**Service:** LANAI INTEGRATED SERVICES SYSTEM

# Section 2
# Service Specifications

## I. Introduction

### A. Background

The Department of Human Services, Social Services Division, Child Welfare Services Branch (Department) provides social and case management services to children and their biological, extended, foster, or adoptive families to ensure safe, nurturing, and permanent families for Hawaii's children.

The Department was awarded its first "Promoting Safe and Stable Families" Title IV-B subpart 2 grant in September 1994. The purpose of the Title IV-B/2 grant, a federal capped entitlement under the Social Security Act, is

1. To prevent child maltreatment among families at risk through the provision of supportive family services
2. To assure children's safety within the home and preserve intact families in which children have been maltreated when the family's problems can be addressed effectively
3. To address the problems of families whose children have been placed in foster care so that reunification may occur in a safe and stable manner in accordance with the Adoption and Safe Families Act of 1997
4. To support adoptive families by providing support services as necessary so that they can make a lifetime commitment to their children

### B. Purpose or Need

#### 1. Purpose

To address the range of family system problems that place children at risk of child abuse and neglect or result in child maltreatment, the Department is seeking proposals for an integrated service program that provides the following service components:

a. Comprehensive Counseling and Support for clients of the Department's Child Welfare Services Branch (CWS).

b. Diversion services for families with children that come to the attention of and are referred by CWS.

c. Title IV-B subpart 2 services for families with children that are at risk of child abuse and/or neglect, families that have adopted or assumed

permanent custody or legal guardianship of children, and victims of child maltreatment. Families may be self-referred, referred by CWS or referred by another professional agency.

Increased efforts are being made to utilize Departmental and community resources in more effective and efficient ways. The Department's resources, in response to federal and state child welfare legislative changes, have been increasingly stretched to provide more services without increasing the necessary staffing and supporting resources. Currently the components described above are provided by a number of contracted POS providers and Departmental personnel. Provision of an integrated service array will make better use of Department resources by reducing the administrative overhead associated with multiple contracts and will provide the following benefits to children who have been or are at risk of abuse or neglect and their families:

a. A single entry point for all services.

b. Seamless transition through the components of service.

c. Referrals to any of the components of the service.

d. Access to services staffed on-island.

The Federal Adoption and Safe Families Act of 1997 requires that timely and informed decisions must be made regarding the placement of children. The Act also mandates timely permanent placement for children in foster care by shortening deadlines for permanency hearings. Comprehensive Counseling and Support Services are being purchased in keeping with 45 C.F.R 1356.60(c)(2) for the purpose of:

a. Preparation for and participation in judicial proceedings;

b. Providing information for development of the case plan.

The following Title IV-B subpart 2 services are being purchased to achieve safe, nurturing, permanent families for children:

a. Family Support: Community-based services to promote the safety and well-being of children and families, designed to increase the strength and stability of families (including adoptive, foster, and extended families), increase parents' confidence and competence in their parenting abilities, afford children a safe, stable and supportive family environment, enhance child development, strengthen parental relationships, and promote healthy marriages.

b. Family Preservation: Services for children and families designed to help families at-risk or in crisis (including adoptive, legal guardians, and extended families); pre-placement preventive services programs, such as intensive family preservation programs, designed to help

children at risk of foster care placement remain safely with their families; service programs designed to provide follow-up care to families to whom a child has been returned after a foster care placement; and services designed to improve parenting skills with respect to matters such as child development, family budgeting, coping with stress, health, and nutrition.

c. Adoption Promotion and Support: Services and activities designed to encourage more adoptions out of the foster care system when these arrangements promote the best interests of children. Activities may include pre- and post-permanency services and activities designed to expedite the adoption process and support adoptive families.

