitoring the billings of its employees, or providers to ensure consumers receive services for which the applicant and the State are billed; monitoring the time cards of employees that provide services to consumers under cost payment arrangements; investigating all reports of suspected fraud and over-billings (upcoding, unbundling, billing for services furnished by others, billing for services not performed, and other over-billing practices), reviewing for over- or under-utilization, verifying with consumers the delivery of services and claims, and reviewing and trending consumer complaints regarding employees, and providers.

Note: Subcontracting for the provision of ACT services that meet the requirements of this RFP is not allowed.

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

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

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

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

- j. Medicaid

The MQD under the Department of Human Services (“DHS”) administers medical assistance to qualified, indigent, uninsured

and underinsured. Aged, blind, and disabled recipients receive medical, dental, and behavioral health services under Medicaid Fee-for-Service from contracted providers. A large group of Medicaid eligible recipients receive medical and behavioral health services from contracted Medicaid Managed Care Health Plans under the QUEST and QUEST-Net programs. A small population of Medicaid Fee-for-Service, QUEST, and QUEST-Net recipients are enrolled in a behavioral health carve-out program for severely mentally ill adults. This behavioral health carve-out program is contracted by MQD. Some of the services provided to the individuals in the carve-out program are similar or identical to services provided by the DIVISION and consumers enrolled in this program shall receive services through them except for those services not included as a benefit of that program. Section 2.II.A.11.m. describes the MRO and how applicants providing certain services will participate.

- k. The applicant shall submit claims electronically in the HIPAA compliant 837 format unless a waiver permitting use of the CMS 1500 is granted from the DIVISION's Fiscal Unit. Claims shall be submitted for payment within sixty (60) days of the provision of services. Any invoices or requests for payment received after the sixty (60) days will be paid upon availability of funds. Claims for dates of service over one (1) year prior to submission of the original claim shall be denied for untimeliness.
- l. The applicant is required to provide encounter data for all services identified in the Rate Schedule which are delivered during the period of time where payment is by the cost reimbursement method. The HIPAA compliant 837 format shall be utilized to submit that data electronically.
- m. The applicant shall make an application for certification by the DIVISION, as a provider under the MRO within one (1) month of contract award and receive certification within six (6) months of contract award for MRO services. Providers must maintain certification, and shall have a ninety (90) day period to take corrective action. The DIVISION shall, on behalf of the DHS, certify providers to deliver services under the MRO.
 - 1) MRO services are:
 - a) Assertive Community Treatment (ACT);
 - b) Intensive Case Management (ICM);

- c) Psychosocial Rehabilitation Services (PSR);
 - d) Intensive Outpatient Hospital Services (Partial Hospitalization);
 - e) Therapeutic Living Supports Provided in a Mental Health and/or Substance Abuse Residential Setting (non-IMD) (Specialized Residential Services);
 - f) Licensed Crisis Residential Services (LCRS);
 - g) Crisis Mobile Outreach (CMO);
 - h) Crisis Support Management (CSM);
 - i) Respite Beds; and
 - j) Interim Housing;
- 2) The DIVISION shall be responsible for:
- a) Certification of Adult Medicaid Rehabilitation Option applicants and providers;
 - b) Utilization Management;
 - c) Receipt and adjudication of claims;
 - d) Development and maintenance of a provider manual;
 - e) Monitoring appropriateness and quality of services and claims;
 - f) Paying providers for services; and
 - g) Returning federal share that is disallowed.
- 3) The DHS shall:
- a) Set rates;
 - b) Pay federal match to the DIVISION; and
 - c) Conduct reviews of claims, encounters and other documentation.

Applicants for services listed as MRO services shall follow the Medicaid Rehabilitation Options requirements for staffing and supervision found in Section 5, Attachment F.

11. The applicant shall have licenses and certificates, as applicable, in accordance with federal, state and county regulations, and comply with all applicable Hawaii Administrative Rules.
12. Insurance Policies. In addition to the provisions of the General Conditions No. 1.4, the applicant, at its sole cost and expense, shall procure and maintain policies of professional liability insurance and other insurance necessary to insure the applicant and its employees against any claim or claims for damages arising by reason of personal injuries or death occasioned directly or indirectly in connection with the performance of this Agreement. Contractors shall be bound by this requirement and it is the responsibility of the applicant to ensure compliance with this requirement. Policies shall not be less than ONE MILLION AND NO/100 DOLLARS (\$1,000,000.00) per occurrence and not less than THREE MILLION AND NO/100 DOLLARS (\$3,000,000.00) in the aggregate annually. The applicant shall name the State of Hawaii as an additional insured on all such policies, except on professional liability insurance coverage. The applicant shall provide certificates of insurance to the DIVISION for all policies required under this Agreement. **Note:** Subcontracting for the provision of the ACT services to meet the requirements of this RFP is not allowed.

B. Secondary purchaser participation
(Refer to §3-143-608, HAR)

There are no planned secondary purchases.

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

Allowed Not allowed

Separate proposals are required to be submitted for each island. Alternate proposals are not allowed.

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

Single Multiple Single & Multiple

E. Single or multi-term contracts to be awarded
(Refer to §3-149-302, HAR)

Single term (\leq 2 yrs)

Multi-term ($>$ 2 yrs.)

Contract terms:

Initial term of contract:	<u>1 year</u>
Length of each extension:	<u>1 year</u>
Number of possible extensions:	<u>3</u>
Maximum length of contract:	<u>4 years</u>
The initial period shall commence on the contract start date or Notice to Proceed.	
Conditions for extension: 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 this RFP until the selection of the successful provider or providers. Written questions should be submitted to the RFP contact person and received on or before the day and time specified in Section 1, paragraph I (Procurement Timetable) of this RFP. The contact person is Ms. Betty Uyema. She may be reached at (808) 586-4688, fax (808) 586-4745, or email byuyema@amhd.health.state.hi.us.

III. Scope of Work

A. Service Activities

(Minimum and/or mandatory tasks and responsibilities)

ACT is a team treatment approach designed to provide all-inclusive comprehensive, community-based psychiatric treatment, rehabilitation, and support to persons with severe and persistent mental illness.

ACT team professionals are those whose background and training include social work, vocational, rehabilitation, counseling, nursing, and psychiatry. Among the services ACT teams provide are: initial and ongoing assessments, psychiatric services, employment and housing assistance, family support and education, substance abuse services, case management, and other services and supports critical to an individual's ability to live successfully in the community. ACT services are available twenty four (24) hours per day, three hundred and sixty five (365) days per year.

The needs of ACT consumers will be very diverse. To increase engagement and retention, services shall be individually tailored to the complex needs of each ACT consumer. Services shall be developmentally and culturally appropriate taking into consideration complex cultural, spiritual, economic and life stage of each consumer. Teams shall consider all aspects which affect the consumer and tailor interventions appropriately.

An evidence-based practice, ACT has been extensively researched and evaluated and has proven clinical and cost effectiveness. The Schizophrenia Patient Outcomes Research Team (“SPORT”) has identified ACT as an effective and underutilized treatment modality for persons with severe and persistent mental illness.

ACT services adhere to certain essential standards and the following basic principles:

1. Primary Provider of Services:

The transdisciplinary make up of each ACT team (psychiatrist, nurses, social workers, rehabilitation staff, etc.) and the small consumer to staff ratio, helps the team provide all inclusive treatment with minimal referrals to other mental health programs or providers. The ACT team members share offices and their roles are interchangeable when providing services. The entire team serves the consumers with no individual caseload to ensure that services are not disrupted due to staff absence or turnover.

2. Services are Provided Out of Office:

Services are provided within community settings such as a consumer's own home and neighborhood, local restaurants, parks, and nearby stores.

