

State of Hawaii
Department of Health
Adult Mental Health Division
Hawaii State Hospital
Request for Proposals

HTH 430-2-16
Institutional Chaplains

Date Issued: June 29, 2016

Proposal Submittal Deadline: July 27, 2016

Orientation Session: July 12, 2016:

HSH Medical Directors Conference Room, Bldg A, 1pm

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

June 29, 2016
REQUEST FOR PROPOSALS

HTH 430- 2-16
Institutional Chaplains
NOTICE

The Department of Health, Adult Mental Health Division, Hawaii State Hospital is requesting proposals from qualified applicants to provide comprehensive Chaplaincy/Ministry services and support for the multi-religious, multi-cultural, emotional and spiritual needs of seriously mentally ill patients.

SUBMITTAL DEADLINE

All proposals mailed by the United States Postal Service (USPS) shall be postmarked by July 27, 2016 to the mail-in address and received no later than ten days from the submittal deadline. Hand delivered proposals shall be received no later than July 27, 2016 at 4 p.m. Hawaii Standard Time (HST) at the drop-off site.

Proposals postmarked or hand delivered after the designated deadline shall be considered late and rejected. Deliveries by private mail services such as FEDEX shall be considered hand deliveries and shall be rejected if received after the submittal deadline.

MAIL-INS AND HAND DELIVERIES (DROP-OFF SITE):

Hawaii State Hospital
Business Office
45-710 Keaahala Road
Kaneohe, HI 96744

Applicants are encouraged to attend the Orientation Meeting. (See Section 1)

INQUIRIES

Any inquiries regarding this RFP should be directed to the RFP point-of-contact:

Stephen Teeter

Hawaii State Hospital

45-710 Keaahala Road

Kaneohe, HI 96744

Telephone: (808) 236-8257

Facsimile: (808) 236-8632

Email address: Stephen.teeter@doh.hawaii.gov

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Section 1

Administrative Overview

1.1 Procurement Timetable

Note that the procurement timetable represents the State’s best estimated schedule. If an activity on this schedule is delayed, the rest of the schedule will likely be shifted by the same number of days. Contract start dates may be subject to the issuance of a notice to proceed.

Activity	Scheduled Date
Public notice announcing RFP	06/29/16
RFP orientation session	07/12/16
Due date for written questions (4:00 p.m. HST)	07/15/16
State purchasing agency's response to written questions	07/20/16
Proposal submittal deadline	07/27/16
Proposal evaluation period	08/8/16 -08/09/16
Final revised proposals (optional)	TBD
Provider selection	08/09/16
Notice of statement of findings and decision	08/10/16
Contract start date	9/01/16

1.2 Website Reference

Item	Website
1 Procurement of Health and Human Services	http://spo.hawaii.gov/for-vendors/vendor-guide/methods-of-procurement/health-human-services/competitive-purchase-of-services-procurement-method/cost-principles-table-hrs-chapter-103f-2/
2 RFP website	http://hawaii.gov/spo2/health/rfp103f/
3 Hawaii Revised Statutes (HRS) and Hawaii Administrative Rules (HAR) for Purchases of Health and Human Services	http://spo.hawaii.gov Click on the “References” tab.
4 General Conditions, AG-103F13	http://hawaii.gov/forms/internal/department-of-the-attorney-general/ag-103f13-1/view
5 Forms	http://spo.hawaii.gov Click on the “Forms” tab.
6 Cost Principles	http://spo.hawaii.gov Search: Keywords “Cost Principles”

Item	Website
7 Protest Forms/Procedures	http://spo.hawaii.gov/for-vendors/vendor-guide/protests-for-health-and-human-services/
8 Hawaii Compliance Express (HCE)	http://spo.hawaii.gov/hce/
9 Hawaii Revised Statutes	http://capitol.hawaii.gov/hrscurrent
10 Department of Taxation	http://tax.hawaii.gov
11 Department of Labor and Industrial Relations	http://labor.hawaii.gov
12 Department of Commerce and Consumer Affairs, Business Registration	http://cca.hawaii.gov click "Business Registration"
13 Campaign Spending Commission	http://ags.hawaii.gov/campaign/
14 Internal Revenue Service	http://www.irs.gov/
(Please note: website addresses may change from time to time. If a State link is not active, try the State of Hawaii website at http://hawaii.gov)	

1.3 Authority

This RFP is issued under the provisions of the Hawaii Revised Statutes (HRS), Chapter 103F and its administrative rules. All prospective applicants are charged with presumptive knowledge of all requirements of the cited authorities. Submission of a valid executed proposal 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 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 – General and specific instructions for proposal application submission.

Section 4, 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. The Contracting Office is:

Hawaii State Hospital
45-710 Keaahala Road
Kaneohe, HI 96744
Telephone: (808) 236-8257
Facsimile: (808) 236-8632
Email address: stephen.teeter@doh.hawaii.gov

1.6 RFP Point-of-Contact

From the release date of this RFP until the selection of the successful provider(s), any inquiries and requests shall be directed to the sole point-of-contact identified below.

Stephen Teeter
Hawaii State Hospital
45-710 Keaahala Road
Kaneohe, HI 96744
Telephone: (808) 236-8257
Facsimile: (808) 236-8632
Email address: stephen.teeter@doh.hawaii.gov

1.7 Orientation

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

Date: July 12, 2016 **Time:** 1:00 p.m.
Location: HSH Medical Directors Conference Room, Bldg A,
45-710 Keaahala Road, Kaneohe, HI 96744

Applicants are encouraged to submit written questions prior to the orientation. Impromptu questions will be permitted at the orientation and spontaneous answers provided at the state purchasing agency's discretion. However, answers provided at the orientation are only intended as general direction and may not represent the state purchasing agency's position. Formal official responses will be provided in writing. To ensure a written response, any oral questions should be submitted in writing following the close of the orientation, but no later than the submittal deadline for written questions indicated in the Section 1.8, Submission of Questions.

