



Solicitation

1. Solicitation #: 3400001424

2. Solicitation Issue Date: March 30, 2016

3. Brief Description of Requirement:

The purpose of this Request for Proposal (RFP) is to solicit proposals regarding the implementation of home visitation services using the Parents as Teachers (PAT) model in Tulsa County in an effort to expand the continuum of home visitation services within the county.

NOTE TO SUPPLIERS: The State of Oklahoma is working to streamline the process of payment to suppliers and to reduce the timeframe of payment. When submitting your response, please also include a draft invoice (that is like your original invoices) with the item(s) and pricing. Please make sure that it is marked as "Draft Invoice". The intent of this is to match our purchase orders to an invoice whenever possible; however, unless there is some overriding reason for a marked difference, the invoice should closely match the RFP items and pricing. Please note that if your company is awarded and issued a purchase order, you will still need to submit a proper invoice after the purchase order has been issued and you have provided the item(s)/services(s) to the agency. Also, please be sure and put in bold letters "THIS IS NOT A BILL" in addition to marking it as a draft invoice.

RFP NOTICE: Please note that on an RFP no pricing shall be released at the time of opening. Should a public opening be requested the only information to be released will be a list of bidders without pricing.

4. Response Due Date¹: April 21, 2016

Time: 3:00 PM CST/CDT

5. Issued By and RETURN SEALED BID TO:

Personal or Common Carrier Delivery or U.S. Postal Delivery:

Office of Management and Enterprise Services
Central Purchasing Division
Frates Building
5005 N. Lincoln Blvd, Suite 200,
Oklahoma City, OK 73105

6. Solicitation Type (check one below):

- ☐ Invitation to Bid
☒ Request for Proposal
☐ Request for Quote

7. Requesting Agency: Oklahoma State Department of Health

8. Contracting Officer:

Name: Linda Lechtenberg

Phone: (405) 522-0436

Email: Linda.Lechtenberg@omes.ok.gov

¹ Amendments to solicitation may change the Response Due Date (read CP GENERAL PROVISIONS, section 3, "Solicitation Amendments")



Responding Bidder Information

*"Certification for Competitive Bid and Contract" **MUST** be submitted along with the response to the Solicitation.*

1. **RE: Solicitation #** 3400001424

2. **Bidder General Information:**

FEI / SSN : _____

VEN ID: _____

Company Name: _____

3. **Bidder Contact Information:**

Address: _____

City: _____ State: _____ Zip Code: _____

Contact Name: _____

Contact Title: _____

Phone #: _____ FAX#: _____

Email: _____ Website: _____

4. **Oklahoma Sales Tax Permit²:**

☐ YES – Permit #: _____

☐ NO – Exempt pursuant to Oklahoma Laws or Rules

5. **Registration with the Oklahoma Secretary of State:**

☐ YES - Filing Number: _____

☐ NO - Prior to the contract award, the successful bidder will be required to register with the Secretary of State or must attach a signed statement that provides specific details supporting the exemption the supplier is claiming (www.sos.ok.gov or 405-521-3911).

6. **Workers' Compensation Insurance Coverage:**

Bidder is required to provide with the bid a certificate of insurance showing proof of compliance with the Oklahoma Workers' Compensation Act.

☐ YES – include a certificate of insurance with the bid

☐ NO - attach a signed statement that provides specific details supporting the exemption you are claiming from the Workers' Compensation Act (Note: Pursuant to Attorney General Opinion #07-8, the exemption from 85 O.S. 2011, § 311 applies only to employers who are natural persons, such as sole proprietors, and does not apply to employers who are entities created by law, including but not limited to corporations, partnerships and limited liability companies.)³

Authorized Signature

Date

Printed Name

Title

² For frequently asked questions concerning Oklahoma Sales Tax Permit, see <http://www.tax.ok.gov/faq/faqbusssales.html>

³ For frequently asked questions concerning workers' compensation insurance, see <http://www.ok.gov/oid/faqs.html#c221>



**Certification for Competitive
Bid and/or Contract
(Non-Collusion Certification)**

NOTE: A certification shall be included with any competitive bid and/or contract exceeding \$5,000.00 submitted to the State for goods or services.

Solicitation or Purchase Order #: 3400001424

Supplier Legal Name: _____

SECTION I [74 O.S. § 85.22]:

A. For purposes of competitive bid,

1. I am the duly authorized agent of the above named bidder submitting the competitive bid herewith, for the purpose of certifying the facts pertaining to the existence of collusion among bidders and between bidders and state officials or employees, as well as facts pertaining to the giving or offering of things of value to government personnel in return for special consideration in the letting of any contract pursuant to said bid;
2. I am fully aware of the facts and circumstances surrounding the making of the bid to which this statement is attached and have been personally and directly involved in the proceedings leading to the submission of such bid; and
3. Neither the bidder nor anyone subject to the bidder's direction or control has been a party:
 - a. to any collusion among bidders in restraint of freedom of competition by agreement to bid at a fixed price or to refrain from bidding,
 - b. to any collusion with any state official or employee as to quantity, quality or price in the prospective contract, or as to any other terms of such prospective contract, nor
 - c. in any discussions between bidders and any state official concerning exchange of money or other thing of value for special consideration in the letting of a contract.

B. I certify, if awarded the contract, whether competitively bid or not, neither the contractor nor anyone subject to the contractor's direction or control has paid, given or donated or agreed to pay, give or donate to any officer or employee of the State of Oklahoma any money or other thing of value, either directly or indirectly, in procuring this contract herein.

SECTION II [74 O.S. § 85.42]:

For the purpose of a contract for services, the supplier also certifies that no person who has been involved in any manner in the development of this contract while employed by the State of Oklahoma shall be employed by the supplier to fulfill any of the services provided for under said contract.

The undersigned, duly authorized agent for the above named supplier, by signing below acknowledges this certification statement is executed for the purposes of:

☐ the competitive bid attached herewith and contract, if awarded to said supplier;

OR

☐ the contract attached herewith, which was not competitively bid and awarded by the agency pursuant to applicable Oklahoma statutes.

Supplier Authorized Signature

Certified This Date

Printed Name

Title

Phone Number

Email

Fax Number

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A. GENERAL PROVISIONS

A.1. Definitions

As used herein, the following terms shall have the following meaning unless the context clearly indicates otherwise:

- A.1.1. "Acquisition" means items, products, materials, supplies, services, and equipment a state agency acquires by purchase, lease purchase, lease with option to purchase, or rental pursuant to the Oklahoma Central Purchasing Act;
- A.1.2. "Bid" means an offer in the form of a bid, proposal, or quote a bidder submits in response to a solicitation;
- A.1.3. "Bidder" means an individual or business entity that submits a bid in response to a solicitation;
- A.1.4. "Solicitation" means a request or invitation by the State Purchasing Director or a state agency for a supplier to submit a priced offer to sell acquisitions to the state. A solicitation may be an invitation to bid, request for proposal, or a request for quotation; and
- A.1.5. "Supplier" or "vendor" means an individual or business entity that sells or desires to sell acquisitions to state agencies.

A.2. Bid Submission

- A.2.1. Submitted bids shall be in strict conformity with the instructions to bidders and shall be submitted with a completed Responding Bidder Information, OMES-FORM-CP-076, and any other forms required by the solicitation.
- A.2.2. Bids shall be submitted to the Central Purchasing Division in a single envelope, package, or container and shall be sealed, unless otherwise detailed in the solicitation. The name and address of the bidder shall be inserted in the upper left corner of the single envelope, package, or container. SOLICITATION NUMBER AND SOLICITATION RESPONSE DUE DATE AND TIME MUST APPEAR ON THE FACE OF THE SINGLE ENVELOPE, PACKAGE, OR CONTAINER.
- A.2.3. The required certification statement, "Certification for Competitive Bid and/or Contract (Non-Collusion Certification)", OMES-FORM-CP-004, must be made out in the name of the bidder and must be properly executed by an authorized person, with full knowledge and acceptance of all its provisions.
- A.2.4. All bids shall be legible and completed in ink or with electronic printer or other similar office equipment. Any corrections to bids shall be identified and initialed in ink by the bidder. Penciled bids and penciled corrections shall NOT be accepted and will be rejected as non-responsive. In addition to a hard copy submittal, the bidder will also be required to submit an electronic copy. Electronic responses must be submitted in the identical format contained in the solicitation (for example Microsoft Word, Microsoft Excel, but not Adobe PDF). In the event the hard copy of the price worksheets and electronic copy of the price worksheets do not agree, the electronic copy will prevail.
- A.2.5. All bids submitted shall be subject to the Oklahoma Central Purchasing Act, Central Purchasing Rules, and other statutory regulations as applicable, these General Provisions, any Special Provisions, solicitation specifications, required certification statement, and all other terms and conditions listed or attached herein—all of which are made part of this solicitation.

A.3. Solicitation Amendments

- A.3.1. If an "Amendment of Solicitation", OMES-FORM-CP-011, is issued, the bidder shall acknowledge receipt of any/all amendment(s) to solicitations by signing and returning the solicitation amendment(s). Amendment acknowledgement(s) may be submitted with the bid or may be forwarded separately. If forwarded separately, amendment acknowledgement(s) must contain the solicitation number and response due date and time on the front of the envelope. The Central Purchasing Division must receive the amendment acknowledgement(s) by the response due date and time specified for receipt of bids for the bid to be deemed responsive. Failure to acknowledge solicitation amendments may be grounds for rejection.
- A.3.2. No oral statement of any person shall modify or otherwise affect the terms, conditions, or specifications stated in the solicitation. All amendments to the solicitation shall be made in writing by the Central Purchasing Division.
- A.3.3. It is the Bidder's responsibility to check the OMES/Central Purchasing Division website frequently for any possible amendments that may be issued. The Central Purchasing Division is not responsible for a bidder's failure to download any amendment documents required to complete a solicitation.

A.4. Bid Change

If the bidder needs to change a bid prior to the solicitation response due date, a new bid shall be submitted to the Central Purchasing Division with the following statement "This bid supersedes the bid previously submitted" in a single envelope, package, or container and shall be sealed, unless otherwise detailed in the solicitation. The name and address of the bidder shall be inserted in the upper left corner of the single envelope, package, or container. SOLICITATION NUMBER AND SOLICITATION RESPONSE DUE DATE AND TIME MUST APPEAR ON THE FACE OF THE SINGLE ENVELOPE, PACKAGE, OR CONTAINER.

A.5. Certification Regarding Debarment, Suspension, and Other Responsibility Matters

By submitting a response to this solicitation:

- A.5.1. The prospective primary participant and any subcontractor certifies to the best of their knowledge and belief, that they and their principals or participants:
 - A.5.1.1. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any Federal, State or local department or agency;
 - A.5.1.2. Have not within a three-year period preceding this proposal been convicted of or pled guilty or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) contract; or for violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
 - A.5.1.3. Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph A.5.1.2. of this certification; and
 - A.5.1.4. Have not within a three-year period preceding this application/proposal had one or more public (Federal, State, or local) contracts terminated for cause or default.
- A.5.2. Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to its solicitation response.

A.6. Bid Opening

Sealed bids shall be opened by the Central Purchasing Division at the Will Rogers Building, 2401 N. Lincoln Blvd. First Floor, Suite 116, Oklahoma City, Oklahoma, 73105 at the time and date specified in the solicitation as Response Due Date and Time.

A.7. Open Bid / Open Record

Pursuant to the Oklahoma Public Open Records Act, a public bid opening does not make the bid(s) immediately accessible to the public. The procurement or contracting agency shall keep the bid(s) confidential, and provide prompt and reasonable access to the records only after a contract is awarded or the solicitation is cancelled. This practice protects the integrity of the competitive bid process and prevents excessive disruption to the procurement process. The interest of achieving the best value for the State of Oklahoma outweighs the interest of vendors immediately knowing the contents of competitor's bids. [51 O.S. § 24A.5(5)]

Additionally, financial or proprietary information submitted by a bidder may be designated by the Purchasing Director as confidential and the procurement entity may reject all requests to disclose information designated as confidential pursuant to 62 O.S. (2012) § 34.11.1(H)(2) and 74 O.S. (2011) § 85.10. Bidders claiming any portion of their bid as proprietary or confidential must specifically identify what documents or portions of documents they consider confidential and identify applicable law supporting their claim of confidentiality. The State Purchasing Director shall make the final decision as to whether the documentation or information is confidential pursuant to 74 O.S. § 85.10. Otherwise, documents and information a bidder submits as part of or in connection with a bid are public records and subject to disclosure after contract award or the solicitation is cancelled.

A.8. Late Bids

Bids received by the Central Purchasing Division after the response due date and time shall be deemed non-responsive and shall NOT be considered for any resultant award.

A.9. Legal Contract

- A.9.1. Submitted bids are rendered as a legal offer and any bid, when accepted by the Central Purchasing Division, shall constitute a contract.
- A.9.2. The Contract resulting from this solicitation may consist of the following documents in order of preference:
 - A.9.2.1. Purchase order, as amended by Change Order (if applicable);
 - A.9.2.2. Solicitation, as amended (if applicable); and

A.9.2.3. Successful bid (including required certifications), to the extent the bid does not conflict with the requirements of the solicitation or applicable law.

A.9.3. Any contract(s) awarded pursuant to the solicitation shall be legibly written or typed.

A.10. Pricing

A.10.1. Bids shall remain firm for a minimum of sixty (60) days from the solicitation closing date.

A.10.2. Bidders guarantee unit prices to be correct.

A.10.3. In accordance with 74 O.S. §85.40, ALL travel expenses to be incurred by the supplier in performance of the Contract shall be included in the total bid price/contract amount.

A.11. Manufacturers' Name and Approved Equivalents

Unless otherwise specified in the solicitation, manufacturers' names, brand names, information and/or catalog numbers listed in a specification are for information and not intended to limit competition. Bidder may offer any brand for which they are an authorized representative, and which meets or exceeds the specification for any item(s). However, if bids are based on equivalent products, indicate on the bid form the manufacturer's name and number. Bidder shall submit sketches, descriptive literature, and/or complete specifications with their bid. Reference to literature submitted with a previous bid will not satisfy this provision. The bidder shall also explain in detail the reason(s) why the proposed equivalent will meet the specifications and not be considered an exception thereto. Bids that do not comply with these requirements are subject to rejection.

A.12. Clarification of Solicitation

A.12.1. Clarification pertaining to the contents of this solicitation shall be directed in writing to the Central Purchasing Contracting Officer specified in the solicitation, and must be prior to the closing date of the solicitation.

A.12.2. If a bidder fails to notify the State of an error, ambiguity, conflict, discrepancy, omission or other error in the SOLICITATION, known to the bidder, or that reasonably should have been known by the bidder, the bidder shall submit a bid at its own risk; and if awarded the contract, the bidder shall not be entitled to additional compensation, relief, or time, by reason of the error or its later correction. If a bidder takes exception to any requirement or specification contained in the SOLICITATION, these exceptions must be clearly and prominently stated in their response.

A.12.3. Bidders who believe proposal requirements or specifications are unnecessarily restrictive or limit competition may submit a written request for administrative review to the contracting officer listed on the solicitation. This request must be made prior to the closing date of the solicitation.

A.13 Negotiations

A.13.1. In accordance with Title 74 §85.5, the State of Oklahoma reserves the right to negotiate with one, selected, all or none of the vendors responding to this solicitation to obtain the best value for the State. Negotiations could entail discussions on products, services, pricing, contract terminology or any other issue that may mitigate the State's risks. The State shall consider all issues negotiable and not artificially constrained by internal corporate policies. Negotiation may be with one or more vendors, for any and all items in the vendor's offer.

A.13.2. Firms that contend that they lack flexibility because of their corporate policy on a particular negotiation item shall face a significant disadvantage and may not be considered. If such negotiations are conducted, the following conditions shall apply:

A.13.3. Negotiations may be conducted in person, in writing, or by telephone.

A.13.4. Negotiations shall only be conducted with potentially acceptable offers. The State reserves the right to limit negotiations to those offers that received the highest rankings during the initial evaluation phase.

A.13.5. Terms, conditions, prices, methodology, or other features of the bidders offer may be subject to negotiations and subsequent revision. As part of the negotiations, the bidder may be required to submit supporting financial, pricing, and other data in order to allow a detailed evaluation of the feasibility, reasonableness, and acceptability of the offer.

A.13.6. The requirements of the Request for Proposal shall not be negotiable and shall remain unchanged unless the State determines that a change in such requirements is in the best interest of the State Of Oklahoma.

A.14. Rejection of Bid

The State reserves the right to reject any bids that do not comply with the requirements and specifications of the solicitation. A bid may be rejected when the bidder imposes terms or conditions that would modify requirements of the solicitation or limit the bidder's liability to the State. Other possible reasons for rejection of bids are listed in OAC 260:115-7-32.

A.15. Award of Contract

- A.15.1. The State Purchasing Director may award the Contract to more than one bidder by awarding the Contract(s) by item or groups of items, or may award the Contract on an ALL OR NONE basis, whichever is deemed by the State Purchasing Director to be in the best interest of the State of Oklahoma.
- A.15.2. Contract awards will be made to the lowest and best bidder(s) unless the solicitation specifies that best value criteria is being used.
- A.15.3. In order to receive an award or payments from the State of Oklahoma, suppliers must be registered. The vendor registration process can be completed electronically through the OMES website at the following link: <https://www.ok.gov/dcs/vendors/index.php>.

A.16. Contract Modification

- A.16.1. The Contract is issued under the authority of the State Purchasing Director who signs the Contract. The Contract may be modified only through a written Contract Modification, signed by the State Purchasing Director.
- A.16.2. Any change to the Contract, including but not limited to the addition of work or materials, the revision of payment terms, or the substitution of work or materials, directed by a person who is not specifically authorized by the Central Purchasing Division in writing, or made unilaterally by the supplier, is a breach of the Contract. Unless otherwise specified by applicable law or rules, such changes, including unauthorized written Contract Modifications, shall be void and without effect, and the supplier shall not be entitled to any claim under this Contract based on those changes. No oral statement of any person shall modify or otherwise affect the terms, conditions, or specifications stated in the resultant Contract.

A.17. Delivery, Inspection and Acceptance

- A.17.1. Unless otherwise specified in the solicitation or awarding documents, all deliveries shall be F.O.B. Destination. The bidder(s) awarded the Contract shall prepay all packaging, handling, shipping and delivery charges and firm prices quoted in the bid shall include all such charges. All products and/or services to be delivered pursuant to the Contract shall be subject to final inspection and acceptance by the State at destination. "Destination" shall mean delivered to the receiving dock or other point specified in the purchase order. The State assumes no responsibility for goods until accepted by the State at the receiving point in good condition. Title and risk of loss or damage to all items shall be the responsibility of the supplier until accepted by the receiving agency. The supplier(s) awarded the Contract shall be responsible for filing, processing, and collecting any and all damage claims accruing prior to acceptance.
- A.17.2. Supplier(s) awarded the Contract shall be required to deliver products and services as bid on or before the required date. Deviations, substitutions or changes in products and services shall not be made unless expressly authorized in writing by the Central Purchasing Division.

A.18. Invoicing and Payment

- A.18.1. Pursuant to 74 O.S. §85.44(B), invoices will be paid in arrears after products have been delivered or services provided.
- A.18.2. Interest on late payments made by the State of Oklahoma is governed by 62 O.S. §34.71 and 62 O.S. §34.72.

A.19. Tax Exemption

State agency acquisitions are exempt from sales taxes and federal excise taxes. Bidders shall not include these taxes in price quotes.

A.20. Audit and Records Clause

- A.20.1. As used in this clause, "records" includes books, documents, accounting procedures and practices, and other data, regardless of type and regardless of whether such items are in written form, in the form of computer data, or in any other form. In accepting any Contract with the State, the successful bidder(s) agree any pertinent State or Federal agency will have the right to examine and audit all records relevant to execution and performance of the resultant Contract.
- A.20.2. The successful bidder(s) awarded the Contract(s) is required to retain records relative to the Contract for the duration of the Contract and for a period of seven (7) years following completion and/or termination of the Contract. If an audit, litigation, or other action involving such records is started before the end of the seven (7) year period, the records are required to be maintained for two (2) years from the date that all issues arising out of the action are resolved, or until the end of the seven (7) year retention period, whichever is later.

A.21. Non-Appropriation Clause

The terms of any Contract resulting from the solicitation and any Purchase Order issued for multiple years under the Contract are contingent upon sufficient appropriations being made by the Legislature or other appropriate government entity. Notwithstanding any

language to the contrary in the solicitation, purchase order, or any other Contract document, the procuring agency may terminate its obligations under the Contract if sufficient appropriations are not made by the Legislature or other appropriate governing entity to pay amounts due for multiple year agreements. The Requesting (procuring) Agency's decisions as to whether sufficient appropriations are available shall be accepted by the supplier and shall be final and binding.

A.22. Choice of Law

Any claims, disputes, or litigation relating to the solicitation, or the execution, interpretation, performance, or enforcement of the Contract shall be governed by the laws of the State of Oklahoma.

A.23. Choice of Venue

Venue for any action, claim, dispute or litigation relating in any way to the Contract shall be in Oklahoma County, Oklahoma.

A.24. Termination for Cause

- A.24.1. The supplier may terminate the Contract for default or other just cause with a 30-day written request and upon written approval from the Central Purchasing Division. The State may terminate the Contract for default or any other just cause upon a 30-day written notification to the supplier.
- A.24.2. The State may terminate the Contract immediately, without a 30-day written notice to the supplier, when violations are found to be an impediment to the function of an agency and detrimental to its cause, when conditions preclude the 30-day notice, or when the State Purchasing Director determines that an administrative error occurred prior to Contract performance.
- A.24.3. If the Contract is terminated, the State shall be liable only for payment for products and/or services delivered and accepted.

A.25. Termination for Convenience

- A.25.1. The State may terminate the Contract, in whole or in part, for convenience if the State Purchasing Director determines that termination is in the State's best interest. The State Purchasing Director shall terminate the Contract by delivering to the supplier a Notice of Termination for Convenience specifying the terms and effective date of Contract termination. The Contract termination date shall be a minimum of 60 days from the date the Notice of Termination for Convenience is issued by the State Purchasing Director.
- A.25.2. If the Contract is terminated, the State shall be liable only for products and/or services delivered and accepted, and for costs and expenses (exclusive of profit) reasonably incurred prior to the date upon which the Notice of Termination for Convenience was received by the supplier.