3. Highly Individualized Services:

Recovery plans, developed with the consumers, are based on individual strengths, needs, hopes, and desires. The plans are modified as needed through an ongoing assessment and goal setting process.

4. Assertive Approach:

ACT team members are proactive with consumers, assisting them to participate in and continue treatment, live independently, and recover from disability.

5. Long Term Services:

ACT services are intended to be long-term due to the severe impairments often associated with severe and persistent mental illness. The process of recovery often takes many years.

6. Emphasis on Vocational Expectations:

The team encourages all consumers to participate in community employment and provides many vocational rehabilitation services directly.

7. Substance Abuse Services:

The team coordinates and provides substance abuse services.

8. Psychoeducational Services:

ACT staff work with consumers and their family members to become collaborative partners in the treatment process. Consumers are taught about mental illness and the skills needed to better manage their illnesses and their lives.

9. Family Support and Education:

With the active involvement of the consumers, ACT staff work to include each consumer's natural support systems (family and/or significant others) in treatment by educating them and including them as part of the ACT services. It is often necessary to help improve family relationships in order to reduce conflicts and increase consumer autonomy.

10. Community Integration:

ACT staff help consumer become less socially isolated and more integrated into the community by encouraging participation in community activities and membership in organizations of their choice.

11. Attention to Health Care Needs:

The ACT team provides health education, access, and coordination of health care services.

12. Admission and Discharge Criteria:

Consumers shall meet the criteria for ACT services set by the DIVISION.

13. Shared Caseload:

The shared caseload approach is an important component of ACT and is a characteristic that distinguishes it from other community-based programs. Elements that contribute to the shared caseload approach include collaborative assessment and recovery planning, cross-training of team members, a daily team meeting, an open office layout, availability of assistance twenty-four (24) hours a day and a generalist practice in which all staff assist with activities that support individuals in the community.

- a. ACT staff does not have individual caseloads. The ACT team, as a whole, is responsible for assuring that each consumer is receiving the services he or she needs to live in the community and reach his/her goals.
- b. The ACT team functions as a transdisciplinary team. Team members conduct comprehensive assessments and develop a comprehensive recovery plan with the consumer. The team is jointly responsible for implementing and monitoring the recovery plan. The team is set up around tasks.

14. Team Operation

a. Program Size and Intensity

- (1) The number of consumers served by a Team shall not exceed one hundred (100) consumers. Fifty (50) consumer teams may also be proposed.
- (2) The clinical staff to consumer ratio shall be no greater than 1:10, excluding the psychiatrist and program assistant.

- (3) The minimum team size for fifty (50) consumers is six (6) full time staff, not including the psychiatrist and program assistant.
- (4) Across the total consumer population, consumers must be contacted face-to-face an average of three (3) times per week.
- (5) Across the total consumer population, consumers are contacted face-to-face an average of two (2) hours per week or more.
- (6) The ACT team shall have the capacity to provide multiple contacts each week with consumers experiencing severe symptoms, violating terms and conditions of Conditional Release, those at risk of suspension or revocation of Conditional Release, trying a new medication, experiencing a health problem or serious life event, trying to go back to school or starting a new job, making changes in living situation or employment, or having significant ongoing problems in daily living. These multiple contacts may be as frequent as two (2) to three (3) times per day, seven (7) days per week and depend on consumer need and a mutually agreed upon plan between consumers and program staff. Many, if not all, staff shall share responsibility for addressing the needs of all consumers requiring frequent contact.
- (7) The ACT team shall have the capacity to rapidly increase service intensity to a consumer when his or her status requires it or a consumer requests it.

b. Hours of Operation

- (1) The program shall operate at least twelve (12) hours per day, Monday through Friday.
- (2) The program shall provide at least four (4) hours of direct service on Saturday, Sunday, and holidays.
- (3) A team member shall be on-call at all other hours.

c. Team Communication and Planning

- (1) The ACT team shall conduct daily organizational staff meetings Monday through Friday at regularly scheduled

times per a schedule established by the team leader. These meetings shall be attended by all team members assigned to be on duty with the exception of the psychiatrist(s) who shall attend a minimum of two (2) meetings per week and shall participate by teleconference in the other daily organizational staff meetings during the week.

- (2) The daily meetings shall review the status of all consumers via the daily log, and develop a daily staff schedule.
- (3) All staff contacts with consumers shall be logged and easily accessible to all staff.

d. Staff Supervision

The team leader and psychiatrist shall assume responsibility for supervising and directing all staff activities. The supervision and direction shall consist of:

- (1) Individual, side-by-side sessions in which the supervisor accompanies an individual staff member to meet with consumers in regularly scheduled or crisis meetings to assess staff performance, give feedback, and model alternative treatment approaches.
- (2) Participation with team members in daily organizational staff meetings and regularly scheduled treatment planning meetings to review and assess staff performance and provide staff direction regarding individual cases.
- (3) Regular meetings with individual staff to review their work with consumers, assess clinical performance, and give feedback.
- (4) Regular reviews, critiques, and feedback of staff documentation (i.e., progress notes, assessments, individual recovery plans, individual recovery plan reviews).
- (5) Written documentation of all clinical supervision provided to the ACT team staff.

4. Consumer-Centered Assessment and Individual Recovery Planning

a. Assessment

The ACT team shall complete a comprehensive intake assessment

for each consumer's treatment. The assessment shall include, but not be limited to, each consumer's strengths, preferences, abilities, needs, and other current and historical data regarding the consumer's family, social support, medical status including psychiatric illness, substance abuse (in accordance with DIVISION screening and reporting protocols), legal status including Conditional Release status and Risk Assessment findings, employment, education, abuse and neglect issues, and activities of daily living. Assessments are used to develop appropriate individualized recovery plans. "Assessment entails more than information gathering. It is the start of building a trusting, helping, healing relationship, the forging of an alliance upon which to build a plan that is responsive to the consumer's and family's needs."(Yawn 2005 National Council News)

b. Individual Recovery Plan ("IRP")

- (1) The ACT team shall provide each consumer with a single, individualized, coordinated, master recovery plan referred to as an IRP that complies with DIVISION standards for recovery planning. There must be documented evidence of each consumer's input into all aspects of their recovery planning, inclusive of service-related decisions.
- (2) Through the IRP, the consumer and the ACT team shall work together to set goals toward recovery. The IRP helps each member of the team know what the other person is doing to help the consumer. The IRP describes, but is not limited to, psychotherapy, medication, clinical, rehabilitation and/or habilitation, general health, dental, and living-support services. The IRP also addresses crisis including legal crisis and shall include the preferences of the consumer and detail the steps to be taken if a crisis occurs. Each consumer's IRP shall guide service delivery even if the consumer changes providers.
- (3) All ACT consumers shall have incorporated into their IRP a Wellness Recovery Action Plan ("WRAP"). The team members shall assist consumers with WRAPs that promote wellness, identify triggers, and prevent more intensive interventions that could further disrupt community integration.
- (4) The treatment team shall include, at a minimum, the consumer, the psychiatrist, service coordinator and any specialty staff providing services to the consumer. The

psychiatrist shall be in charge of the treatment team and has ultimate authority for all clinical decisions. The service coordinator shall be responsible for coordinating the development of and monitoring the implementation of the IRP.

5. Outreach and Continuity of Care

- a. At least seventy-five percent (75%) of all team contacts shall occur out of the office.
- b. On average, ninety-percent (90%) or more of the consumers shall have contact with more than two (2) team members every two (2) weeks.
- c. Unplanned dropouts should be minimal with eighty-five percent (85%) of the caseload retained over a twelve (12) month period (excluding planned graduation).
- d. The team shall be persistent in engagement (i.e., at least two (2) face-to-face attempted contacts per month) and shall continue engagement attempts for consumers who refuse services for a minimum of three (3) months.
- e. The team shall demonstrate consistent and well-planned engagement strategies.