1.8 Submission of Questions

Applicants may submit written questions to the RFP point-of-contact identified in Section 1.6. Written question should be received by the date and time specified in the procurement schedule in Section 1.1. The 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 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 HAR §3-143-403.

1.10 Multiple or Alternate Proposals

Multiple/alternate proposals are not applicable to this RFP.

1.11 Confidential Information

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

1.12 Opening of Proposals

Upon the state purchasing agency's receipt of a proposal at the designated location(s), 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.

1.13 Additional Materials and Documentation

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

1.14 Public Inspection

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

1.15 RFP Addenda

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

1.16 Final Revised Proposals

If requested, final revised proposals shall be submitted in the manner, and by the date and time specified by the state purchasing agency. If a final revised proposal is not submitted, the previous submittal shall be construed as the best and final revised proposal.

1.17 Cancellation of Request for Proposals

The request for proposals may be canceled when it is determined to be in the best interests of the State in accordance with HAR §3-143-613.

1.18 Costs for Proposal Preparation

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

1.19 Provider Participation in Planning

Provider(s), awarded a contract resulting from this RFP,

are required

are not required

to participate in the purchasing agency's future development of a service delivery plan pursuant to HRS §103F-203.

Provider participation in a state purchasing agency's efforts to plan for or to purchase health and human services prior to the release of a request for proposals, shall not disqualify providers from submitting proposals if conducted in accordance with HAR §§3-142-202, 3-142-203.

1.20 Rejection of Proposals

A proposal offering a set of terms and conditions contradictory to those included in this RFP may be rejected. A proposal may be rejected for any of the following reasons:

- 1) Failure to cooperate or deal in good faith (HAR §3-141-201);
- 2) Inadequate accounting system (HAR §3-141-202);
- 3) Late proposals (HAR§3-143-603);
- 4) Inadequate response to request for proposals (HAR §3-143-609);
- 5) Proposal not responsive (HAR §3-143-610(a)(1));
- 6) Applicant not responsible (HAR §3-143-610(a)(2)).

1.21 Notice of Award

A statement of findings and decision shall be provided to each responsive and responsible applicant by mail upon completion of the evaluation of competitive purchase of service proposals.

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

No work is to be undertaken by the provider(s) awarded a contract prior to the contract commencement date. The State of Hawaii is not liable for any costs incurred prior to the official starting date.

1.22 Protests

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

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

The Notice of Protest shall be postmarked by USPS or hand delivered to 1) the head of the state purchasing agency conducting the protested procurement and 2) the procurement officer who is conducting the procurement (as indicated below) within five working days of the postmark of the Notice of Findings and Decision sent to the protestor. Delivery services other than USPS shall be considered hand deliveries and considered submitted on the date of actual receipt by the state purchasing agency.

Head of State Purchasing Agency	Procurement Officer
Name: Virginia Pressler, M.D. .	Name: Anthony Fraiola
Title: Director of Health	Title: Associate Administrator Administrative and Support Services
Mailing Address: PO Box 3378 Honolulu, HI 96801-3378	Mailing Address: Hawaii State Hospital 45-710 Kealahala Road Kaneohe, Hawai'i 96744
Business Address: 1250 Punchbowl St., Honolulu, HI 96813	Business Address: same

1.23 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.

1.24 Provider Compliance

All providers shall comply with all laws governing entities doing business in the State.

- A. **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 Hawaii State Department of Taxation (DOTAX) and the Internal Revenue Service (IRS). Refer to Section 1.2, Website Reference for DOTAX and IRS website address.
- B. **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. Refer to Section 1.2, Website Reference for the Department of Labor and Industrial Relations (DLIR) website address.
- C. **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. More information is on the DCCA website. Refer to Section 1.2, Website Reference for DCCA website address.

Providers may register with Hawaii Compliance Express (HCE) for online compliance verification from the DOTAX, IRS, DLIR, and DCCA. There is a nominal annual registration fee (currently \$12) for the service. The HCE's online "Certificate of Vendor Compliance" provides the registered provider's current compliance status as of the issuance date, and is accepted for both contracting and final payment purposes. Refer to Section 1.2, Website Reference, for HCE's website address.

Providers not utilizing the HCE to demonstrate compliance shall provide paper certificates to the purchasing agency. All applications for applicable clearances are the responsibility of the providers. All certificates must be valid on the date it is received by the purchasing agency. The tax clearance certificate shall have an original green certified copy stamp and shall be valid for six months from the most recent approval stamp date on the certificate. The DLIR certificate is valid for six months from the date of issue. The DCCA certificate of good standing is valid for six months from date of issue.

1.25 Wages Law Compliance

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

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. Refer to Section 1.2, Website Reference for statutes and Campaign Spending Commission website address.

1.27 General and Special Conditions of Contract

The general conditions that will be imposed contractually are on the SPO website. Special conditions may also be imposed contractually by the state purchasing agency, as deemed necessary.

Section 2

Service Specifications

2.1 Overview, Purpose or Need, and Goals of Service

The services must provide confidential counseling, advice and support to patients and their families relative to their individual spiritual and religious well-being which includes but are not limited to:

1. Provision of various individual and group religious services upon request by the HSH.
2. Availability 24-hours a day to assist staff with the emotional and religious needs of HSH patients and their families.
3. Follow-up counseling, support and emergency crisis counseling services, and end-of-life care as determined by HSH clinical staff.
4. Consultation for the hospital's staff concerning patients' religious needs. Includes charting spiritual assessments in the patients' medical records.
5. Experienced Masters Level, Board Certified or Board Eligible, multid denominational healthcare chaplains.
6. Experience in forensic as well as healthcare facilities.