**2. Planning Activities (check all that apply):**

__X__ Information from funders (legislature, federal agencies, private foundations, etc.) on funding terms and conditions;

_____ Information from other state agencies on services to the same target group;

__X__ Views of service recipients and community advocacy groups on conditions affecting achievement of desired goals;

__X__ Views of provider organizations on how to improve service specifications; a request for information (RFI) process may have been used for this purpose;

__X__ Information from POS monitoring and other reports for current contracts; and

__X__ Other data (socio-economic and health trends, waiting lists for services, client satisfaction surveys, etc.).

## C. Description of the goals of the service

The goals are comprised of three broad outcome domains in the continuum of child welfare services: safety, permanency, and child and family well-being. In administering and conducting the service activities, the safety of children to be served shall be of paramount concern. Service activities shall be based on the principles of family-centered, strengths/needs-based practice.

The guiding principles of family-centered based practice in the Child Welfare Services Branch are:

1. The safety of children is the paramount concern that must guide all child welfare services. Child safety must be the paramount concern when making service provision, placement, and permanency planning decisions.

2. Reasonable efforts to maintain and reunify families are important except when it is determined that the child's safety in the family cannot be assured. Thus, risk and safety assessment skills are important in maintaining the quality of child welfare services and decision making.

3. Children should be helped to stay with or return to their families, when safety can be assured, through the provision of timely, appropriate, quality, individualized service activities and supports that build on the strengths of children and families and are responsive to their needs.

4. If children cannot remain safely in their homes, foster care and other temporary placements should be considered as an extension of family life rather than as an alternative to it. The child's need for attachment should be addressed through strengthening the family as a resource for the child.

5. Family crises provide opportunities to the families to address problems. When timely, high quality, and appropriate services are provided to families in crisis, family members, Child Welfare Services Branch staff, and Family Courts are able to make informed decisions about biological, foster, or adoptive parents' ability to protect and care for their children.

6. Service activities must be comprehensive, coordinated, and collaborative and provided in all designated geographic areas under the contract.

7. Service activities must be competent, culturally appropriate and responsive to the strengths, needs, values and preferences of the child and family, and delivered in a manner that is respectful of and builds on the strengths of the family, the community, and cultural ties. Service activities must address the physical, social, emotional, and educational needs of the child and the family's ability to protect the child. Service activities must provide clear and attainable goals and objectives for each participant.

8. Service activities must be individualized, addressing the unique capacities and needs of each child and family.

9. Service activities must empower families to help themselves and to gain and maintain mastery and control over their ability to protect their children.

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

1. Families with children at risk of child abuse and/or neglect that are self-referred, referred by the Department, or other professional agencies.
2. Children who are reported to the Department as harmed or threatened with harm by a family member.
3. resource caregivers providing out-of-home care to children who have been harmed or threatened with harm who are under the jurisdiction of the

Department when services are needed to maintain or preserve an out-of-home placement.

4. Families who have adopted or assumed legal guardianship or permanent custody of children who have been under the jurisdiction of the Department.

CWS referrals shall have first priority.

**E. Geographic coverage of service**

The geographic area for this RFP is the Island of Lanai. Assurance must be given that the island will be provided the full range of contracted services.

**F. Probable annual funding amounts and period of availability:**

$121,971.52

Additional funding may become available over the life of the contract, and the sources of funding may change. Funding for any given year or for the contract as a whole may increase up to 300% of the original amount without being considered a fundamental change according to section 3-149-303(d) of Hawaii Administrative Rules. Increases are subject to availability of funds, program utilization, and satisfactory performance.

## II. General Requirements

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

1. The applicant shall comply with the Chapter 103F, HRS, Cost Principles for Purchases of Health and Human Services identified in SPO-H-201 (Effective 10/1/98), which can be found in the POS manual.