6. Treatment Services

- a. Somatic treatment shall be provided by a State of Hawaii licensed psychiatrist. Services shall include visits for the purpose of prescribing medication as well as for medication refills or dosage regulation. Somatic treatment shall also include medication review and administration services provided by a Registered Nurse (“RN”) under the supervision or order of a psychiatrist.
- b. Individual therapy shall include therapeutic interaction by a Qualified Mental Health Professional (“QMHP”) as defined in Section 5, Attachment F. or a Licensed Mental Health Counselor to address the consumer’s therapeutic goals by producing cognitive/behavioral change, improving decision-making, and/or reducing stress.

Counseling/psychotherapy in ACT shall follow a problem-oriented and supportive approach. It shall be integrated in the continuous work of all team members in contact with the consumer.

7. Dual Diagnosis Substance Abuse Services (Mental Illness/Substance or MI/SA Services)
- a. MISA services shall be provided in a manner consistent with AMHD Practice Philosophy and Psychopharmacological Practice Guidelines. (See Section 5, Attachments J and K.)
 - b. Substance abuse treatment shall include individual and group therapy for those consumers with a co-occurring disorder. Therapy may include education about management of a substance use disorder including relapse prevention and recovery strategies. Substance abuse treatment shall be integrated in the continuous work of all team members in contact with the consumer.
 - c. ACT teams shall work with a base curriculum which should include assessing the impact of substance use, increasing readiness for change, strategies for decreasing use or abstinence, skill building, trigger identification and management, relapse prevention. Curriculum should incorporate best practice in substance abuse treatment including cognitive behavioral therapy, contingency management, psychoeducation, and motivational enhancement techniques. Curriculum shall be used flexibly and appropriate for the individual consumer needs and psychiatric condition.
 - d. Consumers who evidence problem substance use shall have appropriate team recommendations regarding stage appropriate intervention documented in the consumer's recovery plan. Recommendations shall be recovery oriented and appropriate to the assessed stage of change.
 - e. Dual diagnosis services shall be provided in a manner which fosters recovery and self determination. Treatment strategies shall emphasize engagement and continuity rather than treatment compliance.
 - f. Services shall use a stage-based treatment model that is non-confrontational, considers interactions of mental illness and substance abuse, and has consumer-determined goals. This shall include, but is not limited to, individual and group interventions in:
 - (1) Engagement (e.g. empathy, reflective listening, avoiding argumentation);

- (2) Assessment (e.g., stage of readiness to change, client-determined problem identification);
- (3) Motivational enhancement (e.g., developing discrepancies, psychoeducation);
- (4) Active treatment (e.g., cognitive skills training, community reinforcement); and
- (5) Continuous relapse prevention (e.g., trigger identification, building relapse prevention action plans).

8. Service Coordination

Each consumer shall be assigned a service coordinator who is a QMHP or MHP as defined in Section 5, Attachment F. The QMHP or MHP shall coordinate and monitor the development and review of the consumer's IRP.

9. Crisis Assessment and Intervention

- a. Crisis services shall be provided twenty-four (24) hours per day, seven (7) days per week. If the consumer is in crisis and outreach is needed, a member from the ACT team shall respond face-to-face in addition to telephone contact.
- b. The ACT team shall provide stabilization in the consumer's environment as soon as possible with needed supports and services in order to minimize the risk of displacement.
- c. Team member(s) shall be available by phone or face-to-face with back-up by the team leader and psychiatrist.
- d. The ACT team shall have active, ongoing collaboration with emergency service providers and DIVISION crisis service provider(s).
- e. The ACT team shall provide on-site support when police are called to intervene with an ACT consumer.

10. Support/Rehabilitative Services

- a. Symptom Assessment and Management

This shall include, but is not limited to the following:

- (1) Ongoing comprehensive assessment of each consumer's psychiatric symptoms, diagnosis, and each consumer's response to treatment.
- (2) Monitoring, and when needed, providing supervision, education and consumer support in the administration of psychiatric medications.
- (3) Psychoeducation regarding mental illness and the effects and side effects of prescribed medications.
- (4) Symptom management efforts directed to help each consumer identify/target the symptoms and occurrence patterns of his or her mental illness and develop internal, behavioral, or adaptive methods to help lessen the effects.
- (5) Generous psychological support to consumers, both on a planned and as-needed basis, to help them in their recovery to accomplish their personal goals, and cope with the stressors of day-to-day living.

b. Activities of Daily Living

Services shall be provided to support activities of daily living in community-based settings which include individualized assessment, problem solving, sufficient side-by-side assistance and support, skill training, ongoing supervision (e.g. prompts, assignments, monitoring, encouragement), and environmental adaptation to assist consumers to gain or use the skills to:

- (1) Find housing which is safe, of good quality, and affordable (e.g., apartment housing, finding a roommate, landlord negotiations, cleaning, furnishing, decorating, and procuring necessities such as telephones, furnishings, linens);
- (2) Perform household activities including house cleaning, cooking, grocery shopping, and laundry;
- (3) Carry out personal hygiene and grooming tasks as needed;
- (4) Develop or improve money-management skills;
- (5) Use available transportation; and/or
- (6) Have and effectively use a personal physician and dentist.

c. Social/Interpersonal Relationship and Leisure-Time Skill Training

The ACT team shall provide services to support social/interpersonal relationships and leisure-time skill training including supportive individual therapy (e.g., problem solving, role-playing, modeling, and support), social skills teaching and assertiveness training, planning, structuring, and prompting of social and leisure-time activities, side-by-side support and coaching, and organizing individual and group social and recreational activities to assist consumers to structure their time, increase their social experiences, and provide them with opportunities to practice social skills and receive feedback and support with the goal of:

- (1) Improving communications skills, developing assertiveness, and increasing self-esteem;
- (2) Developing social skills, increasing social experiences, and developing meaningful personal relationships;
- (3) Planning appropriate and productive use of leisure time and relating to landlords, neighbors, and others effectively; and
- (4) Familiarizing themselves with available social and recreational opportunities and increasing their use of such opportunities

d. Peer Support Services

The ACT team shall provide services to validate consumers' experiences and to guide and encourage consumers to take responsibility for and actively participate in their own recovery. In addition, services shall be provided to help consumers identify, understand and combat stigma and discrimination against mental illness, and develop strategies to reduce consumer's self-imposed stigma. Services shall include:

- (1) Peer counseling and support;
- (2) Introduction and referral to consumer self-help programs and advocacy organizations that promote recovery.

e. Support Services

Support services or direct assistance shall be provided to ensure

that consumers obtain the basic necessities of daily life including, but not limited to:

- (1) Medical and dental services;
- (2) Safe, clean, and affordable housing;
- (3) Financial support and/or benefits counseling (e.g. Supplemental Security Income (“SSI”), Social Security Disability Insurance (“SSDI”), Food Stamps, Section 8, Vocational Rehabilitation);
- (4) Social services;
- (5) Transportation; and
- (6) Legal advocacy and representation.

f. Education, Support and Consultation to Consumers’ Families and Other Major Supports

Services shall be provided regularly under this category to consumers’ families and other major supports. Services shall be provided with consumer agreement or consent and shall include:

- (1) Individualized psychoeducation about the consumer’s illness and the role of the family and other significant people in the therapeutic process;
- (2) Intervention to restore contact, resolve conflict, and maintain relationships with family and or other significant people;
- (3) Ongoing communication and collaboration, face-to-face and by telephone, between the ACT team and the family;
- (4) Introduction and referral to family self-help programs and advocacy organizations that promote recovery; and
- (5) Individual supportive counseling, parenting training, and service coordination including, but not limited to:
 - (a) Services to help consumers throughout pregnancy and the birth of a child;
 - (b) Services to help consumers fulfill parenting

responsibilities and coordinate services for their children; and

- (c) Services to help consumers restore relationships with children who are not in the consumer's custody.

g. Work-Related Services

The ACT team shall provide work-related services that include a rapid job search, competitive employment, self-employment, individualized job finding, and ongoing job support. Services shall include:

- (1) Assessment of job-related interest and abilities through a complete education and work history assessment as well as on-the-job assessments in community-based jobs;
- (2) Assessment of the effect of the consumer's mental illness on employment, with identification of specific behaviors that interfere with the consumer's work performance, and development of interventions to reduce or eliminate those behaviors and find effective job accommodations;
- (3) Development of an ongoing employment rehabilitation plan to help each consumer establish the skills necessary to find and maintain a job;
- (4) Individual supportive counseling to assist consumers to identify and cope with psychiatric symptoms that may interfere with their work performance;
- (5) On-the-job support and work-related crisis intervention if needed; and
- (6) Work-related supportive services, such as assistance with grooming and personal hygiene, securing of appropriate clothing, wake-up calls, and transportation, if needed.