7. “Best practices/evidence based practices” knowledge and experience in the management of spiritual health and welfare conditions, assessment and diagnosis to assist with treatment planning, implementation, and intervention, and evaluation of treatment effectiveness.
8. Assigned Chaplains to be capable of providing spiritual and religious leadership and guidance while working cooperatively and effectively in an interdisciplinary setting.
9. Assigned Chaplains available for shift work which could be day, evening or night, and overtime work which is defined as work time past any routine eight (8) hour shift.

2.1 Planning Activities

A Request for Information was concluded June 24, 2016 to provide all interested parties an opportunity to pose questions and to collect perspectives on the proposed services included in this RFP

2.2 Demographics and Funding

Target population to be served:	Adult mentally-ill and/or dually diagnosed patients (i.e. medical, substance abuse, developmental disabilities, etc.) at the HSH.
Geographic coverage of service:	The prospective Provider or Providers’ employees will provide Chaplaincy services in any one of the seven (7) patient care units, and on and off campus as needed and assigned by HSH.

Probable funding amounts, source, and period of availability:
 FY 2017 General funds \$100,000-\$200,000 (estimated)

2.3 Contract Award and Term

Single or multiple contracts to be awarded (HAR §3-143-206):

Single **Multiple** **Single & Multiple**

Criteria for multiple awards:

Term of Contract(s)

Initial term:	1 year
Length of each extension:	12 months
Number of possible extensions	5
Maximum length of contract:	6 years

Conditions for Extension:

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

2.4 Secondary Purchaser Participation

(Refer to HAR §3-143-608)

After-the-fact secondary purchases will be allowed; Planned secondary purchases: None

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

A. The potential provider shall provide to the solicitation agency (HSH) references and resumes with qualifications included with their bid. The requesting agency shall review the qualifications, background, experience and references of all potential Chaplains submitted by the applicant prior to any award. The requesting agency reserves the right to refuse the assignment of any Chaplain prior to contract assignment or scheduling without having to qualify or justify the reason.

B. The providers and its Chaplains shall not use or disclose patient health information (PHI) in any manner that is not in full compliance with HIPAA regulations or with the laws of the State of Hawaii. The provider shall maintain safeguards, as necessary, to ensure that PHI is not used or disclosed except as provided by the Contract or by the law. The provider shall not use or further disclose PHI for any purpose other than the specific purposes stated in this contract or as provided by law and shall immediately report to the Division or HSH any use or disclosure of PHI that is not provided in this contract or by law.

C. The provider shall secure, at the provider's own expense, all personnel required to perform the services required by this contract. The provider shall ensure that its Chaplains are experienced and fully qualified to engage in the active services of this solicitation, and that all applicable licensing, credentialing, privileging, certification, and accreditation requirements imposed or required by HSH, this solicitation and state, or county law are complied with and satisfied.

D. The provider shall be responsible for ensuring any and all insurance coverage is secured for the provider and the provider's Chaplains which is or may be required by contract or law during the period of this contract.

E. The provider shall conduct background checks, including drug screenings, on all employees assigned to the Hospital. Results of the background checks (proof of clearance) shall be made available to HSH upon the start of the Contract. The provider's staff to be located at the HSH shall obtain a health clearance and attend the HSH's orientation and training. HSH's Staff Development Office shall conduct four (4) days of

eight (8) hours/day of orientation and training for the provider's staff to be assigned to this Contract. This four (4)-day orientation and training class shall be held on mutually agreed dates. The provider shall:

1. Assign staff to work under this Contract only after their completion of the four (4)-day orientation and training class.
2. Assign staff to work under this Contract only after their completion of all required health clearances. Staff shall complete a two-step Purified Protein Derivative test or have a current chest x-ray for positive reactors and provide serologic evidence of immunity to measles, mumps, rubella, and varicella. If a staff member does not provide serologic evidence of immunity, the administration of the appropriate vaccine is required as outlined in the "Documentation of Immunity ('DOI')" form, attached hereto as Exhibit "A" and made a part hereof. All findings are transcribed to the DOI form by medical personnel and signed by a licensed physician. Completed DOI forms shall be submitted to the HSH's Medical Services Unit. A completed DOI form shall be cleared by the HSH's Medical Services Unit before the staff can participate in the four (4) day employee orientation.
3. Submit a list of personnel to be assigned to this Contract within two (2) working days of the Contract's start date. The list of personnel shall be mailed to the HSH's Business Manager, 45-710 Keaahala Road, Kaneohe, Hawaii 96744. This list shall not be accepted until all staff is cleared by the HSH's Medical Services Unit.

C. It shall be the responsibility of HSH to orient Chaplains to the facility and acquaint them with HSH's policies as may be necessary for the performance of their duties. HSH agrees to provide a minimum of 16 hours of unpaid orientation time to all new assignees to HSH. Provider shall complete and submit the Application for Orientation Form for this purpose at least one (1) week prior to orientation. Included in the orientation will be CPMR training (Conflict: prevention, management, and resolution).

1. HSH shall first place a request with the Provider who submitted the most advantageous proposal when services of the Provider's Chaplains are desired. The requests shall be made via telephone, fax or e-mail. The Provider shall confirm whether or not the request for services can be filled and shall follow up in writing to HSH. If the Provider is unable to provide the required Chaplains, HSH shall contact the Provider who submitted the second most advantageous proposal, etc. until the request is filled. The subsequent Provider(s) shall provide HSH with an immediate answer as to whether or not they can fill the request. If none of the Providers can fill the request, HSH reserves the right to obtain the required services from other available sources in the open market.
2. Requests shall include all information pertaining to the assignment of the Chaplains during the request period. HSH shall specify the dates and shifts which

the Chaplain is required to work and the campus area of HSH to which the Chaplain shall be assigned, although the Chaplain may be required to work in another area if an emergent need arises.

