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

Request for Proposals
Mental Health Support for Homeless Children and Families

RFP No. 460-27-01

Date Issued: August 24, 2026

Proposal Submittal Deadline September 29, 2026, 4:00 p.m. Hawaii Standard Time (HST) Orientation Session September 3, 2026, 9am-10:00am HST

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

August 24, 2026

Request For Proposals
Mental Health Support for Homeless Children and Families
RFP No. 460-27-01

NOTICE

The State of Hawaii's (STATE) Department of Health (DOH) Child and Adolescent Mental Health Division (CAMHD) is requesting proposals from qualified Applicants to provide mental health support services to homeless children and their families. For purposes of this Request for Proposals (RFP), homeless children are defined as any person up to twenty-one (21) years of age, who lacks a fixed, regular, and adequate night-time residence. These include those who live in motels, hotels, beaches or camping grounds due to the lack of alternative adequate accommodations, are in other temporary living situations, or are sharing the housing of others.

The geographic coverage of service shall be along the Waianae Coast which is defined as the Waianae-Nanakuli Complex areas of the island of Oahu, including those who live along the beach (Waianae Coast).

The CAMHD is seeking to fund one (1) project designed to enhance and complement existing services. Applicants are encouraged to propose projects that address the mental health needs of existing service populations, and which leverage resources and propose cost-efficient strategies. Services shall include the provision of mental health services, addressing immediate needs, coordination of services, linkages to medical, dental, health, and support services. The proposed contract term shall be from December 1, 2026, through November 30, 2027, and renewable annually for additional twelve (12) month terms not to exceed an additional five (5) years. One (1) contract shall be awarded under this RFP based on the proposal evaluations.

PROPOSAL FORMAT AND MAIL-IN / DELIVERY INFORMATION

One (1) copy of the completed Proposal and accompanying materials must be submitted in electronic format in either Portable Document Format (PDF) or Microsoft Word on a flash drive. Applicants are responsible for ensuring that the flash drive is properly formatted and Windows compatible. Applicants assume all potential risk that the State Purchasing Agency's equipment system may be unable to read the Applicant's electronic media. Printed, faxed, and emailed Proposals shall not be accepted.

All mailed Proposals must be approved in advance by the RFP Coordinator via email and shall be postmarked by the United States Postal Service (USPS) on or before September 29, 2026, and received no more than ten (10) days from the submittal deadline at the following address:

MAIL-IN ADDRESS

Department of Health
Child and Adolescent Mental Health Division
Contract Management Section
3627 Kilauea Avenue, Room 101
Honolulu, Hawaii 96816

Applicants must contact the RFP Coordinator in advance via email to confirm a hand delivery date and time. **Hand delivered proposals shall be received no later than September 29, 2026, 4:00 PM HST at the following site:**

HAND DELIVERY SITE

Department of Health
Child and Adolescent Mental Health Division
Contract Management Section
3627 Kilauea Avenue, Room 101
Honolulu, Hawaii 96816

Deliveries by private mail services such as FedEx shall be considered hand deliveries. Proposals postmarked or hand delivered after the designated deadline shall be considered late and rejected. There are no exceptions to this requirement. **All inquiries regarding this RFP shall be directed to the RFP Coordinator via email**.

The CAMHD will conduct an online Orientation on September 3, 2026 from 9:00 am to 10:00am HST via ZOOM (See Section 1.7). All prospective Applicants are encouraged to attend the online Orientation.

The deadline for submission of written questions is 4:00 PM, HST, on September 10, 2026. All written questions will receive a written response from the STATE via an Addendum on or about September 14, 2026.

Any inquiries and requests regarding this RFP shall be directed to the RFP Coordinator Steven Osa via email: steven.osa@doh.hawaii.gov.

Table of Contents

Section 1 - Administrative Overview

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

1.1 Procurement Timetable.

The procurement timetable represents the State's best estimated schedule. If an activity on this schedule is delayed, the rest of the schedule will likely shift by the same number of days.

Activity	*Scheduled Date*
Public notice announcing RFP	8/24/2026
RFP orientation session	9/3/2026, 9:00am-10:00am HST via Zoom
Due date & time for written questions	9/10/2026, 4:00 pm HST
Purchasing agency's response to written questions	9/14/2026
Discussions with Applicant prior to deadline	8/25/2026 - 9/28/2026
Proposal submittal deadline	9/29/2026, 4:00 pm HST
Discussions with Applicant after deadline	9/30/2026-10/22/2026
Final revised proposals (optional)	10/14/1026
Proposal evaluation period	9/30/2026-10/22/2026
Provider selection	10/23/2026
Notice of Statement of Findings and Decision	10/26/2026
Contract start date	12/1/2026

1.2 Website Reference.

1. State Procurement Office - Health & Human Services
2. Hawaii Awards & Notices Data System
3. Hawaii Revised Statutes and Hawaii Administrative Rules for Purchases of Health & Human Services
4. General Conditions for Health & Human Services Contracts (AG-103F13)
5. State Procurement Office - Forms
6. Cost Principles
7. State Procurement Office - Protests for Health & Human Services
8. Hawaii Compliance Express
9. Hawaii Revised Statutes
10. Department of Taxation
11. Department of Labor and Industrial Relations
12. Department of Commerce and Consumer Affairs, Business Registration
13. Campaign Spending Commission
14. Internal Revenue Service

(Note: website addresses may have changed. If a link is not active, try searching the State website)

1.3 Authority.

This RFP is issued under the provisions of the Hawaii Revised Statutes (HRS) Chapter 103F and Hawaii Administrative Rules (HAR). All prospective Applicants are charged with presumptive knowledge of all requirements of the cited authorities. Submission of a valid executed Proposal application by a prospective Applicant shall constitute admission of such knowledge on the part of such prospective Applicant.

1.4 RFP Organization.

This RFP is organized into five (5) sections:

Section 1. Administrative Overview: The procurement process; requirements for awardees.

Section 2. Service Specifications: Services to be delivered, applicant responsibilities, requirements for the proposal application.

Section 3. Proposal Application Instructions: General and specific instructions for proposal application submission.

Section 4. Proposal Evaluation: The method by which proposal applications will be evaluated.

Section 5. Attachments: Information and forms necessary to complete the application.

1.5 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.

CONTRACTING OFFICE

Department of Health
Child and Adolescent Mental Health Division
Contract Management Section
3627 Kilauea Avenue, Room 101
Honolulu, Hawaii 96816

1.6 RFP Coordinator.

From the release date of this RFP until the selection of successful Applicants, any inquiries and requests shall be directed **via email** to the individual identified below.

RFP COORDINATOR

Steven Osa
Contracts Specialist, CAMHD
3627 Kilauea Avenue, Room 101
Honolulu, Hawaii 96816
Telephone: (808) 733-8386
Email: Steven.Osa@doh.hawaii.gov

1.7 Orientation.

An online RFP Orientation for Applicants shall be held on Thursday September 3, 2026 from 9:00 am to 10:00 am Hawaii Standard Time (HST) via Zoom as follows:

Join Zoom Meeting
https://hawaii-gov.zoom.us/j/86709216636

Meeting: 867 0921 6636
One tap mobile
+12532050468,,86709216636# US
+12532158782,,86709216636# US (Tacoma)

Dial by your location
+1 253 205 0468 US
+1 253 215 8782 US (Tacoma)
+1 346 248 7799 US (Houston)
+1 669 444 9171 US
+1 669 900 6833 US (San Jose)
+1 719 359 4580 US
+1 309 205 3325 US
+1 312 626 6799 US (Chicago)
+1 360 209 5623 US
+1 386 347 5053 US
+1 507 473 4847 US
+1 564 217 2000 US
+1 646 558 8656 US (New York)
+1 646 931 3860 US
+1 689 278 1000 US
+1 301 715 8592 US (Washington DC)
+1 305 224 1968 US
Meeting: 867 0921 6636
Find your local number: https://hawaii-gov.zoom.us/u/kcSoisTYg7

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

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

1.8 Submission of Questions.

Applicants may submit written questions to the RFP Coordinator via email to scott.shimabukuro@doh.hawaii.gov. **Please use the subject line "RFP No. 460-27-01 Response"**. Written questions should be received by the date and time specified in the Procurement Timetable in Section 1.1. The State Purchasing Agency will respond to written questions by way of an Addendum to the RFP.

1.9 Discussions with Applicants.

Discussions may be conducted with potential Applicants to promote understanding of the State Purchasing Agency's requirements prior to the submittal deadline. Discussions may also be conducted with Applicants whose Proposals are determined to be reasonably susceptible of being selected for award, but Proposals may be accepted without discussions, in accordance with HAR §3-143-403.

1.10 Multiple or Alternate Proposals.

Multiple/alternate proposals are not applicable to this RFP (HAR §3-143-605).

1.11 Confidential Information.

If an Applicant believes any portion of its Proposal contains information that should be withheld as confidential, the Applicant shall request in writing nondisclosure of designated proprietary data to be confidential and provide justification to support confidentiality. Such data shall accompany the Proposal, be clearly marked, and shall be readily separable from the Proposal to facilitate eventual public inspection of the non-confidential sections of the Proposal. **Note that price is not considered confidential and shall not be withheld**.

1.12 Submission of Proposals.

Proposals shall only be accepted in electronic format in either PDF or Microsoft Word on a flash drive. Applicants are responsible for ensuring that the flash drive is properly formatted and Windows compatible. Applicants assume all potential risk that the State Purchasing Agency's equipment system may be unable to read the Applicant's electronic media.

Mail-in Proposals must be approved in advance by the RFP Coordinator via email and shall be postmarked by the USPS by the submittal deadline indicated in the Procurement Timetable in Section 1.1, or as amended, and received by the State Purchasing Agency no more than ten (10) days from the submittal deadline. Dated USPS shipping labels are not considered postmarks.

Hand delivered Proposals shall be received by the State Purchasing Agency by the date and time designated in the Procurement Timetable in Section 1.1, or as amended.

Applicants must contact the RFP Coordinator in advance, via email to confirm a delivery date and time. Deliveries by private mail services such as FedEx shall be considered hand deliveries.

Proposals shall be rejected when:

1) Postmarked after the designated submittal date.
2) Postmarked by the designated submittal date but not received within ten (10) days from the submittal deadline.