11. Culturally and Linguistically Appropriate Services

The ACT team shall:

- a. Ensure that consumers receive from all staff members effective, understandable, and respectful care that is provided in a manner

compatible with the consumer's cultural health beliefs and practices and preferred language;

- b. Implement strategies to recruit, retain, and promote a diverse staff that are representative of the demographic characteristics of the service area; and
- c. Ensure staff at all levels and across all disciplines receive ongoing education and training in culturally and linguistically appropriate service delivery.

12. Coordination of Legal Encumbrances

- a. If the consumer is on Conditional Release, the team shall address the terms and conditions of Conditional Release in the services provided.
- b. The team shall utilize the AMHD Forensic Coordinator assigned to the consumer for assistance and consultation in providing services to the consumer.
- c. The team will adhere to AMHD directives regarding the provision of services to individuals on Conditional Release.

13. The applicant shall participate in fidelity assessments as required by the DIVISION.

14. The applicant shall have a policy that emphasizes a welcoming, empathic, and integrated approach to working with individuals with co-occurring substance and mental illness.

B. Management Requirements

(Minimum and/or mandatory requirements)

1. Personnel

Subcontracting for the provision of ACT services to meet the requirements of this RFP is not allowed. Staff on the ACT Team shall NOT be subcontractors.

The ACT program personnel shall meet the personnel requirements at the time of execution of the contract and throughout the contract period. The personnel requirements for staff shall include, but not be limited to, the following:

- a. Psychiatrist(s) – The program shall provide a minimum of twenty (20) hours per week of psychiatric time for one (1) to fifty (50) consumers. The team may not have more than one (1) psychiatrist for fifty (50) consumers. Fifty one (51) to one hundred (100) consumers shall require twenty (20) additional hours per week of psychiatric time. A one hundred (100) consumer team may not have more than two (2) psychiatrists. If the team includes two (2) psychiatrists, the applicant shall be required to demonstrate full integration of the psychiatrists as members of the team. Psychiatrists shall be board certified or board eligible and licensed to practice in the State of Hawaii. The psychiatrist shall perform the following critical roles:
- 1) Supervise the psychiatric treatment of all consumers, including psychiatric assessment and provision of needed psychopharmacologic treatment and frequent assessment of the consumers' response to medication (at least once per month and more often when consumers are in crisis).
 - 2) Attend the treatment planning meetings.
 - 3) Actively supervise/collaborate with the RN who is responsible for maintaining the ACT teams medication management system.
- b. The Team Leader shall be a full-time QMHP as defined in Section 5, Attachment F, regardless of the number of consumers served by the team. The team leader shall be clinically and administratively responsible for the team. The team leader shall have prior supervisory experience. For new ACT teams, the team leader shall be the first position filled and shall participate in the hiring of all other members of the ACT team. Responsibilities of the team leader are limited to the ACT team. The team leader cannot be used to meet the requirement(s) for the specialty staff required in this contract. The team leader shall perform the following roles:
- 1) Provide direct supervision of team members;
 - 2) Be responsible for hiring, training and evaluating ACT team members;
 - 3) Be responsible for monitoring the program's faithfulness to the ACT model; and
 - 4) Function as a practicing clinician with consumer contact at least five (5) hours per week.

- c. A full-time certified substance abuse counselor who shall be a QMHP, MHP or MHW as defined in Section 5, Attachments F and G and who is certified as a substance abuse counselor in the State of Hawaii. There shall be a minimum of one (1) full-time substance abuse counselor for one (1) to fifty (50) consumers. Fifty-one (51) consumers and above requires a second full-time QMHP, MHP, or MHW certified as a substance abuse counselor in the State of Hawaii.
- 1) The certified substance abuse counselor shall perform the following roles:
 - a) Take the lead in assessing, planning, and treating substance abuse for all ACT consumers;
 - b) Provide treatment specifically indicated for consumers with mental illness and substance abuse that is made available to all ACT consumers within the agency; and
 - c) Provide training to other ACT team members to help them identify substance abuse and monitor progress in treatment.
 - 2) The “Co-occurring Disorders Educational Competency Assessment Tool (CODECAT) shall be administered at the time of hire and shall be used to provide an integrated framework to assess the substance abuse counselor’s training needs and competency in the treatment of co-occurring disorders. Within one (1) year of hire the counselor shall score at 75% or higher. See Section 5, Attachment L.
- d. A full-time Registered Nurse (“RN”), licensed to practice in the State of Hawaii. There shall be a minimum of one (1) full-time RN for fifty (50) consumers. Fifty-one (51) consumers and above requires a second full-time RN, licensed to practice in the State of Hawaii. The RN(s) shall have a minimum of two (2) years of experience in mental health. A Bachelor’s degree in nursing from an accredited university is preferred. The RN shall perform the following:
- 1) In collaboration with the psychiatrist, manage the medication system, and administer and document medication treatment;

- 2) Conduct health assessments within the scope of practice;
 - 3) Coordinate services with other health providers; and
 - 4) Provide training to other ACT team members to help them monitor psychiatric symptoms and medication side effects.
- e. A full-time employment specialist who has a minimum of a Bachelor's degree from an accredited college or university and one (1) year experience providing vocational services including job placement and support in maintaining one's job. There shall be a minimum of one (1) full-time employment specialist for one (1) to fifty (50) consumers. Fifty-one (51) consumers and above shall require a second full-time employment specialist.
- f. A minimum of one (1) full-time licensed clinical social worker, licensed marriage and family therapist, licensed clinical psychologist, advanced practice registered nurse ("APRN") in behavioral health or a licensed mental health counselor who shall be responsible for providing individual therapy.
- g. Each team shall have a minimum of one (1) full-time peer specialist who shall, at a minimum, have a high school diploma or GED, have one (1) year in recovery, and be certified as a peer specialist by the DIVISION. The peer specialist shall perform the following roles:
- 1) Provide peer support services;
 - 2) Serve as a recovery agent;
 - 3) Provide consumer information and peer support for consumers in emergency, community, or inpatient settings; and
 - 4) Assist consumers in regaining control over their own lives and self-directed recovery.
- h. For a fifty (50) consumer team, the remaining clinical staff may be QMHP's, MHP's, or MHW's, as defined in Section 5, Attachments F and G.

For a one hundred (100) consumer team, the remaining clinical staff may be QMHPs, MHPs, or MHWs as defined in Section 5, Attachments F and G. At a minimum, three (3) of the staff shall

have experience and expertise in one (1) of the following areas:
locating and arranging for housing, entitlements, or skills training.