A.26. Insurance

The successful bidder(s) awarded the Contract shall obtain and retain insurance, including workers' compensation, automobile insurance, medical malpractice, and general liability, as applicable, or as required by State or Federal law, prior to commencement of any work in connection with the Contract. The supplier awarded the Contract shall timely renew the policies to be carried pursuant to this section throughout the term of the Contract and shall provide the Central Purchasing Division and the procuring agency with evidence of such insurance and renewals.

A.27. Employment Relationship

The Contract does not create an employment relationship. Individuals performing services required by this Contract are not employees of the State of Oklahoma or the procuring agency. The supplier's employees shall not be considered employees of the State of Oklahoma nor of the procuring agency for any purpose, and accordingly shall not be eligible for rights or benefits accruing to state employees.

A.28. Compliance with the Oklahoma Taxpayer and Citizen Protection Act of 2007

By submitting a bid for services, the bidder certifies that they, and any proposed subcontractors, are in compliance with 25 O.S. §1313 and participate in the Status Verification System. The Status Verification System is defined in 25 O.S. §1312 and includes but is not limited to the free Employment Verification Program (E-Verify) through the Department of Homeland Security and available at www.dhs.gov/E-Verify.

A.29. Compliance with Applicable Laws

The products and services supplied under the Contract shall comply with all applicable Federal, State, and local laws, and the supplier shall maintain all applicable licenses and permit requirements.

A.30. Special Provisions

Special Provisions set forth in SECTION B apply with the same force and effect as these General Provisions. However, conflicts or inconsistencies shall be resolved in favor of the Special Provisions.

B. SPECIAL PROVISIONS

B.1. Understanding

- B.1.1.** All terms and conditions herein become the contract between the OSDH and the Contractor. The Contractor agrees to comply with all of these terms and conditions. Contractor understands and agrees that when any term and/or condition contained within this contract is, or becomes, applicable to the Contractor's officers and/or employees, Contractor agrees to ensure that its officers and employees (collectively, "organization") abide by the terms and/or condition applicable to organization.

B.2. Access to Records Requirements:

- B.2.1.** This is in addition to A.20.
- B.2.2.** The Contractor agrees to comply with all record retention requirements of 2 CFR § 200.333 - §200.337. The Contractor agrees to maintain required records and supporting documentation, for validation of costs billed to the OSDH, for seven (7) years from the ending date of the contract. The Contractor also agrees to allow the State Auditor's Office, GAO, the Oklahoma Department of Management and Enterprise Services, the OSDH, or their authorized representatives access to the records, books, documents, accounting procedures, practices or any items of the service provider relevant to this contract for purpose of audit and examination. The Contractor further agrees to assure appropriate access by the aforementioned parties to any subcontractor's associated records.
- B.2.3.** If any litigation, claim, negotiation, audit or other action involving the records has been started before the expiration of the seven-year period, the records must be retained until completion of the action and resolution of all issues which arise from it; or, until the end of the regular seven-year period, whichever is later.
- B.2.4.** The OSDH may routinely request supporting documentation to validate vendor payments.

B.3. Amendments, Unavailability or Redirection of Funding and Cancellation:

- B.3.1.** This is in addition to A.3, A.21, and A.24.
- B.3.2.** In the event state or federal funds used to support this contract become unavailable, either in full or in part, due to reductions in appropriations, the OSDH may terminate or reduce the contract upon notice in writing to the Contractor by certified mail and send notification of such changes to the Contractor upon making such changes. The OSDH shall be the final authority as to the availability or redirection of funds. The effective date of such contract termination, increase or reduction shall be specified in the notice. All other modifications or amendments to this contract shall be in writing, dated and executed by both the Contractor and the OSDH and must receive final approval by the Office of Management and Enterprise Systems. In the event of a reduction, the Contractor may cancel this contract as of the effective date of the proposed reduction upon advance written notice to the OSDH. With exception of the above, this contract shall be in force until the expiration date, or until 30 days after written notice has been given by either party of its desire to cancel without cause. Notification of cancellation shall be by Certified Mail to the business address of record. In the event this contract is canceled by either party, the OSDH shall be responsible for reimbursement for goods or services received or provided prior to cancellation date. In the event this contract is cancelled under this section, Contractor agrees to take all reasonable steps to minimize termination costs. The OSDH agrees to reimburse Contractor for all work performed prior to the date of notice of termination of this contract for expenditures and non-cancelable commitments incurred in anticipation of performing under this contract. The OSDH shall not be responsible for reimbursement of unreasonable or unnecessary expenditures incurred after receipt of the cancellation notice.

B.4. Assignment and Delegation:

- B.4.1.** The services to be performed under this subrecipient contract shall not be subrogated, in whole or in part, to any other person or entity without the prior written approval of the OSDH. If the Contractor cannot perform the services as identified in this contract, the Contractor will be responsible for subcontracting the services or making alternative arrangements for the provision of the services. The terms of this contract shall be included in any OSDH approved subcontract. The Contractor will be liable for all additional costs and expenses arising from such subcontract or substitution to cover performance. Approval by the OSDH of a subcontract shall not relieve the Contractor of any responsibility for performance under this contract.

B.5. Audit Requirements:

- B.5.1.** Contractors expending federal funds from all funding sources, in excess of the threshold established in 2 CFR § 200.501 shall be required to have a single audit or a program-specific audit conducted in accordance with Government Auditing Standards (GAS) and OMB Circular A-133 "Audits of States, Local Governments, and Non-Profit Organizations"; as required to comply with the Single Audit Act of 1984, Amendments of 1996 (31 U.S.C. 7501 et seq.). Audit costs may not be charged to any OSDH contracts when no audit has been performed, or has not been prepared in accordance with this requirement.
- B.5.2.** Contractors that are required to have an audit conducted for compliance with 2 CFR §200.501 shall submit to the Federal clearinghouse (FAC) a single copy of the data collection form and the reporting package as required by 2 CFR § 200.512 within the earlier of 30 days after receipt of the auditor's report(s), or nine months after the end of

the audit period. If an independent audit is not posted in the required time, or there have been findings, the OSDH will have the option to consider taking action under the Failure to Comply clause of this contract.

- B.5.3.** If the Contractor is a tribal entity, and has chosen to opt out of audit report submission pursuant to 2 CFR §200.512, the Contractor shall submit a copy of the audit report in paper or electronic form to:

Oklahoma State Department of Health
Internal Audit Unit
1000 NE 10th St.
Oklahoma City, OK 73117-1299

B.6. Charitable Choice Providers:

- B.6.1.** Providers who are members of the faith community are eligible to compete for contracts with the State of Oklahoma on the same basis as any other provider. Such providers shall not be required to alter their forms of internal governance, their religious character or remove religious art, icons, scripture, or other symbols. Such providers may not, however, discriminate against clients on the basis of their religion, religious beliefs, or clients' refusal to participate in religious practices (45 CFR Part 87.1c). Organizations that receive direct financial assistance from the OSDH under any OSDH program may not engage in inherently religious activities, such as worship, religious instruction, or proselytization, as part of the programs or services funded with direct financial assistance from the OSDH. If an organization conducts such activities, the activities must be offered separately, in time or location, from the programs or services funded with direct financial assistance from the OSDH, and participation must be voluntary for beneficiaries of the programs or services funded with such assistance.

B.7. Contract Monitoring Plan:

- B.7.1.** This contract will be monitored by the OSDH based on the completion of a Risk Assessment process. Information related to programmatic requirements, the contract specifications, and responses to the Subrecipient Contractor's Questionnaire (**Attachment R**) will be utilized to complete a Risk Assessment Tool. The Risk Assessment Tool will be used to determine the level of risk associated with the Contract. A Contract Monitoring Plan and a Contract Administration Plan will be developed to define the activities and level of monitoring and administration that will be required during the contract period. Typical monitoring activities include Contractor site visits, review of contractually required reports, invoice review, invoice validation, and verification of licensure and/or insurance requirements, etc. The level of risk assigned to the contract shall determine the frequency and type of activity within a Contract Monitoring Plan and/or a Contract Administration Plan. The Contract Monitoring and/or Contract Administration Plan may be updated periodically as determined by the OSDH throughout the contract period. Upon development of the Contract Monitoring Plan and Contract Administration Plan, the OSDH will provide a copy of each to the Contractor.
- B.7.2.** All communications related to this contract will be between the Contractor's Contact Person and the OSDH Contract Monitor.

B.8. Equipment and Other Purchases:

- B.8.1.** It is understood that no items of equipment, property or other capital purchases shall be reimbursed under the provisions of this contract unless specifically allowed in the attached line item budget. Equipment is defined as an article of nonexpendable, tangible personal property having a useful life of more than one year and an acquisition cost which equals or exceeds the lesser of the capitalization level established by the Contractor for financial statement purposes, or \$5000, pursuant to 2 CFR Part 200.439. If equipment is allowed to be purchased by the contractor, each purchase must be pre-approved by the OSDH, the Contractor must have an established inventory system compliant with 2 CFR Part 200.313, and the Contractor will be reimbursed the OSDH depreciated share.

B.9. Event of Default:

- B.9.1.** In the event the Contractor fails to meet the terms and conditions of this contract or fails to provide services in accordance with the provisions of the contract, the State of Oklahoma at its sole discretion, may withhold payments claimed by the Contractor or may by written notice of default to the Contractor, cancel this contract. Cancellation due to default shall not be an exclusive remedy, but shall be in addition to any other rights and remedies provided for by law. In the event a Notice of Cancellation is issued, the Contractor shall have the right to request a review of such decision as provided by the rules and regulations promulgated by the Oklahoma Office of Enterprise and Management Services, Central Purchasing Division. This clause is an exception to the Cancellation clause.

B.10. Evidence of Insurability:

- B.10.1.** This is in addition to A.26.
- B.10.2.** The Contractor shall obtain and retain insurance, including workers' compensation, automobile insurance, medical malpractice, and general liability as applicable or as required by State or Federal law and shall provide evidence of insurability (Certificate of Insurance) from the insurance carrier prior to commencement of any work in connection with the Contract. The Contractor is also required to comply with applicable Federal and State occupational disease statutes. If occupational diseases are not covered under those statutes, they shall be covered under the employer's section of the insurance policy. The Contractor shall timely renew the policies to be carried pursuant to

this section throughout the term of the Contract and shall provide the OSDH Purchasing Division with evidence of such insurance and renewals. Such policy shall require thirty days advance notice of cancellation be provided to the OSDH Purchasing Division.

- B.10.3.** If the Contractor does not carry workers' compensation insurance because it considers their business to be that of an independent Contractor, as defined by the Workers Compensation Act (85 O.S. § 1 et. seq.), and not that of an employee, the Contractor must complete the OSDH Affidavit of Independent Contractor Status (**Attachment B**).

B.11. Failure to Comply Statement:

- B.11.1.** The Contractor shall be subject to all applicable state and federal laws, rules and regulations, and all amendments thereto. The Contractor agrees that should it be in noncompliance, the OSDH may impose additional conditions as provided in 2 CFR §200.207; or, as provided in 2 CFR § 200.338, temporarily hold cash payments pending correction of the deficiency, disallow all or part of the cost of the activity or action not in compliance, suspend or terminate the contract in part or in whole, withhold further awards for the project or program, or take other remedies legally available. Compliance with the requirements shall be the responsibility of the Contractor, without reliance on or direction by the OSDH.

B.12. Federal Funding Accountability and Transparency Act of 2006 (FFATA):

- B.12.1.** Contractors shall comply with the requirements of the Federal Funding Accountability and Transparency Act of 2006 (FFATA) as set forth in 2 CFR Part 170. A DUNS number (Data Universal Numbering System) is a requirement for all contracts of \$25,000 or more. Contractors may be required to submit additional information to satisfy FFATA compliance.

B.13. Force Majeure:

- B.13.1.** The Contractor shall not be liable for any damages resulting from any delay in delivery or failure to give notice of delay that directly or indirectly results from the elements, acts of God, delays in transportation, or delays in delivery by any cause beyond the reasonable control of the Contractor.

B.14. Indirect Costs

- B.14.1.** Expenses that are not directly related and billed 100% to a particular funding source may be billed using either an indirect cost rate or a cost allocation plan. The Contractor may request reimbursement of indirect costs (IDC) not to exceed the total amount approved for IDC in the current approved line item budget. The Contractor shall bill for IDC costs based on their federally approved IDC rate, or the rate approved by the Contractor's cognizant agency.
- B.14.2.** If the Contractor does not have a negotiated IDC rate, the Contractor shall be required to submit a Cost Allocation Plan to OSDH for the reimbursement of any costs not directly allocable to a particular fund source.
- B.14.3.** This line item is to be based on the Contractor's approved federally negotiated IDC rate or the rate approved by the Contractor's cognizant entity responsible for negotiating the Contractor's IDC rate. If the Contractor does not have a negotiated IDC rate, the Contractor shall be required to submit a Cost Allocation Plan to be approved by the OSDH for reimbursement of any costs not directly allocable to a particular fund source.
- B.14.4.** If the OSDH is the Contractor's cognizant entity and the Contractor calculates IDC based on actual expenditures, the line item is to be based on the Contractor's provisional rate for the current fiscal year. The final approved IDC rate may be more or less than the provisional rate. The Contractor may request adjustment on the first invoice submitted following notification of approval of the rate. Any adjustments shall not exceed the total amount approved for IDC in the Contractor's line item budget. If the approved rate is more than the provisional rate, the Contractor shall not be entitled to additional compensation as a result in the different between estimated and actual expenditures. If the approved rate is less than the provisional rate, the Contractor shall be required to reimburse the OSDH for excess IDC costs reimbursed.

B.15. Invoicing:

- B.15.1.** A properly completed invoice must be submitted within 30 days of the end of the month in which services were delivered and include the following items:
- B.15.1.1.** Name, address and FEI number of the Contractor;
 - B.15.1.2.** Invoice date;
 - B.15.1.3.** Period covered by invoice;
 - B.15.1.4.** Purchase order number;
 - B.15.1.5.** Any other data, reports, information or documentation required by other conditions of the contract; and
 - B.15.1.6.** Detail of the services provided and be in accordance with the terms and conditions of this agreement.

- B.15.2.** For invoices involving payment for the Contractor's time, the invoice must be signed and contain the following statement: By my signature I attest that this invoice is an accurate and true representation of my time in relation to the services provided to the OSDH.
- B.15.3.** The invoice shall be submitted to:

OKLAHOMA STATE DEPARTMENT OF HEALTH
Persephone Starks, MS
MIECHV – Parents as Teachers
1000 NE 10TH Street
Oklahoma City, Oklahoma 73117-1299

- B.15.4.** The State of Oklahoma has 45 days from presentation of a proper invoice to issue payment to the Contractor.
- B.15.5.** The OSDH may withhold or delay payment to any Contractor failing to provide required programmatic documentation and/or requested financial documentation.
- B.15.6.** To comply with 2 CFR § 200.415 (Required Certifications), invoices requesting payment must include a certification, signed by an official who is authorized to legally bind the Contractor, which reads as follows:
- B.15.6.1.** "By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812). "
- B.15.7.** The Contractor assures that all costs billed will be supported by documentation that will include, but not be limited to, copies of paid invoices, payroll records and time reports as required by the costs principles applicable to their organization (See "Contractor Relationship" section of this contract). The Contractor further assures that all billings will be based on actual costs incurred and paid.
- B.15.8.** If the Contractor is unable to support any part of their claim to the OSDH and it is determined that such inability is attributed to misrepresentation of fact or fraud on the part of the Contractor, the Contractor shall be liable to OSDH for an amount equal to such unsupported part of the claim in addition to all costs, including legal, attributable to the reviewing and discovery of said part of claim. Liability under this paragraph shall be determined within two years of the discovery of such misrepresentation of fact or fraud by the Contractor.

B.16. Limited English Proficiency:

- B.16.1.** Where a significant number or proportion of the population eligible to be served or likely to be directly affected by a federally assisted program needs service or information in a language other than English in order to effectively be informed of or participate in the program, the Contractor shall take reasonable steps, considering the scope of the program and the size and concentration of such population, to provide the information in appropriate languages to such persons.
- B.16.2.** An inability by the Contractor to provide the information in the appropriate language to a significant number or proportion of the population eligible to be served or likely to be directly affected by the program shall result in termination of the contract.

B.17. Mandatory Requirements:

- B.17.1.** The OSDH has established certain mandatory requirements that must be included in the RFP response. The use of the terms "shall", "must" or "will" (except to indicate simple futurity) in this RFP indicate a mandatory requirement or condition, which by failure to meet or provide will be cause for the RFP response being deemed non-responsive. The word "should" or "may" in this RFP indicate desirable attributes of conditions and are permissive in nature. Deviation from or omission of such a desirable feature will not by itself cause a proposal to be non-responsive.

B.18. Non-Responsive Proposals:

- B.18.1.** Proposals which do not meet all material requirements of this RFP or which fail to provide all required information, documents or materials may be determined as non-responsive and may not be evaluated. Material requirements of the RFP are those as set forth as mandatory.

B.19. Other Certifications:

- B.19.1.** The Contractor certifies compliance with the provisions of Titles VI and VII of the 1964 Civil Rights Act and Section 504 of the Rehabilitation Act 1973; the Age Discrimination Act of 1975; the Hatch Act; the Pro Children Act of 1994; Drug Free Workplace Act of 1988; the American with Disabilities Act of 1990; Title IX or the Education Amendments of 1972; 31 U.S.C. Section 1352, Public Law 105-78; Section 503 of Division F, Title V, of the FY12 Consolidated Appropriations Act; 41 U.S.C. 4712 and the National Defense Authorization Act (NDAA) for Fiscal year (FY) 2013; Contract Work Hours and Safety Standards Act (40 U.S. C. 3701-3708); the Clean Air Act (42 U.S.C. 7401-7671q) and the Federal Water Pollution Control Act (33 U.S.C. 1251-1387), as amended; mandatory standards and policies relating to energy efficiency as outlined in the State of Oklahoma's energy conservation

plan issued in compliance with the Energy Policy and Conservation Act (42 U.S.C. 6201); 2 CFR 200.112; 2 CFR § 200.322 (Procurement of Recovered Materials); and, the Single Audit Act of 1984; as applicable.

B.20. Personnel Activity Reports:

B.20.1. The Contractor and any approved subcontractor shall maintain Personnel Activity Reports (PARs) on all employees reimbursed in whole or in part by this contract. PARs must be completed in accordance with the Federal Cost Principles applicable to the Contractor's specific entity type, i.e. State and Local Government, Non-Profit, Colleges and Universities, etc. (Contractors may refer to 45 CFR Part 74 and 92, 7 CFR Part 3016 to determine the applicable Federal Cost Principles, or as determined by the applicable Federal program guidance.) The above requirements will apply to all Contractors regardless of the type of funds being reimbursed to the Contractor by the OSDH.

B.21. Privacy Clause:

B.21.1. The Contractor shall, at all times, maintain confidential all information pertaining to any person, patient, or client with whom it has a professional relationship, contact or contract. No information shall be released to any person or party not directly employed by the Contractor without first obtaining such person's, patient's or client's expressed written consent therefore. Confidential information pertaining to any minor shall not be released to any person or party without the express written consent of a custodial parent, court appointed guardian, court authorized foster parent, or authorized self-consenting minor, subject however, to all applicable state and federal statutes, rules and regulations.

B.22. Procurement Integrity:

B.22.1. The Contractor certifies they have not entered into this contract with this or any other Oklahoma state agency that would result in a substantial duplication of the services or duplication of the end product rendered by the Contractor or its employees.

B.23. Protecting and Securing Protected Health Information:

B.23.1. Incorporated herein in its entirety, and made a part of this contract, is the attached Business Associate Agreement (**Attachment F**) signed between the Parties.

B.24. Promotional or Incentive Items:

B.24.1. Per 2 CFR Part 200.421, costs of promotional items and memorabilia, including models, gifts, and souvenirs are unallowable. Advertising costs for the purpose of program outreach and other specific purposes necessary to meet the requirements of the Federal award are allowable.

B.24.2. Incentive items may be used to encourage an individual to participate in a program or survey by performing a specific task for the benefit of the OSDH program and must conform to OSDH Memorandum of Legal Opinion, dated June 1, 2009. The incentive item used for encouragement shall be given to the individual only after the individual has completed the task. (**Attachment G**).

B.25. Statement of Responsibility and Liability:

B.25.1. The parties intend that each shall be responsible for its own intentional and negligent acts or omissions to act. The OSDH shall be responsible for the acts and omissions to act of its officers and employees while acting within the scope of their employment according to the Oklahoma Governmental Tort Claims Act (51 O.S. §151 et seq.).

B.25.2. The Contractor shall be responsible for any damages or personal injury caused by the negligent acts or omissions to act by its officers, employees, or agents acting within the scope of their authority or employment.

B.25.3. The Contractor agrees to hold harmless the OSDH of any claims, demands and liabilities resulting from any act or omission on the part of the Contractor and/or its agents, servants, and employees in the performance of this contract. It is the express intention of the parties hereto that this contract shall not be construed as, or given the effect of, creating a joint venture, partnership or affiliation or association that would otherwise render the parties liable as partners, agents, employer-employee or otherwise create any joint and several liability.

B.26. Tobacco Free Policy:

B.26.1. Contractor, while performing the duties under this contract shall comply with the smoke free requirements on state property pursuant to 21 O.S. § 1247. For other tobacco products, including e-cigarettes, use of such products is prohibited pursuant to the Governor's Executive Orders 2012-01 and 2013-43. (**Attachment H**).