3. The provider shall endeavor to assign the same Chaplains to the HSH whenever possible, provided that the Chaplain is qualified to work in the HSH as specified by the requesting agency.
4. HSH reserves the right to cancel requests for Chaplaincy services a minimum of two (2) hours prior to the reporting time without incurring any liability or charges, provided the Chaplain has not reported for duty at HSH.
5. If HSH as the requesting agency makes the discretionary determination that a Chaplain referred by the provider shall be dismissed for causes such as incompetence, negligence, insubordination, misconduct, or for performance not in accordance with the practice standards of the requesting agency, or for failing to comply with pertinent policies, rules or regulations, the requesting agency may require the Chaplain to leave the HSH premises. The requesting agency shall orally inform the provider of such action within twenty-four (24)-hours thereof and HSH shall have no further obligation with respect to the Chaplains assignment. If, however, a Chaplain is dismissed without cause by the agency, the requesting agency shall honor the dismissal within five (5) working days with termination of the Chaplains services at HSH and the requesting agency shall follow up with a letter to the provider. When termination is for cause, the requesting agency shall indicate the specific facts for the dismissal of any Chaplain. The provider shall use its best effort to provide replacements for the Chaplain whose assignments have been terminated by the requesting agency or who has chosen not to complete their assignment.
6. Staff assigned to work under this contract shall also keep current with all mandatory training renewal requirements in accordance with the HSH Integrated Staff Training Plan. The provider shall make available to the HSH all internal performance evaluations, competencies, and current professional licensures of staff assigned to work under this contract.
7. The provider shall ensure that all leaves of absences, other than for illness, shall be scheduled and approved by the HSH's Administrator, Medical Director, or Director of Psychosocial Rehabilitation.

D. The provider's Chaplains shall report to the assigned department supervisor on duty at the HSH each day at the start and end of their shift.

E. All work under this contract shall be performed by the provider or its Chaplains. The provider shall be responsible for the accuracy, completeness, and adequacy of any and all work and services performed under this contract. The provider intentionally, voluntarily, and knowingly shall assume the sole and entire liability, if such liability is determined to

exist, to the provider's Chaplains, and to any individual not a party to this contract for all loss, damage, or injury caused by the provider, or by the provider's Chaplains in the course of their employment.

F. The provider shall be responsible for payment of all applicable federal, state and county taxes and fees which may become due and owing by the provider by reason of this contract including, but not limited to, (1) income taxes, (2) employment related fees, assessments, and taxes, and (3) general excise taxes. The provider is further responsible for obtaining all licenses, permits and certificates that may be required by reason of the contract including, but not limited to, a general excise tax license from the Department of Taxation, State of Hawaii.

G. The provider shall bill the HSH for units of services provided in the manner and format prescribed by them. Billing information shall include, at a minimum, the types of service and identity of the Chaplains providing the services.

H. The provider shall keep accurate financial records of all transactions regarding the agreed services, and if requested, shall provide financial information to the Department.

I. Accident prevention and safety requirements:

1. The provider shall inform its Chaplains that in order to provide adequate safety protection where there is the possibility of risk of exposure to contagious diseases or infections, the Chaplain may be required to comply with the specific safety requirements including, but not limited to, wearing or using protective clothing or gear.
2. In order to provide safety controls for protection to the life and health of employees and other persons, for prevention of damage to property, materials, supplies, and equipment, and for avoidance of work interruption in the performance of this contract, the provider shall comply with all pertinent provisions of the Occupational Safety and Health Act.

J. Quality Assurance and Evaluation: The applicant shall describe its own plans for quality assurance and evaluation for the proposed services, including methodology.

2.5 Qualifications

A. Experience:

The applicant shall demonstrate that it has the necessary skills, abilities, knowledge relating to the delivery of the proposed services. All Chaplains must be Board eligible or Board certified to provide services for the Hospital. Preference will be given to those with Masters level or higher degrees as well as experience in forensic healthcare facilities in order to join a treatment team providing the best professional inpatient care for severely and persistently mentally ill adults.

B. Organization:

The provider shall secure, at the provider's own expense, all personnel required to perform the services required by this contract. The provider shall ensure that its Chaplains are experienced and fully qualified to engage in the active services of this RFP, and that all applicable licensing, credentialing, privileging, certification, and accreditation requirements imposed herein or required by federal, state, or county law are compiled with and satisfied.

C. Personnel:

The provider shall provide Chaplains who meet the following minimum staff qualifications:

- 1) Certified Chaplains that meet the Common Standards for Professional Chaplains;
- 2) Possess "best practices/evidence based practices" knowledge and experience in religious and spiritual assessment planning, implementation, and intervention, and evaluation of effectiveness;
- 3) Capable of providing spiritual and faith based leadership and guidance while working cooperatively and effectively in an interdisciplinary setting;
- 4) Possess excellent standardized English language verbal and written communication skills;
- 6) Meet applicable credentialing, privileging, certification, and accreditation requirements; and
- 7) Be available for: a) shift work which could be day, evening or night, and b) overtime work which is defined as work time past any routine eight (8) hour shift.

D. Facilities

Not applicable for this solicitation

2.6 Pricing Structure

A. Pricing structure or pricing methodology to be used.

Applicants shall include a detailed discussion of the applicant's approach to applicable service activities and management requirements and qualifications, including a work plan inclusive of all service activities and tasks to be completed, related work assignments/responsibilities and timelines/schedules.