- i. Each team shall have a minimum of one (1) full-time Program Assistant who shall perform the following roles:
 - 1) Organize, coordinate, and monitor all non-clinical operations of the team;
 - 2) Manage medical records;
 - 3) Operate and coordinate the management information system;
 - 4) Maintain accounting and budget records for consumer and program expenditures; and
 - 5) Provide receptionist activities, including triage calls and coordinating communication between the team and consumers.

- j. The organization shall have a consistently applied and documented method for measuring staff competencies which include:
 - 1) Staff proficiency in treating individuals with a co-occurring substance use disorder appropriate for their scope of practice. Dual diagnosis competencies shall be delineated for each level of staff as follows:
 - a) Non-direct care staff: Attitudes and values for MISA treatment for instilling hope and empathy.
 - b) Direct care staff
 - i. Basic MISA clinical competency for a MHW: Screening and assessment, building a safe environment for the consumer to discuss substance use openly.
 - ii. Intermediate clinical competency for MHP's with less than five (5) years experience: Skills such as use of basic structured contingency learning models and adapting it to ACT, use of motivational enhancement skills such as motivational interviewing.

- iii. Advanced clinical skills such as the ability to implement strategies of stage specific treatment for individuals such as for a QMHP or MHPs with 5 or more years of clinical experience): motivational interviewing, skills training.
 - c) Clinical supervisors: Ability to incorporate outcome measures for MISA other than abstinence and the ability to coach direct care staff in increasing utilization of motivational enhancement skills.
 - d) Psychiatrist: Ability to provide appropriate psychopharmacologic strategies (e.g. disulfiram, naltrexone) which may be used as ancillary treatments to support a comprehensive program of recovery, taking into account the individual's cognitive capacity and disability.
- 2) Staff competency in providing warm, empathic approaches in dealing with consumers using a DIVISION tool or a DIVISION approved tool; and
- 3) Staff competencies related to the requirements of the job and the needs of the persons served.
- k. The applicant shall submit position descriptions as a part of their response to the RFP for direct care and supervisory staff responsible for the delivery of services as indicated in Section 3.III.A. Position descriptions shall include the minimum qualifications, including experience for staff assigned to the service.
- l. The applicant shall submit an organization-wide and program-specific organization chart as part of their response to the RFP for direct care and supervisory staff. The program-specific chart shall show the position of each staff and the line of responsibility including clinical and administrative supervision.
- m. The applicant shall develop policies and procedures on how the functions of each position shall be covered due to leaves or vacancy. The policy shall address each position on the team and shall assure that functions are covered by individuals who meet licensing/certification requirements.
- n. The applicant shall ensure and document that all staff receive

appropriate and regular clinical and administrative supervision at least once a month.

- o. The applicant shall ensure and document that its personnel receive appropriate education and training in techniques and modalities relevant to their service activity for the treatment and rehabilitation of individuals with mental illness, following the organization's policy and procedures.
- p. The applicant shall ensure that all of its personnel attend trainings sponsored or required by the DIVISION, as appropriate to the service(s) they are providing. Training shall include compliance with DIVISION requirements for fraud and abuse prevention. All ACT personnel are required to attend trainings on ACT sponsored by the DIVISION.

2. Administrative

- a. Services shall be authorized by the DIVISION's utilization management process, by prior authorization or registration, and in accordance with the DIVISION's processes as outlined in current DIVISION policies and procedures and directives from the DIVISION Chief. It is the responsibility of each program to understand and follow these policies, procedures, and directives in order that reimbursement can be approved by the DIVISION. Authorization of services is not a guarantee of payment.
- b. The applicant shall accept all referrals deemed appropriate by the DIVISION's utilization management process. If the applicant is unable to meet the needs of the referral, the applicant shall work conjointly to find an alternate approach that will adequately meet the needs of the referred case.
- c. Each consumer's entire treatment team shares responsibility for coordination and continuity of the consumer's care, regardless of the service, setting or provider. However, the service coordinator shall be responsible for coordinating the development of and monitoring the implementation of the IRP and shall act as the communications liaison between team members and service providers with respect to the IRP.
- d. All consumers shall be registered for services and have a record open within the DIVISION'S information system. When requested by the DIVISION, the applicant shall obtain and provide the information necessary to register, open and monitor services received. Applicants shall also report all required information

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

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

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

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

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

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

3. Quality assurance and evaluation specifications

- a. The purpose of quality management is to monitor, evaluate, and improve the results of the applicant's services in an ongoing manner. Quality care includes, but is not limited to:
 - 1) Provision of services in a timely manner with reasonable waiting times;
 - 2) Provision of services in a manner which is sensitive to the cultural differences of consumers;

- 3) Provision of services in a manner which is accessible for consumers;
 - 4) Opportunities for consumers to participate in decisions regarding their care;
 - 5) An emphasis on recovery;
 - 6) Appropriate use of services in the provision of care;
 - 7) Appropriate use of best practices and evidence-based practices;
 - 8) Appropriate documentation, in accordance with defined standards;
 - 9) Improved clinical outcomes and enhanced quality of life;
 - 10) Consumer satisfaction;
 - 11) User friendly grievance procedures which resolve issues in a timely manner; and
 - 12) Upholds consumer rights.
- b. The applicant's quality management program shall include, at a minimum, the content indicated in Section 3, II.C.
- c. The applicant shall participate in the DIVISION's continuing quality management program and activities as directed by the DIVISION. The applicant shall ensure that a staff member be available to participate in system-wide quality management meetings as scheduled by the DIVISION.
- d. The Quality Management reporting requirements provide:
- 1) Information on the activities and actions of the applicant's Quality Management and related programs; and,
 - 2) Performance measures.

The objectives of the performance measures are:

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

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

e. Required Quality Management Activities Reports

The applicant shall provide the following reports and information:

- 1) Annual consumer satisfaction survey report;
- 2) Written notification of any Quality Management Program (if written Program required) modifications;
- 3) Senior personnel changes, including professional staff/consultants, within thirty (30) calendar days of change;
- 4) Annual Quality Management Program evaluation if written Quality Management Program required;
- 5) Written request for approval of any delegation of quality management activities to subcontractors and providers;
- 6) Written notification of lawsuits, license suspensions, and revocation to provide Medicaid or Medicare services, or other actions brought against the applicant, employees, subcontractors or providers as soon as possible, but no later than five (5) working days after the applicant is made aware of the event;
- 7) Notice to Utilization Management of consumer admission and discharge from services or change in level of care in writing within one (1) working day of such action;
- 8) Written notification of suspected fraud within thirty (30) calendar days of discovery, and of consumer abuse and neglect immediately upon discovery;
- 9) Report of the Quality Management activities conducted quarterly. At a minimum these reports shall include the following:
 - a. Number of cases selected for quality of care reviews and medical record documentation. Minimum data for each case selected for review shall include: (1) sample of records reviewed; (2) findings; (3) actions taken, if applicable; and (4) progress toward

meeting performance goals established by agency Quality Management Committee.

- b. Aggregated report of any suspected consumer, employee or provider fraud and the status of any investigations. **Note:** Subcontracting for the provision of ACT services to meet the requirements of this RFP is not allowed.
- c. Participation with monitoring activities designated by the DIVISION.
- d. Direct care staff and provider to consumer ratios.
- e. Direct care staff and provider turnover rates.
- f. A report on consumer grievances and appeals. Minimum data for each case shall include: (1) date of grievance or appeal; (2) date of service; (3) type of service; (4) consumer name, age, diagnosis; and (5) date of resolution.
- g. Sentinel events.

4. Output and performance/outcome measurements

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

5. Experience

The organization shall be familiar with the ACT model.

6. Coordination of services

The program shall coordinate with other community organizations as needed.

7. Reporting requirements for program and fiscal data

- a. Reports shall be submitted in the format and by the due dates prescribed by the DIVISION.
- b. The required content and format of all reports shall be subject to ongoing review and modification by the DIVISION as needed.
- c. At the discretion of the DIVISION, providers may be required to submit reports in an approved electronic format, replacing some written reports.