B.27. Travel and Related Expenses:

B.27.1. If travel costs and related expenses are a part of the contract, such expenses must be compliant with 2 CFR Part 200.474. The Contractor's request for reimbursement shall be based on the organization's written travel policies. OSDH will monitor the travel-related expenses based on reasonableness (2 CFR Part 200.404) as compared to those rates authorized by the Federal Conus Rates published at the GSA Website located at <http://www.gsa.gov/portal/category/100000>. Those requirements are stated in the State of Oklahoma's State Travel Reimbursement Act (74 O.S. §500.1 et seq.). All out-of-state travel where reimbursement is requested must be

pre-approved in writing by the OSDH. In addition, OSDH allowable travel costs must be directly related to the activities of the contract and therefore may require allocation of those costs to all programs benefitted based on an equitable allocation methodology. (**Attachment I**)

B.28. Waiver of Breach:

- B.28.1.** No failure by the OSDH to enforce any provisions hereof after any event of default by the Contractor shall be deemed a waiver of the OSDH's rights with regard to that event, or any subsequent event. Waiver shall not be construed to be a modification of the terms of the contract.

B.29. Draft Invoice

- B.29.1.** NOTE TO SUPPLIERS: The State of Oklahoma is working to streamline the process of payment to suppliers and to reduce the timeframe of payment. When submitting your response, please also include a draft invoice (that is like your original invoices) with the item(s) and pricing. Please make sure that it is marked as "Draft Invoice". The intent of this is to match our purchase orders to an invoice whenever possible; however, unless there is some overriding reason for a marked difference, the invoice should closely match the RFP items and pricing. Please note that is your company is awarded and issued a purchase order, you will still need to submit a proper invoice after the purchase order has been issued and you have provided the item(s)/services(s) to the agency. Also, please be sure and put in bold letters "THIS IS NOT A BILL" in addition to marking it as a draft invoice.

C. SOLICITATION SPECIFICATIONS

C.1. Purpose

- C.1.1.** The purpose of this Request for Proposal (RFP) is to solicit proposals regarding the implementation of home visitation services using the Parents as Teachers (PAT) model in Tulsa County in an effort to expand the continuum of home visitation services within the county.

C.2. Authority

- C.2.1.** On March 23rd, 2010, the President signed into law the Patient Protection and Affordable Care Act of 2010. The Act authorized the Health Resources and Service Administration (HRSA) and the Administration for Children and Families (ACF) to jointly administer the MIECHV Grants.
- C.2.2.** In June 2010, Governor Brad Henry designated the Oklahoma State Department of Health (OSDH) to serve as the lead agency for the MIECHV Grants. The OSDH Family Support and Prevention Service (FSPS) submitted proposals designed to build upon Oklahoma's comprehensive early childhood system by enhancing and expanding the continuum of home visitation services available to pregnant women and families with infants or young children in at-risk communities identified in the statewide needs assessment. Communities that were identified and selected to receive services were Kay, Garfield, Oklahoma, Muskogee, Comanche, Carter and Tulsa Counties.
- C.2.3.** Evidence-based home visiting models that were chosen for implementation include: Nurse-Family Partnership (NFP); and Parents as Teachers (PAT). For purposes of the RFP and as required by the MIECHV Grant, the Supplier will implement the PAT model with fidelity in Tulsa County.
- C.2.4.** Awards for each county, and each model within each county, will be handled through separate RFP solicitation processes.

C.3. Contract Period

- C.3.1.** This contract is scheduled to begin on July 1, 2016, and terminate on September 30, 2016 with the option to renew for two (2) additional one-year periods beginning October 1st and ending on September 30th of each renewal year.

C.4. Availability of Funds

- C.4.1.** For FFY 2016 (July 1, 2016 through September 30, 2016), a total amount of \$286,875 is available to implement at least one PAT or HFA home visiting program in Tulsa County. For FFY 2017 (October 1, 2016 through September 30, 2017), a maximum of \$688,500 will be available to renew the contract of at least PAT program. However, HFA programs may be considered for a renewal if they agree to deliver PAT services. Proposals for the FFY 2016 budget year cannot be for more than \$229,500. Proposals for the FFY 2017 budget year cannot be for more than \$688,500. OSDH reserves the right to award contracts for only one program should there be strong rationale to do so.
- C.4.2.** Contract awards may equal less than the amount requested in the Supplier's proposal. If the award amount is less than requested, required service goals will be prorated to match the award amount.
- C.4.3.** Due to an anticipated reduction in available federal funding during FFY 2017, all contracts awarded as a result of this RFP may not be renewed, and contracts renewed may be at a reduced level of funding for the renewal periods.
- C.4.4.** The OSDH may reduce the contract funding amount if any of the following occur:
- C.4.4.1.** Failure to expend funds appropriately and at a rate that will make full use of the award;
 - C.4.4.2.** Failure to provide services as set forth in the contract;

- C.4.4.3. Failure to maintain required performance levels;
- C.4.4.4. Failure to achieve or maintain grant goals; and/or
- C.4.4.5. Unavailability of funding.

C.4.5. Renewal amounts may be more or less than the original award.

C.5. Federal Award Information

- C.5.1. Award Name: Affordable Care Act (ACA) Maternal, Infant and Early Childhood Home Visiting Program
- C.5.2. Award Year: March 1, 2015 (Date Issued)
- C.5.3. CFDA Number: 93.505
- C.5.4. CFDA Name: Maternal, Infant, and Early Childhood Home Visiting Program
- C.5.5. Federal Awarding Agency: Human Resources and Services Administration (HRSA)

C.6. Accountability/Quality Assurance/Continuous Quality Improvement

- C.6.1. Contractors must comply with:
 - C.6.1.1. The Maternal, Infant and Early Childhood Home Visiting (MIECHV) Parents as Teachers (PAT) Program Procedures Manual;
 - C.6.1.2. The OSDH PAT Financial Procedures Manual;
 - C.6.1.3. The OSDH PAT Program Evaluation Procedures Manual;
 - C.6.1.4. The PAT Curriculum; and
 - C.6.1.5. The PAT requirements associated with the PAT best practices as well as the PAT Quality Endorsement and Improvement Process.
- C.6.2. In addition, Contractors must cooperate with the designated organization contracted with the OSDH as they conduct the Early Development Instrument (EDI) within school districts located in Tulsa County.
- C.6.3. All OSDH manuals related to MIECHV funded programs and their subsequent revised editions will be provided to the Contractors at the beginning of each contract period. Contractors failing to comply with state law, MIECHV Grant requirements, PAT Quality Endorsement and Improvement Process requirements, and PAT Affiliate requirements and/or any duties listed in this RFP will be considered out of compliance.
 - C.6.3.1. Training: Included in the OSDH PAT Program Procedures Manual will be the associated training requirements and the annual training calendar. Every effort will be made to provide training in an efficient and cost-effective manner. When appropriate, trainings deemed will be provided by satellite or online.
 - C.6.3.2. Evaluation: In order to assure that the required quantity and quality of services are being provided, Contractors will gather data from individual clients and utilize the data for program evaluation. It is critical that data be accurately entered within one week required timeframe.
 - C.6.3.3. Site Visits: Contractors must participate in at least one site visit per year conducted by the OSDH PAT Consultant. In addition, Contractors may be required to participate in PAT site visits as prescribed by the PAT in relation to the endorsement process.

C.7. Duties of the Contractor

- C.7.1. The Contractor shall comply with the requirements as set forth in the PAT Financial Procedures Manual developed for FFY 2016.
- C.7.2. The Contractor shall provide services on a voluntary basis and at no cost to families.
- C.7.3. The Contractor shall participate in financial monitoring processes including requests from the OSDH.
- C.7.4. The Contractor shall comply with the requirements as set forth in the PAT Program Procedures Manual developed for FFY 2016.
- C.7.5. The contractor shall comply with the 24 hour documentation requirements set forth by the agency.
- C.7.6. The contractor shall comply with the use of the Efforts to Outcomes (ETO) database in capturing all required data and maintaining a paperless documentation system as appropriate.
- C.7.7. The Contractor shall comply with the PAT requirements related to PAT home visitation services "Essential Requirements for Affiliates" as well as the PAT "Quality Assurance Guidelines." In cooperation with the OSDH, PAT Quality Endorsement and Improvement Process will be achieved in accordance with the PATNC. Costs associated with affiliation will be paid by the Contractor. (**Attachment K.1 Parents as Teachers Affiliate Costs**)

- C.7.8.** The Contractor shall comply with the requirements associated with utilizing the Ages and Stages 3 (ASQ3), Ages and Stages; Social and Emotional: 2 training and ASQ Screenings. (**Attachment L** *Ages and Stages Questionnaire*)
- C.7.9.** The Contractor shall work towards achieving the HRSA approved Oklahoma MIECHV Benchmarks and understands that achievement of these benchmarks is directly related to the continuation of Oklahoma receiving future MIECHV funding. (**Attachment J**)
- C.7.10.** The Contractor shall provide reflective supervision as prescribed by the PAT model and the OSDH. (**Attachment K** *Parents as Teachers Information*)
- C.7.11.** The Contractors shall attend all required OSDH meetings and trainings, in addition to all required core PAT trainings. (See **Attachment N** *Training Calendar for examples of trainings*)
- C.7.12.** The Contractor shall provide at a *minimum* the number of services proposed in Contractor's RFP submission. Such services will be adjusted should the contract award amount be less than requested. (**Attachment Q** *PAT Minimum Service Numbers*)
- C.7.13.** The Contractor shall maintain a minimum 85% capacity. Capacity is defined as the total number of families enrolled that have received a completed home visit within 180 days. (**Attachment Q** *PAT Minimum Service Numbers*)
- C.7.14.** The Contractor shall actively work towards the OSDH "flagship issues" of reducing Oklahoma's rate of obesity, tobacco use, increasing indicators associated with children's health, and behavioral health.
- C.7.15.** The Contractor shall have policies and procedures in place requiring all PAT staff undergo a criminal background check. For existing staff, the background check must be conducted *no earlier* than July 1, 2014. New staff must have the background check be completed prior to the staff serving families.
- C.7.16.** The Contractor shall prioritize the eligible participants who have low incomes; are beyond the 28th week of their first pregnancy or at any pregnancy stage with their second or subsequent pregnancy; are not yet 21 years of age; have a history of maltreatment or interaction with child welfare; have a history of or issues with substance abuse; have a history of mental illness or currently have an untreated mental illness; have a history of or issues related to domestic violence; are users of tobacco products; have developmental delays, disabilities or low educational achievement; and/or are active military members or returning from military service.
- C.7.17.** The Contractor shall refrain from providing home visitation services to a family already enrolled and engaged in another home visitation service such as Nurse Family Partnership, Healthy Families America, Safe Care, Healthy Start, etc. However, due to the very different nature and purpose of SoonerStart provided by the OSDH and Community Home-Based Services provided by the Oklahoma Department of Human Services, the Contractor may provide home visitation services to families participating in these two home visiting programs.
- C.7.18.** Following the OSDH Family Support and Prevention Service Continuum of Service for home visiting the Contractor shall refer families meeting the Nurse Family Partnership (NFP) enrollment criteria (mother pregnant with first child, not beyond the 29th week of pregnancy with a household income of 185% or below the Federal Poverty Level) to the local county health department for NFP home visitation services. If NFP is not able to serve the family, HFA or PAT may serve the family if all eligibility criteria are met.
- C.7.19.** The Contractor shall participate in local meetings and statewide efforts to promote parentPRO, the triage system funded through MIECHV, to refer potential home visiting clients to the home visiting service for which they are eligible and that best suit their needs.
- C.7.20.** The Contractor shall inform all PAT clients about the services provided by the OSDH Child Guidance Service shortly after they begin PAT services and just before they end PAT services, if possible. If appropriate, PAT clients shall be referred to OSDH Child Guidance Services for center-based services including, but not limited to, behavioral health services, child development screenings, speech and language services, parenting education and/or the *Circle of Parents* Support Groups.
- C.7.21.** The Contractor shall refer PAT clients to any necessary and appropriate health, mental health and/ or social services. The Contractor will make every effort to assure that the PAT clients have connected with the referral source or have declined the referral.
- C.7.22.** The Contractor shall participate in the OSDH Home Visitation Leadership Advisory Coalition as well as any relevant, local coalitions, task forces, advisory groups, etc. including those associated with the Oklahoma County Community Connector funded through MIECHV.
- C.7.23.** The Contractor shall establish a local PAT Advisory Group as required by PAT. An existing local group may act in the capacity of a PAT Advisory Group. (**Attachment K** *Parents as Teachers Information*)
- C.7.24.** The Contractors shall establish and maintain relationships with local hospitals that provide obstetric and pediatric care to aid in the recruitment and care of home visiting clients.

- C.7.25.** The Contractor shall incorporate the Strengthening Families Protective Factors as prescribed by the Center for the Study of Social Policy into all services whenever possible. (**Attachment M** Strengthening Families Protective Factors Information)
- C.7.26.** The Contractor shall establish and maintain a working relationship with the local Oklahoma Department of Human Services.
- C.7.27.** The Contractor shall follow the OSDH policy regarding child abuse and neglect reporting as well as state law regarding the reporting of child abuse and neglect and criminal injuries of adults and children. (**Attachment O** Reporting Child Abuse or Neglect)
- C.7.28.** The Contractor shall comply with the requirements as set forth in the PAT Evaluation Procedures Manual developed for FFY 2016.
- C.7.29.** The Contractor shall comply with all required Quality Assurance and Continuous Quality Improvement (CQI) activities including, but not limited to:
 - C.7.29.1.** Accurately entering data within one week of the provided service;
 - C.7.29.2.** Provide required PAT annual performance report to OSDH;
 - C.7.29.3.** Cooperating with the University of Oklahoma Health Sciences Center, Center on Child Abuse and Neglect regarding all matters related to the MIECHV funded programs evaluation requirements;
 - C.7.29.4.** Maintaining in proper working order all equipment (laptops, notebooks, or tablets) data service, aircards, carrying cases provided by OSDH to aid the Contractor in collecting and transmitting required data;
 - C.7.29.5.** Participating in PAT evaluation activities, training and meetings designed to improve or enhance PAT efforts;
 - C.7.29.6.** If necessary, participating in site visits conducted or arranged by the National PAT staff, OSDH staff, and HRSA staff and/or its affiliates; and
 - C.7.29.7.** Participating in evaluation and/or research projects required by HRSA and/or its affiliates conducting evaluation related to the MIECHV Grant.

C.8. Duties of the OSDH

- C.8.1.** The OSDH shall provide the PAT Financial Procedures Manual within two weeks of the Date of Award. Subsequent revisions will be provided each renewable year on or by September 30th.
- C.8.2.** The OSDH shall review and approve budgets and invoices.
- C.8.3.** The OSDH shall assess the Contractor's financial risk and monitor their contract according to OSDH policy.
- C.8.4.** The OSDH shall annually complete an OSDH Financial Compliance Screening Tool. This Tool will be utilized by OSDH Procurement and Audit Services.
- C.8.5.** The OSDH shall audit at least one month of invoices per State Fiscal Year. Should any issues be noted, OSDH shall assist the Contractor in correcting the issues.
- C.8.6.** The OSDH shall provide the PAT Program Procedures Manual two weeks within the Date of Award. Subsequent revisions will be provided each renewable year on or by September 30th.
- C.8.7.** The OSDH shall provide PAT model specific training and PAT Manuals.
- C.8.8.** The OSDH shall provide, when possible, the PAT Users Training and the relevant manuals.
- C.8.9.** The OSDH shall provide ASQ, ASQ – SE-2 Training and related manuals.
- C.8.10.** The OSDH shall provide technical assistance for the PAT Quality Endorsement and Improvement Process.
- C.8.11.** The OSDH shall provide an annual training calendar including all required trainings on or before July 1st of each year.
- C.8.12.** The OSDH *may* provide or arrange for specific PAT required training in program areas.
- C.8.13.** The OSDH shall provide trainings in the most efficient and effective manner possible including face-to-face, online and iPower methods.
- C.8.14.** The OSDH may provide scholarships to additional relevant trainings for PAT Contract staff when possible. Examples include annual conferences, trainings, institutes or in-services related to child abuse prevention, family relations, early childhood, etc.
- C.8.15.** The OSDH shall provide technical assistance, resources and expertise in the implementation of PAT when deemed necessary or upon request.

- C.8.16.** The OSDH shall provide routine meetings in order to address programmatic and financial issues as well as provide opportunities to learn from one another. When possible and appropriate, such opportunities shall be held in conjunction with other home visitors from other programs/models.
- C.8.17.** The OSDH shall notify Contractors about meetings being held by the Home Visitation Leadership Advisory Coalition and the Child Abuse Prevention Action Committee. When possible, OSDH shall arrange for individuals to join the meetings by phone or iPower.
- C.8.18.** The OSDH shall provide the Contractor PAT Program Evaluation Procedures Manual within two weeks of the contract award date. Subsequent revisions will be provided each renewable year on or by September 30th.
- C.8.19.** The OSDH shall review the PAT Annual Performance Report.
- C.8.20.** The OSDH shall assist Contractors when establishing View Only access to the Oklahoma State Immunization Information System (OSIIS) Database.
- C.8.21.** The OSDH shall develop and maintain a web-based database for the collection of PAT data.
- C.8.22.** The OSDH shall provide all required MIECHV data to HRSA as required.
- C.8.23.** The OSDH shall conduct a minimum of one annual site visit for each Contractor. Such site visits may include and are not limited to the review of family files, supervision logs, personnel files, meeting with community partners, and observing home visits. The final site visit report will be provided to the Contractor within four (4) weeks of the site visit.

C.9. Contractor Relationship:

- C.9.1.** In accordance with the Office of Management and Budget (OMB) Circular A-133, the relationship between the OSDH and the Contractor for this contract is that of a sub-recipient.
- C.9.2.** Applicants/recipients are expected to have systems, policies, and procedures in place by which they manage grant funds and grant-supported activities. They may use their existing systems for this purpose as long as organizational policies are consistently applied regardless of the source of funds and systems meet the standards and requirements set forth in 2 CFR Part 215, 45 CFR Part 74, 45 CFR Part 92, or 7 CFR Part 3016, or as determined by the applicable Federal program guidance.
- C.9.3.** In addition, Contractors shall request reimbursement of costs from OSDH only when those costs comply with the applicable Federal Cost Principles 2 CFR Part 220, 2 CFR Part 225, 2 CFR Part 230, FAR 31.2, or as determined by the applicable Federal program guidance to the Contractor's entity type. Any request for reimbursement of cost not allowable under the above Federal regulations must be specifically approved in the special conditions of the contract language and be supported by a specific line item within the Contractor's approved budget.

D. EVALUATION

D.1. Evaluation Criteria

- D.1.1.** This RFP will be evaluated as best value in accordance with Title 74, §85. The best value criteria for this proposal is listed below and all proposals will be reviewed and awarded based on the following evaluation criteria:
 - D.1.1.1.** Requested Funding and Proposed Level of Service
 - D.1.1.2.** Organizational Capacity
 - D.1.1.3.** Ability to Provide Services Parents as Teachers Home Visitation Services
 - D.1.1.4.** Experience with Strengthening Families Protective Factors
 - D.1.1.5.** Partnering Agencies
 - D.1.1.6.** Letters of Support
 - D.1.1.7.** Staffing Plan
 - D.1.1.8.** Activities Related to Fidelity/Quality Assurance/Continuous Quality Improvement
 - D.1.1.9.** Evaluation Capacity
 - D.1.1.10.** Additional Qualities Relevant to Home Visiting
 - D.1.1.11.** Budget

E. INSTRUCTIONS TO BIDDER

E.1. Submissions/Copies

- E.1.1.** Supplier is to submit two (2) complete copies of their response on two (2) separate CDs (one copy on each Disc) which includes the completed proposal including the scanned images of the required OMES signed forms. CDs must be unprotected documents. Original hard copies are not required. Faxed or emailed responses will not be

accepted. Please mark the CD's with the company name, solicitation number, and closing date. This requirement supersedes the hard copy requirement listed in A.2.4.

- E.1.2. Supplier is to submit their response copies to the OMES, Central Purchasing address listed on the front page of this solicitation.
- E.1.3. Please ensure that your Discs are marked clearly with the RFP Number.
- E.1.4. PDF is an acceptable format for solicitation responses. This overrides requirements of A.2.4.
- E.1.5. All proposals submitted become the property of the State of Oklahoma and will not be returned.

E.2. Capability

- E.2.1. The Supplier will demonstrate program implementation capability to provide HFA home visiting services in Oklahoma County using the following criteria:
 - E.2.1.1. The ability to provide home visitation services as described in this Request for Proposal (RFP);
 - E.2.1.2. The ability to provide services to the identified population as outlined in the RFP; and
 - E.2.1.3. Evidence of working partnerships with others whose cooperation assures the successful implementation of the PAT home visiting services.

E.3. Supplier Qualifications

- E.3.1. The following requirements apply to all responding Suppliers:
 - E.3.1.1. Supplier must be an entity providing quality services to families with young children in Oklahoma County.
 - E.3.1.2. Supplier must have the ability to provide home visitation services as described in this RFP.
 - E.3.1.3. Supplier must have the ability to collect and transmit required data to OSDH.
 - E.3.1.4. Supplier must have the ability to achieve Oklahoma's federally required and approved MIECHV Benchmarks. (**Attachment J**)
 - E.3.1.5. Supplier must have the ability to provide services to the identified population as outlined in the RFP in a culturally sensitive and appropriate manner.

E.4. Supplier must have partnerships with others whose cooperation assures the successful implementation of the services as outlined in this RFP. To submit a complete Proposal Package, please do the following:

- E.4.1. Thoroughly review the entire Request for Proposal (RFP) prior to attempting to answer any questions.
- E.4.2. The Proposal Package should be in the following order:
 - E.4.2.1. Responding Bidder Information (*OMES Form 076*)
 - E.4.2.2. Certification for Competitive Bid and/or Contract (Non-Collusion Certification – *OMES Form 004*)
 - E.4.2.3. Proposal Package Narrative:
 - E.4.2.3.1. Requested Funding Level and Proposed Level of Services
 - E.4.2.3.2. Organizational Capacity
 - E.4.2.3.3. Ability to provide Parents as Teachers home visitation services
 - E.4.2.3.4. Experience with the Strengthening Families Protective Factors
 - E.4.2.3.5. Partnering Agencies
 - E.4.2.3.6. Letters of Support
 - E.4.2.3.7. Staffing Plan
 - E.4.2.3.8. Activities related to Fidelity/Quality Assurance/Continuous Quality Improvement
 - E.4.2.3.9. Evaluation Capacity
 - E.4.2.3.10. Additional Qualities Relevant to Home Visiting
 - E.4.2.3.11. Budget (form and narrative)
 - E.4.2.4. The following attachments:
 - E.4.2.4.1. The Financial Capability Affidavit (**Attachment D**)

E.4.2.4.2. The Affidavit of Independent Contractor Status- if applicable (**Attachment B**)

E.4.2.4.3. The OSDH Business Associate Agreement (**Attachment F**)

E.4.2.4.4. The Evidence of Insurability

E.5. The proposal package will include the Supplier's response to each of the following components:

E.5.1. Requested Funding Level and Proposed Level of Services

E.5.1.1. See the *PAT RFP Minimum Service Numbers (Attachment Q)* for minimum number of families served and minimum number of home visits to be completed related to award amounts.