2. The provider must assure that the delivery of services is consistent with the Departmental goals listed below:

   a. Safety:

      i. Decrease the number and rate of reported and confirmed child abuse/neglect incidences.
      ii. Decrease the number and rate of reported and confirmed child abuse/neglect incidences of reabuse.

   b. Permanence:

i. Decrease the time spent in out-of-home placements for children under the Department's placement responsibility who are subsequently returned to their own safe family home.
ii. Increase the number of reunifications for children, without reabuse within a one-year period.
iii. Decrease the length of involvement with the Department.

3. The provider must provide time-limited, protection focused service activities when referred by the Department's staff.

4. The provider must provide service activities in concurrence with the Department's statutory mandate under 45 CFR 1340, Hawaii Revised Statutes Chapters 346, 350, and 587, and Hawaii Administrative Rules and Departmental procedures. The provider must provide services in concurrence with the philosophy and treatment goals related to the safety of children and the family's ability to be protective of the child.

5. The provider, together with the CWS client and DHS worker, must develop an individualized program plan consistent with the Department's family case plan that provides each family clear goals and objectives and ongoing feedback and progress reports consistent with the goals and objectives of the CWS service plan. The provider must assure that the family understands the goals and objectives and that ongoing feedback and progress reports are furnished to the family and the Department.

6. The provider must ensure that service delivery and short and long term goals for the individuals and families served address the four competency areas listed below, depending on the strengths and needs of the families:

   a. The parent's/caregivers' ability to protect the child/ren.
   b. The parents'/caregivers' ability to meet the needs of the child/ren.
   c. The parents'/caregivers' ability to problem-solve.
   d. The parents'/caregivers' ability to maintain the safety of the child/ren.

7. The applicant must provide reasonable accommodations to assure the applicant's capacity to deliver services to those clients with minimal English speaking abilities or physical limitations.

8. The provider must provide Intensive In-Home crisis intervention services, on a 24-hour, 7 days per week basis to families referred by the CWS social worker for that component of service. Other services must be provided within time limits contracted, or if no time limits are specified, within a reasonable time to children and families on weekends and evenings to accommodate families' work hours.

9. The provider must make available each service activity specified in each client's individualized program plan in the designated geographical area to the full extent of the proposed and contracted program resources and funding. Service activities for this contract include assessment, individualized program planning, counseling activities, visitation activities, child-related skills building activities, parental life skills, support activities, transportation, coordination and referral activities, and child care while clients receive services. Clients may be referred to some or all of the service activities listed.

10. The provider must assure and be responsible for the provision of service activities throughout the geographical area. Recruitment of staff from the specific geographic area is preferred.

    **As part of this requirement the provider must conduct outreach and educational sessions with DHS staff and with the community, including but not limited to the Title IV-B Part II, Regional Planning Committees, the Child Welfare Services Advisory Committees, any Citizen's Review Panel and other stakeholders in the community to educate them about the provider, the services, and to build a connection with the community that will ensure that services and treatment are relevant and accepted by the community.**

    **The provider will be strongly encouraged to begin this outreach and educational process prior to the effective date of the contract. For cost reimbursement contracts these costs will be considered start-up costs which may be paid from the first quarter funding allotment.**

11. The provider must assure and be responsible for the continuity of service activities by providing full service activity in the event of staff illness, medical emergencies, vacancies, or other situations that result in program resources that are less than proposed and contracted for. The provider must not require nor depend on the Department's staff to provide service activities in the event that program resources are not available due to the above situations.

12. The provider must ensure smooth transitions between service activities for families under the contract or when the contract ends.

13. The provider must connect and coordinate with CWS and other Department resources provided within the community as well as other sources of support for the families served.

14. Except for non-DHS clients, the provider must provide timely and accurate case documentation to the Department's staff. The documentation must include case status reports, case discharge reports, and other documentation necessary to monitor and evaluate the quality,

quantity, and timeliness of service activities.

15. The provider must assure that all staff meets the minimum educational requirements as required by the Department.

16. The provider must evaluate its program by using credible and tested measurement tools for program effectiveness in achieving outcomes.