3) If hand delivered, received after the designated submittal date and time.

Applicants bear the whole and exclusive responsibility for assuring the complete, correctly formatted, and timely submission of their Proposals and amendments (as applicable) to the State Purchasing Agency.

Refer to Section 2, Service Specifications and Section 3, Proposal Application for submission requirements specific to this RFP.

1.13 Opening of Proposals.

Upon the State Purchasing Agency's receipt of a Proposal at the designated location, Proposals, modifications to Proposals, and withdrawals of Proposals shall be date-stamped, and when possible, time-stamped, held in a secure place and not examined for evaluation purposes until the submittal deadline.

1.14 Additional Materials and Documentation.

Upon request from the State Purchasing Agency, Applicants shall submit additional materials and documentation reasonably required by the State Purchasing Agency for its evaluation of the Proposal.

1.15 Public Inspection.

Procurement files shall be open to public inspection after contracts have been awarded and executed by all parties.

1.16 RFP Amendments.

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

1.17 Final Revised Proposals.

If requested by the State Purchasing Agency, final revised Proposals shall be submitted in the manner, and by the date and time specified in the Procurement Timetable in Section 1.1. The Applicant shall submit only the section(s) of the Proposal that are revised, along with the Proposal Application Identification Form (SPOH-200). If a final revised Proposal is not submitted, the previous submission shall be construed as the best and final revised Proposal.

1.18 Cancellation of Request for Proposals.

This RFP may be canceled and any or all Proposals may be rejected in whole or in part, when it is determined to be in the best interest of the STATE in accordance with HAR §3-143-613.

1.19 Costs for Proposal Preparation.

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

1.20 Participation in Planning.

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

Participation in a State Purchasing Agency's effort to plan for or purchase health and human services prior to the release of a request for Proposals, including the sharing of information on community needs, best practices, and available resources, shall not disqualify

Applicants from submitting Proposals if conducted in accordance with HAR §3-142-202 and HAR §3-142-203.

1.21 Rejection of Proposals.

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

A Proposal may be rejected for any of the following reasons:

A. Failure to cooperate or deal in good faith (HAR §3-141-201);

B. Inadequate accounting system (HAR §3-141-202);

C. Late proposals (HAR§3-143-603);

D. Inadequate response to request for proposals (HAR §3-143-609);

E. Proposal not responsive (HAR §3-143-610(a)(1));

F. Applicant not responsible (HAR §3-143-610(a)(2)).

1.22 Notice of Award.

A Statement of Findings and Decision shall be provided to each responsive and responsible Applicant by email upon completion of the evaluation of competitive purchase of service Proposals.

Any contract arising out of this solicitation is subject to the approval of the STATE's 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 an Applicant awarded a contract prior to the contract commencement date. The STATE is not liable for any costs incurred prior to the official starting date.

1.23 Protests.

Pursuant to HRS §103F-501 and HAR §3-148, an Applicant aggrieved by an award of a contract may file a protest. The Notice of Protest form, SPOH-801, protest procedures and related forms are available on the State Procurement Office (SPO) website (See Section 1.2, Website Reference for SPO website). Only the following matters may be protested:

A. A State Purchasing Agency's failure to follow procedures established by Chapter 103F of the HRS;

B. A State Purchasing Agency's failure to follow any rule established by Chapter 103F of the HRS; and

C. A State Purchasing Agency's failure to follow any procedure, requirement, or evaluation criterion in a RFP issued by the State Purchasing Agency.

The Notice of Protest shall be postmarked by USPS or hand delivered to the Head of the State Purchasing Agency and the Procurement Officer conducting the protested 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 regarded as hand deliveries and considered submitted on the date of actual receipt.

HEAD OF PURCHASING AGENCY	PROCUREMENT OFFICER
Kenneth S. Fink, MD, MGA, MPH Director of Health Mailing Address: P.O. Box 3378 Honolulu, HI 96813 Street Address: 1250 Punchbowl St. Honolulu, HI 96813	Janet Ledoux Administrator,CAMHD 3627 Kilauea Avenue, Room 101 Honolulu, Hawaii 96816

1.24 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.

1.25 Hawaii Compliance Express.

Providers shall comply with all laws governing entities doing business in the STATE. Applicants must provide paper certificates of compliance or the Applicants may choose to register with Hawaii Compliance Express (HCE) to provide compliance verification of the following:

Tax Clearance: Pursuant to HRS §103-53, as a prerequisite to entering into contracts of $25,000 or more, providers are required to have a tax clearance from the STATE's Department of Taxation (DOTAX) and the Internal Revenue Service (IRS) (See Section 1.2, Website Reference for DOTAX and IRS websites).

Labor Law Compliance: Pursuant to HRS §103-55, Providers shall be in compliance with all applicable laws of the federal and state governments relating to workers' compensation, unemployment compensation, payment of wages, and safety (See Section 1.2, Website Reference for Department of Labor and Industrial Relations (DLIR) website).

Business Registration: Prior to contracting, owners of all forms of business doing business in the STATE except sole proprietorships, charitable organizations, unincorporated associations, and foreign insurance companies shall be registered and in good standing with the Department of Commerce and Consumer Affairs (DCCA), Business Registration Division. Foreign insurance companies must register with DCCA, Insurance Division (See Section 1.2, Website Reference for DCCA website).

The HCE's "Certificate of Vendor Compliance" provides the registered entity's current compliance status as of the issuance date and is accepted for both contracting and payment purposes. There is a nominal annual registration fee (currently $12) for the service (See Section 1.2, Website Reference for HCE website).

1.26 Campaign Contributions by State and County Contractors.

HRS §11-355 prohibits campaign contributions from certain state or county government contractors during the term of the contract if the contractors are paid with funds appropriated by a legislative body (See Section 1.2, Website Reference for statutes and Campaign Spending Commission website).

1.27 General and Special Conditions of Contract.

The General Conditions that shall be imposed contractually are on the SPO website. Special Conditions may also be imposed contractually by the State Purchasing Agency, as deemed necessary.

1.28 Cost Principles.

State Purchasing Agencies utilize standard cost principles to promote uniform purchasing practices among STATE agencies. Applicants awarded a contract resulting from this RFP shall comply with HRS Chapter 103F, Cost Principles for Purchases of Health and Human Services (See Section 1.2, Website Reference). Nothing in this section shall be construed to create an exemption from any cost principle arising under federal law.

1.29 History of Performance.

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

1.30 Wage Law Compliance.

If applicable, by submitting a Proposal, the Applicant certifies that the Applicant is in compliance with HRS §103-55, Wages, hours, and working conditions of employees of contractors performing services. Refer to Section 1.2, Website Reference for statutes and DLIR website address.

Section 2 - Service Specifications

2.1 Introduction.

A. CAMHD Mission.

To promote resilience and well-being in the children and families of the STATE by advocating for mental health acceptance and providing quality and accessible mental health services.

To serve its mission, the CAMHD has developed a comprehensive array of evidence-based services and supports delivered through an integrated public-private partnership consisting of contracted community-based agencies, state-managed, community-based Family Guidance Centers (FGC), and a Centralized State Office responsible for overseeing administrative, fiscal, and clinical operations.

This RFP describes mental health support services for homeless children and families, and the Child and Adolescent Mental Health Performance Standards (CAMHPS) which is a document published by the CAMHD that defines the core principles and values that the CAMHD service system is built upon. Applicants shall carefully read all aspects of this RFP and the current edition of the CAMHPS carefully and they must assure in the Proposal that the Applicant is prepared to meet all standards and guidelines as written and as amended from time to time.

Hawaii Revised Statutes (HRS) §§321-172 requires the CAMHD to coordinate the effective and efficient delivery of mental health services to children and youth, including services provided by private nonprofit agencies under contract to the DOH, and to be responsible for the development and implementation of centralized and highly specialized programs for children and youth.

The DOH receives federal block grant funds from the Substance Abuse and Mental Health Services Administration ("SAMHSA") under the Community Mental Health Services ("CMHS") Block Grant program. Title XIX, Part B, Subpart I, as amended, Children's Health Act of 2000 Public Law 106-310 establishes a Block Grant for Community Mental Health Services administered by CMHS, which permits the allocation of funds to States for the provision of community mental health services. Each year the CAMHD develops a STATE plan for the provision of children's mental health services as identified in its application for federal block grant funds.

This children's mental health STATE plan is developed in accordance with the federal Children's Health Act of 2000 Public Law 106-310, which requires the submission of an annual plan in order to qualify for federal funding in the area of community mental health services. The focus of the CMHS Block Grant program, as administered by the CMHS is the provision of comprehensive community-based mental health services to adults with a serious mental illness and to children with serious emotional disturbance. The CAMHD's System of Care is based on the Hawaii's Child and Adolescent Service System Program Principles ("CASSP") (See Section 5, Attachment A), requiring that the System of Care be family and child-centered, with the delivery of services, programs, and placements in the least restrictive setting for the individual and family. The CAMHD plans to use the block grant funds to support one (1) program that promote

the mental health of homeless children and their families along the Waianae Coast.

B. Overview, Purpose, Needs, and Goals.

In the U.S., over one-fourth (1/4) of people experiencing homelessness are children. Forty-two percent (42%) of these children are under the age of five (5). Over the course of a year, as many as one point four (1.4) million children experience homelessness. The literature on the health of homeless children documents learning disabilities, behavior disorders, and emotional problems. Research suggests that persistent homelessness amplifies mental health risks.

The experience of homelessness results in a loss of community, routines, possessions, privacy, and security. For youth, homelessness can create a loss of stability, disruption in education, increased food insecurity, and increased exposure to disease, violence, and substance abuse. Anxiety, loss of sleep, frequent illness, and hunger can contribute to learning disabilities. These conditions can trigger or exacerbate emotional problems in children.