E.5.2. Organizational Capacity

E.5.2.1. Provide organizational background information (the following items are required, but additional, relevant information may also be included):

E.5.2.1.1. How long has the Supplier been in existence?

E.5.2.1.2. What is the Supplier's mission?

E.5.2.1.3. How the Supplier is currently funded or supported?

E.5.2.1.4. What programs/services does the Supplier provide?

E.5.2.1.5. Describe the population currently served by the Supplier.

E.5.2.1.6. Describe any unique features or characteristics of the Supplier that make it well suited to provide the work described in this RFP?

E.5.2.1.7. Include an organizational chart.

E.5.3. Ability to Provide Parents as Teachers Home Visitation Services:

E.5.3.1. Provide the definition for "evidence-based home visitation."

E.5.3.2. Describe the need for home visitation services in your identified geographic area.

E.5.3.3. How will the Supplier obtain referrals for home visitation services?

E.5.3.4. Describe the Supplier's experience with Evidence-Based Home Visiting Models:

E.5.3.4.1. What, if any, experience has the Supplier's had with providing home visitation services using the PAT Model?

E.5.3.4.2. What, if any, experience has the Supplier's had with providing home visitation services using the Parents as Teachers® Curriculum?

E.5.3.4.3. What, if any, experience has the Supplier had with providing home visitation services using other Evidence-Based Home Visiting Models?

E.5.3.4.4. What, if any, experience has the Supplier had with providing child development screenings using the Ages and Stages Questionnaires including the Social Emotional questionnaire.

E.5.3.4.5. What, if any, experience has the Supplier had with providing any other additional screenings or assessments.

E.5.4. Experience with the Strengthening Families Protective Factors:

E.5.4.1. Please describe the ways in which the Supplier incorporates the Protective Factors into daily work – particularly emphasizing home visiting if possible.

E.5.5. Partnering Agencies

E.5.5.1. Describe the Supplier's collaborative partnerships including for each:

E.5.5.1.1. Purpose and length of partnership;

E.5.5.1.2. Any formal agreements; and

E.5.5.1.3. Benefits to home visited clients.

E.5.5.2. *Suggested Partners* include, but are not limited to:

E.5.5.2.1. Mental Health Services;

E.5.5.2.2. Substance Abuse Services;

E.5.5.2.3. Domestic Violence Services;

E.5.5.2.4. Smart Start;

- E.5.5.2.5.** Head Start;
- E.5.5.2.6.** Local Hospitals;
- E.5.5.2.7.** Child Care Centers;
- E.5.5.2.8.** Local Department of Human Services;
- E.5.5.2.9.** Local County Health Department;
- E.5.5.2.10.** Turning Point;
- E.5.5.2.11.** Schools and Universities;
- E.5.5.2.12.** Medical Community;
- E.5.5.2.13.** Faith-Based Communities; and
- E.5.5.2.14.** Business Community.
- E.5.6.** Letters of Support signifying approval for this proposal and commitment to home visiting as a component of the continuum of early childhood services within the county/community.
- E.5.7.** Staffing Plan for PAT (Including, but not limited to, PAT Supervisor, Parent Educators and administrative support staff as necessary).
 - E.5.7.1.** Job titles.
 - E.5.7.2.** Position descriptions including percentage of time.
 - E.5.7.3.** Educational background/degrees required.
 - E.5.7.4.** Work and/or other experience required.
 - E.5.7.5.** Other information as applicable.
- E.5.8.** Activities Related to Fidelity/Quality Assurance/Continuous Quality Improvement.
 - E.5.8.1.** Describe the Supplier's capability to achieve Parents as Teachers Affiliation.
 - E.5.8.2.** Describe the Supplier's supervision practices as they would relate to PAT home visitation services.
 - E.5.8.3.** Describe the Supplier's practices to maintain model fidelity.
 - E.5.8.4.** Describe the Supplier's capacity to provide and maintain computer equipment that collect and transfer by accessing a web-based data system while maintaining confidentiality.
- E.5.9.** Evaluation Capacity
 - E.5.9.1.** A description of the Supplier's capacity to provide and maintain computer equipment that will allow access and provide confidentiality in accessing a web-based data system.
 - E.5.9.2.** A description of any experience the Supplier has had with accessing and utilizing a web-based data system.
- E.5.10.** Additional Qualities Relevant to Home Visiting
 - E.5.10.1.** Describe any additional Supplier qualities, activities, achievements that are relevant to this RFP.
 - E.5.10.2.** Examples may include transportation for clients to necessary appointments, clothing and infant care pantry, and resource library for parents, etc.
- E.5.11.** Budget (**See Section H**).
 - E.5.11.1.** Submit a Budget Form for FFY 2016 (July 1, 2016 through September 30, 2016). The total amount can be no greater than \$286,875. (**Attachment P**)
 - E.5.11.2.** Submit a Budget Form for FFY 2017 (October 1, 2016 through September 30, 2017). The total amount can be no greater than \$688,500. (**Attachment P**).
 - E.5.11.3.** Submit a Budget Narrative for FFY 2017 to justify the expenses.

F. CHECKLIST

None

G. OTHER

G.1. Question Submittal

- G.1.1.** All questions regarding this solicitation must be submitted in writing and are to be emailed no later than **April 11, 2016 at 11:00 a.m.** Central Standard Time. Questions are to be emailed to Linda.Lechtenberg@omes.ok.gov.

Questions received after this date will not be answered. If any questions are received, an amendment to this solicitation will be posted on our website after this deadline listing all questions received and their answers. In addition, suppliers will be notified the amendment is on our website. Any communication regarding this RFP must be sent to the Contracting Officer listed above. Failure to do so (contacting the agency directly), may result in your proposal being deemed as non-responsive. Please be sure to reference the RFP number when emailing questions.

G.2. Attachments

- G.2.1.** Attachment A – Budget Information (PAT)
- G.2.2.** Attachment B – Affidavit of Independent Contractor Status
- G.2.3.** Attachment C – Professional Service Evaluation
- G.2.4.** Attachment D – Financial Capability Affidavit
- G.2.5.** Attachment E – Guidelines for Light Refreshments for Meetings
- G.2.6.** Attachment F – OSDH Business Associate Agreement
- G.2.7.** Attachment G – Promotional or Incentive Items
- G.2.8.** Attachment H – Executive Order 2012-01
- G.2.9.** Attachment I – Travel
- G.2.10.** Attachment J – MIECHV Benchmarks and Constructs
- G.2.11.** Attachment K – Parents as Teachers (PAT) Information
- G.2.12.** Attachment K.1 – Parents as Teachers (PAT) Information – Affiliate
- G.2.13.** Attachment L – Ages and Stages Questionnaire
- G.2.14.** Attachment M – Strengthening Families Protective Factors Information
- G.2.15.** Attachment N – Training Calendar
- G.2.16.** Attachment O – Reporting Child Abuse or Neglect
- G.2.17.** Attachment P – Budget Summary (PAT)
- G.2.18.** Attachment Q – PAT Minimum Service Numbers
- G.2.19.** Attachment R – Sub-Recipient Contractor's Questionnaire

H. PRICE AND COST

H.1. Budget Overview

- H.1.1.** A line item budget and budget justification must be submitted with the RFP response. Failure to submit these documents will cause the Supplier's response to be deemed non-responsive and not evaluated for an award. Please use the provided budget forms. (**Attachment P**)
- H.1.2.** The line item budget and budget justification submitted with the RFP response are proposed budgets and adjustments/corrections or additional documentation supporting the budget may be required before or after award.
- H.1.3.** Keep the following in mind while preparing the project budget:
 - H.1.3.1.** Budgets must reflect allowable expenditures for the cost of providing the services detailed in this RFP. Allowable expenditures are defined in 2 CFR Part 200 https://www.whitehouse.gov/omb/grants_docs.
 - H.1.3.2.** Reimbursement is made in accordance with the approved line item budget and only after the Supplier has received and paid for the goods or services. The requested budget amount may not be the awarded amount.
 - H.1.3.3.** Reimbursement of some categories of expenses must be approved in advance by the OSDH as the pass-through entity. See 2 CFR § 200.407.
 - H.1.3.4.** Once the final budget amount is approved, the total contract amount cannot be increased without justification from the Supplier and approval by OSDH and OMES.
 - H.1.3.5.** It is the Supplier's responsibility to monitor the individual line items from month to month in order to prevent overspending in a line item during the contract period.
 - H.1.3.6.** Budget revisions that do not change the total contract amount must be submitted the OSDH and approved in advance and are limited to one per quarter. The final budget revision of the year is due 60 days before the end of the contract period.

- H.1.3.7. The OSDH will review the Supplier's expenditures throughout the term of the contract and may require a reduction in the contract amount if expenditure patterns demonstrate a funding lapse. Any reductions made during the contract will be made in accordance with RFP Section C.4.

H.2. Proposed Budget

- H.2.1. The budget provides a summary of the costs to be reimbursed for providing the services detailed in this RFP. A budget template (**Attachment P**) is provided to assist in preparation of the form.
- H.2.2. The following additional information is being provided for preparation of the proposed budget:
 - H.2.2.1. Line Item Budget Preparation – The submitted proposed budget must cover the period July 1, 2016 through September 30, 2016. Figures should be rounded to the next whole dollar amount.
 - H.2.2.2. Complete a proposed contract budget form for each year of the agreement period – a total of 1 budget forms.
 - H.2.2.3. Proposed budgets must be prepared on the attached OSDH Contract Budget forms (**Attachment P**).
 - H.2.2.4. All costs to be reimbursed must allowable per 2 CFR Part 200 or other applicable grant or program guidance.

H.3. Budget Justification

- H.3.1. The budget justification is a separate document written in a narrative format that details what is proposed for reimbursement for the contract period and how the figures in the proposed budget were determined.
- H.3.2. The budget form requires the Supplier to provide sufficient detail in each category to justify how funds support programmatic and administrative activities to accomplish the requirements of the RFP.

H.4. Matching Funds

- H.4.1. This RFP does not require matching funds.

H.5. Personnel/Salaries

- H.5.1. Actual salaries and wages paid to Supplier's own personnel working on a specific OSDH program. Identify individuals by job title and percentage FTE. One FTE is equal to 2,080 hours per year. See 2 CFR § 200.430.

H.6. Fringe Benefits

- H.6.1. Actual fringe benefits paid to the Supplier's personnel working on a specific OSDH program. For budget purposes, a percentage rate for fringe benefits may be used. However, Supplier will be reimbursed for actual fringe benefits paid. For audit purposes, the Suppliers' financial records must clearly define each actual fringe benefit cost as a separate expense applicable only to the approved budgeted salaries. Fringe benefits (e.g., retirement program, FICA, insurance, worker's compensation, etc.) are usually applicable to direct salaries and wages. If fringe benefits are to be reimbursed, then a clear description must be included of how the computation of fringe benefits was determined. See 2 CFR § 200.431.

H.7. Travel/Training

- H.7.1. See RFP Section B.27 and 2 CFR § 200.474. All out-of-state travel where reimbursement is requested must be pre-approved in writing by the OSDH. In addition, OSDH allowable travel costs must be directly related to the activities of the contract and therefore may require allocation of those costs to all programs benefitted based on an equitable allocation methodology.
- H.7.2. Travel/Training expenditures may include:
 - H.7.2.1. Mileage to and from consultation meetings with referral agencies;
 - H.7.2.2. Mileage to and from public awareness/public education sessions;
 - H.7.2.3. Per diem for attending in-state training meetings or conferences; and/or,
 - H.7.2.4. Overnight lodging expenses for attending in –state training meetings or conferences (including direct payments to hotels/motels/conferences).
 - H.7.2.5. Attendance at program approved designated training(s) required to fulfill the requirements of the program (written approval must be received from the OSDH before attendance).

H.8. Supplies

- H.8.1. Supplies are materials necessary to conduct the program as direct costs and may include, but are not limited to:
 - H.8.1.1. Materials used to promote the programs in the community such as pamphlets and brochures;
 - H.8.1.2. Educational materials such as video tapes, pamphlets, brochures, books, curricula;
 - H.8.1.3. Office supplies such as paper, pens, pencils, file folders;

H.8.1.4. Printing and copying; and

H.8.1.5. Postage.

H.9. Contractual

H.9.1. Contractual expenditures include essential consultation or other program services that cannot be provided by the Supplier. Subcontracts and other contractual agreements must be clearly defined in the proposed budget. A Professional Service Evaluation must be submitted for each sub-contractor at the end of their contract. (**Attachment C**). Contractual expenditures may include:

H.9.1.1. Subcontracts with other agencies to provide specific program-related services;

H.9.1.2. Subcontracts with program consultants;

H.9.1.3. Subcontracts with trainers

H.10. Administrative Costs/IDC

H.10.1. Costs in this category are expenses which are not related to or billed to 100% of a particular funding source. See RFP Section B.14. Indirect costs may be billed using either an indirect cost rate or a cost allocation plan, but not both. Provide a copy of the federally approved IDC rate or the cost allocation plan. A cost allocation plan must show how each amount was determined to allocate costs to the services detailed in this RFP.

H.11. Other

H.11.1. Other direct costs which do not fall into the Personnel, Travel/Training, Supplies, or Contractual categories. Such costs must be 100% allocable to the OSDH program. Costs which are not 100% allocable would be reimbursed under Administrative Costs/IDC pursuant to a negotiated IDC rate or cost allocation plan.

H.12. Special Conditions

H.12.1. Light Refreshments

H.12.1.1. Payments for purchase of light food and drink items used as refreshments in connection with meetings or similar type activities held/conducted for and in the interest of the general public shall be considered a valid operating expense to the extent that such purchases serve a public purpose. Service items such as disposable plates, flatware, stirrers, etc. are also reimbursable.

H.12.1.2. "Public purpose" means activities or functions conducted in the interest of the general public at large and the majority of attendees are non-OSDH employees. The "general public" term includes service participants, community partners and business guests of the Contractor.

H.12.1.3. Contractors will not be reimbursed for light refreshments provided for activities or meetings only involving their staff.

H.12.1.4. The underlying justification of providing light refreshments is to be in accordance with OSDH, state and federal policies and validated by necessary conference or training activities that complement the agency's functions and its mission. As a health agency, OSDH is enjoined to make it easier for people to make healthy food choices by providing healthy foods at meetings and other events OSDH sponsors. A list of acceptable healthy food items is attached. (**Attachment E**)

ATTACHMENT A

BUDGET INFORMATION (PAT)

BUDGET DEVELOPMENT

1. All figures must be rounded to the nearest whole number.
2. All expenditures must be direct program costs including state and match amounts.
3. Reimbursement is made in accordance with the approved line item budget and only after the Contractor has received and paid for the goods or services. The requested budget amount may not be the awarded amount.
4. The OSDH will review the Contractor's expenditures throughout the term of the contract and may require a reduction in the contract amount if expenditure patterns demonstrate a funding lapse.
5. It is the Contractor's responsibility to monitor the individual line items from month to month in order to prevent overspending in a line item during the contract period.
6. Budget revisions require prior OSDH approval in writing.
7. Invoices must be submitted each month. Claims for reimbursement must be based on actual expenditures during the time period of the claim.
8. If the Contractor is going to seek reimbursement for facility costs related to a building that is owned by the Contractor, the Contractor will be required to submit a list of the facilities that will be depreciated and billed for as well as the depreciation method(s) used. The amount billed to OSDH should only be for OSDH's allocated share. (OMB Circular A-133)
9. The Contractor is allowed to make line item adjustments of not more than 10% of the total contract award over the period of this agreement between existing direct cost line items without seeking prior approval of the OSDH. However, a budget revision request form must be submitted to reflect the adjustments made between line items. All budget revision requests in excess of 10% of the total contract award amount must be approved and are not effective until approved in writing by the OSDH. Requests for budget revisions will not be accepted after July 15th of any given Federal Fiscal Year.

ALLOWABLE EXPENDITURES

All expenditures must be direct program costs including state and match amounts.

Personnel/Salaries

Actual salaries and wages paid to program personnel or actual worth of time donated to program by volunteers.

Fringe Benefits

Actual fringe benefits paid to program personnel.

Travel/Training

All travel expenditures must be in compliance with the Contractor's travel policy, but the OSDH will not reimburse amounts exceeding those allowed in the Oklahoma State Travel Reimbursement Act.

Travel expenditures may include:

- mileage for families transported in an agency owned vehicle;
- mileage to and from home visits;
- mileage to and from consultation meetings with referral agencies;
- mileage to and from advisory group meetings;
- mileage to and from public awareness/public education sessions;
- per diem for attending training meetings or conferences; and/or,
- overnight lodging expenses for attending training meetings or conferences (including direct payments to hotels/motels/conferences).

Training expenditures for pre-service and ongoing training of program personnel include:

- conference registration fees and
- training workshops and seminar fees.

Supplies

Supplies are consumable materials necessary to conduct the program for one year. Suppliers may not stockpile supplies for carryover into the next fiscal year. Supplies may include:

- materials used to promote the programs in the community such as pamphlets and brochures
- educational materials such as dvds, pamphlets, brochures, books, curricula
- routine office supplies such as paper, pens, pencils, file folders.

Contractual

Contractual expenditures include essential consultation or program services that cannot be provided by the Contractor. Subcontracts and other contractual agreements must be clearly defined in the approved program budget including number of hours of service

and cost per hour of service. If the subcontract is for \$2,500 or more, a copy of the subcontract should be submitted to OSHD MIECHV for review and approval.

Contractual expenditures may include:

- subcontract with other agencies to provide specific program-related services;
- subcontracts with program consultants;
- subcontracts with trainers; and,
- subcontracts for transportation services.

Time and Effort Sheets must be utilized to verify program-related contractual costs. Time and Effort Sheets must be signed by both the employee and the supervisor.

Administrative Costs/Indirect Costs

The maximum Indirect Costs Rate, unless otherwise negotiated, is 12%.

Other

Other program-related expenditures that include:

- Parents as Teachers Affiliate costs:

Trainings	Duration	Materials	Cost/Person
Foundational and Model Implementation	5 Days	-	\$915.00
Model Implementation Only	2 Days	-	\$800.00
Foundational 2	2 Days	-	\$525.00
Parents and Children at Play	1 Day	-	\$200.00
Supporting Families of Children with Special Needs	2 Days	\$140.25/person	\$260.00
Partnering with Teen Parents	2 Days	-	\$360.00
Annual Conference		-	\$500.00
Affiliate Annual Renewal	-	-	\$3,500.00

- printing of educational materials, flyers, brochures, handouts
- postage
- long-distance telephone costs and/or itemized local phone costs
- mobile phone plan for home visitors
- Federal background checks for the purpose of hiring personnel
- audit costs based on an approved cost allocation plan
- costs of purchasing bus tokens and/or taxi fare to assist program families with transportation to program services, and/or essential community support services
- liability insurance (amount cost allocated portion to MIECHV Program only)
- general depreciation/use allowances
- facilities expenditures - must be clearly identified in the approved program budget. The method of calculation for cost of space must be defined in the approved program budget and be apportioned to the space used by MIECHV staff. Method of calculation for cost of space in the proposed budget is defined.

For each identified space required, provide the cost per square foot and the number of square feet. (If facility space will be rented from another agency for meetings, workshops, and/or child care, provide the rental cost per hour or day).

- All requests for depreciation in lieu of use allowance as an expenditure/match budget item must be approved in advance by the OSDH Audit Division. For information regarding specific documentation requirements, please contact the Audit Division at 405-271-5765.

UNALLOWABLE EXPENDITURES

- Any activity or expense that is not directly related to the program.
- Acquisition costs of real property, as well as construction costs, and/or equipment.
- Entertainment costs for amusement and diversion.
- Advocacy by staff on program time and/or advocacy efforts that involve hiring of lobbyists or travel for the purpose of lobbying.
- Program items deemed as “gifts.” (*Attachment G*)
- Fundraising expenses incurred solely to raise capital or obtain contributions, including staff time for the purpose of fundraising.
- Professional membership fees.
- Certificate of Good Standing for Incorporated Organization.
- Equipment which costs \$500 or more is not an allowable expenditure.
- Food not classified as light refreshments.
- Advertising expenses for the program, including but not limited to phone book ads or billboards. Advertising is allowed only for hiring personnel.

ATTACHMENT B

OKLAHOMA STATE DEPARTMENT OF HEALTH
AFFIDAVIT OF INDEPENDENT CONTRACTOR STATUS

State of Oklahoma)

County of _____)

I, _____ state under oath as follows:

1. I, _____ (Name of Individual) operating as _____ (independent contractor's business name), have agreed to provide services to Oklahoma State Department of Health (OSDH).
2. I have read the fact sheet on page two of this affidavit and understand that an independent contractor is one who engages to perform certain services for another, according to his own manner, method, free from control and direction of his contractor in all matters connected with the performance of the service, except as to the result or product of the work.
3. I understand that based upon the representations in this Affidavit of Independent Contractor Status, I am requesting **OSDH's Policyholder** to classify my business to be that of an independent contractor; that **I am not an employee under the Worker's Compensation Act** and the OSDH policy issued by CompSource Oklahoma; and that no premium be charged for the services performed pursuant to this job/project by my business during the policy year.
4. **I am an independent contractor, not an employee of the OSDH. I do not want worker's compensation insurance and understand that I am not eligible for Workers' Compensation benefits.**
5. I will obtain workers' compensation and employers' liability insurance for my employees if I have employees, unless they are otherwise exempt from the requirements of the Workers' Compensation Act.
6. I have read and signed the fact sheet describing what is an Independent Contractor on page two of this affidavit, and the information provided is not the result of force, threats, coercion, compulsion or duress.
7. I understand that any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of any insurance policy containing false, incomplete or misleading information is guilty of a felony.