17. If any subcontracting is done, department access to client records must be provided and reporting requirements of specific outcome measures for subcontracted services must be in place.

18. The provider shall conduct criminal history, and CPS central registry checks and shall ensure that no employee has a record of criminal convictions or CPS involvement that would pose a risk to children or families.

**B. Secondary purchaser participation**

(Refer to §3-143-608, HAR)

No secondary purchases are planned. However, after-the-fact secondary purchases may be allowed pursuant to §3-143-608 HAR.

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

_____ Allowed  X Unallowed

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

_____ Single  _____ Multiple  X Single & Multiple

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

_____ Single term (< 2 yrs)  X Multi-term ( > 2 years)

The term of the contract(s) will be six (6) years subject to the availability of funding and satisfactory performance.

**F. RFP contact person**

The individual listed below is the sole point of contact from the date of release of this RFP until the selection of the winning provider or providers. Written questions for which a written response is desired should be submitted to the RFP contact

person and received on or before the day and time specified in Section 1, Item IV (Procurement Timetable), of this RFP. Oral questions will be addressed through the deadline for submissions of proposals.

Contact Person: Rex Shilo
Phone: 587-3168
Fax: 586-4806

## III. Scope of Work

The scope of work encompasses the following tasks and responsibilities:

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

The provider must provide all service activities including assessment, individualized program planning, crisis intervention, counseling, visitation services, outreach, parental life skills and support, child skill building activities, CWS client coordination activities, child care during client services, transportation, and clinical therapy, as they relate to the child's safety. Service activities may be provided in the family's home, outside of the family's home, in an individual or group setting, and, if visitation is provided, in supervised or unsupervised settings.

1. Assessment Activities

   a. Qualified and certified staff must perform assessments. Assessments performed for CWS clients must be provided upon request and at the discretion of the CWS staff. If provider program resources cannot meet the demand, CWS unit supervisors shall prioritize the cases to be served.

   b. When requested by CWS staff, the assessment may be program specific or comprehensive. Program specific assessments shall evaluate the individual's strengths, needs, and ability to protect the children and determine a specific activity's appropriateness for the individual. Comprehensive assessments must evaluate the individual's strengths, needs, and ability to protect children, and determine any and all appropriate service activities within the scope of the comprehensive counseling and support services program, for the individual, and if necessary the family unit.

   c. Assessments provided to CWS clients or families referred to Diversion services must include an assessment of risk by either DHS or the provider using the DHS specified assessment tool(s).

   d. Assessments will be completed to determine the service needs of non-CWS clients or families.

e. For crisis intervention activities, services must start immediately. Assessments, if requested, will be completed concurrent with the activity. When requested for in-home crisis services, assessments will be completed within 3 days.

2. Diversion Services

Diversion service activities are intended to strengthen, support, and assist families by providing information about resources available in the community, providing short-term outreach and follow-up services, and linking families with appropriate private or other public resources.

The Department shall determine the criteria for referral, which may include but not limited to:

a. Families who are in stress-related situations such as unemployment, lack of housing, or need of childcare and who are assessed to be at lower risk of harming their children.

b. Relatives who call the Department out of a concern for a family member.

The provider shall contact the family through telephone or face-to-face contact to assess the family's needs and to assist the family with the development of a plan to meet the family's needs.

**Diversion service activities shall include:**

a. Information and Referral:

The family may have identified a need but is unaware of resources. In addition to providing information about available resources, the provider shall assist the family with the referral process to insure that timely connection is made with the appropriate program or service.

b. Follow-up Contact

A follow-up contact after referral shall be made with the family to insure that the family is linked and has or will be receiving help from the designated program or service.

c. Short-term social services may be provided up to 6 months (unless an extension is granted in accordance with DHS approved program policies and procedures).