8. Contract Compliance

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

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

1) **Timeliness of Data Submitted**

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

The applicant, shall in turn, sanction its providers if the required information, data, medical records, and reports are not provided to the applicant within the timeframe established by the applicant
Note: Subcontracting for the provision of ACT services that meet the requirements of this RFP is not allowed.

2) Accuracy and Completeness

The information, data, medical records, and reports provided to the DIVISION shall be reasonably accurate and complete. Data and reports shall be mathematically correct and present accurate information. The applicant shall be notified within thirty (30) calendar days from the receipt date of the initial submission of any information, data, medical records, and reports that do not appear to be accurate and complete. The applicant shall be given thirty (30) calendar days to correct the errors or provide documentation to support the accuracy of the initial submission. If at the end of the thirty (30) calendar days the new submission continues to not be accurate or complete, a penalty will be assessed.

9. Pricing structure or pricing methodology to be used

a. Cost Reimbursement (Only Available to New ACT Teams)

The pricing structure is based on cost reimbursement for the first 6 (six) months of the contract. The cost reimbursement pricing structure reflects a purchase arrangement in which the purchasing agency pays the provider for budgeted agreed-upon costs that are actually incurred in delivering the services specified in the contract, up to a stated maximum obligation.

b. Unit of Service Rate

The pricing structure is based on a fixed unit of service rate. For new ACT Teams, the pricing structure is based on a fixed unit of service rate for ACT services beginning on the seventh (7th) month of the contract and thereafter. For ACT Teams who are currently under contract with the DIVISION, this pricing structure applies at the time the new contract is executed. 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, etc.)

10. Units of service and unit rate

<u>Billing Code</u>	<u>Services</u>	<u>Rate</u>
H0023	ACT Behavioral Health Outreach without consumer support	\$27.00 per fifteen (15) minutes, per consumer

H0039	ACT Telephonic	\$27.00 per fifteen (15) Treatment Planning telephonic minutes, per consumer
H0039 U1	ACT Case Assessment	\$27.00 per fifteen (15) minutes, per consumer
H0039 U2	ACT Treatment Planning	\$27.00 per fifteen (15) minutes, per consumer
H0039 U3	ACT Collateral Contact without consumer contact	\$27.00 per fifteen (15) minutes, per consumer
H0039 U4	ACT Services, Face-to-Face	\$27.00 per fifteen (15) minutes, per consumer
H0039 U5	ACT Telephonic Consultation with consumers	\$27.00 per fifteen (15) minutes, per consumer
90853	Group Therapy for Substance Abuse provided by a certified substance abuse counselor (60 minutes)	\$22.00 per person

For ACT Teams on the island of Hawaii only: The applicant may submit claims for payment for automobile mileage, for vehicles owned by the staff or the applicant for travel associated with direct ACT services to consumers under this agreement following requirements established by the DIVISION. Claims shall be paid at a rate per mile established by the DIVISION.

11. Method of compensation and payment

Applies only to **new** ACT Teams: ACT services for the first six (6) months of the contract will be compensated in accordance with a budget approved by the DIVISION upon monthly submission of invoices for services provided. The DIVISION shall make an advance payment of approximately one-sixth (1/6) of the approved budget amount. After the first advance installment, invoices shall be accompanied by an expenditure report certifying expenditures actually incurred and the electronic

encounter file for services delivered during the time period of the expenditure report (See Section 2).

Applies to ACT Teams who currently contract with the DIVISION: The Provider shall be compensated for ACT services in accordance with the fees described above, upon monthly submission of claims identifying the services performed for DIVISION consumer. Beginning on the seventh (7th) month of the contract, this also applies to new ACT Teams.

Section 2., I., F., describes provisions for an initial payment of up to \$2,000.00 for the purpose of setting up electronic billing systems.

IV. Facilities

While the staff spends the majority of the workday in the community, they return to the office intermittently throughout the day. Therefore, the ACT office must be in a convenient central location with parking close to the office so staff can easily and safely come and go during all hours of program coverage. The office shall also be readily accessible by clients and their families. The layout of the office shall provide for a common work area shared by staff which may also be used as a meeting room for staff meetings. There shall also be interview room(s) available for the psychiatrist and for therapy and a medication room with a sink and work space for the medical staff to set up medication.

Section 3

Proposal Application Instructions

Section 3

Proposal Application Instructions

General instructions for completing applications:

- *Proposal Applications shall be submitted to the state purchasing agency using the prescribed format outlined in this section.*
- *The numerical outline for the application, the titles/subtitles, and the applicant organization and RFP identification information on the top right hand corner of each page should be retained. The instructions for each section however may be omitted.*
- *Page numbering of the Proposal Application should be consecutive, beginning with page one and continuing through for each section. **See sample table of Contents***
- *Proposals may be submitted in a three ring binder (Optional).*
- *Tabbing of sections (Recommended).*
- *Applicants must also include a Table of Contents with the Proposal Application. A sample format is reflected in Section 5, Attachment B of this RFP.*
- *A written response is required for **each** item unless indicated otherwise. Failure to answer any of the items will impact upon an applicant's score.*
- *Applicants are **strongly** encouraged to review evaluation criteria in Section 4, Proposal Evaluation when completing the proposal.*
- *This form (SPO-H-200A) is available on the SPO website (for the website address see the Proposal Application Checklist in Section 5, Attachments). However, the form will not include items specific to each RFP. If using the website form, the applicant must include all items listed in this section.*

The Proposal Application comprises the following sections:

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

I. Program Overview

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

II. Experience and Capability

A. Necessary Skills

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

B. Experience

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

C. Quality Assurance and Evaluation

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

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

1. A written Quality Management Program description and outlined structure which includes the Quality Committee reporting structure, including Governing Board Involvement, voting composition, and a written process for goal and priority setting following standardized methodology and data collection, which is updated and signed annually.
2. The Quality Management Program must address consumer complaints, grievances, appeals, sentinel events and consumer satisfaction.
3. The Quality Management Program must have a system or policy that outlines how items are collected, tracked, reviewed, and analyzed (and reported to the DIVISION as appropriate).
4. The Quality Management Program Work Plan is established annually and selects goals and activities that are based on the annual program evaluation and are relevant to the DIVISION consumer and problem area under review, with designated timelines for the project and indicates department/persons responsible for carrying out the project(s) on the Work Plan.
5. Provision for the periodic measurement, reporting, and analysis of well-defined output, outcome measures and performance indicators of the delivery system, and an indication of how the applicant will use the results of these measurements for improvement of its delivery system.