Independent Contractor Signature

Date _____ Printed Name _____ Title _____

Signature _____ Business Name _____

Notary Public

Signed and sworn to before me on this _____ day of _____, 20____ by _____.

My Commission Expires: _____ My Commission Number: _____

Notary Public

****SUBMIT THE SIGNED AND NOTARIZED FORM TO THE ADDRESS BELOW****

Oklahoma State Department of Health
Procurement Division
1000 NE 10th Street
Oklahoma City, OK 73117

This form is to be signed and notarized at the start of a job/project for this contractor and is good for the job/project of any similar job/project performed for the contractor for one year from the date of notary.

INDEPENDENT CONTRACTOR FACT SHEET

An independent contractor is defined by law as one who engages to perform certain services for another, according to his own manner, method, free from control and direction of his contractor in all matters connected with the performance of the service, except as to the result or product of the work.

Below are statements to help you decide if you are an independent contractor. No one statement is controlling, and your status is based on all the facts in your situation. If a statement describes your situation, then check the box. If at least six of the statements below do not describe your business and are unchecked, you should not sign the attached affidavit.

1. The nature of the contract between you and the contractor shows you are independent from the contractor. For example: Is there a written contract where you agree that you are an independent contractor? Are you a corporation or limited liability company? Do you maintain commercial general liability insurance or other business insurance?
2. The contractor exercises very little control over your work. For example: By the agreement, can the contractor exercise control on the details of the work or your independence? Do you exercise control over most of the details of the work? Do you create plans or specifications for the job? Do you set your own work hours?
3. You are engaged in a distinct occupation or business for others. For example: Do you work for companies or individuals other than the Contractor? Do you work for competitors of the Contractor? Does your business have a logo or uniform?
4. Your job is the kind of occupation where the work is usually performed by a specialist without supervision, and not under the direction of the contractor. For example: Is your work supervised by the Contractor?
5. Your occupation requires special skills, license, education or training.
6. The Contractor does not supply the things needed to perform your job such as the tools and the place of work. For example: Do you supply any of the materials or tools for the work? Do you operate a vehicle owned by the Contractor? Was the work performed at your business or the Contractor's business location or jobsite? Do you wear a uniform supplied by the Contractor?
7. The length of the job and how long you have worked for the Contractor does not show that you are really an employee. For example: Is this a one-time job, or will you be doing this for the Contractor regularly?
8. You are paid as a separate contractor, not as an employee. For example: Do you invoice the Contractor for your services? Are you paid by the job? Do you file a federal income tax return for your business? Do you expect to receive an IRS Form 1099 from the Contractor? Does the Contractor pay your expenses?
9. Your work is not the regular business of the employer. For example: Is your work customarily done in the Contractor's line of business or as part of the Contractor's daily work? Have you ever been an employee of the Contractor? Do you work with other people hired by the Contractor on the work you perform?
10. You do not consider yourself an employee of the Contractor. For example: Will the Contractor withhold taxes or monies from your payment? Have you ever been an employee of the Contractor? Have you or your employees ever filed an insurance claim against the Contractor?
11. You do not have the right to terminate the relationship without liability. For example: If you quit before the job is finished, is there a penalty?

Based upon these factors, do you believe that you are an Independent Contractor?

Write YES or NO

Signature: _____

Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of any insurance policy containing false, incomplete or misleading information is guilty of a felony.



State of Oklahoma
Oklahoma State Department of Health

Professional Service
Evaluation

In accordance with 74 O.S. §85.41(B), a state agency that acquires professional services shall evaluate the performance of the professional services provided pursuant to the professional services contract and retain the evaluation in the agency acquisition file.

NOTE: If a contract contains multiple periods or years of performance, an evaluation is required for **each** performance period.

Agency Name _____ Agency # _____

Area of agency utilizing service _____

Supplier Name _____ Supplier FEI or SSN # _____

Type of Contract (check one): ☐ Fixed Rate ☐ Sole Source ☐ Agency Bid ☐ DCS Bid ☐ Interagency ☐ GSA

This evaluation covers the Contract term from: _____ Month / _____ Day / _____ Year to _____ Month / _____ Day / _____ Year

Contract amount \$ _____ Contract # _____

Type or nature of service received:

Describe "quality" of service or work product received:

Was service satisfactory?

- ☐ YES - please:
 - Retain this evaluation in the acquisition/contract file.
- ☐ NO - please:
 - **Prepare and attach a detailed explanation.**
 - **Submit** a copy of this completed performance evaluation form **and** the detailed explanation, by fax or mail, within 60 calendar days of contract completion, to:
State Purchasing Director
Central Purchasing
Office of Management and Enterprise Services
5005 N. Lincoln Blvd., Ste. 300
Oklahoma City, OK 73105
Fax: 405-521-4475
 - **Complete** a Vendor Performance Quality Report to Central Purchasing to report complaints against vendors **and submit** to cp.feedback@omes.ok.gov

Signature

Date

Printed Name

Title

- - , ext.
Phone

ATTACHMENT D

FINANCIAL CAPABILITY AFFIDAVIT

BIDDER AGENCY NAME:_____

BIDDER AGENCY ADDRESS:_____

BIDDER AGENCY TELEPHONE: _____

I hereby affirm that _____ :
(Name of Bidder Agency)

- 1.) is financially capable of performing the duties of the Contractor on a cost reimbursement basis and has sufficient capital to sustain ongoing program services for at least two (2) months in the event of a temporary delay in the reimbursement of contract expenditures.
- 2.) has an accounting system that is capable of tracking and reporting expenditures separately by individual program.

Signature of Authorized Person

Title

Date _____

STATE OF OKLAHOMA)
)
) ss.
COUNTY OF)

Subscribed and sworn to before me this _____ day of _____, _____.

Notary Public

My Commission expires: _____

ATTACHMENT E

GUIDELINES FOR LIGHT REFRESHMENTS FOR MEETINGS

Below is the approved List of acceptable items to be purchased for “continental Breakfasts” or as “light refreshments”. This list was developed by OSDH registered dietitians and is consistent with the Dietary Guidelines for Americans.

Approved Options

Continental Breakfast Items:

- Oatmeal with brown sugar, walnuts, raisins and margarine
- Multi-grain English muffins/bagels with low-fat cream cheese, peanut butter, jam & jelly
- Blueberry & bran muffins
- Low-fat yogurt
- Fresh fruit
- Whole grain waffles with fruit topping
- Whole grain cereals

Light Refreshment Items:

- Baked chips or Baked Pita Chips
- Salsa or Fruit Salsa
- Hummus
- Bean dip or Dip made with tofu
- Guacamole
- Bite-size pinwheels with fat-free refried beans or low-fat cream cheese
- Soft pretzels with mustard
- Whole grain pitas or whole grain flat bread (cut into small pieces and served with an approved dip)
- Corn or whole grain tortillas (cut into small pieces and served with an approved dip)
- Bite-size veggie pizza pieces
- Raw vegetables with low-fat dip
- Low-fat cheese
- Whole grain crackers
- Yogurt parfait (with low-fat yogurt)
- Snack/trail mix
- Granola bars (reduced fat)
- Fig bars
- Fresh fruit
- Lite popcorn
- Pretzels
- Graham crackers
- Vanilla Wafers
- Low-fat animal crackers
- Smoothies and shakes (made with 1% or skim milk and low-fat yogurt)
- Sherbet/sorbet
- Fruit
- Low-fat cottage cheese
- Pudding (made with skim or 1% milk) or Jello
- Unsalted nuts
- Angel food cake with fresh fruit

Beverages

- 1% or skim milk (white & chocolate)
- 100% juice (fruit & vegetable)
- Coffee
- Tea (hot & cold)
- Diet Sodas
- Bottled water with individual packets Crystal Light
- Sugar-free: hot chocolate, Cider, Lemonade, etc

Attachment F
OKLAHOMA STATE DEPARTMENT OF HEALTH
BUSINESS ASSOCIATE AGREEMENT

This Business Associate Agreement (BAA), effective on the last signature date below, is entered into by and between the Oklahoma State Department of Health (Covered Entity) and _____ (Business Associate).

BACKGROUND AND PURPOSE: The Parties have entered into, and may in the future enter into, one or more written agreements that require Business Associate to be provided with, to have access to, and/or to create Protected Health Information (PHI), (the “underlying Contract(s)”), that is subject to the federal regulations issued pursuant to the Health Insurance Portability and Accountability Act (HIPAA) and codified at 45 CFR, parts 160 and 164 (HIPAA Regulations). This BAA shall supplement and/or amend each of the Underlying Contract(s) only with respect to the Business Associate’s Use, Disclosure, and creation of PHI under the Underlying Contract(s) to allow Covered Entity to comply with Sections 164.502(c) and 164.314(a)(2)(i) of the HIPAA Regulations. Business Associate acknowledges that it is to comply with the HIPAA Security and Privacy regulations pursuant to Subtitle D of the Health Information Technology for Economic and Clinical Health Act (HITECH), Title XIII, of the American Recovery and Reinvestment Act of 2009, including Sections 164.308, 164.310, 164.312 and 164.316 of title 45 of the Code of Federal Regulations. Except as so supplemented and/or amended, the terms of the Underlying Contract(s) shall continue unchanged and shall apply with full force and effect to govern the matters addressed in the BAA and in each of the Underlying Contract(s).

DEFINITIONS: Unless otherwise defined in this BAA, all capitalized terms used in this BAA have the meanings ascribed in the HIPAA Regulations, provided, however, that “PHI” and “ePHI” shall mean Protected Health Information and Electronic Protected Health Information, respectively, as defined in 45 CFR § 160.103, limited to the information Business Associate received from or created or received on behalf of the Oklahoma State Department of Health (OSDH) as OSDH’s Business Associate. “Administrative Safeguards” shall have the same meaning as the term “administrative safeguards in 45 CFR § 164.304, with the exception that it shall apply to the management of the conduct of Business Associate’s workforce, not OSDH’s workforce, in relation to the protection of that information.

Business Associate. “Business Associate” shall generally have the same meaning as the term “Business Associate” at 45 CFR 160.103, and in reference to the party to this agreement, shall mean the entity whose name appears below.

Covered Entity. “Covered Entity” shall generally have the same meaning as the term “Covered Entity” at 45 CFR 160.103.

HIPAA Rules. “HIPAA Rules” shall mean the Privacy, Security, Breach Notification, and Enforcement Rules at 45 CFR Part 160 and Part 164, all as may be amended.

The following terms used in this Agreement shall have the same meaning as those terms in the HIPAA Rules: Breach, Data Aggregation, Designated Record Set, Disclosure, Health Care Operations, Individual, Minimum Necessary, Notice of Privacy Practices, Protected Health Information, Required By law, Secretary, Security Incident, Subcontractor, Unsecured PHI, and Use.

Obligations of Business Associate: Business Associate may use Electronic PHI and PHI (collectively, “PHI”) solely to perform its duties and responsibilities under this Agreement and only as provided in this Agreement. Business Associate acknowledges and agrees that PHI is confidential and shall not be used or disclosed, in whole or in part, except as provided in this Agreement or as required by law. Specifically, Business Associate agrees it will:

- (a) use or further disclose PHI only as permitted in this Agreement or as Required by Law, including, but not limited to the Privacy and Security Rule;
- (b) use appropriate safeguards, and comply with Subpart C of 45 CFR Part 164 with respect to Electronic PHI, to prevent use or disclosure of PHI other than as provided for by this Agreement;
- (c) implement and document appropriate administrative, physical, and technical safeguards to protect the confidentiality, integrity, and availability of PHI that it creates, receives, maintains, or transmits for or on behalf of Covered Entity in accordance with 45 CFR 164;
- (d) implement and document administrative safeguards to prevent, detect, contain, and correct security violations in accordance with 45 CFR 164;
- (e) make its policies and procedures required by the Security Rule available to Covered Entity solely for purposes of verifying BA’s compliance and the Secretary of the Department of Health and Human Services (HHS);
- (f) not receive remuneration from a third party in exchange for disclosing PHI received from or on behalf of Covered Entity;
- (g) in accordance with 45 CFR 164.502(e)(1) and 164.308(b), if applicable, ensure that any subcontractors that create, receive, maintain or transmit PHI on behalf of the Business Associate agree to the same restrictions, conditions, and requirements that apply to the Business Associate with respect to such information; this shall be in the form of a written HIPAA Business Associate Contract and a fully executed copy will be provided to the Contract Monitor;
- (h) report to Covered Entity in writing any use or disclosure of PHI that is not permitted under this Agreement as soon as reasonably practicable but in no event later than five (5) calendar days from becoming aware of it and mitigate, to the extent practicable and in cooperation with Covered Entity, any harmful effects known to it of a use or disclosure made in violation of this Agreement;
- (i) promptly report to Covered Entity in writing and without unreasonable delay and in no case later than five (5) calendar days any Security Incident, as defined in the Security Rule, with respect to Electronic PHI;
- (j) with the exception of law enforcement delays that satisfy the requirements of 45 CFR 164.412, notify Covered Entity promptly, in writing and without unreasonable delay and in no case later than five (5) calendar days, upon the discovery of a breach of Unsecured PHI. Such notice shall include, to the extent possible, the name of each individual whose Unsecured PHI has been, or is reasonably believed by Business Associate to have been, accessed, acquired, or disclosed during such Breach. Business Associate shall also, to the extent possible, furnish Covered Entity with any other available information that Covered Entity is required to include in its notification to Individuals under 45 CFR § 164.404(c) at

the time of Business Associate's notification to Covered Entity or promptly thereafter as such information becomes available. As used in this Section, "breach" shall have the meaning given such term at 45 CFR 164.402;

- (k) to the extent allowed by law, indemnify and hold Covered Entity harmless from all claims, liabilities, costs, and damages arising out of or in any manner related to the disclosure by Business Associate of any PHI or to the breach by Business Associate of any obligation related to PHI;
- (l) provide access to PHI in a Designated Record Set to Covered Entity, or if directed by Covered Entity to an Individual in order to meet the requirements of 45 CFR 164.524. In the event that any Individual request access to PHI directly from Business Associate, Business Associate shall forward such request to Covered Entity within five (5) working days of receiving a request. This shall be in the form of a written HIPAA Business Associate Contract and a fully executed copy will be provided to the Contract Monitor. Any denials of access to the PHI requested shall be the responsibility of Covered Entity;
- (m) make PHI available to Covered Entity for amendment and incorporate any amendments to PHI in accordance with 45 CFR 164.526;
- (n) document disclosure of PHI and information related to such disclosure as would be required for Covered Entity to respond to a request by an Individual for an accounting of disclosures of PHI, in accordance with 45 CFR 164.528, and within five (5) working days of receiving a request from Covered Entity, make such disclosure documentation and information available to Covered Entity. In the event the request for an accounting is delivered directly to Business Associate, Business Associate shall forward within five (5) working days of receiving a request such request to Covered Entity;
- (o) make its internal practices, books, and records related to the use and disclosure of PHI received from or created or received by Business Associate on behalf of Covered Entity available to the Secretary of the Department of HHS, authorized governmental officials, and Covered Entity for the purpose of determining Business Associate's compliance with the Privacy Rule. Business Associate shall give Covered Entity advance written notice of requests from DHHS or government officials and provide Covered Entity with a copy of all documents made available; and
- (p) ensure that all of its subcontractors, vendors, and agents to whom it provides PHI or who create, receive, use, disclose, maintain, or have access to Covered Entity's PHI shall agree in writing to requirements, restrictions, and conditions at least as stringent as those that apply to Business Associate under this Agreement, including but not limited to implementing reasonable and appropriate safeguards to protect PHI, and shall ensure that its subcontractors, vendors, and agents agree to indemnify and hold harmless Covered Entity for their failure to comply with each of the provisions of this Agreement.

Permitted Uses and Disclosures of PHI by Business Associate: Except as otherwise provided in this Agreement, Business Associate may use or disclose PHI on behalf of or to provide services to Covered Entity for the purposes specified in this Agreement, if such use or disclosure of PHI would not violate the Privacy Rule if done by Covered Entity. Unless otherwise limited herein, Business Associate may:

- (a) use PHI for its proper management and administration or to fulfill any present or future legal responsibilities of Business Associate;

- (b) disclose PHI for its proper management and administration or to fulfill any present or future legal responsibilities of Business Associate, provided that (i) the disclosure is Required by Law; or (ii) Business Associate obtains reasonable assurances from any person to whom the PHI is disclosed that such PHI will be kept confidential and will be used or further disclosed only as Required by Law or for the purpose(s) for which it was disclosed to the person, and the person commits to notifying Business Associate of any instances of which it is aware in which the confidentiality of the PHI has been breached;
- (c) disclose PHI to report violations of law to appropriate federal and state authorities; or
- (d) aggregate the PHI with other data in its possession for purposes of Covered Entity's Health Care Operations;
- (e) make uses and disclosures and requests for protected health information consistent with Covered Entity's minimum necessary policies and procedures;
- (f) de-identify any and all PHI obtained by Business Associate under this BAA, and use such de-identified data, all in accordance with the de-identification requirements of the Privacy Rule [45 CFR §(d)(1)].

Obligations of Covered Entity:

- (a) Covered Entity shall notify Business Associate of any changes in, or revocation of, the permission by an individual to use or disclose his or her PHI, to the extent that such changes may affect Business Associate's use or disclosure of PHI.
- (b) Covered Entity shall notify Business Associate of any restriction on the use or disclosure of PHI that Covered Entity has agreed to or is required to abide by under 45 CFR 164.522, to the extent that such restriction may affect Business Associate's use or disclosure of protected health information.
- (c) Covered Entity shall not request Business Associate use or disclose PHI in any manner that would violate the Privacy Rule if done by Covered Entity.
- (d) OSDH agrees to timely notify Business Associate, in writing, of any arrangements between OSDH and the Individual that is the subject of PHI that may impact in any manner the use and/or disclosure of the PHI by Business Associate under this BAA.

Term and Termination:

- (a) Term. The Term of this Agreement shall be effective as of the date of the underlying agreement, and shall terminate on the date the underlying agreement terminates or on the date Covered Entity terminates for cause as authorized in paragraph (b) of this Section, whichever is sooner.
- (b) Termination for Cause. Business Associate authorizes termination of this Agreement by Covered Entity, if Covered Entity determines Business Associate has violated a material term of the Agreement (and Business Associate has not cured the breach or ended the violation within the time specified by Covered Entity if a cure period is specified).

(c) Obligations of Business Associate Upon Termination.

Upon termination of this Agreement for any reason, Business Associate, with respect to PHI received from Covered Entity, or created, maintained, or received by Business Associate on behalf of Covered Entity, shall:

1. Retain only that PHI that is necessary for Business Associate to continue its proper management and administration or to carry out its legal responsibilities;
2. Return to Covered Entity (or, if agreed to by Covered Entity, destroy) the remaining PHI that the Business Associate still maintains in any form;
3. Continue to use appropriate safeguards and comply with Subpart C of 45 CFR Part 164 with respect to PHI to prevent use or disclosure of the PHI, other than as provided for in this Section, for as long as Business Associate retains the PHI;
4. Not use or disclose the PHI retained by Business Associate other than for the purposes for which such PHI was retained and subject to the same conditions set out at above under "Permitted Uses and Disclosures By Business Associate" that applied prior to termination; and
5. Return to Covered Entity (or, if agreed to by Covered Entity, destroy) the PHI retained by Business Associate when it is no longer needed by Business Associate for its proper management and administration or to carry out its legal responsibilities.

(d) All other obligations of Business Associate under this Agreement shall survive termination.

Should OSDH become aware of a pattern of activity or practice that constitutes a material breach of a material term of this BAA by Business Associate, OSDH shall provide Business Associate with written notice of such a breach in sufficient detail to enable **Contractor** to understand the specific nature of the breach. OSDH shall be entitled to terminate the Underlying Contract associated with such breach if, after OSDH provides the notice to Business Associate, Business Associate fails to cure the breach within a reasonable time period not less than thirty (30) days specified by OSDH in such notice; provided, however, that such time period specified by OSDH shall be based on the nature of the breach involved [45 CFR §§ 164.504(e)(1)(ii)(A),(B) & 164.314 (a)(2)(i)(D)].

MISCELLANEOUS:

Interpretation: The terms of this BAA shall prevail in the case of any conflict with the terms of any Underlying Contract to the extent necessary to allow OSDH to comply with the HIPAA Regulations. The bracketed citations to the HIPAA Regulations in several paragraphs of this BAA are for reference only and shall not be relevant in interpreting any provision of this BAA.

No Third Party Beneficiaries: Nothing in this BAA shall confer upon any person other than the parties and their respective successors or assigns, any rights, remedies, obligations, or liabilities whatsoever.

Business Associate recognizes that any material breach of this Agreement or breach of confidentiality or misuse of PHI may result in the termination of this Agreement and/or legal action. Said termination may be immediate and need not comply with any termination provision in the parties' underlying agreement, if any.

The parties agree to amend this Agreement from time to time as is necessary for Covered Entity or BA to

comply with the requirements of the Privacy Rule and related laws and regulations.

- (a) ODSH's Notice of Privacy Practices is available on its website: www.ok.gov/health.
- (b) Any ambiguity in this Agreement shall be resolved in a manner that causes this Agreement to comply with HIPAA.
- (c) This Agreement embodies and constitutes the entire agreement and understanding between the parties with respect to the subject matter hereof and supersedes all prior Business Associate agreements, oral or written agreements, commitments, and understandings pertaining to the subject matter hereof.
- (d) If Business Associate maintains a designated record set in an electronic format on behalf of Covered Entity, then Business Associate agrees that within 30 days of expiration or termination of the parties' agreement, Business Associate shall provide to Covered Entity a complete report of all disclosures of and access to the designated record set covering the three years immediately preceding the termination or expiration. The report shall include patient name, date and time of disclosures/access, description of what was disclosed/accessed, purpose of disclosure/access, name of individual who received or accessed the information, and, if available, what action was taken within the designated record set.