1. Childhood Worries.
    a. Seventy-four percent (74%) of children experiencing homelessness worry they will have no place to live.
    b. Fifty-eight percent (58%) worry they will have no place to sleep.
    c. Eight-seven percent (87%) worry that something bad will happen to their Family.
2. Homelessness affects cognitive and emotional development.
    a. Babies show significantly slower development than other children.
    b. More than twenty percent (20%) of children between the ages of three (3) and six (6) have emotional problems serious enough to require professional care.
    c. By the time children are eight (8) years old, one (1) in three (3) have a major mental disorder.
    d. About half (1/2) of school-age children experiencing homelessness have significant mental health problems including anxiety, depression, posttraumatic stress disorder ("PTSD"), suicide ideation, and substance abuse disorders.
    e. Less than one-third (1/3) of these children receive mental health treatment.
3. Trauma in the Lives of Youth experiencing homelessness

    Rates of abuse among youth experiencing homelessness vary widely across studies, ranging from seventeen percent (17%) to thirty-five percent (35%) for sexual abuse and forty percent (40%) to sixty percent (60%) for physical abuse and neglect. Two (2) studies conducted for the United States Department of Human Services found forty-six percent (46%) of runaway and homeless youth reported being physically abused, seventeen percent (17%) reported being sexually exploited, and thirty-eight percent (38%) reported being emotionally abused. The National Center on Family Homelessness estimates that thirty-five (35%) of homeless children have been the subject of a child protection investigation and twenty-four percent (24%) have witnessed acts of violence

within their family.

Youth who take to the streets are vulnerable to further victimization by predatory adults, criminals, pimps, and other street youth. They may be exploited or become victims of street violence or members of gangs which provide protection and a sense of family.

They may be drawn into criminal activity or illicit sex in order to earn money for food, shelter, clothing, and other basic needs. They often drop out of school, forfeiting their opportunities to learn and to become independent, self-sufficient, contributing members of society. In one (1) study, forty-three percent (43%) of adolescent males experiencing homelessness and thirty-nine percent (39%) of adolescent females reported being assaulted with a weapon while living on the streets.

The situations for homeless youth can appear hopeless. One (1) survey found that twenty-five percent (25%) of youth in shelters and thirty-two percent (32%) of those on the street had attempted suicide. The stresses associated with homelessness can exacerbate other trauma-related difficulties and interfere with trauma recovery.

Homeless children frequently survive with little or no contact with medical professionals, and as a result, their health problems may go untreated and worsen. Their emotional and behavioral health issues are typically not addressed. Without the intervention and support of community institutions, these youth may not acquire the personal and work skills that will enable them to become self-sufficient and independent. The end result for homeless children and youth is that without adequate intervention, supports and services, there may be long term health and emotional/behavioral problems.

4. Additional Conditions for kids experiencing homelessness
   a. Children go hungry at twice the rate of other children.
   b. Twenty-five percent (25%) have witnessed acts of violence in their families.
   c. These children experience physical and sexual abuse at two (2) to three (3) times the rate of other children.
   d. Children are separated from their family to be put in foster care at higher rates than other children (twelve percent (12%) vs. one percent (1%)).

Therefore, the CAMHD seeks to support one (1) program to promote the mental health of children and their families who are experiencing homelessness along the Waianae Coast. Services and support may also be provided to the families of the children.

The RFP describes these mental health support services for children and families experiencing homelessness and the CAMHD's general standards and guidelines as written and amended are described in the current edition of the Child and Adolescent Mental Health Performance Standards (a specific service standards are not included in CAMHD's performance standards). Applicants shall read all aspects of this RFP and the current edition of the CAMHPS carefully and they must assure in the proposal that the agency is prepared to meet all standards and guidelines as written and as amended.

Specifically, the CAMHD is soliciting Provider agencies that are able to ensure the capacity to provide timely, consistent, responsive, and effective mental health support services for children and families experiencing homelessness along the Waianae Coast, including those who live along the beach.

C. Planning Activities.

A Request for Information (RFI) was posted on February 17, 2026 for interested parties to provide information and feedback to assist the CAMHD in developing this RFP. Please contact the RFP Coordinator via email for more information regarding the RFI.

2.2 Description of Target Population.

For purposes of this RFP, children experiencing homelessness are defined as any person up to twenty-one (21) years of age, who lacks a fixed, regular, and adequate night-time residence. These include those who live in motels, hotels, beaches or camping grounds due to the lack of alternative adequate accommodation, are in other temporary living situations, or are sharing the housing of others. The geographic coverage of service shall be along the Waianae Coast, including those who live along the beach.

Telehealth technology may be used to help deliver needed services to remote areas when travel distances, costs, and health and safety make in-person delivery impractical. In general, telehealth services shall be used to serve families within a Provider agency's contracted geographic area. When necessary, coverage by the Provider agency's staff may be provided via telehealth. The family and youth must agree to the use of telehealth services, and necessary equipment and telecommunications services must be available to them. If the family and youth do not agree to the use of telehealth, services must be provided in-person only.

2.3 Description of the Service Goals.

A. Support for Mental Health for Homeless Children and their Families.

The goal of the Program is to provide mental health services to homeless children and their families. Applicants shall be required to identify program-specific goals, objectives, and outcomes in their Proposals.

B. Trauma-Informed Care.

Many of the homeless population, adults and children, struggle to recover from both previous and new traumatic experiences. Providers shall provide trauma-informed care. Strategies to promote trauma-informed care include, but are not limited to, the following:

1. Identify and address agency policies and procedures that could traumatize by inadvertently causing people to relive their traumatic experiences before they have the knowledge and skills to cope.
2. Offer assistance with no strings attached.
3. Consider the person's behavior in the context of their life experiences, including traumatic life experiences.
4. Prioritize children's and families immediate needs. Persons with unmet primary needs may have difficulty focusing on forming trusting relationships with service Providers.

5. During assessment, determine the youth's strengths and talents, rather than focusing only on problems and deficits.
6. Allow persons experiencing homelessness to make their own choices whenever possible.
7. Assess the individual's cognitive abilities so that appropriate language can be used for better understanding.
8. Tailor interactions and services to the individual needs of each person.
9. Recognize that people may have co-occurring disorders and other mental health problems that need to be addressed.

(See: The National Child Traumatic Stress Network. (2007). Trauma Among Homeless Youth (Culture and Trauma Brief, Volume 2, No. 1). Available at www.NCTSN.org)

2.4 Contracts to be Awarded by Service, Area, and Terms.

A. Single or Multiple Contracts to be Awarded (refer to HAR §3-143-206)

☒ Single ☐ Multiple ☐ Single & Multiple

Mental Health Support for Homeless Children and Families

Waianae Coast on the island of Oahu ..... Single Award

B. Single or Multi-Term Contracts to be Awarded (refer to HAR §3-149-302) ☐
Single (2 years or less) ☒ Multi-Term (more than 2 years)

C. Contract Terms

Funding Source: Federal Funds

Initial Term of Contract: December 1, 2026 - November 30, 2027

Number of Possible Extensions: Five (5)

Maximum Length of Each Extension: Twelve (12) months

Conditions for Extension: The Contract may be extended annually for additional terms, not to exceed a total of six (6) years, provided that the Contract price shall remain the same or is adjusted (increased or decreased) based on a negotiated price mutually agreed upon, subject to the availability of funding.

The Contract extension must be in writing and will be based on Provider's annual performance review, service utilization projections, and the CAMHD's determination of continued need for specific and/or all program components.

D. Secondary Purchaser Participation (refer to HAR §3-143-608)
After-the-Fact Secondary Purchases: Shall not be allowed.
Planned Secondary Purchases: None.

2.5 Funding.

Source: The CAMHD receives funding through a biennial legislative process.

Period of Availability: The initial contract period shall be from December 1, 2026 to November 30, 2027 and renewable annually for additional twelve (12) month terms not to exceed a total of six (6) years. Funding is subject to appropriation, budget execution policies, and availability.

Contract extensions in the later years shall depend on the availability of Federal and/or State funds, progress in meeting project goals and objectives, timely submission of data and reports and compliance with all terms and conditions of the contract.

Probable Funding Amounts: Any Applicant that elects or declines to submit a Proposal understands that the CAMHD reserves the right to increase reimbursement costs as it deems fit when additional funding becomes available without having to re-procure services. Any funding amounts are proposed and subject to legislative approval/appropriation.

2.6 Compensation and Method of Payment.

Pricing Structure – Cost Reimbursement: The cost reimbursement pricing structure reflects a purchase arrangement in which the STATE pays the Provider for budgeted costs that are actually incurred in delivering the services specified in the contract, up to a stated maximum obligation. Budget line items are subject to review, approval, and acceptance by the State Purchasing Agency.

Applicants must submit a budget with accompanying justification budget forms (See Section 3.2, Specific Proposal Application Instructions for list of required budget forms).

Method of Payment: Payment shall be made in monthly installments upon electronic submission via the CAMHD MAX system of invoices with required documentation for the services rendered. Failure to comply with submission of reports and documentation shall result in payment delays until such materials are submitted.

2.7 Monitoring and Evaluation.

Providers must cooperate fully with the CAMHD's contract monitoring and performance evaluation activities, including making all requested materials available upon request.

The CAMHD may conduct site visits and/or reviews of service on a regularly scheduled basis or spontaneously, without prior notice. Routine contract monitoring and performance evaluation activities include: Credentialing Compliance Reviews, and Fiscal/Claims Reviews. Providers are expected to comply with any resulting corrective action plan and/or additional reporting requests.

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

A. Performance/Outcome Measures.

B. Quality of Care/Quality of Services.

C. Financial Management.

D. Administrative Requirements.

2.8 Service Requirements.

Children and families experiencing homelessness are exposed to multiple life stressors that can negatively impact their mental health and wellness. Research suggests that persistent homelessness amplifies mental health risks.

The following service description is not comprehensive. Applicants are expected to read each section of this RFP and applicable sections of the current CAMHPS carefully to ensure proposals adequately convey the ability to meet all standards and guidelines as written.

A. Mental Health Support for Homeless Children and Families.

The Provider shall provide the following services:

1. Culturally Competent Outreach. The Provider shall provide culturally competent outreach to children and their families who are experiencing homelessness along the Waianae Coast, including those who live along the beach, safety permitting. The Provider shall establish relationships with the families and conduct assessments to identify the strengths, needs, and goals of the families, and support the achievement of the goals.
2. Advocacy. The Provider shall provide advocacy and warm-handoffs to Community-based agencies. The Provider shall provide service and support individualized to meet the needs and goals of the youth and their families, including assistance to resume/maintain school attendance, and referrals to health, mental health, and other services. The Provider shall provide follow-up services to ensure that any critical issues are stabilized and that appropriate linkages have been made.
3. Empower Children and Families. The Provider shall engage, motivate, and empower youth and their families in order to strengthen their support systems and capacity to act on their own behalf.
4. Access to Basic Needs. The Provider shall provide access to basic needs by coordinating access to, food, clothing, hygiene supplies, school supplies, bus passes, and household items.
5. Educational Resources. The Provider shall provide linkage and support with educational resources to children from preschool to high school. The Provider shall assist with efforts to link youth to mentoring, tutoring resources, and alternative learning opportunities.