Short-term social services shall reinforce family's strengths and provide the following:

1) Skill building including parenting, anger management, communication, coping, and problem-solving
2) Child development education
3) Appropriate behavioral management techniques and skills to replace the use of corporal punishment.
4) Development of a personal support network
5) Readiness to participate in ongoing services as needed.

After involvement with the family and further information about the family, the provider may determine that the Department's intervention is necessary. The provider shall report concerns to the Department for further assessment and services.

The provider shall establish a process to document families who are referred to the program and do not accept services.

3. Individualized Program Planning through Collaboration

Provision of services to CWS clients under this contract must employ a collaborative model between the Department and the provider. To determine the individualized program plan, a telephone consultation or a face-to-face case conference will be held no later than one month from the date of referral. The consultation or conference must include the input of the client, the CWS worker, and the provider. The consultation or conference shall result in an individualized program plan to determine the services that will be provided under this contract. While the individualized program plan will be determined through a consensual agreement among all parties, the CWS worker has the final say. Should the provider disagree with the worker, the matter must be discussed at the supervisory level. If the differences cannot be resolved at the supervisory level, the matter must be brought to the providers Executive Director and Department's section administrator level. If the agreement still cannot be reached, the matter must be brought to the Department's branch level.

Individualized program planning for non-CWS referrals must also employ a collaborative model between the program provider and the client through in person consultation.

4. Crisis Intervention Services

The focus of home-based crisis intervention services is to prevent the out-of-home placement of the child. A therapist must be available for intensive, direct, home-based crisis intervention services on a 24-hour basis, 7 days per week. This service may be delivered by a combination

of professional and paraprofessional staff.

Crisis Intervention service components include:

a. Assessment.
b. Counseling.
c. Role modeling.
d. Education, especially in the area of child development.
e. Assistive services, such as transportation, filling out forms, making appointments, etc.
f. Concrete services, such as housekeeping, repairing windows, feeding baby, etc.

5. Counseling Services

Counseling services include individual, conjoint, and family counseling for families with children who are at risk of being abused or neglected. Services shall be delivered to families with children in or out of the home. While problem solving counseling and other support services may be provided to families in which there has been intrafamilial sex abuse in collaboration with the sexual abuse treatment provider or program, counseling under this program shall not be provided in lieu of sex abuse treatment. Supportive counseling may be provided to children as appropriate. Counseling services shall be:

a. Psychotherapy.
b. Problem solving skill building.
c. Communication skill building.
d. Coping skill building.
e. Behavior management training.
f. Education on child development.

6. Outreach Services

Outreach services are follow-up services to those families whose children have been or are at risk of being abused and neglected who remain in the family home or who may be in foster care. The in-home portion serves families who are receiving or have received counseling services and are in need of regular, less frequent visits, including but not limited to:

a. Regular visits in home.
b. Hands on instruction in parenting.
c. Practical life skills instruction.
d. Role modeling.
e. Budgeting.
f. Nutrition.

7. Visitation Services

The Out-of -Home Visitation portion of the program provides supervised

visits between children in foster home placement and their parents or other family members (e.g., siblings). The visits may take place in the parents' home or in a designated "safe home" or other safe places in the community. Services include but are not limited to:

a. Regular supervised visits.
b. Transportation services.
c. Hands on parenting instruction.
d. Positive role modeling.

8. Transportation Services

Transportation services are to be provided to the target group for the following situations: medical appointments, unsupervised visits, court hearings, or any other transportation that does not require monitoring or supervision.