Amendment: To the extent that any relevant provision of the HIPAA Regulations is materially amended in a manner that changes the obligations of Business Associates or Covered Entities, the Parties agree to negotiate in good faith appropriate amendment(s) to this BAA to give effect to these revised obligations. The parties agree to amend this Agreement from time to time as is necessary for Covered Entity or to comply with the requirements of the Privacy Rule and related laws and regulations.

A signed copy of this agreement shall be accorded the same force and effect as the original.

IN WITNESS WHEREOF, each of the undersigned has caused this BAA to be duly executed in its name and on its behalf.

OKLAHOMA STATE DEPARTMENT OF HEALTH

CONTRACTOR

By: _____

By: _____

Print Name: Robn Green, MPH

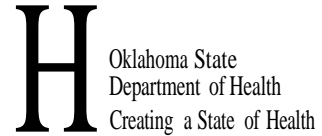
Print Name: _____

Print Title: HIPAA Privacy Officer

Print Title: _____

Date: _____

Date: _____



Office of General Counsel
Phone: 271-6017 Facsimile: 271-1268

MEMORANDUM OF LEGAL OPINION

TO: Greg Morley
Procurement Chief

THROUGH: Nick Slaymaker
General Counsel

FROM: Tom L. Cross
Deputy General Counsel

CC: Rocky McEivany
Interim Commissioner of Health

Steve Ronck, MPH, Deputy Commissioner
Community Health Services

Angela Andrews
Procurement

RE: Incentives and Promotional Items used by Programs

DATE: June 1, 2009

Question Presented

Can program areas of the Oklahoma State Department of Health use incentives and/or promotional items given to individuals to induce those individuals to participate and/or complete a program or part of a program?

Short Answer

The use of incentives and promotional items that are used by Programs in exchange for participation in program activities are not considered a "gift" and therefore do not violate the constitutional proscription of "gifting" state assets as set out in Article 10 Section 15 of the Oklahoma Constitution.

Discussion

The program area has asked about the legality of using VISA gift cards as incentives to

increase participation in specific programs and services. The program area's experience is these incentives are necessary to insure sufficient data is collected to validate the conclusions that are drawn from the data. Each participant is given a \$10 VISA gift card when that participant completes a specific part of the program, i.e. completion of a survey, keeping an appointment or completing a follow-up examination.

The \$10 value of the gift card is based on a Memorandum issued by the Office of General Counsel for the Oklahoma State Department of Health dated October 9, 2000. This Memorandum has its origin in a letter from Tom Jaworsky, State Purchasing Director, Department of Central Services, dated October 2, 2000. In this letter Mr. Jaworsky stated the position of Central Purchasing is the Central Purchasing Act does not prohibit the acquisition of promotional items with a nominal value. Mr. Jaworsky set a \$10 value for promotional items. The Oklahoma Constitution does not contain an exception for "nominal" gifts.

The Oklahoma Constitution contains a proscription against the State from gifting assets of the state to "any company, association or corporation¹." The Oklahoma Supreme Court has defined the term "gift" as used in Article X Section 15 as "all appropriations for which there is no authority or enforceable claim on which rests alone some material equitable obligation which in the mind of a generous or even just individual dealing with his own money might induce him to recognize as worthy of his reward²." "Where specific constitutional prohibitions against gifts of public money exist, public money cannot be lawfully appropriated to meet an obligation, however just and equitable, unless it is of such a character that it could be enforced in a court of law." The Court has further defined a "gift" as a "voluntary transfer of his property by one to another without any consideration or compensation therefore. The donor must intend gratuitously to pass the title to the donee⁴."

A program area may use incentives and/or promotional items to accomplish the goals of the program area. The program area should be able to articulate how the use of the specific incentive and/or promotional item will benefit the program area and without the specific incentive and/or promotional item what will be the detriment. In other words, the recipient must give some type of "consideration" in exchange for the incentive. Consideration takes away from the transaction its donative character, S."

. The recipient of the incentive must be required to complete a specific task or provide something of value in exchange for the incentive prior to the incentive being delivered. OSDH is prohibited from paying for services or products prior to those services or products being delivered⁶. The amount of the incentive should be

¹ Oklahoma Constitution Article 10 Section 15

² *Hawks v Bland*, 1932 OK 101, 9 P.2d 720, 156 Okla. 48 {1932}; *Veterans of Foreign Wars v Childers*, 197 Okla. 331, 171 P.2d 618, 1946 OK 211

³ *Veterans of Foreign Wars v Childers*, Id.

⁴ *In the Matter of the Petition of University Hospitals Authority, an agency of the State of Oklahoma and University Hospitals Trust, a public trust*, 953 P.2d 314, 1997 OK 162

⁵ Id.

⁶ 74 O.S. §85.448

reasonable in value in relation to the specific task, information or other consideration that is being provided by the recipient of the incentive. While the courts have decided that the use of incentives is legal, there is a policy consideration to be established to ensure that incentives used are reasonable.

Conclusion:

Program Areas of the OSDH may use gift cards or other items as incentives and/or promotional items to induce participation in specific programs or activities. The Program Area should articulate the specific benefit of using the incentive and if the incentive was not used the detriment suffered. Recipients of the incentive must be required to complete a specific task or exchange something of value for the incentive prior to receiving the incentive. OSDH should establish policy guidelines that will direct program areas what is an acceptable incentive program and when can that program be used.



Mary Fallin
Governor

FILED

FEB 06 2012

**OKLAHOMA
SECRETARY
OF STATE**

EXECUTIVE DEPARTMENT

EXECUTIVE ORDER 2012-01

I, Mary Fallin, Governor of the State of Oklahoma, by the authority vested in me pursuant to Sections 1 and 2 of Article VI of the Oklahoma Constitution, hereby direct and order as follows:

Title 63 of the Oklahoma Statutes, Section 1-1523 prohibits smoking in all public places, in any indoor workplace, and all vehicles owned by the State of Oklahoma and all of its agencies and instrumentalities.

The Oklahoma Legislature, at 63 O.S. § 1-1515 (B), has found that breathing secondhand smoke causes disease, including lung cancer in healthy non-smokers; breathing secondhand smoke causes respiratory infection, decreased respiratory function, bronchoconstriction and bronchospasm. The population at most risk are the elderly, children, people with cardiovascular disease, and people with impaired respirator function, asthmatics, and those with obstructive airway disease.

The U.S. Surgeon General has issued a report stating that there is no risk-free level of exposure to secondhand smoke, which has immediate adverse effects on the cardiovascular system and causes coronary heart disease and lung cancer.

The United State Department of Health and Human Services, Centers for Disease Control and Prevention has found that the use of smokeless tobacco is known to be a cause of cancer and increases the risk of developing cancer of the oral cavity; the use of smokeless tobacco is associated with leukoplakia, gum disease and tooth decay; and the use of smokeless tobacco during pregnancy increases the risk of preeclampsia, premature birth and low birth weight.

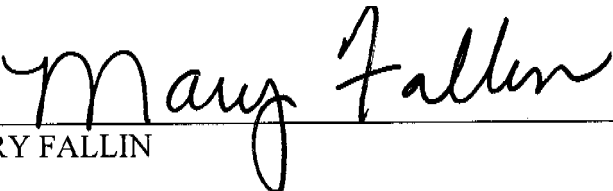
The use of any tobacco product shall be prohibited on any and all properties owned, leased or contracted for use by the State of Oklahoma, including but not limited to all buildings, land and vehicles owned, leased or contracted for use by agencies or instrumentalities of the State of Oklahoma.

045314

The Executive Order shall be distributed to all members of the Governor's Executive Cabinet and the chief executives of all state agencies, who shall cause the provisions of this order to be implemented by all appropriate officials and agencies of state government. Implementation shall be achieved no later than six (6) months from the date of this order. The Oklahoma State Department of Health ("OSDH") and Tobacco Settlement Endowment Trust ("TSET") will provide assistance to state agencies for implementing this order.

IN WITNESS WHEREOF, I have set my hand and caused the Great Seal of the State of Oklahoma to be affixed at Oklahoma City, Oklahoma, this 6TH DAY of February, 2012.

BY THE GOVERNOR OF THE STATE OF OKLAHOMA



MARY FALLIN

ATTEST:



OKLAHOMA STATE DEPARTMENT OF HEALTH
ADMINISTRATIVE PROCEDURES MANUAL

NUMBER: 3-5
TITLE: Travel
ADOPTED: July 2004
LAST REVIEWED: October 2011
RESPONSIBLE SERVICE: Administrative Services

APPROVED: _____
Terry Cline, Ph.D.
Commissioner
Signature on File

I. Purpose

The purpose of this administrative procedure is to ensure all Oklahoma State Department of Health (OSDH) employees are reimbursed for all legitimate travel expenses incurred while engaged in the transaction of official business.

II. Overview

"Legitimate travel expenses" are defined by statute, and Oklahoma law provides for severe penalty in cases of falsified travel vouchers. Title 74 O.S., § 500.1 through 500.37 provide the statutory authorization and limitations. All interstate travel must have prior approval.

A. Definitions

1. "Meals" means a substantial portion of food taken at one time to satisfy appetite, excluding snacks, continental breakfast and finger foods.
2. "Overnight travel period" means a trip requiring absence for a minimum period which lasts substantially longer than an ordinary day's work and during which the employee's duties require them to get necessary sleep or rest to meet the demands of their work.
 - a. The absence must be of such duration and distance that the employee cannot reasonably leave and return home after each day's work.
 - b. The standard for purposes of requesting overnight reimbursement is that the qualified non-employee or employee must be in travel status for more than 18 hours, must not live or have their official duty station within 60 map miles of destination, and must have stayed overnight. Any exemption requires advance approval from the Office of State Finance, or

if an emergency situation, a formal justification is sent with the Travel Voucher.

3. "Per diem" means reimbursable charges for meals while in overnight travel status.
4. "Qualified non employees" means persons who are not state employees, but who are performing substantial and necessary services to the state which have been directed or approved by the appropriate department official.
5. "Subsistence" means reimbursable charges for lodging while staying with friends or family in overnight travel status.
6. "Travel status" means the absence of an employee or qualified non-employee from his or her home or duty station whichever is closer while performing assigned official duties.

B. General Requirements

1. Officials, employees, and qualified non-employees of the state, traveling on authorized state business, may be reimbursed for expenses incurred in such travel in accordance with the provisions of Title 74 O.S., §500.2 through 500.37. Persons who are qualified non-employees must also abide by the same laws and policies as OSDH employees.
2. Travel expenses incurred by a person during the course of seeking employment with OSDH, unless such travel is performed at the request of OSDH, are not reimbursed.
3. An employee or qualified non-employee, authorized to travel, is responsible for planning in such a way that expenses for transportation and subsistence are kept to a minimum. Excess costs, circuitous routes, luxury accommodations and services unnecessary or unjustified in the performance of official business are not acceptable and should be avoided as a standard practice.
4. An employee or qualified non-employee whose job assignment entails field travel is responsible for making maximum use of all travel time. This means that travel is planned and work is organized as to produce the greatest possible benefit to the State for the travel time involved.
5. Employees and qualified non-employees are to allow 45 days for reimbursement of a correct travel voucher as stated in Title 74 O.S., §840.500.16A.

6. Employees will be reimbursed for their actual and necessary expenses of travel, lodging, and subsistence incurred in the performance of their duties. Receipts are required for lodging, baggage fees and registration expenses, regardless of the amount, as well as for each miscellaneous expense of \$25 or more. Examples of miscellaneous expenses are: parking and toll fees; postage, gas and oil (government vehicle).
7. Employees will use the Department of Central Services (DCS) Fleet Management "Trip Optimizer System" to determine in-state mileage reimbursement at the lesser of private vehicle, motor pool vehicle or rental car in accordance with HB 2016. The DCS website refers to this system as the "Trip Calculator" and is located at <https://www.ok.gov/dcs/calculator/index.php>.
8. Purchase Cards are available for use for the payment of registrations while employees are traveling to either in-state or interstate objectives. Service areas are encouraged to utilize the Purchase Card when registrations are charged for employees traveling on official state business. Procedures (to include required documentation) for using the Purchase Card for registrations are located in Public Folders at: Public Folders\PCard\General P-Card References.
9. Purchase Cards are available for use for the payment of lodging expense while employees are traveling to either in-state or interstate objectives. Service areas are encouraged to utilize the Purchase Card when lodging expenses are necessary for employees traveling on official state business. The Purchase card will only be used for the cost of the room and associated taxes (where applicable). supplemental charges (e.g. room service, phone calls, movies, etc.) are the responsibility of the individual traveler. Procedures (to include required documentation) for using the Purchase Card for lodging expenses are located in Public Folders at: Public Folders\PCard\General P-Card References.

C. Travel Vouchers

All claims for reimbursement of travel expenses will be submitted on the authorized travel voucher and shall be signed by the traveler and the approving official with knowledge of the travel prior to forwarding to the Accounting Services for final approval.

1. All travel reimbursement vouchers are filed using an OSF Form 19.
2. In-state and interstate travel must be filed on separate vouchers.

3. Travel vouchers must be filed by state officials, state employees, and qualified non-employees within 60 days from the end of the month in which travel occurred. Travel vouchers not filed within this period must be submitted to the deputy commissioner with justification for payment approval. Travel vouchers are considered filed once they are received in Accounting Services.
4. A travel voucher must not exceed 31 days time frame.
5. Completion of the travel voucher requires use of the DCS Trip Optimizer. Unless specifically exempt from its use a printed copy of the "Trip Optimizer" results will be submitted when the travel voucher is filed. Exemptions from using the Trip Optimizer will include the following:
 - a. Individuals who have been assigned and are utilizing a state leased vehicle.
 - b. Individuals who are traveling less than 100 miles round trip for infrequent travel.
 - c. Use of a personal car to travel to and from the airport or other transportation terminal when the total distance traveled is less than 100 miles round trip.
6. Claims for reimbursement of registration fees must be supported by corresponding paid receipts. Travel vouchers requesting reimbursement of registration fees for non-attendance of conferences, meetings, or workshops are subject to the approval of the appropriate deputy commissioner and are submitted with sufficient explanation and justification as to the reason of cancellation. Other than direct billing from the sponsoring entity, OSF Form 19 is the only mechanism for reimbursement of registration fees while in travel status. Direct billing of registration must be noted on the OSF Form 19.
7. The nature of "Official Business" as referenced on OSF Form 19 must be described in sufficient detail to enable persons reviewing the voucher to understand the purpose of the travel.
8. Agendas, announcements, or memoranda when in overnight travel status for conferences, seminars, or training must contain dates, times, and locations or designated lodging or lodging site and be submitted with the OSF Form 19.

9. Employees and qualified non-employees must identify on OSF Form 19 when registration, lodging, and/or any other items are directly billed.

D. Designated Lodging

Evidence such as the announcement or notice designating a pre-arranged conference, workshop and/or seminars must be attached to the OSF Form 19. Expenses may not exceed the single occupancy room rate, including tax, charged by the designated hotel, motel or other public lodging place.

1. In the course of conducting official agency business OSDH may designate a particular lodging facility. The Deputy Commissioner must approve designation of a lodging facility.
2. Employees or qualified non-employees attending meetings, workshops, conferences, or other objective trips, which are conducted at a designated hotel, motel, or other public lodging, who choose to acquire less expensive public lodging, are reimbursed the actual lodging expense not to exceed the single occupancy room rate, including tax, charged by the designated public lodging place. Those employees or qualified non-employees choosing this option are reimbursed for local transportation costs incurred while traveling between such optional lodging and the designated hotel, motel, or other public lodging place, not to exceed the difference between the cost of the designated lodging and the cost of the optional lodging. Local transportation costing \$25 or more for one trip one way requires receipts.
3. Overflow hotels with documentation are considered designated hotels and are reimbursed the actual lodging expense not to exceed the single occupancy rate, including tax. Transportation costs to and from the conference site are reimbursable.
4. OSDH is authorized to make direct purchases of lodging at facilities operated by the Oklahoma Tourism and Recreation Department (OTRD). Such lodging is reimbursed at the in-state lodging rate. The in-state lodging and per diem rate must not exceed the rate established in Title 74 O.S., §500.1 through 500.37 per 24-hour period per person.
5. The OTRD requires a five-day cancellation period. Any employee canceling under the five-day limit is responsible for any charges the Agency incurs unless substantial documentation can be provided that an emergency or circumstance beyond the employee's control contributed to the delay in cancellation.

E. Per Diem Payments

1. Per diem expenses are reimbursable only for travel periods that incorporate overnight travel status. Title 74 O.S., §500.8 and 500.9 reflect per diem and lodging rates for travel both within and outside of the state of Oklahoma based upon the amount authorized by the provisions of the Internal Revenue Code of 1986.
2. Authorized per diem reimbursement rates vary depending on the location of travel as identified in Government Services Administration's (GSA) Continental United States (CONUS) rates for domestic locations and for locations outside of the Continental United States (OCONUS). A complete listing of the CONUS and OCONUS locations and rates can be obtained from the GSA web site: www.policyworks.gov/perdiem.
3. An employee attending a conference or workshop in which meals are provided, as part of the package plan must attach a copy of the agenda or workshop notice to the OSF Form 19. A deduction of one-fourth of the per diem amount shall be made against the per diem amount for each meal provided.
4. Out-of-state reimbursement for per diem and lodging does not begin more than 24 hours before or continue more than 24 hours after the objective of the trip, such as meeting, workshop, or conference, except as stated in this paragraph. Under limited circumstances involving airline travel, reimbursement may begin as many as 48 hours before and extend as many as 48 hours after the objective of the trip if airfare is lower than the amount which would have been reimbursed had the 24 hour rule been applied. Any extra days must be a weekend day.
5. OSF Form 19 must have a detailed cost comparison of the additional per diem and lodging versus the savings on airfare. The airfare rate used in the comparison must come from the same travel agency where the ticket was purchased. The total reimbursement cannot exceed the amount of eligible reimbursement if the 24-hour rule is adhered to including the airfare rate available at the time.
6. An increased per diem allowance in lieu of subsistence is authorized if in overnight travel status. This allowance is applicable when staying with others and is claimed in the per diem column of OSF Form 19.

F. Interstate Travel

1. An employee who plans to travel outside the state of Oklahoma must complete an Interstate Travel Request/Authorization form, ODH 81. Electronic routing of the ODH 81 is the required method of obtaining approval for interstate travel. Exceptions to the electronic routing method are only available to those deputy areas and Commissioner's direct reporting units where there is not a designated travel coordinator.
2. The Commissioner has designated the authority to approve OSDH interstate travel requests to the chief operating officer and to the appropriate service area deputy commissioners. All interstate travel shall receive prior documented approval from the division director or service chief, deputy commissioner or the chief operating officer, and the budget analyst. The final approved request will be sent to the appropriate travel coordinator for processing. The travel coordinator will provide the required approvals to Accounting Services. The travel claim cannot be processed without the required approvals.
3. The employee must obtain the documented approval for out-of-state travel before incurring binding obligations or making expenditures for travel-related expenses, including but not limited to airfare, registration fees, or lodging. Expenditures or obligations made prior to approval of the out-of-state travel request will not be reimbursed. Prior to receipt of the approval for interstate travel, the employee may make reservations and other arrangements necessary for travel-planning and cost-estimation, but must not pay for such reservations.
4. Regardless of the mode of travel, including privately owned vehicles, reimbursement for interstate transportation costs will not exceed that of coach airfare.
5. When requesting a mode of travel other than contract airfare, a "Car Travel Reimbursement Cost Comparison" must accompany the ODH 81. The "Car Travel Reimbursement Cost Comparison" must compare the "low dollar contract tier fare" of both the departure and return flights with the cost of travel computed using the DCS website "Trip Calculator" located at:
<https://www.ok.gov/dcs/calculator/index.php>
6. The cost comparison should be completed by the traveler or the designated travel coordinator serving that traveler and submitted with the ODH 81 for approval. Instructions for obtaining the "low dollar contract tier fare" and using the "Car Travel Reimbursement Cost Comparison" can be found at:
Public Folders\PCard\General P-Card References

III. References

Title 74, O.S., § 500.1 through 500.37; 840.500.16A

Internal Revenue Code of 1986

IV. Action

The Chief Operating Officer is responsible for ensuring the annual review of this administrative procedure.

Administrative Services is responsible for the annual review and revision of this administrative procedure.

Any exceptions to this administrative procedure require prior written approval of the Commissioner.

This procedure is effective immediately as indicated.