1. The applicant shall provide:

- a. Pricing methodology shall produce a stated monthly rate, in compliance with the following requirements:
- b. A detailed description of the services which the applicant is proposing to provide;
- c. The qualifications of staff providing the services in relation to the services provided;
- d. A statement by the applicant that it is ready, willing and able to provide services throughout the time of the contract period; i.e., September 1, 2016 - August 31, 2017; and
- e. A statement by the applicant that it has read and understands the RFP and will comply with HSH requirements.
- f. The rate shall be inclusive of direct labor rate plus all transportation costs, all applicable taxes, and all reasonable expenses to be incurred in providing the required services.
- g. The rate shall include all work to be performed regardless of shift differential, holiday, overtime and standby rates, when and where applicable.

2.7 Other

Litigation

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

Statements regarding litigation will not carry any point value but are required.

2.8 Reporting Requirements for Program and Fiscal Data

The provider shall submit its quality improvement and risk management program for ongoing maintenance and improvement of healthcare/forensic applicable competencies of its Chaplains.

The Provider shall be responsible to keep competent financial records of all transactions regarding the contract, and if requested, shall provide financial information to HSH. The Provider shall provide a monthly billing invoice in triplicate (original and two copies). The invoice shall detail the services provided, the number of hours of service provided per Chaplain, the dates the services were provided and any other pertinent information. A monthly Summary Statement showing total hours provided and amount of personnel shall accompany the monthly invoice. Payments shall be made based on actual services provided at the proposed and accepted price.

Send monthly invoices to the following address:

Hawaii State Hospital
Attn: Business Office
45-710 Keaahala Road
Kaneohe, Hawaii 96744

The Provider shall maintain the books and records that relate to this contract and any cost or pricing data for three (3) years from the date of final payment.

2.9 Monitoring and Evaluation

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

The HSH Associate Administrator or a designated representative will monitor the Provider's and his/her employees' and agents, for compliance with the terms of this RFP and evaluate services performed. Unacceptable or unusual "religious" practices will be evaluated by the HSH Associate Administrator or a designated representative who may at any time suspend the Chaplain from performing the services under the provisions of this RFP. The HSH Associate Administrator also retains the right of suspension or termination of privileges. Any such suspension will not be subject to challenge by the Provider.

The Provider shall submit a copy of their Quality Management Plan and any non-confidential documentation that demonstrates its organizational commitment to process improvement.

The Provider shall provide a mechanism for receiving, documenting and responding to HSH complaints.

Section 3 Proposal Application

3.1 Instructions for Completing and Submitting Proposal Application

- *Proposal Applications shall be submitted to the state purchasing agency using the prescribed format outlined in this section and section 2.*
- *A written response is required for **each** item unless indicated otherwise. Failure to answer any of the items will impact upon an applicant's score.*
- *Applicants are **strongly** encouraged to review evaluation criteria when completing the proposal.*
- *The proposal application documents shall be submitted in the following order:*

Proposal Application Identification Form (SPO-H-200)

Table of Contents- Include a listing of all documents included in the application.

Proposal Application Short-Form:

- 1.0 Qualification
 - A. Experience
 - B. Organization
 - C. Personnel

- 2.0 Pricing
 - A. Litigation

- 5.0 Attachments

3.2 Specific Proposal Application Instructions

3.2.1 Qualifications

A. Experience

1. Necessary Skills

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

2. Experience

The applicant shall provide a listing of verifiable experience with projects or contracts for the most recent five (5) years that are pertinent to the proposed services. The applicant shall include points of contact, addresses, e-mail, and

phone numbers. The state reserves the right to contact references to verify experience.

B. Organization

1. Quality Assurance and Evaluation

The applicant shall describe its own plans for quality assurance and evaluation for the proposed services, including methodology. The applicant's Quality Management Plan and any relevant Quality Improvement Projects that can be shared are to be submitted.

2. Coordination of Services

The applicant shall demonstrate the capability to coordinate services with the Medical, Security, Social Services and Volunteer Services Unit staff, as well as other appropriate staff within the Hawaii State Hospital.

C. Personnel

1. Proposed Staffing

The applicant shall describe the proposed staffing relative to the personnel requirements (described in the Service Specifications, as applicable.)

2. Staff Qualifications

The applicant shall provide the minimum qualifications, which includes but are not limited to, educational degrees, and experience for staff assigned to the program. (Refer to the qualifications in the Service Specifications, as applicable.)

3.2.2 Pricing

Pricing will be a proposed per month valuation and cost to HSH relative to: Applicants detailed discussion of service activities and management requirements and qualifications, including a work plan inclusive of all proposed service activities and tasks to be completed, related work assignments/responsibilities and timelines/schedules.

A. Litigation

The applicant shall disclose any pending litigation to which they are a party, including the disclosure of any outstanding judgment. If applicable, please explain. (*Statements regarding litigation will not carry any point value but are required.*)

Section 4

Proposal Evaluation

4.1 Evaluation Process

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

4.2 Evaluation Criteria

On the next page is a sample of the evaluation sheet that will be used to evaluate proposal applications. Applicants will receive a report similar to the attached when upon completion of the evaluation process

4.2.1 Qualifications - Evaluation Criteria (100 total points)

A. Experience & Capability (25 points)

Necessary Skills

Demonstrated skills, abilities, and knowledge relating to the delivery of the proposed services

.

Experience

Demonstrated past experience relating to the delivery of the proposed services including, but not limited to, previous and current contract performance with HSH.

Demonstrated ability to respond to consumer complaints

Quality Assurance and Evaluation

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

Coordination of Services

Demonstrated capability to coordinate services with the HSH Nursing Services Unit staff, as well as other appropriate staff within HSH.

B. Project Organization and Staffing (25 points)

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

Staffing

- Proposed Staffing: That the proposed staffing is reasonable and available to meet the staffing needs of HSH.
- Staff Qualifications: Minimum qualification (including experience) for staff assigned to the contract.