6. A process of regular and systematic treatment record review, using established review criteria. A report summarizing findings is required. Additionally, the applicant shall develop a written plan of corrective action as indicated.
7. Provision of satisfaction surveys of consumers.
8. Assurance that a staff member be available to represent utilization and quality management issues at meetings scheduled by the DIVISION.
9. Provision of a utilization management system including, but not limited to the following: a) system and method of reviewing utilization; b) method of tracking authorization approvals; c) method of reviewing invoices against authorizations; d) consumer appeals process; e) annual evaluation of the applicant's utilization management plan; and, g) identification of the person in the organization who is primarily responsible for the implementation of the utilization management plan.
10. A policy and procedure for consumer complaints, grievances and appeals which includes documentation of actions taken, and demonstration of system improvement.
11. Assurance that the applicant has established and will maintain and regularly update the following QM policies and procedures:
 - a. Consumer complaints, grievances and appeals
 - b. Consumer Safety
 - c. Consumer Satisfaction
 - d. Disaster preparedness
 - e. Emergency Evacuation
 - f. Evidence Based Practice Guidelines
 - g. LOCUS/Level of Care Placement
 - h. Compliance
 - i. Consumer Rights and Orientation
 - j. Confidentiality/HIPAA
 - k. Treatment Records

- l. Individualized Service Plans
 - m. Transition of consumers to other programs
 - n. Treatment Team
 - o. Use of Restraints
 - p. Restricting Consumer Rights
 - q. Credentialing Staff
12. A training plan and staff handbook/personnel manual for staff that are responsible for delivery of services. Training shall include, but not be limited to: Substance Abuse, Forensics, Sentinel Events, Risk Management, Compliance, HIPAA Compliance, Consumer Rights, Treatment Planning, and Access and Treatment for Non-English Speaking Consumers.
13. A consumer handbook/brochure(s) that outline services available to the consumer, hours of operations, contact information (phone numbers, and instructions on emergency services), is written at a sixth (6th) grade reading level, provides an overview and the applicant's approach to care, and clearly outlines any major program rules that could lead to discharge from services offered by the organization.
14. A description of the steps that the applicant will take to comply with all of the DIVISION'S reporting requirements as specified in Section 2. III. B. 2., 4., and 7. The applicant shall also indicate how it will use the information in the report to improve its services.
15. For applicants whose annual contract or estimated reimbursements will be less than \$100,000.00 or whose staff number five (5) or less, a modified Quality Management and Utilization Management Plan are acceptable with prior approval from the DIVISION. A modified quality and utilization management system shall include the following:
- a. A method for tracking authorizations.
 - b. A method for assuring that consumers are informed of their rights, including the right to file a complaint, grievance, or appeal a service delivery decision.
 - c. A method of documenting goals and service activity as they relate to the Individual Service Plan developed by the DIVISION designated case manager and consumer.

- d. Consumer involvement in service planning.
 - e. Statement that the applicant will participate in the use of outcome instruments at the discretion of the DIVISION.
 - f. Identification of fiscal and program contact person.
16. For services described in this RFP, a statement that the applicant shall participate with the DIVISION'S quality and utilization management process including, but not limited to, case reviews, specific data gathering and reporting, peer review, concurrent review, site visitation, special studies, monitoring, credentialing, and training.

D. Coordination of Services

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

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

- 1. A history of the applicant's cooperative efforts with other providers of mental health services.
- 2. Memorandum of agreements with other agencies (if required in the RFP).
- 3. Applicant's current efforts to coordinate with the DIVISION, CENTERS, HOSPITAL, and other POS providers, and where there is no current coordination, the applicant's plans to do so.

E. Facilities

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

F. Management Information System (MIS) Requirements

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

- 1. A statement about whether the applicant is a covered entity as defined by HIPAA. A statement that the applicant will comply with all HIPAA privacy, security and transactional code set requirements.

2. An explanation of how the applicant currently manages information in order to submit required information and data in the format prescribed by the DIVISION. Required data elements captured in the provider system and reported to the DIVISION may include, but are not limited to: consumer's last name, first name, middle name, any aliases, social security number, DIVISION-generated unique ID number, DIVISION-generated authorization number(s), Medicaid ID#, medicare ID#, other third party insurer #'s, address, telephone number, admission date, discharge date, service data using DIVISION approved procedure codes, date of birth, and gender, primary language spoken.
3. The DIVISION may add data reporting requirements or specify required formats for downloading data or submitting claims in the future. Applicants are encouraged to describe their flexibility in meeting changing data requirements.
4. For any Fixed Unit of Service Rate contracts, a statement that the applicant shall submit claims electronically in the 837 format.
5. Where infrastructure is lacking to meet MIS requirement, applicants shall propose solutions and include the proportion of cost related to this contract in their response to the RFP.

III. Project Organization and Staffing

A. Staffing

1. Proposed Staffing

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

2. Staff Qualifications

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

B. Project Organization**1. Supervision and Training**

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

2. Organization Chart

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

IV. Service Delivery**A. Scope of Work**

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

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

1. A detailed description of the service which the applicant is proposing to provide including:
 - a. Hours of operation
 - b. The services provided and the qualifications of staff providing the services.
 - c. The services provided to the consumers who may have a co-occurring substance abuse disorder.
 - d. How the team will operate on a daily basis, including the team meeting, assignment of tasks and the services to be delivered during the day and evening hours.
 - e. The on-call system including how consumers access this service and staff availability to respond.

- f. How the program will provide adequate coverage utilizing qualified personnel when a team position is vacant.
2. A clear description of the services for consumers from point of entry to discharge, aftercare and follow-up. The description must be consistent with the scope of work found in Section 2.III.A. and with the personnel requirements in Section 2.III.B.1
 3. A clear description of the target population to be served.
 4. A description of the number of teams the applicant is proposing, the number of consumers to be served by each team and the location of each team, and a reasonable estimate of the number of units of service it will provide.
 5. A description of the methods the applicant will use to determine when treatment goals are accomplished and when to terminate services.
 6. A description of the accessibility of services for the target population, and a description of impediments to services and efforts to overcome barriers.
 7. A statement that the applicant shall not refuse a referral if the program is not at full capacity and the referral meets the DIVISION's criteria for this service. The applicant shall not have an exclusionary policy that is inconsistent with the DIVISION'S guidelines.
 8. An indication of the "best practices/evidence-based practices" the applicant incorporates and a citation of the literature to support its "best practices/evidence-based practices". A description of the system it uses to implement and maintain its "best practice/evidence-based practices" program integrity.
 9. Demonstration that the applicant is capable of providing twenty-four (24) hour coverage for services.
 10. For services with twenty-four (24) hour, seven (7) days a week coverage, description of how the applicant's on-call system works, i.e., methodology relative to applicant's answering service. Specifically describe how consumers access applicant's service and staff availability.
 11. A description by the applicant of the involvement of the consumer in the decisions regarding the services the consumer receives.
 12. A statement by the applicant that it is ready, able, and willing to provide services throughout the time of the contract period.

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

B. General Requirements

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

C. Administrative Requirements

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

V. Financial

A. Pricing Structure

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

The DIVISION is permitting the use of a cost reimbursement pricing structure for the first six (6) months of the contract for new ACT teams only. The cost reimbursement pricing structure reflects a purchase arrangement in which the State pays the contractor for budgeted costs that are actually incurred in delivering the services specified in the contract, up to a stated maximum obligation. All budget forms, instructions and samples are located on the SPO Website (see the Proposal Application Checklist in Section 5 for website address). The following budget forms shall be submitted with the Proposal Application:

- SPO-H-205 – Budget
- SPO-H-205A – Organization-Wide Budget by Source of Funds (special instructions are located in Section 5)
- SPO-H-206A – Budget Justification – Personnel: Salaries & Wages
- SPO-H-206B – Budget Justification – Personnel: Payroll Taxes, Assessments & Fringe Benefits
- SPO-H-206C – Budget Justification – Travel-Inter-Island
- SPO-H-206D – Budget Justification – Travel-Out of State
- SPO-H-206E – Budget Justification – Contractual Services - Administrative
- SPO-H-206F – Budget Justification – Contractual Services - Subcontracts
- SPO-H-206H – Budget Justification – Program Activities
- SPO-H-206I – Budget Justification – Equipment Purchases
- SPO-H-206J – Budget Justification – Motor Vehicle

The DIVISION is permitting the use of a fixed unit of service rate pricing structure for ACT teams that were previously funded. For new ACT teams,

beginning in the seventh (7th) month of the contract and thereafter, a fixed unit of service rate pricing structure will be used. The applicant is requested to furnish a reasonable estimate of the maximum number of service units it can provide for which there is sufficient operating capacity (adequate, planned and budgeted space, equipment and staff). All budget forms, instructions and samples are located on the SPO website (see the Proposal Application Checklist in Section 5 for website address). The following budget forms shall be submitted with the Proposal Application:

- SPO-H-205 – Budget
- SPO-H-205A – Organization-Wide Budget by Source of Funds (special instructions are located in Section 5)
- SPO-H-206A – Budget Justification – Personnel: Salaries & Wages
- SPO-H-206B – Budget Justification – Personnel: Payroll Taxes, Assessments & Fringe Benefits
- SPO-H-206C – Budget Justification – Travel-Inter-Island
- SPO-H-206D – Budget Justification – Travel-Out of State
- SPO-H-206E – Budget Justification – Contractual Services - Administrative
- SPO-H-206F – Budget Justification – Contractual Services - Subcontracts
- SPO-H-206H – Budget Justification – Program Activities
- SPO-H-206I – Budget Justification – Equipment Purchases
- SPO-H-206J – Budget Justification – Motor Vehicle

B. Other Financial Related Materials

1. Accounting System

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

- a. The applicant shall submit a cost allocation plan showing how costs are allocated across different funding sources.
- b. Also, the applicant shall submit a copy of its most recent audited or compiled financial statements.