V. Attachments

<u>Attachments</u>	<u>Title</u>	<u>Location</u>
ODH Form No. 81	Interstate Travel/Request Authorization	Attached

**OKLAHOMA STATE DEPARTMENT OF HEALTH
INTERSTATE TRAVEL REQUEST/AUTHORIZATION**

DIVISION: _____

APPLICANT: _____ POSITION (Title): _____

NATURE OF TRIP: _____

(Name) _____	(Date) _____	(Location) _____
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JUSTIFICATION FOR TRIP: _____

DEPARTURE: _____ DATE OF RETURN: _____

MODE OF TRANSPORTATION (Private - Public): Airline Ticket: _____ Car: _____ Bus: _____
(If traveling by car a cost comparison must be attached)

DURATION OF TRIP WILL INCLUDE: _____ DAYS AT MEETING AND _____ DAYS ENROUTE

TOTAL NUMBER OF DAYS: _____

ESTIMATED COST: \$ _____	\$ _____	\$ _____	\$ _____
(Travel)	(Per Diem)	(Other)	(Total)

APPROVED

(Division Director/Service Chief)

ACCOUNTING SERVICES

FUNDING: _____	_____	_____	_____
(Fund)	(Account)	(Sub-Activity)	(CFDA #)

Reimbursed by _____

(Used when non-OSDH resources are covering the entire cost of the meeting)

(Accounting Services Approval)

APPROVAL AND TRAVEL AUTHORIZATION

The individual named is authorized to perform official travel as indicated:

Name _____	Title _____	Date _____
(Deputy Commissioner/Commissioner)		

ATTACHMENT J

MIECHV Benchmarks and Constructs

Improved Maternal and Child Health	<ul style="list-style-type: none"> • Prenatal care • Parental use of alcohol, tobacco, or illicit drugs • Preconception care • Inter-birth intervals • Screening for maternal depressive symptoms • Breastfeeding • Well-child visits • Maternal and child health insurance status
Child Injuries, Child Abuse, Neglect, or Maltreatment and Reduction of Emergency Department Visits	<ul style="list-style-type: none"> • Visits for children to the emergency department from all causes • Visits of mothers to the emergency department from all causes • Information provided or training of participants on prevention of child injuries including topics such as safe sleeping, shaken baby syndrome or traumatic brain injury, child passenger safety, poisonings, fire safety (including scalds), water safety (i.e. drowning), and playground safety • Incidence of child injuries requiring medical treatment. • Reported suspected maltreatment for children in the program (allegations that were screened in but not necessarily substantiated) • Reported substantiated maltreatment (substantiated/indicated/alternative response victim) for children in the program • First-time victims of maltreatment for children in the program
Improvements in School Readiness and Achievement	<ul style="list-style-type: none"> • Parent support for children's learning and development (e.g., having appropriate toys available, talking and reading with their child) • Parent knowledge of child development and of their child's developmental progress • Parenting behaviors and parent-child relationship (e.g., discipline strategies, play interactions) • Parent emotional well-being or parenting stress • Child's communication, language and emergent literacy • Child's general cognitive skills • Child's positive approaches to learning including attention • Child's social behavior, emotion regulation, and emotional well-being • Child's physical health and development

Crime or Domestic Violence	<ul style="list-style-type: none"> • Crime <ul style="list-style-type: none"> ○ Arrests ○ Convictions • Domestic Violence <ul style="list-style-type: none"> ○ Screening for domestic violence ○ Of families identified for the presence of domestic violence, number of referrals made to relevant domestic violence services (e.g., shelters, food pantries): ○ Of families identified for the presence of domestic violence, number of families for which a safety plan was completed
Family Economic Self-Sufficiency	<ul style="list-style-type: none"> • Household income and benefits • Employment or education of adult members of the household • Health insurance status
Coordination and Referrals for Other Community Resources and Supports	<ul style="list-style-type: none"> • Number of families identified for necessary services • Number of families that required services and received a referral to available community resources • MOUs: Number of Memoranda of Understanding or other formal agreements with other social service agencies in the community • Information sharing: Number of agencies with which the home visiting provider has a clear point of contact in the collaborating community agency that includes regular sharing of information between agencies • Number of completed referrals (i.e., the home visiting provider is able to track individual family referrals and assess their completion, e.g., by obtaining a report of the service provided.)

Adapted from the HRSA Supplemental Information Request for the Submission of the Updated State Plan for a State Home Visiting Program, available at:

<http://www.ok.gov/health2/documents/MIECHV-SIR%20Guidance.pdf>

04/01/11

ATTACHMENT K

Parents as Teachers Information

www.parentsasteachers.org

The MIECHV Home Visiting Program RFP requires the Contractor to implement Parents as Teachers® (PAT) - the evidence-based home visiting model. The Oklahoma State Department of Health places emphasis on model fidelity and ensures all areas related to service delivery exceed the minimum required by the model. The requirements set forth within this RFP and in program procedure manuals, The Parents as Teachers® (PAT) curriculum will be used on the home visits. The Ages and Stages Questionnaires 3 (ASQ 3), and the Ages and Stages: Social and Emotional 2 (ASQ:SE - 2) will be used for developmental screenings.

The PAT model is an evidence-based early childhood home visiting model, which is designed to build strong communities, thriving families, and children who are healthy, safe, and ready to learn.

All affiliated PAT programs adhere to these Essential Requirements, which provide the framework for program development and implementation. Staff is trained on the Essential Requirements and programs are affiliated based on the adherence to the Essential Requirements. In addition to helping assure quality, the Essential Requirements allow for flexibility in service implementation to permit integration into a wide range of communities and provide opportunities for innovation.

Parents as Teachers Essential Requirements

- | | |
|---------------------------|---|
| Essential Requirement #1: | Affiliates provide at least two years of services to families with children between prenatal and kindergarten entry. |
| Essential Requirement #2: | The minimum qualifications for parent educators are a high school diploma or GED and two years previous supervised work experience with young children and/or parents. |
| Essential Requirement #3: | Each affiliate has an advisory committee that meets at least every 6 months (can be part of a larger committee, community network or coalition as long as the group includes a regular focus on the Parents as Teachers affiliate). |
| Essential Requirement #4: | Each month, parent educators working more than .5 FTE participate in a minimum of two hours of individual reflective supervision and a minimum of two hours of staff meetings and parent educators working .5 FTE or less participate in a minimum of |

one hour of reflective supervision and two hours of staff meetings. In order to support high quality services to families, this requirement includes supervisors who carry a caseload

Essential Requirement #5:

Each supervisor, mentor or lead parent educator is assigned no more than 12 parent educators, regardless of whether the parent educators are full-time or part-time employees. [

assigned to the supervisors is adjusted proportionately when the supervisor is not full-time. For example, a .75 FTE supervisor would have a maximum of 9 PEs; a .5 FTE would have a maximum of 6 PEs; a .25 FTE would have a maximum of 3 PEs.

Essential Requirement #6:

All new parent educators in an organization who will deliver Parents as Teachers services to families attend the Foundational and Model Implementation Trainings before delivering Parents as Teachers; new supervisors attend at least the Model Implementation Training.

Essential Requirement #7:

Parent educators obtain competency-based professional development and training and renew certification with the national office annually.

Essential Requirement #8:

Parent educators complete and document a family-centered assessment within 90 days of enrollment and then at least annually thereafter, using an assessment that addresses the Parent as Teachers required areas.

Essential Requirement #9:

Parent educators develop and document goals with each family they serve.

Essential Requirement #10:

Parent educators use the foundational visit plans and planning guide from the curriculum to design and deliver personal visits to families.

Essential Requirement #11:

Families with 1 or fewer high needs characteristics receive at least 12 personal visits annually and families with 2 or more high needs characteristics receive at least 24 personal visits annually.

Essential Requirement #12:

Full-time 1st year parent educators complete no more than 48 visits per month during their first year and full-time parent educators in their 2nd year and beyond complete no more than 60 visits per month. The number of visits completed monthly is adjusted proportionately when a parent educator is part

time. In addition, a number of factors need to be considered when establishing the maximum number of visits completed monthly, including parent educators' total responsibilities, travel time for visits, data collection responsibilities and program supports.

Essential Requirement #13:

Affiliates deliver at least 12 group connections across the program year.

Essential Requirement #14:

Screening takes place within 90 days of enrollment for children 4 months or older and then at least annually thereafter (infants enrolled prior to 4 months of age are screened prior to 7 months of age). A complete screening includes developmental screening using PAT approved screening tools, along with completion of a health review that includes a record of hearing, vision, and general health status. Developmental domains that require screening include language, intellectual, social-emotional & motor development.

Essential Requirement #15:

Parent educators connect families to resources that help them reach their goals and address their needs.

Essential Requirement #16:

At least annually, the affiliate gathers and summarizes feedback from families about the services they've received, using the results for program improvement.

Essential Requirement #17:

The affiliate annually reports data on service delivery and program implementation through the APR; affiliates use data in an ongoing way for purposes of continuous quality improvement

MODEL COMPONENTS

The PAT model has four interrelated and integrated components: personal visits, group connections, screening and resource network, these components are the vehicle for service delivery of parent education and family support to enrolled families:

(1) Personal Visits

Each visit is individualized, strength-based collaboration where parent educators focus on child development and parent-child interaction. The training and curriculum, together with the parent educator's interpersonal and communication skills bring a valuable service to families, resulting in measurable impacts.

(2) Screenings

Tools help parents understand their child's development, recognize strengths, and identify areas of concern that might suggest the need for follow-up services. These include overall health, vision, and hearing screenings performed by healthcare providers.

Child Development Screenings

In addition to the PAT Milestones by Age required screening, the OSDH requires the Contractor provide the ASQ 3 and the ASQ:SE-2 child development screenings for children enrolled in the program beginning with the two month questionnaire or, for children enrolled after two months, as appropriate according to the ASQ 3 or ASQ:SE-2 administration chart found in the program and procedures manual.

Program staff performing the ASQ 3 and ASQ:SE -2 child development screenings must be trained in the administration, scoring, analysis, and reporting of the Ages and Stages Questionnaire. *(See Attachment L)*

Program staff track children who are suspected of having a developmental delay and follow through with appropriate referrals and follow-up as needed.

Child Health Screenings

Screenings may be conducted in person or through other community agencies. Documentation of screening results (including those done by contractors, community agencies, physicians, etc.) is required.

- Vision screening
- Hearing screening

(3) Group Connections

Parent groups are opportunity for parents to share experiences, discuss problems, learn from other parents, support one another, observe their child with other children, and practice parenting skills. In addition, child development information is shared and social connections between parents are fostered.

Contractors may develop group connections at their agency in addition to partnering with child guidance to access Circle of Parents groups within the community. These resources are outlined further in the OSDH PAT procedures manual

(4) Resource Network

A network of community resources that parents can deploy as needed. It is essential that programs build comprehensive, collaborative, and community – based partnerships that build on family strengths, support long-term self-sufficiency, and impact real and long lasting change.

ENROLLMENT CRITERIA

PAT Affiliates serve families with children from pregnancy through kindergarten. In keeping with the continuum of service for home visitation the enrollment criteria is tailored to direct the placement of a family into the model that is the best fit. Prenatal families are eligible for enrollment into PAT once they are 29 weeks pregnant with a first pregnancy or at conception for subsequent pregnancies.

Families receive a family-centered assessment within 90 days of enrollment; and are required to sign a mutual participation agreement/consent for services.

STAFF

The Contractor will propose how many of these core program staff positions will be needed to provide the proposed services and the percent of time to be worked by each position.

The Contractor may choose to utilize one person to fulfill more than one of the required positions listed above. For example, an individual may be assigned 50 percent time as Program Supervisor and 50 percent time as Parent Educator. If one individual is assigned to more than one position, that individual will fulfill all of the roles and responsibilities listed for each of the assigned positions.

The core program staff positions required by the PAT model and the OSDH for implementation are:

- Program Supervisor
- Parent Educator

Program Supervisor

The PAT supervisor provides leadership, oversight and vision for the work of the affiliate. The supervisor's responsibilities include directing, coordinating, supporting, and evaluating the on-the-job performance of parent educators in accordance with the affiliate's policies and procedures.

A combination of education, work experience and effective interpersonal and communication skills is critical for the supervisor. It is recommended that the supervisor has a bachelor's degree or beyond in early childhood education, social work, health, psychology or a related field. The supervisor should also have at least five years' experience working with families and young children. In addition, the supervisor needs to have a commitment to reflective supervision, data collection and continuous quality improvement. For supervision purposes, a lead parent educator with a similar education and experience level as the supervisor can be designated to support and provide guidance to parent educators. This approach is most applicable for an affiliate with many parent educators.

Each supervisor, mentor or lead parent educator is assigned no more than 12 parent educators, regardless of whether the parent educators being supervised are full-time or part-time employees.

Parent Educator

Affiliate quality is highly dependent on hiring parent educators who value working with parents of young children and who have the skills to develop positive and enduring relationships with families. Quality PAT affiliates strive to hire parent educators that collectively reflect the community, including the cultural and language backgrounds of the families being served. In addition, parent educators must be committed to continual growth in their ability to respond effectively to families' community, cultural, and language backgrounds.

When hiring a parent educator, evaluating the candidate's combination of education, work experience, and communication and interpersonal skills is critical. "The need for home visitors to be nonjudgmental, objective, and reflective is also very important. It is through the use of such abilities that home visitors are able to establish a productive working relationship with families. Because these characteristics are so essential to the success of the home visiting process, selection of individuals who already possess basic competencies in these areas is important. Training after a person is employed to compensate for insufficient skills in these areas is not only difficult but often unsuccessful" (Wasik, 2001, p.82). Thus, it is important for the PAT supervisor to be familiar with the core competencies that parent educators must develop over time through training and experience.

The core competencies (outlined on the following page) are divided into five content areas. Within each competency area are the knowledge, skills, and practices that parent educators need to develop over time through training and experience. These are described further in the PAT Foundational Curriculum.

Parent Educator Core Competencies

Competency Area		Definition and Description
I.	Family Support and Parenting Education	Parent educators practice a strength-based family support and parenting education approach to support the growth of parents' capacities through research-based methods and principles.
II.	Child and Family Development	Parent educators are knowledgeable about child and parent development, and are skilled in fostering positive parent-child interactions.
III.	Human Diversity within Family Systems	Parent educators demonstrate respect for diverse needs and characteristics of families and understand the influence of varied family systems, culture, and socioeconomic status in child rearing practices and school readiness.
IV.	Health, Safety, and Nutrition	Parent educators assist parents in establishing healthy and safe environments and parenting practices that

		promote the optimal development of children.
V.	Relationships between Families and Communities	Parent educators strengthen families by building partnerships, connecting parents to supports, and fostering parent engagement and leadership in schools and other community organizations.

Priority should be given to hiring parent educators with effective communication and interpersonal skills (e.g., nonjudgmental, objective, reflective, empathic, patient, tactful) since these skills are necessary building blocks for each core competency area

TRAINING

Orientation

Staff receives orientation training within 3 months of hire prior to direct work with families to familiarize then with the functions of the site. Topics include but are not limited to:

- Staff roles as they relate to the site's goals, services, curriculum materials, policy and operating procedures, data collection forms and processes, and philosophy of home visiting/family support
- Staff is oriented to the site's relationship with other community resources prior to direct work with families.
- Staff is oriented to child abuse and neglect indicators and reporting requirements prior to direct work with families.
- Staff is oriented to issues related to boundaries prior to direct work with families

Contractors will receive training provided by Parents as Teachers National Center® (PATNC) trainers and as arranged by the OSDH. Technical assistance is provided by the OSDH PAT Program Consultant, and Contractors will be provided with the tools to collect and document in all required areas. Although OSDH will provide most of the required training, ultimately it is the responsibility of the Contractor to assure that program staff meets training requirements as described in this RFP. Staff will receive additional 20 hours of professional development training per year and will renew annually.

SUPERVISION

- Parent educators working more than .5 FTE participate in a minimum of four hours of individual reflective supervision and a minimum of 2 hours of staff meetings per month.
- Parent educators working .5 FTE or less participate in a minimum of two hours of reflective supervision and two hours of staff meetings per month.

CASELOAD MANAGEMENT

Contractors are required to ensure all parent educators employed full-time complete no more than 48 visits per month during their first year and that all parent educators employed full-time complete no more than 60 visits per month in their second year and beyond, taking into consideration:

- Experience and skill of the parent educator
- Nature and difficulty of the problems encountered
- Number of families per service provider which involve additional assessments and/or more intensive intervention
- Travel and other non-direct service time required to fulfill the service provider's responsibilities
- Extent of other resources available in the community to meet family needs
- Other assigned duties

HOME VISITS

The goal of the home visit is to promote positive parent-child interaction, healthy childhood growth and development, and enhance family functioning. Typically, home visits occur in the home, last a minimum of an hour and the child is present. Within Parents as Teachers' broader context of parent education and family support, there are three key areas of emphasis that are critical in working with families:

Parent Child – Interaction

- Focuses on developing parenting skills that are warm, responsive, encouraging, and communicative.

Development – Centered Parenting

- Informs parents about child development; making explicit connections between the child's stage of development, in addition to behavior.

Family Well – Being

- Focuses on family strengths, capabilities, and skills to build upon the protective factors.

ASSESSMENTS

Families must receive a complete family-centered assessment within 90 days of enrollment and then at least annually thereafter.

PAT requires that the following seven areas be covered in the family-centered assessment:

- Parenting (parent knowledge, capacity, parenting practices, and/or parent-child relationship)
- Family relationships and formal and informal support systems
- Parent educational and vocational information
- Parent general health
- Parent/child access to medical care, including health insurance coverage

- Adequacy and stability of income for food, clothing, and other expenses
- Adequacy and stability of housing

GOAL PLAN

Goals are established in partnership with families within 90 days of enrollment using multiple sources of information, including parents' interests and needs, family-centered assessment, and screening results. Goals address at least one of the following areas: parenting behaviors, child development and family well-being.

Once goals have been identified, the parent educator and parents create and document a plan to accomplish the family's goals. The plan should include but is not limited to a timeline, specific steps toward accomplishing the goal(s), needed resources, and review of progress.

On a regular basis, parent educators and families should discuss progress, adjusting the goals and steps as necessary. As goals are achieved, new goals are developed as appropriate, maintaining at least one goal at all times.

ANNUAL PERFORMANCE REPORT

Contractors will complete and submit the Annual Performance Report (APR) within the required timeline for Parents as Teachers National Center (PATNC). Contractors will submit the APR electronically to PATNC and provide a two paper copies to OSDH.

RESOURCES

The PATNC offers affiliates several resources that provide standards and comprehensive guidance for high quality implementation of the Parents as Teachers model, and for ongoing monitoring of fidelity. Please visit the links provided in the following table for detailed PAT Affiliate information.

Resources to Guide Model Replication

<p>Logic Model http://www.parentsasteachers.org/images/stories/documents/LogicModel_Web.pdf</p>	<p>Provides a simplified visual description of the theory of change and shows how the model is designed to achieve desired outcomes.</p>
<p>Essential Requirements Summary http://www.parentsasteachers.org/images/stories/Essential_requirements_for_affiliates.pdf</p>	<p>Outlines the programmatic expectations for model fidelity.</p>
<p>Quality Assurance Guidelines http://www.parentsasteachers.org/images/stories/QA_guidelines_3-16-15_final.pdf</p>	<p>Provides detailed guidelines of how to design, develop, and implement PAT</p>

	services. The QA guidelines help affiliates effectively plan and implement their services, operations, and management.
Quality Standards http://www.parentsasteachers.org/images/stories/PAT_2013_Quality_Standards.pdf	Are comprised of the essential requirements along with 100 additional standards. The quality standards form the basis for quality endorsement of PAT affiliates. In addition, the standards help guide ongoing implementation of the PAT model and continuous quality improvement.
Readiness Reflection http://www.parentsasteachers.org/images/stories/documents/2011_Readiness_reflection.pdf	Provides an opportunity for reflection about organizational capacity, staffing, and community needs and relationships prior to new affiliates' completion of their Affiliate Plans
Affiliate Plan www.parentsasteachers.org	Helps organizations design the PAT affiliate and demonstrates how it will fulfill the essential requirements, using a logic model format.

ATTACHMENT K.1

PARENTS AS TEACHERS® **Information (PAT) – Affiliate**

Costs associated with becoming a PAT Affiliate are outlined below and include the trainings required by the OSDH and PAT to implement the Parents as Teachers (PAT) model within communities. Additional training required by the OSDH can be found in the training attachment N.

- Parents as Teachers Affiliate costs:

**Prices are subject to change*

Course	Duration	Materials	Cost/Person
**Foundational and Model Implementation	5 Days	-	\$960.00
**Foundational 2	2 Days	-	\$525.00
**Partnering with Teen Parents		-	\$380.00
Annual Conference		-	\$500.00
Supporting Families With Children with Special Needs	2 Days	-	\$275.00
**Affiliate Annual Renewal	-	-	\$3,500.00

***Indicates training is required*

For more information:

Parents as Teachers National® Center, Inc.

10176 Corporate Square Drive, Suite 230

St. Louis, MO 63132

(314) 432-4330; Fax (314) 432-8963

State Lead: Oklahoma State Department of Education

www.parentsasteachers.org

ATTACHMENT L

AGES AND STAGES QUESTIONNAIRE

Professionals rely on ASQ for the best developmental and social-emotional screening for children from 1 month to 5 ½ years. Highly reliable and valid, ASQ looks at strengths and trouble spots, educates parents about developmental milestones, and incorporates parents' expert knowledge about their children. Questionnaires come in English, Spanish, or French. You have the option of using questionnaires on paper or in PDF format on CD-ROM (the French is only available on CD-ROM). The questionnaires and the letters, forms, and activities in the *User's Guides* may be photocopied at **no additional charge**¹.

The Ages and Stages Questionnaire, Third Edition (ASQ – 3) and the Ages and Stages Questionnaire: Social and Emotional (ASQ:SE – 2)² are used to screen all children enrolled children to identify delays and help primary caregivers learn about their child's developmental stages.

ASQ:3 Parent Educators will utilize the ASQ – 3 questionnaires at 2 months, 4 months, 10 months, 16 months, 22 months, 33 months, 54 months. The screening intervals at 6, 8, 12, 14, 18, 20, 24, 27, 30, 36, 42, 48, and 60 months are optional, but should be used for children whose scores are near the cut-off points at a previous screenings to determine a possible delay.

ASQ:SE – 2 Parent Educators will utilize the ASQ:SE – 2 questionnaires at 6 months, 12 months, 18 months, 24 months, 36 months and 60 months. The screening intervals at 30 months and 48 months are optional, but should be used for children whose scores are near the cut-off points at a previous screening to determine a possible delay.

For more Information:

Ages and Stages Questionnaire

<http://agesandstages.com/>

Brookes Publishing Company

Customer Service Department
Brookes Publishing Company
P.O. Box 10624
Baltimore, MD 21285-0624
Toll Free: 1-800-638-3775
Fax: 1-410-337-8539

<http://products.brookespublishing.com/Search.aspx?k=ASQ>

¹ What is an ASQ? <http://agesandstages.com/what-is-asq/>

² ASQ-Squires, Twombly, Bricker & Potter, 2009 ASQ:SE-Squires, Bricker, Twombly, Yockelson, Davis & Kim, 2002

ATTACHMENT M

STRENGTHENING FAMILIES
PROTECTIVE FACTORS INFORMATION

The Protective Factors Framework

Five Protective Factors are the foundation of the Strengthening Families Approach: parental resilience, social connections, concrete support in times of need, knowledge of parenting and child development, and social and emotional competence of children. Research studies support the common-sense notion that when these Protective Factors are well established in a family, the likelihood of child abuse and neglect diminishes. Research shows that these protective factors are also “promotive” factors that build family strengths and a family environment that promotes optimal child and youth development.

1. Parental Resilience

No one can eliminate stress from parenting, but a parent’s capacity for resilience can affect how a parent deals with stress. Resilience is the ability to manage and bounce back from all types of challenges that emerge in every family’s life. It means finding ways to solve problems, building and sustaining trusting relationships including relationships with your own child, and knowing how to seek help when necessary.