B. Mental Health Services.

The Provider shall provide the following services:

1. Individual Counseling. The Provider shall provide Individual Counseling that focuses on improving individual functioning. Therapy shall include interventions such as cognitive-behavioral strategies, trauma-focused interventions, motivational interviewing, psychoeducation, skills training, safety and crisis planning, and facilitating access to other community services and supports.
2. Group Therapy. The Provider shall provide Group Therapy for the purpose of addressing symptoms and problems that prevent the development of healthy functioning in the home, school or community. Group Therapy shall consist of three (3) or more youth. Group Therapy services shall be designed to teach specific skills for addressing symptoms or challenges, provide support for the use of these skills, and provide psychoeducation about mental health issues. Group Therapy may include groups that address youths' needs utilizing a multi-family group format in which the parents or guardian attend the group along with the youth.

3. Family Therapy. The Provider shall provide Family Therapy designed to improve family functioning and treat the youth's emotional challenges. The Provider's therapist shall help the youth and family increase their use of effective coping strategies, healthy communication, and constructive problem- solving skills.
4. Crisis Management. The Provider shall provide crisis intervention and counseling. The Provider shall identify and provide immediate problem-solving approaches to handle urgent or dangerous events, such as the provision of intervention or guidance to diffuse a crisis, or summon emergency response (police, fire, emergency medical services, or child protective services), as appropriate.
5. When viable, a mental health assessment is conducted to identify youth who have a diagnoseable Serious Emotional Disturbance (SED). Given the various contexts that services may be delivered in (afterschool group at a shelter for example), an assessment, treatment plan and even a follow-up encounter may be neither feasible nor appropriate. While this limitation is understood, the program is required to serve some youth that meet criteria for SED.
6. Therapeutic services for diagnosed youth should have a medical record that documents encounters, with a plan and progress notes.
7. Community Coordination and Collaboration. The Provider shall establish and maintain working relationships with other community organizations to share resources and jointly serve children and their families who are experiencing homelessness including linkage and referral to CAMHD or other mental health resources when appropriate.
8. Cultural Competence. The Provider's services shall be sensitive, culturally appropriate, and provided in a nonjudgmental manner.
9. Trauma Informed Care. The Provider's services shall include efforts to address past psychological trauma and shall reflect a trauma informed car approach. The Provider shall maintain policies and procedures on trauma-informed services.
10. Performance Monitoring. The Provider shall establish performance and numerical goals subject to CAMHD approval, to identify and track progress of program participants and the impact of the program and services.

2.9 Program Requirements.

The Provider shall:

A. Recruit individuals qualified to provide behavioral health support, individuals with experience working with the homeless children, youth and families or individuals who have previously been homeless. The Provider must notify the CAMHD if using an employment or personnel subcontract model. All subcontracts must meet requirements in the General Conditions 3.2 with the prior written consent of the CAMHD. The Provider shall describe efforts to recruit volunteers and community members in providing services to the homeless children, youth and families.

B. Ensure that Provider's staff and volunteers receive adequate support, training, and supervision. The training shall include safety and emergency procedures, confidentiality, child and youth development, child abuse reporting, suicide prevention, domestic violence, substance abuse, and cultural competence.

C. Ensure that Provider's staff, including volunteers or subcontractors, in positions that necessitate direct involvement or close proximity to youth do not have a criminal history or background that poses a risk to youth. Employment and reference checks on all employees, including volunteers, shall be conducted. In addition, criminal history record checks (State and Federal Bureau of Investigation (FBI) Criminal History Check, Sex Offender Registry, and the Child Abuse and Neglect Registry Clearance) shall be conducted, as allowed or required by statutes or rules, for any person who is employed or volunteers in a position that necessitates close proximity to children or adolescents. Documentation of criminal history record checks shall be maintained in the employee's or volunteer's personnel file and shall be available for review. The Provider will be responsible for ensuring any subcontractor have the same checks performed for their employees. Criminal history record checks, except for the FBI fingerprint check, shall be conducted annually.

D. Establish written policies and standard operating procedures to ensure policies and procedures are implemented uniformly and consistently across the organization. The policies and procedures shall allow for flexibility to account for individualized approaches and needs.

E. Have written policies and procedures regarding safety and emergency procedures, confidentiality, child abuse reporting, crisis intervention and suicide prevention. The Provider shall ensure that policies and procedures will be trauma-informed and culturally competent. The Provider shall have written policies and procedures on risk management, theft and loss prevention, and use of portable electronic devices.

F. Participate in the State Council on Mental Health reviews and CAMHD contract monitoring, which includes administrative, fiscal, and programmatic reviews. Contract monitoring shall be conducted annually and/or on an as needed basis.

G. Demonstrate that it has the necessary skills, abilities, knowledge of, and experience relating to the delivery of the proposed services to homeless populations.

H. Demonstrate an organizational philosophy and service delivery history consistent with the CAMHD's values and core commitments as stated in the CAMHPS Child and Adolescent Mental Health Performance Standards. Key clinical personnel shall possess the knowledge, skills, and abilities to train, supervise, and monitor delivery of the service.

I. Have administrative and managerial infrastructures in place capable of supporting all service activities and requirements specified in this RFP and the CAMHPS Child and Adolescent Mental Health Performance Standards. Specifically, the organizational structure must include and adequately sustain the following:

1. Accounting/Fiscal: responsible for all business accounting activities.
2. Clinical: responsible for ensuring staff are adequately trained and supervised.
3. Information Technology: responsible for ensuring the program's information systems, inclusive of computer hardware and internet and email services.
4. Personnel: responsible for ensuring staff meet minimum qualifications specified in the CAMHPS Child and Adolescent Mental Health Performance Standards, and maintaining a confidential personnel file for each staff member containing

credentialing materials, training records, supervision documentation as well as STATE and federal Department of Labor (DOL) required employment documents.

J. **Credentialing**. Providers must comply with all aspects of the CAMHD https://health.hawaii.gov/camhd/credentialing/ including, but not limited to, delegating a Credentialing Specialist who shall bear responsibility for the timely submission of all credentialing materials directly to the CAMHD Credentialing Section, certifying the accuracy and completeness of said materials, tracking, and renewing credentialing of all program staff members, and timely notification of credentialing terminations.

K. Demonstrate its experience collaborating with community partners, including those agencies with services that are relevant to the homeless population. The Provider must establish and maintain collaborative relationships with the CAMHD FGCs and Clinical Service Office. The Provider is expected to follow CAMHD's co-management model of service delivery.

L. Create and maintain a Continuous Quality Improvement (CQI) plan dictating quality assurance/regulatory compliance activities, risk management efforts, identification and ongoing assessment of quality indicators, and the process for implementing and evaluating improvements. The CQI plan must be reviewed and revised at least annually. Additionally, the Provider's Policies and Procedures (P&P) shall incorporate CQI provisions as necessary to ensure compliance with the CAMHD standards and Medicaid requirements as applicable.

M. In addition to the standard reports listed below, produce ad hoc service-related information to satisfy unanticipated requests from other sources (e.g., Legislature, Federal oversight entities, etc.) the Provider shall prepare and submit the following standard reports:

1. Narrative program reports and expenditure reports within thirty (30) days after the end of the quarter in a format prescribed by the CAMHD. The narrative reports shall include a reporting of the numbers served, a description of the quarter's activities, encounter data, and a reporting of outcome measures achieved.
2. Annual cumulative narrative report and final expenditure report within thirty (30) days after the end of the budget period. The annual narrative report shall be a cumulative report summarizing the entire budget period and shall include a reporting of the total number served, a description of the highlights and successes of the program, a description of any challenges encountered and the measures to address the problems, and a cumulative summary of outcome measures achieved.
3. Response to Credentialing Reverse Reports (CRR) (delivered quarterly by the CAMHD Credentialing Section) within thirty (30) days.

N. Audit Requirements.

1. Nonprofit organizations that expend $1,000,000.00 or more in a year of federal funds from any source shall have a single audit conducted for that year in accordance with the Single Audit Act Amendments of 1996, Public Law 104-156.
2. If the preceding condition applies, the Provider shall conduct a financial and compliance audit in accordance with the guidelines identified in Attachment B (See Section 5). Failure to comply may result in the withholding of payments to the Provider.

3. Nonprofit organizations that expend less than $1,000,000.00 a year in federal funds are exempt from federal audit requirements for that year, however, records shall be available for review or audit by appropriate officials of the federal awarding agency, the STATE, or General Accounting Office.

4. If the Provider is exempt from federal audit requirements in accordance with subparagraph 3., above, the cost of any audit conducted on behalf of the Provider shall not be charged to the federal portion of this Contract.

2.10 General Requirements.

A. Information System. The Provider is responsible for planning, implementing, and maintaining their own information systems, inclusive of computer hardware and internet and email services. All equipment and system components must comply with Electronic Protected Health Information (ePHI) access standards. The Provider is responsible for maintaining all documentation and systems in compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Security Rule HIPAA Security Rule. The Provider must develop and maintain a System Security Plan (SSP) and Security Risk Assessment (SRA) in alignment with national best-practices for privacy and information risk mitigation. Under DOH policy, the Provider shall submit to the CAMHD appropriately redacted copies of their SRA for evaluation and assurance when requested.

B. MAX System. The Provider shall comply with the requirements of the State of Hawaii's Department of Health Child and Adolescent Mental Health Division's Electronic Case Management System's Minimum Requirements in Attachment C (See Section 5)

C. Telehealth. The Provider that plans to utilize telehealth must meet the technical requirements presented in Attachment D (See Section 5).

D. **Policies and Procedures.** The Provider is required to have (or develop within six (6) months of the contract start date) and implement agency specific P&Ps addressing the areas listed in Attachment E (See Section 5). The P&Ps must be maintained throughout the contract period, reviewed and updated at least every two (2) years, and provided without delay upon request by CAMHD.