Project Organization

- Supervision and Training: Demonstrated ability to supervise, train, and provide administrative direction to staff relative to the delivery of the proposed services.
- Organization Chart: Approach and rationale for the structure, functions, and staffing of the proposed organization for the overall service activity and tasks.

C. Service Delivery (25 points)

The evaluation criteria may also include an assessment of the logic of the work plan for the major service activities and tasks to be completed, including clarity in work assignments and responsibilities, and the realism of the timelines and schedules, as applicable.

- The development of referral service systems if the provider cannot provide a requested service.
- Where applicable, Provider shall be accessible 24 hours a day, seven days a week, to respond to requests and/or complaints.

D Pricing / Financial - Evaluation Criteria (25 points)

Pricing structure based on Proposed Services:

- Proposed prices are reasonable and competitive.
- Activities in relation to costs are reasonable and adequately justified.
- The extent the budget supports the scope of service, available staff and requirements of the Request for Proposal.

Section 5

Attachments

- A. Proposal Form Chaplain Services
- B. HSH Policy & Procedure No. 14.013
- C. Wage Certificate
- D. Proposal Application Checklist
- E. Sample Table of Contents
- F. Exhibits (1&2)

CHAPLAIN SERVICES FOR
DEPARTMENT OF HEALTH
HAWAII STATE HOSPITAL
RFP NO. HTH 430-2-16
PROPOSAL FORM

Stephen Teeter
RFP Contact Person
Hawaii State Hospital
45-710 Kealahala Road
Kaneohe, Hawaii 96744

Dear Sir:

The undersigned has carefully read and understands the general requirements and scope of work specified in the service Specifications and hereby submits the following proposal to perform the services specified in this RFP, all in accordance with the true intent and meaning thereof:

Date: _____

Respectfully Submitted,

Telephone No.: _____

Fax No.: _____

Exact Legal Name of Applicant

Payment address, if other than
street address at right:

Authorized Signature (Original)

Title

Hawaii General Excise Tax Lic.
I.D. No.: _____

Street Address

Social Sec. or Federal I.D. No.:

City, State, Zip Code

If applicant shown above is a "dba" or a "division" of a corporation, furnish the exact legal name of the corporation under which the contract, if awarded, will be executed:

Applicant is: ___ Individual ___ Partnership ___ Corporation ___ Joint Venture ___ Other

State of incorporation: Hawaii ___ *Other _____

*If "other", is corporate seal available in Hawaii? ___ Yes ___ No

The following proposal is hereby submitted for Chaplain Services for Hawaii State Hospital, as specified herein:

<u>Item Description</u>	<u>*Direct Labor Rate 1</u>	<u>*Direct Labor Rate 2</u>	<u>*Direct Labor Rate 3</u>	<u>**Proposed Price Per Month</u>
CHAPLAIN SERVICES	\$ _____	\$ _____	\$ _____	\$ _____

(*) Direct labor rate is the Monthly rate paid to each working Chaplain by the Contractor excluding differentials and benefits.

(**) The Proposed Price Per Month shall be the total of all direct labor rates plus all other expenses for furnishing the services requested herein, including all applicable taxes.

Applicant _____

Applicant shall provide the following information as required by this RFP.

REFERENCES:

1 Hospital/Institution: _____

Address: _____

Point of Contact: _____

Phone Number: _____ Fax Number: _____

2. Hospital/Institution: _____

Address: _____

Point of Contact: _____

Phone Number: _____ Fax Number: _____

OFFICE LOCATION(S):

Address: _____

Point of Contact: _____

Phone Number: _____ Fax Number: _____

E-mail Address: _____

INSURANCE:

	Carrier	Policy No.	Agent
General Liability			
Automobile	_____	_____	_____
Professional Liability	_____	_____	_____
Workers Compensation	_____	_____	_____
Temporary Disability	_____	_____	_____
Prepaid Health Care	_____	_____	_____

Unemployment Insurance: State of Hawaii Labor No. _____

Applicant _____

SUBCONTRACTOR(S):

Will any part of the services specified in this RFP be subcontracted?

YES _____ NO _____

If yes, list below all subcontractors to be used and what portion of the services the subcontractor(s) will be providing (use additional sheets of paper if necessary):

1. Name of Subcontractor: _____

Portion of services to be provided by subcontractor:

2. Name of Subcontractor: _____

Portion of services to be provided by subcontractor:

Applicant _____

<p>HAWAII STATE HOSPITAL POLICY AND PROCEDURE</p> <p><u>(IC) Infection Prevention and Control</u></p> <p>SUBJECT: EMPLOYEE IMMUNIZATION STATUS</p> <hr/> <p>REFERENCE: Joint Commission IC.01.02.01, IC.01.05.01, IC.02.01.01, IC.01.04.01, IC.01.04.01, IC.01.05.01, IC.02.03.01, IC.02.03.01</p>	<p>Number: 14.013 Effective Date: 9/27/96 History: Rev. 11/99, 8/02, 12/04, 12/06, 5/07, 11/09</p> <p>Page: 1 of 403</p> <p>Approved:</p> <hr/> <p>Title: Administrator Date</p>
--	--

PURPOSE:

To establish an employee health program at the Hawaii State Hospital (HSH).

- Hospital personnel are entitled to protection from work-related disease.
- Patients are entitled to protection from infection transmitted by employees.

POLICY:

Documentation of immunity at the time of hire and completion of an annual health screen will be required for all HSH healthcare personnel (HCP) in accordance with the Rehabilitation Act of 1973, Section 504, and Title I of the Americans with Disabilities Act of 1990, as well as other applicable State and Federal employment opportunity laws and regulations. Failure to comply with this policy may result in suspension or dismissal.

Note: Healthcare Personnel (HCP) includes all HSH personnel including clinical and non-clinical employees, civil service and contract employees, students, medical residents and volunteers. Refer to the definition section of this policy.