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

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

VI. Other

A. Litigation

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

Section 4

Proposal Evaluation

Section 4 Proposal Evaluation

I. Introduction

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

II. Evaluation Process

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

The evaluation will be conducted in three phases as follows:

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

Evaluation Categories and Thresholds

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

III. Evaluation Criteria

A. Phase 1 - Evaluation of Proposal Requirements

1. Administrative Requirements

2. Proposal Application Requirements

- Proposal Application Identification Form (Form SPO-H-200)
- Table of Contents
- Program Overview
- Experience and Capability
- Project Organization and Staffing
- Service Delivery
- Financial (All required forms and documents)
- Program Specific Requirements (as applicable)

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

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

1. Experience and Capability Total 20 Points

Up to 10 points may be deducted from agencies who in the past demonstrated unsatisfactory performance.

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

a. Necessary Skills (5 points)

- 1) Demonstrated skills, abilities, and knowledge relating to the delivery of the proposed services.
- 2) Demonstrate the ability to respond to consumer complaints, appeals and grievances including those brought to the attention of the DIVISION.

b. Experience (2 points)

Possesses the skills, abilities, knowledge of, and experience relating to the delivery of the proposed services including,

but not limited, to previous and current contract performance with the DIVISION and other agencies.

c. Quality Assurance and Evaluation (4 points)

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

- 1) The applicant has sufficiently described its quality improvement program which shall include the following:
 - a) Provision of a utilization management system.
 - b) Provision of a quality management program.
 - c) A policy and procedure for consumer complaints, grievances and appeals, documentation of actions taken, and demonstration of system improvement.
- 2) A training plan and staff handbook/personnel manual for staff that is responsible for the delivery of services. The plan includes the required trainings listed in Section 3.II.C.12.

d. Coordination of Services (2 points)

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

e. Facilities (2 points)

Adequacy of facilities relative to the proposed services.

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

- 1) Demonstrate that their management information system (MIS) shall include, but not be limited to, the following:
- 2) Relative to HIPAA requirements:
 - a) The applicant states whether they are a covered entity.

- b) The applicant states they will comply with all HIPAA privacy, security, and transactional code set requirements. (No points if statement is absent or applicant cannot comply.)
- 3) Relative to current MIS:
- a) Applicant is able to collect all required information.
 - b) Applicant currently able to collect some required information with a plan to upgrade the MIS to collect all information by the time the contract begins.
 - c) If applicant is not currently able to collect all required information and unable to do so in the future or no description of implementation plan to collect information, no points shall be applied to applicants that provide this response.
- 4) Relative to the applicant's infrastructure:
- a) A clear statement that their MIS system is fully functional.
 - b) Inclusion of an implementation plan to create a fully functional MIS system by initiation of a contract.
- 5) In regards to flexibility, a statement that describes flexibility in adding data elements or reporting requirements is addressed in their information system.
- 6) Relative to claims:
- a) The applicant is currently able to produce either paper or electronic 837 file.
 - b) The applicant will be able to produce an electronic 837 file by the time that a contract is initiated.

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

2. *Project Organization and Staffing* *Total 15 Points*

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

a. *Staffing* *(10 points)*

- 1) Proposed Staffing: That the proposed staffing pattern, client/staff ratio, coverage, and proposed caseload capacity is reasonable to insure viability of the services and complies with applicable DIVISION requirements.
- 2) Staff Qualifications: Minimum qualifications (including experience) for staff assigned to the program, comply with applicable DIVISION requirements.

b. *Project Organization* *(5 points)*

- 1) Supervision and Training: Demonstrated ability to supervise, train and provide administrative direction to staff relative to the delivery of the proposed services, comply with applicable DIVISION requirements.
- 2) Organization charts: Approach and rationale for the structure, functions, and staffing of the proposed organization for the overall service activity and tasks.
- 3) Applicable submission of evidence that the applicant is licensed if licensure is required; and for all applicants, accreditation of the service(s) the applicant is applying for if it is an accreditable service.

3. *Service Delivery* *Total 55 Points*

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

Evaluation criteria will include the following:

- a. A detailed description of the service that the applicant is proposing to provide including. **(38 Points)**
 - 1) Number of teams, number of consumers to be served by each team, and location of team(s), and a reasonable estimate of the number of units of service it will provide.
 - 2) Hours of operation.
 - 3) The services provided and the qualifications of staff providing the services.
 - 4) The services provided to the consumers who may have a co-occurring substance abuse disorder.
 - 5) How the team will operate on a daily basis, including the team meeting, assignment of tasks and the services to be delivered during the day and evening hours.
 - 6) The on-call system including how consumers access this service and staff availability to respond.
 - 7) How the program will provide adequate coverage utilizing qualified personnel when a team position is vacant.
- b. A detailed description of how a consumer is served from point of entry to discharge, aftercare and follow up which includes how the program determines when treatment goals are accomplished and when to move consumers throughout the various services in the program. **(10 Points)**
- c. The description of the services shows how the program incorporates "best practices/evidence-based practices", has literature to support this, and has a system for implementing and maintaining best practice program integrity. **(1 Point)**

- d. The description by the applicant demonstrates consumer involvement in decisions regarding the services the consumer receives. **(2 Points)**
- e. A statement by the applicant that they are ready, able and willing to provide services throughout the time of the contract period. **(2 Points)**
- f. A statement by the applicant that has read the Request for Proposal and will comply with DIVISION requirements. **(2 Points)**

4. Financial Total 10 Points

- a. Pricing structure based on cost reimbursement for Personnel costs are reasonable and comparable to positions in the community.
 - 1) Non-personnel costs are reasonable and adequately justified.
 - 2) The budget supports the scope of service and requirements of the Request for Proposal.
 - 3) A cost allocation plan clearly describes the allocation of funds across different funding sources.
 - 4) The submission of a copy of the most recent audit report or compiled financial statement.
 - 5) Adequacy of accounting system.
 - 6) An indication of the third party reimbursements the applicant is eligible to receive and of the plans the applicant has made or is making to obtain as many third party reimbursements as possible without collecting payment from more than one payer.
- b. Pricing structure based on fixed unit of service rate
 - 1) Applicants proposal budget is reasonable, given program resources and operational capacity.

- 2) A cost allocation plan clearly describing the allocation of funds across different funding sources.
- 3) The submission of a copy of the most recent audit report or compiled financial statement.
- 4) Adequacy of accounting system.
- 5) An indication of the third party reimbursements the applicant is eligible to receive and of the plans the applicant has made or is making to obtain as many third party reimbursements as possible without collecting payment from more than one (1) payer.

c. Eligible Sources of revenue

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

C. Phase 3 - Recommendation for Award

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