E. Insurance. Upon execution of a Contract, the Provider must provide evidence of compliance with the insurance expectations as presented in the Insurance Policy Coverage Requirements in Attachment F (See Section 5).

F. Federal and State Medicaid Regulations. The Provider is required to adhere to all applicable Federal and STATE Medicaid regulations and requirements as presented in Attachment G (See Section 5).

G. **Nondiscrimination**. The Provider shall comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88- 352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §§794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended,

relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h)Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§ 3601 et seq.), as amended, relating to non-discrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.

H. Trafficking Victims Protection Act of 2000. The Provider shall comply with the requirements of the Trafficking Victims Protection Act of 2000 (22 U.S.C. 7104), as amended, and 2 C.F.R. PART 175.

I. OMB Certifications. The Provider shall comply with the requirements of the "Certifications (OMB Approval No. 0920-0428)" in Attachment "H" (See Section 5), and shall acknowledge that it is a subgrantee of federal funds to be received under the Federal Grant.

J. Language Access. The Provider shall comply, as a covered entity, with the provisions of chapter 321C, Hawaii Revised Statutes, regarding language access and with federal laws regarding language access, including Title VI of the Civil Rights Act of 1964, 42 USC section 2000d et seq., 45 CFR part 80, and section 1557 of the Affordable Care Act (42 USC section 18116) and its implementing regulation (45 CFR part 92). These laws require the Provider to, among other things, ensure that consumers are adequately informed of their rights, and ensure meaningful access to services, programs, and activities by providing clients with oral and written language services, including written translations of vital documents, if, on account of national origin, clients do not speak English as their primary language and have a limited ability to read, write, speak, or understand the English language. If it is necessary to provide oral or written language services to a client's family in order for the client to benefit from the Provider's services, programs, or activities, the Provider shall provide those language services to the family.

K. Litigation. The Applicant must disclose any pending litigation to which it's a party, including the disclosure of any outstanding judgment.

L. Taxpayer Identification Number and Certification. The Applicant shall complete, execute, and submit IRS Form W-9.

2.11 Financial Requirements.

A. **Pricing Structure**. Applicant shall submit a cost proposal utilizing the pricing structure designated by the State Purchasing Agency. The cost proposal shall be attached to the Proposal Application. All budget forms, instructions and samples are located on the SPO website. (See subsection 1.2, Websites References for website address.) The following budget form(s) shall be submitted with the Proposal Application:

1. SPO-H-205 Budget
2. SPO-H-206A Personnel Salaries and Wages
3. SPO-H-206B Personnel Payroll Taxes, Assessments & Fringe
4. SPO-H-206C Travel Inter-Island
5. SPO-H-206E Contractual Services – Admin

6. SPO-H-206F Contractual Services - Subcontractors
7. SPO-H-206G Depreciation
8. SPO-H-206H Program Activities
9. SPO-H-206I Budget Justification - Equipment Purchase

B. Accounting and Billing System. The Provider shall have a clearly established and functional accounting cycle and fiscal operating procedures for accurately tracking the cost of services provided for each youth served, as well as P&P ensuring program budgets and expenditures adhere to established cost principles (See Chapter 103F, HRS Cost Principles for Purchases of Health and Human Services) and must submit an Annual Program Budget to the CAMHD Fiscal Section.

The Provider must comply with CAMHD's billing requirements as described in the CAMHPS Child and Adolescent Mental Health Performance Standards as well as all applicable STATE and federal healthcare services billing policies and procedures and must bill electronically via submission of invoices for service rendered.

Monthly claims/invoices shall be submitted within thirty (30) calendar days after the last day of the calendar month, however, the CAMHD will allow claims/invoices and corrections to be submitted up to ninety (90) days after the last day of the billing month. Submissions beyond the ninety (90) day period shall be considered only if a billing extension request is filed before the end of the ninety (90) day period. If granted, the submission period may be extended up to but no more than one hundred eighty (180) days after the service date. No claims/invoices shall be accepted and paid by the CAMHD after one hundred eighty (180) days, for any circumstances other than STATE errors.

C. Audit. Interested Applicants must demonstrate financial solvency by providing the results of the most recently completed organization-wide audit.

2.12 Facility Requirements.

Not applicable for this RFP.

Section 3
Proposal Application Instructions

General instructions for completing applications:

- Proposals must be submitted in electronic format in either Portable Document Format (PDF) or Microsoft Word on a flash drive to the State Purchasing Agency in the manner specified in Section 1.12.
- 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.
- Applicants must also include a Table of Contents with the Proposal Application.
- A written response is required for **each** item unless indicated otherwise. Failure to answer any of the items will impact upon Applicant's score. Each item will be evaluated based on the response and information presented in the corresponding subsection of the submitted Proposal; responses and information from other sections/subsections shall not be considered unless clearly referenced in the response.
- Supporting documents may be included as attachments but must be labeled, listed in the Table of Contents, and referenced directly in the Proposal response. The Proposal Application shall not exceed one hundred (100) pages of main text and the number of pages of attached supporting documents shall not exceed two hundred (200) pages, for a total of three hundred (300) pages.
- Applicants are **strongly** encouraged to review evaluation criteria in Section 4, Proposal Evaluation when completing the Proposal.
- Form **SPOH-200A** is attached hereto in Section 5 as Attachment I and is available on the SPO website (See 1.2 Website Reference). However, the form will not include items specific to each RFP. If using the website form, the Applicant must include all items listed in this section.

The Proposal Application is comprised of the following sections:

- Proposal Application Identification Form SPOH-200A
- Table of Contents
- Program Overview
- Experience and Capability
- Project Organization and Staffing
- Service Delivery
- Financial
- Other

3.1 Program Overview.

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

3.2 Experience and Capability.

A. Necessary Skills.

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

B. Experience.

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

C. Quality Assurance and Evaluation.

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

D. Coordination of Services.

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

3.3 Project Organization and Staffing.

A. Staffing.

1. Proposed Staffing.

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

2. Staff Qualifications.

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

B. Project Organization.

1. Supervision and Training.

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

2. Organization Chart.

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

3.4 Service Delivery.

Applicant shall include a detailed discussion of the Applicant's approach to applicable service activities from Section 2.9 Service Requirements, including (if indicated) a work plan of all service activities and tasks to be completed, related work assignments/responsibilities, and timelines/schedules.

The Applicant shall describe in detail how the organization shall provide the proposed services and how the organization shall maintain sufficient capacity to ensure the level of services proposed. The Applicant shall describe how the organization shall ensure the provision of services in the most accessible and convenient location(s) for homeless children and youth and their families.

The Applicant shall describe the organization's efforts to support children, youth, and/or families during times of crisis, and efforts to ensure linkages to crisis support services.

The Applicant shall provide a Statement of Need in narrative form the program rationale logic model that explains how the proposed services meet the stated needs of the target population. The Applicant should describe existing services and how the proposed services, together with existing services, will positively impact the lives of the target population. The Applicant shall identify the outcomes and/or quantitative targets for each of the proposed services in the initial contract term.

Applicant shall include a detailed discussion of the Applicant's approach to applicable program requirements from Section 2.10 Program Requirements, including, but not limited to, staff recruitment including support, training, and supervision, administrative and managerial infrastructures capable of supporting all service activities and requirements.

Applicant shall include a detailed discussion of the Applicant's approach to applicable general requirements from Section 2.11 General Requirements, including, but not limited to, the Applicant's information technology system and Applicant's ability to comply with CAMHD's MAX system and the Applicant's ability to comply with CAMHD's Credentialing P&Ps.

3.5 Financial.

A. Pricing Structure.

Applicant shall submit a cost proposal utilizing the pricing structure designated by the State Purchasing Agency. The cost proposal shall be attached to the Proposal Application.

All budget forms, instructions and samples are located on the SPO website. (See subsection 1.2, Websites References for website address.) The following budget form(s) shall be submitted with the Proposal Application:

1. SPO-H-205 Budget
2. SPO-H-206A Personnel Salaries and Wages
3. SPO-H-206B Personnel Payroll Taxes, Assessments & Fringe

4. SPO-H-206C Travel Inter-Island
5. SPO-H-206E Contractual Services - Admin
6. SPO-H-206F Contractual Services - Subcontractors
7. SPO-H-206G Depreciation
8. SPO-H-206H Program Activities
9. SPO-H-206I Budget Justification – Equipment Purchase

B. Accounting and Billing System.

Applicant shall include a detailed description of the Applicant's accounting and billing system and the Applicant's ability to comply with the CAMHD's electronic billing requirements including the submission of the Applicant's most recent financial audit as part of the Proposal Application.

3.6 Other.

Litigation.

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

Section 4 Proposal Evaluation

4.1 Introduction.

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

4.2 Evaluation Process.

The Procurement Officer or an evaluation committee of designated reviewers selected by the head of the State Purchasing Agency or Procurement Officer shall review and evaluate proposals. When an evaluation committee is utilized, the committee will be comprised of individuals with experience in, knowledge of, and program responsibility for program service and financing.

The evaluation will be conducted in three (3) phases as follows:

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

Evaluation Categories and Thresholds

Evaluation Categories		**Possible Points**
Administrative Requirements		
Proposal Application		**100 Points**
Program Overview	0 points	
Experience and Capability	30 points	
Project Organization and Staffing	20 points	
Service Delivery	45 points	
Financial	5 Points	
TOTAL POSSIBLE POINTS		**100 Points**

4.3 Evaluation Criteria.

A. Phase 1 - Evaluation of Proposal Requirements.

1. **Administrative Requirements.**
   Certificate of Vendor Compliance-Compliant Federal Certifications

   Form W-9 Taxpayer Identification

2. **Proposal Application Requirements.**
   a. Proposal Application Identification Form (Form SPOH-200)
   b. Table of Contents
   c. Program Overview

d. Experience and Capability

e. Project Organization and Staffing

f. Service Delivery

g. Financial (All required forms and documents)

h. 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 evaluator as to the services being offered.

1. Experience and Capability (30 Points).

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

a. Necessary Skills.