RESPONSIBILITY STATEMENT(S):

1. All HSH employees and contractors, are required to meet all hospital infectious disease requirements **PRIOR** to starting hospital orientation. These requirements are noted on the “Documentation of Immunity” form and include documented evidence of Tuberculosis (TB) clearance and current immunity to Measles, Mumps, Rubella, and Varicella.

2. The Employee Health Nurse or designee reviews and approves submitted “Documentation of Immunity” forms in accordance with this policy; approval is provided when all required criteria is met. Consults with Infection Control Coordinator and/or Chief of Medical Services as needed.

HAWAII STATE HOSPITAL POLICY AND PROCEDURE	Number: 14.013 Page: 2 of 403
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3. Employers of all contracted staff are responsible to provide the Hepatitis B vaccine in accordance with OSHA regulations and CDC health guidelines.
4. The Medical Services/Dispensary Unit advises all applicable departments (Requesting Department, Personnel, and Staff Development) when infectious disease requirements have been met.

PROCEDURE:

A. NEW to HSH Personnel:

(Includes State of Hawaii (all branches) civil service, exempt, temporary and contract staff)

- 1) Initial TB entry evaluation is completed by an outside provider and approved by the MSU prior to starting new employee orientation.
- 2) Record of Immunity
 - a. Serologic evidence of immunity is required for new employees
 - b. All new employees are required, at their own expense, to present serologic evidence of immunity for Measles (Rubeola), Mumps, Rubella (German Measles) and Varicella (Chicken Pox) unless otherwise specified.
 - c. Vaccination costs for non-immune individuals (negative serologic results) are obtained at the expense of the new employee.
 - d. Completion of the “**Documentation of Immunity**” form, signed by a physician, is required. (*Note: also upon initial and renewal of contracts*).

B. EXISTING HSH Personnel:

1. All hospital personnel are REQUIRED to complete a Tuberculosis (TB) evaluation based on a two-step Mantoux skin test (as applicable) **AND** a Health Screening Questionnaire at least annually.
2. Serologic evidence of immunity, though not required, is strongly encouraged for all existing employees. For vaccination related requirements, the current Centers for Disease Control and Prevention Advisory Committee on Immunization Practices’ Recommended Adult Immunization Schedule is referenced.
3. Tetanus: Td vaccine is recommended every ten (10) years for adults and is provided to HCPs determined to be occupationally-at-risk at no-charge through the HSH Dispensary.

HAWAII STATE HOSPITAL POLICY AND PROCEDURE	Number: 14.013 Page: 3 of 403
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4. Hepatitis B vaccine series (3 doses) is recommended for all direct-care and unit-based staff or those at risk of bloodborne pathogen exposure. The series is provided at no-charge through the HSH Dispensary.
 - a. Employees interested in the Hepatitis B vaccine series contact the Employee Health Nurse at the Dispensary to initiate the vaccination process.
 - b. All personnel who are not interested in the Hepatitis B vaccine series, sign the declination portion of the Hepatitis B Vaccination form.

C. Students and Residents:

1. All students and residents are subject to the requirements in **SECTION A** of this policy.
2. Documentation of Immunity forms and any applicable attachments are kept on file by the responsible department. Information is made available for random audits, Department of Health survey, or OSHA inspections within five (5) working days. In an event of an outbreak or safety issues, records are available within 24 hours.

D. Volunteers:

- 1) Initial entry TB evaluation required
- 2) Hepatitis B vaccination recommended if at risk for bloodborne pathogen exposure.

DEFINITIONS

HealthCare Personnel (HCP) - refers to all paid or unpaid, medical or non-medical, full or part-time, student or non-student, with or without patient-care responsibilities personnel who work at facilities that provide health care to patients (i.e. inpatient, outpatient, private and public).

RELATED POLICIES AND PROCEDURES

[HSH P&P 05.440 Tuberculosis Monitoring: Prevention and Control Program](#)

WAGE CERTIFICATE
(For Service Contracts)

Subject: RFP No.: HTH 430 -2-16

Title of RFP: _____

(To be completed by Applicant)

Pursuant to Section 103-55, Hawaii Revised Statutes (HRS), I hereby certify that if awarded the contract in excess of \$25,000, the services to be performed will be performed under the following conditions:

- 1. The services to be rendered shall be performed by employees paid at wages or salaries not less than the wages paid to public officers and employees for similar work; and
- 2. All applicable laws of the federal and state governments relating to workers' compensation, unemployment compensation, payment of wages, and safety will be fully complied with.

I understand that failure to comply with the above conditions during the period of the contract shall result in cancellation of the contract, unless such noncompliance is corrected within a reasonable period as determined by the procurement officer. Payment in the final settlement of the contract or the release of bonds, if applicable, or both shall not be made unless the procurement officer has determined that the noncompliance has been corrected; and

I further understand that all payments required by Federal and State laws to be made by employers for the benefit of their employees are to be paid in addition to the base wage required by section 103-55, HRS.