9. Parental Life Skills Groups:

Program components may include, but are not necessarily limited to, individual and group activities, which focus on:

a. Parenting groups which focus on relevant issues such as: aspects of power and control underlying spouse and child abuse, understanding the dynamics of abuse including domestic violence, increasing one's ability to protect, assertiveness training etc.

b. Parenting groups to enhance child management skills by using simple, concrete techniques taught in a group format, employing both educational materials and skill building exercises; providing information on normal child development stages.

c. Parenting groups for parents with substance abuse problems to encourage and facilitate the parents understanding of the effect their substance abuse has on their children and to support, and encourage and facilitate the parents participation in substance abuse treatment services.

d. Socialization groups to develop concrete, everyday problem solving abilities as well as to learn how to interact with other people more productively.

e. Parent centered pre- and post-permanency support and educational groups to address the needs of families. Groups may feature guest speakers, educational workshops, and may be parent-led or facilitated

10. Child Skill Building Activities

Child skill building activities are designed to prevent the out-of-home placement of the child or to preserve the child's existing placement by

assisting children in the management of their behavioral, emotional and social development. Activities should be identified as part of the family's individualized program plan in coordination with the CWS worker and the family. In non-CWS client cases, services should be developed in consultation with the family and other providers that may be serving the child. Services must be age and developmentally appropriate to meet the child's needs. Services may include, but are not limited to:

a. Counseling.
b. Peer mentoring.
c. Group activities and support, such as social skills development.
d. Case management and coordination to assist family in addressing the child's special mental health and educational needs, where appropriate.
e. Child centered pre- and post-permanency activities to reduce anxiety regarding the permanency process and improve connections between children and parents about permanency issues. May feature activities such as arts, crafts, and discussions designed to provide age and developmentally matched children with an opportunity to explore permanency with others that have had similar experiences.

11. CWS Client Coordination Activities

a. The provider shall accept referrals, document the activity requested, receive information and documents from Department's staff, set up and facilitate the individualized program planning meeting, record the meeting, and write up the individualized program plan for signature. At the request of the Department's staff, the provider shall arrange for case conferences, including the revision of the individualized program plans.

b. Referrals may be made by phone or fax.

c. Case conferences and individualized program planning meetings may be by telephone or be face-to-face meetings. Families shall be included whenever feasible and appropriate. Meetings shall be scheduled at a time and place that accommodates the Department's staff and families to the greatest extent possible.

d. Crisis intervention service activities and visitation services may be provided immediately, without an individualized program plan.

e. Any services to individuals or families involved in, or in need of sexual abuse treatment must include the POS sex abuse treatment provider to ensure that program planning activities are well coordinated and consistent with the sexual abuse treatment plan.

12. Child Care

Child care is to be provided to target group families requiring child care during activities scheduled as part of the individualized program plan. Child care may also be made available to CWS clients requiring care for their children while they are attending required court appointments. The provider is responsible for determining compliance with Department child care rules and requirements.

13. Clinical therapy

No more than 10% of the funding amount is to be expended for clinical therapy services. This service shall enable the clients to gain insight into their feelings and behaviors.

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

**1. Personnel**

a. Staff should have the educational qualifications and necessary training to provide the activities requested.

b. Staff must have experience in dealing with domestic violence, child abuse and neglect, substance abuse, and permanency issues, and must be willing to work with families that present related safety issues.

c. Visitation and child care activities require paraprofessional level staff. The paraprofessional must have a high school diploma and have had relevant training and experience working with families who harmed or threatened their children with harm.

d. Child related skill building and parental life skills activities require staff with a bachelor's degree from an accredited institution or equivalent training and experience approved by the Department. Individuals must have had relevant training and experience in working with families who have harmed or threatened their children with harm, and children who have experienced trauma, loss, or harm, or have been threatened with harm.

e. Counseling activities and clinical therapy require, at a minimum, staff with a master's degree in social work or related field from an accredited institution. Individuals must have had relevant training and experience in working with families who harmed or threatened their children with harm and children who have experienced trauma, loss, or harm, or have been threatened with harm.

## 2. Administrative

When disagreement between the provider staff and the Department's staff exists in regard to the performance of service activities within contracted specifications, the wishes of the Department of Human Services shall prevail. Failure on the part of the provider to comply shall be deemed cause for corrective action and subject to contractual remedies.