1) Demonstrates the Applicant's ability to provide and manage the proposed services in accordance with contractual obligations. **[4 points]**

2) Thoroughly describes the Applicant's commitment to serving and supporting the target population in a community-based, culturally competent manner. **[4 points]**

b. Experience.

1) Experience with homeless outreach. **[4 points]**

2) Demonstrates the skills, abilities, and knowledge relating to the delivery of the proposed services for the specific population. **[6 points]**

c. Quality Assurance and Evaluation.

Sufficiency of quality assurance and evaluation plans for the proposed services, including methodology. **[2 points]**

d. Coordination of Services.

Demonstrated capability to coordinate services with other agencies and resources in the community. **[4 points]**

e. General Requirements.

Demonstrated ability to meet CAMHD's information technology (IT) system requirements and for MAX compatibility. **[2 points]**

f. Program Requirements.

1) Demonstrated the ability to comply with all aspects of the CAMHD Credentialing Policies and Procedures. **[2 points]**

2) Specified how the performance and impact of the Program will be measured and tracked. **[2 points]**

2. Project Organization and Staffing (20 Points).

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

a. Staffing.

1) Proposed Staffing: That the proposed staffing pattern, client/staff ratio, and proposed caseload capacity is reasonable to insure viability of the services. **[5 points]**

2) Demonstrates commitment to recruit individuals with experience working with the target population or individuals who are or have been homeless. **[5 points]**

3) The proposed staff are qualified and experienced in providing mental health services and support. **[5 points]**

b. Project Organization.

1) Supervision and Training: Demonstrated ability to support, supervise, train, and provide directions to staff relative to the delivery of the proposed services. **[3 points]**

2) Organization Chart**:** Approach and rationale for the structure, functions, and staffing of the proposed organization for the overall service activity and tasks. **[2 points]**

3. Service Delivery (45 Points).

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

a. Statement of Need – Adequately describes and justifies the needs of the target population. **[5 points]**

b. The proposed services logically meet the needs identified in the Statement of Need. **[8 points]**

c. The goals and outcomes of the program appear reasonable and achievable based on the budget, program resources, and timeline. **[7 points]**

d. The proposed services complement the organization's services in such a way as to increase the impact of the combined program. **[5 points]**

e. Demonstrates understanding of the cultural needs of the population and community to be served, including unique factors and supports within the proposed geographic region. **[5 points]**

f. The proposed services consider the developmental stage of the children in the proposed population and propose strategies to support their growth and development. **[5 points]**

g. The quantity and frequency of the proposed services are adequate to meet the needs of the target population. **[5 points]**

h. Demonstrates commitment to assuring that policies and procedures of the program shall be trauma-informed and culturally competent. **[5 points]**

4. Financial (5 Points).

1. Proposal budget is reasonable, given program resources, and operational capacity and fully supports the services being provided. **[2 points]**

2. Demonstration of adequacy of accounting system and the ability to support electronic billing including ability to comply with the CAMHD billing procedures and requirements. **[2 points]**
3. Demonstration of agency's financial solvency; submission of current financial audit and management letter. **[1 point]**

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.

4.4 Methodology for Calculating Scores.

As a group, the Evaluation Committee will rate proposals solely against the evaluation criteria specified above using the following 5-point scale.

No Response	Unsatisfactory	Less Than Satisfactory	Satisfactory	More Than Satisfactory	Very Satisfactory
0	1	2	3	4	5

The score for each item will be calculated by dividing the Evaluation Committee's rating by 5 and multiplying by the weighted value of that criterion. For example, if the evaluation team assigns a rating of 3 and the criterion has a weighted value of 3 points, the resulting score is 1.8 ((3/5)x3=1.8). The scores for each criterion will then be added to obtain a total score for the proposal. If all items receive the maximum rating of 5, the total proposal score will be 100.

The total score of each Proposal will be ranked across Applicants in order of responsiveness to the RFP from the most advantageous to least advantageous. A minimum score of 50 must be attained to be considered for a contract award. Each notice of award/non-award shall contain a Statement of Findings and Decision for the award or non-award of the contract to each Applicant.

Section 5 - Attachments

A. Hawaii Child and Adolescent Service System Program (CASSP)
B. Guidelines for Organization -Wide Audits
C. State of Hawaii's Department of Health Child and Adolescent Mental Health Division's Electronic Case Management System's Minimum Requirements
D. Telehealth Requirements
E. Policies and Procedures
F. Insurance Policy Coverage Requirements
G. Federal and State Medicaid Regulations
H. OMB Certifications
I. Proposal Application Checklist
J. SPO-H 200 Form

STATE OF HAWAII

CHILD AND ADOLESCENT SERVICE SYSTEM PROGRAM (CASSP) PRINCIPLES

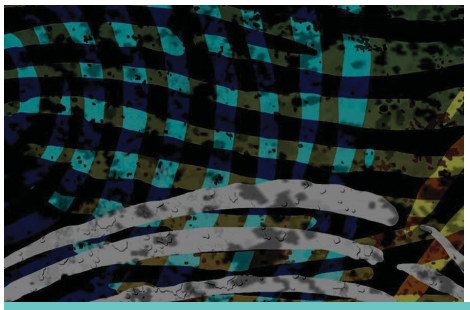
01
The system of care will be child and family centered and culturally sensitive, with the needs of the child and family determining the types and mix of services provided.

02
Access will be to a comprehensive array of services that addresses the child's physical, emotional, educational, recreational and developmental needs.

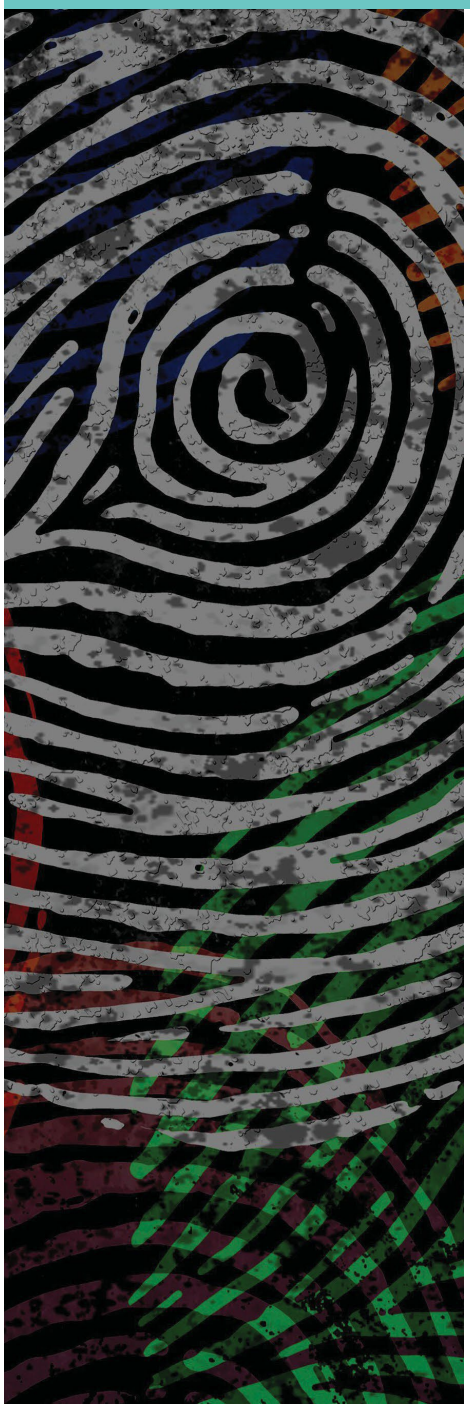
03
Family preservation and strengthening along with the promotion of physical and emotional well-being shall be the primary focus of the system of care.

04
Services will be provided within the least restrictive, most natural environment that is appropriate to individual needs.

05
Services which require the removal of a child from his/her home will be considered only when all other options have been exhausted, and services aimed at returning the child to his/her family or other permanent placement are an integral consideration at the time of removal.



CASSP PRINCIPLES (CONT'D)



06
The system of care will include effective mechanisms to ensure that services are delivered in a coordinated and therapeutic manner, and that each child can move throughout the system in accordance with his/her changing needs, regardless of points of entry.

07
Families or surrogate families will be full participants in all aspects of the planning and delivery of services.

08
As children reach maturity, they will be full participants in all aspects of the planning and delivery of services.

09
Early identification of social, emotional, physical and educational needs will be promoted in order to enhance the likelihood of successful early interventions and lessen the need for more intensive and restrictive services.

10
The rights of children will be protected and effective advocacy efforts for children will be promoted.

Developed by the Hawaii Task Force, 1993. (Adapted from Stroul, Beth A. and Robert M. Friedman, R.M. (1986) A System of Care for Children & Youth with Severe Emotional Disturbances. (Revised Edition) Washington, DC: Georgetown University Child Development Center, CASSP Technical Assistance Center

GUIDELINES FOR ORGANIZATION-WIDE AUDITS

Pursuant to the Single Audit Act Amendments of 1996, Public Law 104-156, the STATE is requiring A-133 audits from subrecipients who expend $1,000,000 or more of federal funds in a year.

The audits must be conducted in accordance with the following standards:

1. Generally accepted auditing standards issued by the American Institute of Certified Public Accountants.

2. Government Auditing Standards issued by the Comptroller General of the United States.

3. Office of Management and Budget (OMB) Circular A-133, "Audits of states, local governments, and nonprofit organizations," dated June 30, 1997.

The audits must be conducted on an annual basis and submitted to the STATE within nine (9) months after the end of the audit period.
The audit report shall include the following:

1. The organization-wide financial statements prepared in accordance with generally accepted accounting principles or other comprehensive basis of accounting.

2. A schedule of federal financial assistance in the format prescribed by the OMB Circular A-133.

3. A schedule of the STATE's federal and state contracts received by the organization for the period covered by the financial statements. This schedule shall contain the:

   a. ASO Log Number.
   b. Contract amount for the contract period.

   c. Expenditures charged against the contract during the current audit period and the prior audit periods for expenditure-reimbursement contracts; or amounts of units billed against the contract during the current audit period and the prior audit periods for unit-cost contracts since inception.

4. Auditor's reports on the organization's financial statements, supplemental schedule of expenditures of federal awards, and supplemental schedule of federal and state contracts received by the organization from the STATE.
5. Report on Compliance and on Internal Control over Financial Reporting Based on an Audit of Financial Statements Performed in Accordance with Government Auditing Standards.