Applicant _____

Signature _____

Title _____

Date _____

Proposal Application Checklist

Applicant: _____

RFP No.: HTH 430-2-16

The applicant's proposal must contain the following components in the order shown below. This checklist must be signed, dated and returned to the purchasing agency as part of the Proposal Application. SPOH forms ore on the SPO website. See Section 1, paragraph II Website Reference.*

Item	Reference in RFP	Format/Instructions Provided	Required by Purchasing Agency	Completed by Applicant
General:				
Proposal Application Identification Form (SPO-H-200)	Section 1, RFP	SPO Website*	X	
Proposal Application Checklist	Section 1, RFP	Attachment A	X	
Table of Contents	Section 5, RFP	Section 5, RFP	X	
Proposal Application (SPO-H-200A)	Section 3, RFP	SPO Website*	X	
Tax Clearance Certificate (Form A-6)	Section 1, RFP	Dept. of Taxation Website (Link on SPO website)*	X	
Cost Proposal (Budget)				
SPO-H-205	Section 3, RFP	SPO Website*	X	
SPO-H-205A	Section 3, RFP	SPO Website* Special Instructions are in Section 5	X	
SPO-H-205B	Section 3, RFP,	SPO Website* Special Instructions are in Section 5		
SPO-H-206A	Section 3, RFP	SPO Website*	X	
SPO-H-206B	Section 3, RFP	SPO Website*	X	
SPO-H-206C **	Section 3, RFP	SPO Website*	X	
SPO-H-206D **	Section 3, RFP	SPO Website*		
SPO-H-206E **	Section 3, RFP	SPO Website*	X	
SPO-H-206F **	Section 3, RFP	SPO Website*	X	
SPO-H-206G **	Section 3, RFP	SPO Website*		
SPO-H-206H **	Section 3, RFP	SPO Website*	X	
SPO-H-206I **	Section 3, RFP	SPO Website*	X	
SPO-H-206J **	Section 3, RFP	SPO Website*		
Certifications:				
<i>Federal Certifications</i>				
Debarment & Suspension				
Drug Free Workplace				
Lobbying				
Program Fraud Civil Remedies Act				
Environmental Tobacco Smoke				
Program Specific Requirements:				
Wage Certificate	Section 2,3 RFP		X	
Proposal Form	Section 2,3 RFP		X	

Authorized Signature

Date

** If applicable.

Proposal Application Table of Contents

Program Overview	1
Experience and Capability	1
Necessary Skills	2
Experience.....	4
Quality Assurance and Evaluation.....	5
Coordination of Services.....	6
Project Organization and Staffing	7
Staffing.....	7
Proposed Staffing.....	7
Staff Qualifications	9
Project Organization	10
Supervision and Training	10
Organization Chart (Program & Organization-wide) (See Attachments for Organization Charts)	
Service Delivery	12
Financial	20
See Attachments for Cost Proposal	
Litigation	20
Attachments	
A. Proposal Form Chaplain Services	
B. HSH Policy & Procedure No. 14.013	
C. Wage Certificate	
D. Proposal Application Checklist	
E. Sample Table of Contents	
F. Exhibits (1&2)	

EXHIBIT 1

***Hawaii State Hospital
Agency Chaplain Application for Orientation***

*Recent, (within the past five years) in-patient hospital, detention or medical Chaplaincy
experience:*

Institution/Agency

Address: _____

Supervisor: _____ *Phone:* _____

Dates Employed: _____ *to* _____

Title:

Chaplain individual care responsibilities (be specific):

Institution/Agency

Address: _____

Supervisor: _____ *Phone:* _____

Dates Employed: _____ *to* _____

Title:

Chaplain individual care responsibilities (be specific):

Institution/Agency

Address: _____

Supervisor: _____ Phone: _____

Dates Employed: _____ to _____

Title:

Chaplain individual care responsibilities (be specific)::

Institution/Agency

Address: _____

Supervisor: _____ Phone: _____

Dates Employed: _____ to _____

Title:

Chaplain individual care responsibilities (be specific):

Institution/Agency

Address: _____

Supervisor: _____ Phone: _____

Organization: _____
RFP No. HTH 430-2-16

Dates Employed: _____ **to** _____

Title:

Chaplain individual care responsibilities (be specific)::

AGENCY/CONTRACT STAFF: COMPETENCY SELF-EVALUATION

NAME (print) _____ AGENCY _____

Instructions: rate your knowledge and experience using the following scale.

- 1 = No knowledge/No experience 2 = Knowledge but no experience
- 3 = Knowledge/done with assistance 4 = Knowledge/done independently

ASSESSMENT/TREATMENT PLANNING/SERVICE DELIVERY

Admission of patient to acute in-patient	1	2	3	4
Mental Status Exam	1	2	3	4
Multidisciplinary master Treatment Planning	1	2	3	4
Progress Note charting	1	2	3	4
Education Groups	1	2	3	4
Process Groups	1	2	3	4
Discharge or transfer of patients	1	2	3	4

PSYCHIATRIC CRISIS MANAGEMENT

Verbal skills to de-escalate agitated patient	1	2	3	4
Physical containment skills for team	1	2	3	4
Self-protection skills	1	2	3	4
Use of restraints in behavior management	1	2	3	4
Use of seclusion/monitoring patient in seclusion	1	2	3	4

MEDICAL EMERGENCIES

Use of portable oxygen, suction, ambubag	1	2	3	4
Maintenance of patient until EMT arrival	1	2	3	4

LEGAL & REGULATORY RESPONSIBILITIES

Duty to warn and protect	1	2	3	4
Reporting patient abuse/neglect	1	2	3	4

LEADERSHIP

Function as Leader	1	2	3	4
--------------------	---	---	---	---

OTHER SAFETY ISSUES

Conduct FIRE DRILL in acute Psychiatric setting	1	2	3	4
---	---	---	---	---

This is a true description of my knowledge and skill in psychiatric Chaplaincy

(signature)

(date)

AGENCY/CONTRACT STAFF: COMPETENCY SELF-EVALUATION

NAME (print) _____ AGENCY _____

Instructions: rate your knowledge and experience using the following scale.

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This is a true description of my knowledge and skill in psychiatric Chaplaincy

(signature)

(date)

AGENCY/CONTRACT STAFF: COMPETENCY SELF-EVALUATION

NAME (print) _____ AGENCY _____

Instructions: rate your knowledge and experience using the following scale.

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---	---	---	---	---

This is a true description of my knowledge and skill in psychiatric Chaplaincy

(signature)

(date)