## 3. Quality assurance and evaluation specifications

All contracts shall be monitored by the Department in accordance with requirements set forth by Chapter 103F, Hawaii Revised Statutes. Annual contract monitoring may include site visits with comprehensive evaluation of several areas of performance. These include review of conformance with standard contractual requirements, agency files, accounting practices, and case record keeping. In addition, ongoing contract monitoring shall include review of monthly and quarterly reports and periodic assessment of program effectiveness.

The provider must maintain throughout the term of the contract a system of self-appraisal and program evaluation for evaluating the effectiveness of the activities provided. The evaluation process must include tools or instruments to be used to identify client indicators of change, which are relevant to client outcomes and include a process for making improvements or taking corrective action based upon the evaluation findings.

Services provided by the CCSS contract including Voluntary Case Management cases shall be reviewed as a part of Hawaii's Quality Improvement system and the Child and Family Services Review. The reviews shall include but are not limited to records and staff feedback.

CCSS Staff shall participate in the reviews as specified by the Department.

## 4. Outcome and performance measurements

Quarterly reports shall be submitted based on outcome and performance measurements specified by the Department.

## 5. Reporting requirements for program and fiscal data

a. Required Program Reports:

Quarterly and year end reports shall be submitted in a format specified by the Department in which the provider summarizes

major activities undertaken during the report period. Data to be reported includes the number of service units provided, the number of persons served, accomplishments of program outcomes and objectives, problems encountered, recommendations, and proposed future activities.

b. Required Fiscal Reports:

i. Providers will submit invoices in the format provided by the Department.

ii. Where the pricing structure is cost reimbursement, then quarterly and yearend reports will be required which list total expenditures of contract funds, contract revenues received, collections and expenditures from program income and/or other sources of funding.

c. Penalties for Late Reporting

Unless otherwise specified in the contract, program and fiscal reports are due within 30 days of the end of the quarter. Providers that are late submitting applicable reports may be subject to a fine of $25.00 at a minimum for each business day that the report is late.

**6. Pricing or pricing methodology to be used**

Unless otherwise proposed and agreed between the applicant and the Department, the pricing methodology for this service is as checked below. Combinations of these pricing methodologies or pricing methodologies not listed below may also be proposed and agreed upon. The pricing methodology may be revised by mutual agreement throughout the term of the contract.

__X__ Cost reimbursement where the State pays the contractor for budgeted costs that are actually incurred in delivering the services specified in the contract, up to a stated maximum contract amount.

_____ Fixed rate where the State pays the contractor a set rate for a defined unit of service up to a stated maximum contract amount. The State and the contractor agree on the number of units of service to be delivered for the stated contract amount.

Negotiated rate where the State defines a unit of service and may

_____ predetermine the total number of units to be delivered or the maximum amount of funding available for the contract. The State then negotiates with the contractor the rate to be paid for each unit delivered.

**7. Units of service and unit rate**

a. The unit rate is $60.00 per professional hour and shall be commensurate with the educational level of the provider of the activity. A professional staff hour is one hour of service requiring the provider to have masters' degree. Activities requiring a bachelor's degree will be credited and priced at .84 unit of service. Services requiring paraprofessional level staff will be credited and priced at .52 unit of service.

b. The provider shall propose to deliver units of service in terms of professional staff hours at a master's level as defined above. Included is direct service time provided to clients (including wait time up to 15 minutes for failed home or office visits) as well as collateral contacts such as attendance at case conferences, CWS meetings, multidisciplinary team conferences, and court hearings. Travel time related to direct client contact shall be considered a service activity only for the time spent traveling from the designated and approved provider office to the client. Supervisory consultation, report writing, failed office visits, training, and travel time to and from workshops, conferences, meetings, staff home not designated and approved as provider office, or other travel not related to direct client contact are not considered units of services. These are considered administrative functions and their costs are included in the unit rate.

c. The unit rate may be changed by mutual agreement of the provider and the Department of Human Services.