6. Report on Compliance with Requirements Applicable to each Major Program and Internal Control over Compliance in Accordance with OMB Circular A-133.

7. Schedule of findings and questioned costs in the format prescribed in OMB Circular A-133.

8. Comments regarding prior year's findings.

(rev. 04/2024)

STATE OF HAWAII'S DEPARTMENT OF HEALTH
CHILD AND ADOLESCENT MENTAL HEALTH DIVISION'S ELECTRONIC CASE MANAGEMENT SYSTEM'S MINIMUM REQUIREMENTS

1. The PROVIDER shall enter all State of Hawaii's ("STATE") Department of Health Child and Adolescent Mental Health Division's ("CAMHD") clients receiving services under this Contract related information into the CAMHD Electronic Case Management System ("MAX System") via the MAX System portal.
2. The PROVIDER shall enter all the CAMHD client service records including, but not limited to, service encounter and treatment-related Progress Notes, MHTPs, and Invoices into the MAX System and shall be electronically sent to the CAMHD as claims to initiate the reimbursement for services rendered process. All electronic records shall have Clinical (creation of encounters with billable units, under an MHTP, attached to a Service Authorization) and Billing (creation of invoices) as separate functions. The PROVIDER shall additionally enter service-related non-billable activities within the electronic record.

3. All encounters entered into the MAX System shall contain the names of the PROVIDER's credentialed staff rendering and supervising the service.

4. Every individual PROVIDER staff member accessing the MAX System must have his or her own MAX System logins. The MAX System logins shall not be shared. All terminated PROVIDER staff who have a MAX System login shall have their MAX System logins immediately sent by the PROVIDER to the CAMHD for removal by the CAMHD.

5. The PROVIDER shall designate at least one (1) or two (2) individuals as the PROVIDER's MAX System Electronic Portal Coordinator ("EPC") through which all the MAX System - related information shall be routed. The PROVIDER's EPC shall be responsible for:

    a. Distributing all the MAX System information;
    b. Coordinating the MAX System training;
    c. Requesting additions, changes in role, and immediately requesting terminations for all PROVIDER access;
    d. Responding to an annual complete list for reconciliation of all PROVIDER staff with access, and supplying any added information for access;
    e. Reporting any problems associated with the MAX System;
    f. Tracking, reporting, and communicating with the CAMHD on the name, access, role, email address, and telephone number for all the PROVIDER staff accessing the MAX System;
    g. The name(s) of the PROVIDER's EPC(s), their email address(es), and their telephone number(s) shall be submitted in writing to the MAX System Help Desk; and
    h. The MAX System Help Desk shall be immediately notified in writing (via email) of any changes to the PROVIDER's EPC(s).
6. The PROVIDER shall acquire and maintain all hardware, software, and internet connectivity for the PROVIDER staff to access the MAX System. The minimum requirements to access the MAX System are:

a. Desktop or Laptop computer capable of accessing the internet with the currently supported operating system, e.g., Windows 10 or greater;
b. Tablet or Smartphone device capable of accessing the internet with the currently supported operating system, e.g. Apple IOS, or Google Android;
c. Phone number registered with capability of receiving multi-factor authentication message (for example: text message with a one-time code, or phone call to receive a code) for additional login security;
d. Applicable system software for anti-virus and anti-malware protection;
e. Most current internet browser, e.g., Microsoft Edge, Google Chrome, Firefox, Apple Safari;
f. All current software and system and security patches applied prior to accessing the MAX System; and
g. Internet connectivity for all computers accessing the MAX System.

7. It is required that each PROVIDER staff who accesses the MAX System be assigned an individual email address capable of sending and receiving secure emails.

8. The STATE shall not be obligated to design, develop, implement, nor maintain any software used to transfer the MAX System data to and/or from any third-party software.

9. The STATE reserves the right to use all de-identified data on the MAX System for research and reporting purposes.

10. The STATE's obligation for support and maintenance shall only apply to correction of verifiable and reproducible errors. The STATE shall not be responsible for the correction of any error attributable to the PROVIDER's misuse or improper use of the MAX System. The STATE's obligation to correct errors shall be limited to providing reasonable efforts to design and implement programming changes to the MAX System and to endeavor to correct such errors of which the STATE has received notice.

11. The STATE shall make every effort to provide and make available seven (7) days a week all hardware, software, and telecommunication services required for authorized users to access the MAX System.

12. The STATE shall backup the PROVIDER's data daily on a set schedule, and in the event of physical loss of the PROVIDER's data, restore the PROVIDER's data on the CAMHD clients back to its state at the last data backup.

13. The STATE shall have a MAX System Help Desk that will provide:

a. Technical assistance for use of the MAX System;
b. End user training;
c. Development of Ad Hoc reports; and
d. Assistance in maintaining client electronic records.

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

15. All the CAMHD client data entered into the MAX System shall become the property of the STATE.

Telehealth Requirements

1) The PROVIDER is required to use one (1) single interactive telecommunications system platform for all telehealth services (e.g., Zoom, VSee, Microsoft Teams, Doxy.me, etc.).
2) The platform must be Health Insurance Portability and Accountability Act of 1996 ("HIPAA") compliant with minimum 128-bit encryption and allow two-way, real-time interactive communication sufficient for therapeutic engagement (refer to Hawaii Administrative Rules §17-1737-51.1(c) for interactive telecommunications standards).
3) The PROVIDER must have a signed Business Associate Agreement (BAA) with the interactive telecommunications system platform provider. Copies of this agreement and technical service details shall be supplied to the CAMHD upon request.
4) Telehealth equipment must allow for audio and video transmission without noticeable issues of lag.
5) The PROVIDER must ensure staff training and support in the use of equipment and platform.
6) The PROVIDER may choose to supply their technical equipment or communication services directly in the homes of youth or families for telehealth service provision.
7) Documentation of the service must include the notation "via telehealth."
8) CAMHD defines "Telehealth" as engagement via an interactive telecommunications system where both parties have video enabled.
9) "Audio-Only Telehealth" is engagement via an interactive telecommunications system where both parties do not have video enabled. The following conditions must be met for repeated/ongoing use of the Audio-Only modality:
    a. The PROVIDER must have the capacity to furnish two-way, audio-video telehealth services;
    b. Audio-only mode must be the preference of the client;
    c. The client's record must document the reason(s) for ongoing use of audio-only mode (e.g., broadband access is unsatisfactory, audiovisual technology is not available or is available and the client does not know how or does not wish to use the technology); and
    d. An in-person, face-to-face or Telehealth (w/ video enabled) visit must occur prior to the initial audio-only session and at least once every ninety (90) days thereafter.
10) CAMHD Clinical Leads and/or Clinical Services Office may restrict service delivery to in-person only based on the particular needs of the specific youth.
11) The PROVIDER shall comply with all requirements of Hawaii Revised Statues, §453-1.3, Practice of Telehealth.

Resources: Pacific Basin Telehealth Resource Center; Telehealth.HHS.gov

Policies and Procedures

Providers are required to develop and implement agency specific P&Ps which must be maintained throughout the contract period and reviewed and updated at least every two (2) years. Required P&Ps include, but are not limited to, the following:

1) **Health Insurance Portability and Accountability Act (HIPAA)** – P&P must describe the Provider's role and responsibilities with regard to maintaining the privacy of youth served. It must include risk assessment, actions to be taken when a breach occurs, and how corrective actions shall be handled after a breach. The P&P must align with the federal regulations and guidance.
2) **Credentialing** – P&P must ensure all employees and/or subcontractors providing services to youth are qualified and appropriately credentialed to provide services in the specific role(s) assigned by the Provider prior to providing any services. The Provider has the primary responsibility for the credentialing process. The Provider must provide to the CAMHD Credentialing Office the complete credentialing information in a timely manner. The CAMHD Credentialing Office only provides assistance with quality assurance focused on the completeness and validity of credentialing by the Provider. The Provider must maintain a centralized file of supporting documentation for credentialing each employee/subcontractor in separate files on the Provider's premises.
   The P&P must identify the Provider's process for completing primary source verification and background checks aligned with State and Federal regulations for multistate background checks including fingerprinting under Federal Regulations: 42 U.S. Code §9858f - Criminal background checks, Adam Walsh Child Protection and Safety Act of 2006 (42 U.S.C.16901 et seq.), and HRS §321-15.2, 346-97, §846-2.7, and §346-97.
3) **Fraud and Abuse Prevention** – P&P must ensure claims for payment are properly supported through appropriate documentation prior to submission to the CAMHD. The Provider shall maintain policies, procedures, and compliance programs that assure clinical staff are trained on and review required documentation and billing practices. The policies, procedures, and compliance programs must ensure all clinical staff and subcontractors are supervised and routinely audited on these compliance practices by managers or other resources.
   The CAMHD shall employ national best-practice protocols for the identification of potential fraud or abuse in claims' submission through reviews of clinical billing practices. These prevention initiatives include thresholds in the electronic billing system that shall reject questionable or inappropriate claims, as well as reviews of reports that identify outliers to other established thresholds. The Provider must cooperate fully in the analysis of such reports and take appropriate action based upon the outcomes, including timely reimbursements to the State for audit findings. The State reimbursements follow requirements set out in both Federal Medicaid and State procurement law. The Provider must reimburse the State in a timely manner within one (1) year from the date of billing audit findings for the full value of the audit findings, or the Provider's contract may be subject to termination by the State. The Provider shall engage in internal compliance programs, immediately report all potential issues to the CAMHD, and engage in initiatives to prevent fraud, waste, and abuse in line with Federal regulations for

Medicaid services. All irregularities and billing audit findings shall be reported to the State Medicaid agency and may be subject to further review by the State's DHS Med-QUEST Division or its associated partners.

4) **Cultural Competency** – P&P must ensure all employees and subcontractors are trained and supervised in providing services in a culturally and linguistically appropriate manner to all youth, including those with limited English proficiency and diverse cultural and ethnic backgrounds and disabilities. The P&P must also address requirements for cultural assessment and cultural and linguistic considerations in treatment planning and service delivery.
5) **Trauma Informed Care** – P&P should clearly state the Provider's commitment to the ongoing development of a trauma informed program, expressing an understanding of the programmatic effects upon youth who have experienced trauma and the staff that serve them. Such a statement must include a self-assessment effort, modifications or elimination of a level system, elopement responses, limits on the use of restraints, environmental modifications, policy on body searches and any other area affected by traumatic experiences.
6) **Workforce Development** – P&P must identify how staff are recruited, oriented, trained, supervised, and provided ongoing learning opportunities. The P&P must identify strategies to retain personnel that meet performance expectations. The P&P must include quality assurance tracking mechanisms for monitoring training and supervision hours as well as training topics. The P&P must also indicate how the agency will meet all mandatory training requirements established in CAMHPS.

Insurance Policy Coverage Requirements

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

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

The insurance shall be obtained from a company authorized by the law to issue such insurance in the State of Hawaii (STATE) (or meet §431: 8-301, HRS, if utilizing an insurance company not licensed by the STATE).

For the Professional liability, general liability, and automobile liability insurance, the insurance coverage shall be primary and shall cover the insured for all work to be performed under the contract, including changes, and all work performed incidental thereto or directly or indirectly connected therewith. Providers shall maintain in effect this liability insurance until the STATE certifies work under the contract has been completed satisfactorily.

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

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

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

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

Providers must immediately notify the CAMHD Contract Management Section in writing should any of the insurance policies evidenced in the COI be cancelled, limited in scope, or not renewed upon expiration.

Providers shall submit an updated COI to the CAMHD Contract Management Section upon renewal of any insurance policy within the time of performance under the contract.

Federal and State Medicaid Regulations

The Provider is required to adhere to all applicable federal and state Medicaid regulations and requirements for Home and Community Based Services (HCBS) provided to DOH CAMHD youth, as defined by the Center for Medicare and Medicaid Service (CMS) and Med-QUEST, for credentialing, quality assurance, and billing. Providers are expected to align documentation and billing practices with national best-practices, and federal standards for healthcare services. All credentialed provider organizations performing services for CAMHD youth are required to enroll their provider staff as Medicaid providers, please refer to the Med-QUEST HOKU Provider Enrollment System website.

The authorization of any services or treatment is not a guarantee of payment. The Provider and staff or Subcontractors providing care must meet all the CAMHD, federal and state requirements to ensure documentation adequately substantiates the services provided. This may include but is not limited to documentation in the form of assessments, Mental Health Treatment Plans (MHTP), Direct Service Progress Notes, Progress Notes marked as discharge notes, shift notes, Weekly Census Reports, level of care details, level of intensity, and actual time spent with CAMHD youth.

Providers are expected to engage in comprehensive internal compliance programs of internal clinical documentation review, feedback, and auditing. Providers are equally expected to cooperate with ongoing CAMHD quality assurance, compliance, and audit programs. These are required to ensure appropriate reviews of documentation for compliance, and to foster cycles of continuing quality improvement.

Additional regulatory compliance requirements are incorporated:

The PROVIDER is a Hawaii Med-QUEST participating provider under the contract pursuant to the current STATE's Department of Human Services (DHS) Med-QUEST Division (MQD) Hawaii Medicaid Fee-For-Service Provider Manual (FFS Provider Manual).

Therefore, the parties mutually agree that the PROVIDER shall comply with the current FFS Provider Manual requirements, as the same may be amended from time to time, that in any way affect the PROVIDER's performance of the contract, including, but not limited to, the claims standards and expectations provisions of Chapter 4 Claims Payment of the FFS Provider Manual specifically enumerated in this paragraph:

a. Section 4.3 Claims Submission
    i. The PROVIDER must submit its CAMHD Service Claims including resubmissions (Claims) that meet the MQD billing standards identified in Section 4.3 Claims Submission of the Provider Manual directly to the CAMHD via the CAMHD electronic case management system (MAX) within the initial twelve (12) month filing deadline (initial filing deadline), for timely payment by the STATE, pursuant to the CAMHD defined policies, procedures, and instructions. Providers are only permitted to submit manual claims outside the MAX electronic system by special permission of the CAMHD granted in advance in writing. The CAMHD shall submit all applicable Claims to the MQD on behalf of the PROVIDER for MQD reimbursement directly to the STATE for PROVIDER Claims paid by the STATE.

ii. The STATE shall not pay for any PROVIDER Claims that are rejected by the MQD, including, but not limited to, double billing, overlapping billing, fraudulent claims, and claims not meeting the MQD billing standards.

iii. All PROVIDER staff actively providing CAMHD services shall maintain active National Provider Identifier (NPI) numbers pursuant to Section 4.3.4 Provider Medicaid Numbers of the Provider Manual.

b. Section 4.3.6 Waiver of Filing Deadline

i. Any PROVIDER Claims submitted after the initial filing deadline shall be rejected and denied payment by the CAMHD unless the PROVIDER obtains a written waiver of the initial filing deadline (written waiver) from the CAMHD. A written waiver will be approved by the CAMHD if the PROVIDER submits sufficient documentation to the CAMHD showing that the PROVIDER Claims were previously submitted within the initial filing deadline. If the PROVIDER is unable to provide the CAMHD with sufficient documentation showing that the PROVIDER Claims were previously submitted within the initial filing deadline, the CAMHD may still grant the PROVIDER a written waiver under acceptable extenuating circumstances, including, but not limited to, delayed PROVIDER Claims due to the following:

1. Delayed third party payments. Sufficient documentation of PROVIDER's timely payment requests made to the third party must be included with the PROVIDER's request for a written waiver.
2. By a court order.
3. By an administrative hearing determination.

ii. The granting of a written waiver by the CAMHD to the PROVIDER under acceptable extenuating circumstances shall be made on a case-by-case determination at the CAMHD's sole discretion.

c. Section 4.4.6.1 Overpayments

i. Any overpayments made to the PROVIDER for PROVIDER Claims including, but not limited to, payments made to the PROVIDER by the STATE for PROVIDER Claims that are subsequently rejected by the MQD pursuant to an audit determination or by other means, shall be recovered by the STATE and the MQD.

ii. If a post-payment review of a PROVIDER's Claim by the CAMHD and/or the MQD results in an overpayment determination, the CAMHD shall send a written overpayment notification to the PROVIDER explaining the reason for the overpayment, the amount involved, and the action to be taken. The STATE hereby reserves the right to either deduct the overpayment amount from future PROVIDER payments or request a refund from the PROVIDER that must be received by the CAMHD within sixty (60) days from the date of the written overpayment notification.

iii. Any overpayments discovered by the PROVIDER shall be promptly reported by the PROVIDER to the CAMHD and MQD for appropriate adjustments.

CERTIFICATIONS

1. CERTIFICATION REGARDING DEBARMENT AND SUSPENSION

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

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

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

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

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

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

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

2. CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

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

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

(b) Establishing an ongoing drug-free awareness program to inform employees about--

(1) The dangers of drug abuse in the workplace;

(2) The grantee's policy of maintaining a drug-free workplace;

(3) Any available drug counseling, rehabilitation, and employee assistance programs; and

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

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

(d) Notifying the employee in the statement required by paragraph (a), above, that, as a condition of employment under the grant, the employee will--

(1) Abide by the terms of the statement; and

(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

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

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

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

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

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

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

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

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

3. CERTIFICATION REGARDING LOBBYING

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

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

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

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

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

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

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

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

5. CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

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

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

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

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

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

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	TITLE
APPLICANT ORGANIZATION	DATE SUBMITTED

Proposal Application Checklist

Applicant: _____ RFP No.: _____

Proposal must contain the following components in the order shown below. Return this checklist to the State Purchasing Agency as part of the Proposal Application. All SPOH forms can be found on the SPO website.

Item	Form #	Required w/ Proposal	Included in Proposal
General			
Proposal Application Identification Form	SPOH-200	X	
Proposal Application Checklist	Attachment G	X	
Proposal w/ Table of Contents	N/A	X	
Hawaii Compliance Express Verification Certificate	N/A	X	
Taxpayer Identification Number and Certification	W-9	X	
Budget Forms (instructions and samples)			
Budget	SPOH-205	X	
Organization-Wide Budget by Source of Funds	SPOH-205A		
Organization-Wide Budget by Programs	SPOH-205B		
Budget Justification Forms			
Personnel - Salaries & Wages	SPOH-206A	X	
Personnel - Payroll Taxes, Assessments & Fringe Benefits	SPOH-206B	X	
Travel - Inter-Island	SPOH-206C	X	
Travel - Out-of-State	SPOH-206D		
Contractual Services - Administrative	SPOH-206E	X	
Contractual Services - Subcontracts	SPOH-206F	X	
Depreciation	SPOH-206G	X	
Program Activities	SPOH-206H	X	
Equipment Purchases	SPOH-206I	X	
Motor Vehicle	SPOH-206J		
Service Specific			
Accreditation			
Facility License			
Federal Certifications			
Debarment & Suspension	OMB	X	
Drug Free Workplace	OMB	X	
Lobbying	OMB	X	
Program Fraud Civil Remedies Act	OMB	X	
Environmental Tobacco Smoke	OMB	X	

STATE OF HAWAII

STATE PROCUREMENT OFFICE

PROPOSAL APPLICATION IDENTIFICATION FORM

STATE AGENCY ISSUING RFP: _____

RFP NUMBER: _____

RFP TITLE: _____

Check one:

☐ Initial Proposal Application

☐ Final Revised Proposal (Completed Items _____ -_____ only)

1. APPLICANT INFORMATION

Legal Name:

Doing Business As:

Street Address:

Mailing Address:

Contact person for matters involving this application:
Name:

Title:

Phone Number:

Fax Number:

e-mail:

2. BUSINESS INFORMATION

Type of Business Entity *(check one)*:

☐ Non-Profit Corporation ☐ Limited Liability Company ☐ Sole Proprietorship

☐ For-Profit Corporation ☐ Partnership

If applicable, state of incorporation and date incorporated:

State: Date:

3. PROPOSAL INFORMATION

Geographic area(s):

Target group(s):

4. **FUNDING REQUEST**

FY _____ _____ FY _____ _____

FY _____ _____ FY _____ _____

FY _____ _____ FY _____ _____

Grand Total _____

I certify that the information provided above is to the best of my knowledge true and correct.

_____ _____

Authorized Representative Signature *Date Signed*

_____

Name and Title