2. Social Connections

Friends, family members, neighbors and community members provide emotional support, help solve problems, offer parenting advice and give concrete assistance to parents. Networks of support are essential to parents and also offer opportunities for people to “give back”, an important part of self- esteem as well as a benefit for the community. Isolated families may need extra help in reaching out to build positive relationships.

3. Concrete Support in Times of Need

Meeting basic economic needs like food, shelter, clothing and health care is essential for families to thrive. Likewise, when families encounter a crisis such as domestic violence, mental illness or substance abuse, adequate services and supports need to be in place to provide stability, treatment and help for family members to get through the crisis.

4. Knowledge of Parenting and Child Development

Accurate information about child development and appropriate expectations for children’s behavior at every age help parents see their children and youth in a positive light and promote their healthy development. Information can come from many sources, including family members as well as parent education classes and surfing the internet. Studies show information is most effective when it comes at the precise time parents need it to understand their own children. Parents who

experienced harsh discipline or other negative childhood experiences may need extra help to change the parenting patterns they learned as children.

5. Social and Emotional Competence of Children

A child or youth's ability to interact positively with others, self-regulate their behavior and effectively communicate their feelings has a positive impact on their relationships with their family, other adults, and peers. Challenging behaviors or delayed development creates extra stress for families, so early identification and assistance for both parents and children can head off negative results and keep development on track.

For information:

Center for the Study of Social Policy's
Strengthening Families Protective Factors
<http://www.cssp.org/reform/strengthening-families/resources>

Attachment N
Training Calendar*
SFY2015

**will be updated as needed*

Training Course	Date	Location	Rm#	Time
2015				
Grief/Newborn Screening	7/7	OUHSC-Student Union	205	8:30 – 4:30
Cultural Competency	7/9	OUHSC-Student Union	205	8:30-12:30
Mental Health Issues	7/15	OUHSC-Student Union	260	8:30 – 4:30
Family/Domestic Violence	7/21	Francis Tuttle Reno Campus	Room A1020A	8:30-4:30
DANCE – NFP Model Implementation Only	7/21-7/23	OCCHD	310	8:00-5:00
Attachment	7/22	OUHSC-Student Union	260	8:30 – 4:30
CAME	7/30 –7/31	OUHSC-Student Union	262	8:30 – 5:00 8:30 – 12:30
Reproductive Health/Maternal Depression	8/5	OUHSC-Student Union	260	8:30-4:30
Special Needs	8/11	Tulsa Tech Riverside Campus	A144 Auditorium	8:30-4:30
Adoption	8/18	OSU – Tulsa	106	12:00-3:00
Reflective Supervision	8/19	Tulsa Tech – Riverside Campus	A144 Auditorium	8:30-4:30
Breastfeeding	8/20 – 8/21	OUHSC-Student Union	262	8:30 – 4:30
Safe Sleep/SIDS/AHT/Period of Purple Crying	8/25	OUHSC-Student Union	260	9:00-4:30
Family/Domestic Violence	9/2	OSU-Tulsa	150	8:30-4:30
Tobacco Cessation/Substance Abuse/Addictive Behaviors	9/9	Tulsa Tech Riverside Campus	A144 Auditorium	8:30 – 4:30
Ages and Stages	9/15	Francis Tuttle Reno Campus	Room A1020B	8:30-4:30
Grief/Newborn Screening	9/16	OUHSC-Student Union	262	8:30 – 4:30
HV Safety Training	9/21	OSU Tulsa	153	8:30-4:30
Keys to Caregiving	9/29	OUHSC-Student Union	260	9:00 – 4:30
Attachment	10/7	OSU Tulsa	153	8:30 – 4:30

Other training courses may be added periodically to current schedule. Please contact Lisa Williams at lisaw@health.ok.gov or at (405) 271-9444, x56722 for questions regarding any of the above training courses. Certificates are either issued on the day of training or will be emailed thereafter.

Attachment N
Training Calendar*

SFY2015

**will be updated as needed*

Training Course	Date	Location	Rm#	Time
Mental Health Issues	10/8	OSU Tulsa	153	8:30-4:30
Child Passenger Safety	10/14	OSDH	806	8:00 – 4:30
CAME	10/15 – 10/16	OUHSC-Student Union	262	8:30 – 5:00 8:30 – 12:30
NCAST Feeding** -- Model Implementation	10/20 – 10-22	TBD	TBD	8:30 – 4:30
Adoption/Cultural Competency	10/29	OUHSC-Student Union	260	9:00-5:00
NCAST Teaching** - Model Implementation	11/3 – 11/5	TBD	TBD	8:30 – 4:30
Breastfeeding	11/9 – 11/10	OUHSC – Student Union	205-1 st day 260-2 nd day	8:30 – 4:30
Grief/Newborn Screening	11/17	OUHSC – Student Union	205	8:30 – 4:30
Reproductive Health/Maternal Depression	11/19	OKC	TBD	8:30-4:30
Tobacco Cessation/Substance Abuse/ Addictive Behavior	12/1	OUHSC – Student Union	205	8:30 – 4:30
Attachment	12/2	OUHSC – Student Union	205	8:30-4:30
Safe Sleep/SIDS/AHT/Period of Purple Crying	12/8	OUHSC – Student Union	205	9:00-4:30
Special Needs	12/9	OUHSC – Student Union	205	8:30-4:30
Reflective Supervision	12/10	OUHSC – Student Union	205	8:30-4:30
HV Safety Training	12/14	OUHSC – Student Union	260/262	8:30-4:30
Ages and Stages	12/15	OUHSC – Student Union	205	8:30-4:30
Keys to Caregiving	12/17	OUHSC – Student Union	232	9:00 – 4:30

**Pre-requisite course work required to attend – Keys to Caregiving

Other training courses may be added periodically to current schedule. Please contact Lisa Williams at lisaw@health.ok.gov or at (405) 271-9444, x56722 for questions regarding any of the above training courses. Certificates are either issued on the day of training or will be emailed thereafter.

**OKLAHOMA STATE DEPARTMENT OF HEALTH
ADMINISTRATIVE PROCEDURES MANUAL**

NUMBER: 1-17
TITLE: Reporting Child Abuse or Neglect
ADOPTED: April 1999
LAST REVIEWED: October 2011
RESPONSIBLE SERVICE: Administration

APPROVED:

Terry Cline, Ph.D.
Commissioner
Signature on File

I. Purpose

The purpose of this administrative procedure is to define the Oklahoma State Department of Health's (OSDH) process for reporting child abuse and/or neglect.

II. Reporting Child Abuse and/or Neglect

A. Process

As required by Title 10A of the Oklahoma Statutes, Section 1-2-101 should any OSDH employee have reason to believe that a child under the age of 18 years is a victim of abuse or neglect, as the terms are defined in Title 10A of the Oklahoma Statutes, Section 1-1-105, the following actions must be taken:

1. Utilizing the information gathered for the "Child Abuse Reporting Form," (Attachment A, ODH Form 333F) promptly contact the Oklahoma Department of Human Services Statewide Child Abuse Reporting Hotline at 1-800-522-3511.
 - a. The definition of "promptly" may vary from incident to incident depending on the severity of the abuse and/or neglect and the age or vulnerability of the child. However, all reports must be made less than 24 clock hours from the time the employee had reason to believe that the child was a victim of abuse or neglect.
 - b. If an employee has reason to believe that a child is in immediate physical danger, the employee must contact local law

enforcement in addition to making a report to the OKDHS Child Abuse Reporting Hotline.

2. Following the verbal report to the OKDHS Child Abuse Reporting Hotline, the employee should immediately complete the "Child Abuse Reporting Form," (Attachment A, ODH Form 333F) including as much information as possible. The documented information should objectively and accurately reflect the nature of the abuse and/or neglect without overstating or minimizing the incident(s).
3. The original completed "Child Abuse Reporting Form," (Attachment A, ODH Form 333F) should immediately be mailed to the OKDHS office where the child resides or where the injury occurred--whichever office seems most reasonable. The "One Week Follow-Up" Section of the "Child Abuse Reporting Form," (Attachment A, Form 333F) will be left incomplete.
4. One copy of the completed "Child Abuse Reporting Form," (Attachment A, ODH form 333F) should then be filed in the administrative section of the client child's medical record.
5. A progress note should be made stating only "ODH Form 333F completed." The progress note is to be filed in the client child's medical record in the relevant clinical service section. For example, if the child was seen in the WIC Clinic and reported by a WIC staff person, then the progress note would be filed in the WIC section of the client child's medical record.
6. If the child is not a health department client, a medical record should be opened for that child and the "Child Abuse Reporting Form," (Attachment A, ODH Form 333F) should be filed in the administrative section of that medical record.
7. A progress note should be made stating only "(Attachment A, ODH Form 333F) completed." The progress note is to be filed in the medical record in a clinical service section.
8. A separate file should be established in each county health department to contain "Child Abuse Reporting Forms," (Attachment A, ODH Form 333F) related to child abuse reports made on behalf of children whose names are not known.
9. Approximately one week after the report was made; the "One Week Follow-Up" section of the "Child Abuse Reporting Form," (Attachment A, ODH Form 333F) should be completed. The form should be returned to its appropriate place in the child client's medical record AND a copy of the completed form should be sent to:

The Oklahoma State Department of Health
The Family Support & Prevention Service
1000 Northeast Tenth Street, 7th Floor
Oklahoma City, Oklahoma 73117-1299

Please state "CONFIDENTIAL" on the outside of the envelope.

10. The person making the report is responsible for informing the immediate supervisor, and/or district supervisor, who will, in turn, advise the local county health department administrator. This notification procedure is not a substitute for making a report. According to state law, reporting is an individual responsibility and the person who suspects abuse is the person who must make the report. The legal responsibility for reporting is not satisfied by merely reporting the suspicion to a supervisor.

III. Statutory Definitions

A. Abuse

"Abuse" means harm or threatened harm or failure to protect from harm or threatened harm to the health, safety, or welfare of a child by a person responsible for the child's health, safety or welfare, including but not limited to nonaccidental physical or mental injury, sexual abuse, or sexual exploitation. Provided, however, that nothing contained in this act shall prohibit any parent from using ordinary force as a means of discipline including, but not limited to, spanking, switching, or paddling.

1. "Harm or threatened harm to the health or safety of a child" means any real or threatened physical, mental or emotional injury or damage to the body or mind that is not accidental including but not limited to sexual abuse, sexual exploitation, neglect or dependency.
2. "Sexual abuse" includes but is not limited to rape, incest, and lewd or indecent acts or proposals to a child, as defined by law, by a person responsible for the health, safety, or welfare of a child.
3. "Sexual exploitation" includes but is not limited to allowing, permitting, or encouraging a child to engage in prostitution, as defined by law, by a person responsible for the health, safety, or welfare of a child, or allowing, permitted, encouraging, or engaging in the lewd, obscene, or pornographic, as defined by law, photographing, filming, or depicting of a child in those acts by a person responsible for the health, safety, and welfare of the child.

B. Neglect

"Neglect" means:

1. The failure to provide any of the following:
 - a. Adequate nurturance and affection, food, clothing, shelter, sanitation, hygiene, or appropriate education,
 - b. Medical, dental, or behavioral health care,
 - c. Supervision or appropriate caretakers, or
 - d. Special care made necessary by the physical or mental condition of the child,
2. The failure to protect a child from exposure to any of the following:
 - a. The use, possession, sale, or manufacture of illegal drugs,
 - b. Illegal activities, or
 - c. Sexual acts or materials that are not age-appropriate, or
3. Abandonment.

IV. References

Title 10A O.S. § 1-1-105

Title 10A O.S. § 1-2-101

V. Action

The Deputy Commissioner for Community and Family Health Services is responsible for ensuring the annual review of this administrative procedure.

Family Support & Prevention Services is responsible for the annual review and revision of this administrative procedure.

Any exceptions to this administrative procedure require prior written approval of the Commissioner.

The procedure is effective immediately as indicated.

VI. Attachments

<u>Attachments</u>	<u>Title</u>	<u>Location</u>
Attachment A	Child Abuse Reporting Form (ODH Form 333F)	Attached

OKLAHOMA STATE DEPARTMENT OF HEALTH SUSPECTED CHILD ABUSE/NEGLECT REPORT FORM

I understand that the Oklahoma State Department of Health policy requires me, as a mandated reporter, to promptly contact the Oklahoma Department of Human Services or call the statewide 24-hour hotline number (1-800-522-3511) to make a report of suspected child abuse and/or neglect in good faith and in accordance with the law of the state of Oklahoma. I understand that this form (333-F) does not replace a call to OKDHS, but is to be used to document adherence to policy, to be sent to OKDHS for hardcopy documentation, and to provide quality assurance.

This written report documents an oral report made to OKDHS on (Date) ____/____/____, (Time) ____:____ ☐ am ☐ pm
to (Person accepting the report) _____ Referral # _____.

IF THIS SITUATION POSES IMMINENT DANGER, WAS LAW ENFORCEMENT CALLED? ☐ Yes ☐ No
WAS THIS REPORT MADE ANONYMOUSLY? ☐ Yes ☐ No

Reporter Information

Reporter's Name: _____ Position/Title: _____
Phone number: ____-____-____ Fax number: ____-____-____ County: _____

E-mail address? _____
At which health department or contract agency do you work (also specify city)? _____

At the time of this incident, for which program or clinic were you working?
☐ Children First ☐ Early Intervention ☐ Immunization clinic ☐ Start Right/OCAP ☐ Well-child clinic
☐ Child Guidance ☐ Family Planning ☐ Maternity Clinic ☐ STD clinic ☐ WIC
☐ Administrative staff, multiple programs/clinics ☐ Other: _____

Child Information

Name: _____ DOB/Age: _____ Race/Ethnicity: _____ Gender: _____
Is this child physically or developmentally disabled? ☐ Yes ☐ No IF YES → Please describe: _____

Address or location of child at the time of the report? _____

Family/Caretaker Information

List each person's name and relationship to child (if known):	Age	Race/Ethnicity	Gender	Disabled? Explain:
1. Parent/Caretaker: _____	_____	_____	<input type="checkbox"/>	_____
2. Parent/Caretaker: _____	_____	_____	<input type="checkbox"/>	_____
3. Sibling/Other: _____	_____	_____	<input type="checkbox"/>	_____
4. Sibling/Other: _____	_____	_____	<input type="checkbox"/>	_____
5. Sibling/Other: _____	_____	_____	<input type="checkbox"/>	_____

What is the primary language spoken in the home? ☐ English ☐ Spanish ☐ Other (specify): _____

Home Address: _____ Telephone: ____-____-____
Alternative phone: ____-____-____

Finding Directions: _____

Out of Home Care

Is the child in out-of-home care? Check type:
☐ Unknown/Not Applicable ☐ OKDHS custody ☐ Foster family home ☐ Relative's home
☐ Childcare center or school ☐ Family friend ☐ Group home or institution ☐ Other: _____

Address: _____ Telephone: ____-____-____
Alternative phone: ____-____-____

Who are the person(s) responsible for the child at this location? _____

Name of school or childcare/daycare center: _____

Incident Information

Please classify the type(s) of suspected maltreatment you are reporting (check all that apply):

☐ Physical abuse ☐ Sexual abuse ☐ Emotional or psychological abuse ☐ Neglect

Is domestic or intimate partner violence in the home?

☐ Yes: _____ ☐ No ☐ Unknown

Is alcohol or a controlled dangerous substance involved?

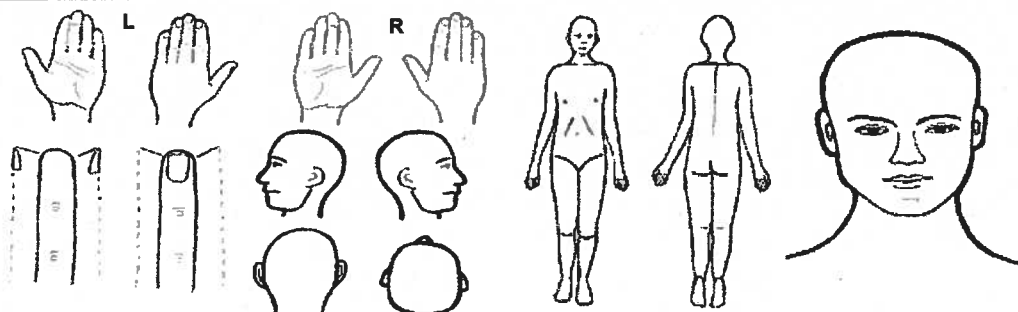
☐ Yes: _____ ☐ No ☐ Unknown

Are there dangers in the home (i.e. dogs, weapons, meth lab, etc.)?

☐ Yes: _____ ☐ No ☐ Unknown

Incident Information, continued

Please describe the nature and extent of the child's injuries, neglect or endangered condition (indicate sites on body map):



Alleged types and/or indicators of suspected maltreatment; check all that apply. (Note: This is not an exhaustive list)

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Abrasions/laceration | <input type="checkbox"/> Exposure to domestic violence | <input type="checkbox"/> Inadequate clothing | <input type="checkbox"/> Substance abuse by caretaker |
| <input type="checkbox"/> Age-inappropriate sexual behavior | <input type="checkbox"/> Failure to obtain medical attention | <input type="checkbox"/> Inadequate or dangerous shelter | <input type="checkbox"/> Threat of harm |
| <input type="checkbox"/> Bite marks | <input type="checkbox"/> Failure to protect | <input type="checkbox"/> Inadequate physical care | <input type="checkbox"/> Vaginal penetration/intercourse |
| <input type="checkbox"/> Bone fracture (not skull) | <input type="checkbox"/> Failure to provide adequate nutrition | <input type="checkbox"/> Lack of supervision | <input type="checkbox"/> Wounds/cuts/punctures |
| <input type="checkbox"/> Bruises/welts | <input type="checkbox"/> Failure to thrive | <input type="checkbox"/> Mental trauma | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Burns/scalds | <input type="checkbox"/> Fondling | <input type="checkbox"/> Pornography | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Exposure to adult sexuality | <input type="checkbox"/> Head trauma | <input type="checkbox"/> Skull fracture | <input type="checkbox"/> Other: _____ |

Identify any child or adult who gave an explanation of the child's injury/condition and the date; What did the child or adult say happened?

How do you know this child? How long have you known him/her? When did you last see the child, and what was his/her condition? Does the child have any injuries now?

When did the incident occur (time, date, location)? Did you witness the incident?

Other pertinent information, including the name and address of others who may be willing to provide information about this case:

One Week Follow-Up

DHS Caseworker: _____ Phone number: _____ - _____ - _____ County: _____

Was this report: ☐ Accepted ☐ Screened out ☐ Don't know

Was this report assigned for: ☐ Investigation ☐ Assessment ☐ No ☐ Don't know

What priority was assigned by DHS (if known)? ☐ Priority 1 (urgent) ☐ Priority 2

Notes: _____

Have you had any problems or concerns interfacing with the local OKDHS / child welfare agency in making this report?

☐ Yes ☐ No → If YES please describe: _____

Reporter's Signature: _____ Today's date: _____ / _____ / _____

Instructions
ODH Form 333F
Suspected Child Abuse/Neglect Report Form

Purpose:

To comply with OSDH Policy and Procedure regarding mandated reported of suspected child abuse and/or neglect (child maltreatment)

NOT ALL INFORMATION MAY BE KNOWN. PLEASE INCLUDE AS MUCH INFORMATION AS POSSIBLE.

REFERRAL INFORMATION:

Date: Enter the date the oral report was made in (mm/dd/yyyy) format

Time: Enter the time the call was made to the DHS office.

TO: Enter the name of the person at DHS who accepted the report.

Referral Number: Ask for a referral number for this report and enter the number in the space provided (**this is a critical piece of information for follow-up**).

Imminent Danger: Indicate by checking yes or no if the child is in imminent danger based on your assessment.

Anonymous Report: Indicate by checking yes or no if the reporter made this report to OKDHS anonymously (did not give his/her name). **If the report was made anonymously, the reporter will not be able to obtain the follow-up information.**

REPORTER INFORMATION:

Reporter's Name: Enter the name of the person making the report.

Position/Title: Enter the name of title of the person making the report.

Phone/Fax Number: Enter the phone number and fax number of the person making the report.

County: Enter the name of the County in which the person making the report resides.

E-mail address: Enter the e-mail address of the person making the report if applicable.

County Health Department: Enter the name of the County Health Department or contract agency where the person who made the report is employed and the name of the city in which he/she works.

Program: Indicate which clinic the person making the report was working at the time of the incident.

CHILD VICTIM INFORMATION:

Name: Enter the name of the child to whom the suspected maltreatment

DOB/Age: Enter the DOB of the child if known, or if the DOB is not known, enter the age (or approximate age if not known) of the child. If approximating, please write an "A" after the age.

Race/Ethnicity: Enter the race of the child if known

Gender: Enter the gender of the child

Developmental Disability: Check the box to indicate if the child is disabled. If the child has a disability, specify the type of disability if known or describe the disability.

FAMILY/CARETAKER INFORMATION:

Parent/Caretaker: Enter the name of the parent or caretaker for this child and their relationship to the child. Enter the age, race and gender for each caretaker. If the caretaker is disabled in any way, explain the disability in the space provided.

Sibling: Enter the name (this includes step brother/s and step sister/s), age, race, and gender of each sibling. If the sibling is disabled in any way, explain the disability in the space provided.

Primary Language: Indicate the primary language spoken in the home, if the primary language is not English or Spanish, check other and enter the primary language in the space provided.

Home Address: Enter the mailing address where the child resides.

Telephone: Enter the phone number including area code where the caretaker can be reached.

Finding Directions: Enter the specific finding directions to the caretaker's residence. Be specific.

Alternative Phone Number: Enter another phone number where the caretaker can be reached.

OUT OF HOME CARE

Out of Home Care Type: Indicate the type of "out of home care" by checking the appropriate box. If the type of care is not listed, check other and specify the type of care in the space provided.

Home Address: Enter the "out of home care" facility mailing address.

Telephone: Enter the "out of home care" facility phone number including area code.

Finding Directions: Enter the "out of home care" facility finding directions.

Alternative Phone Number: Enter an alternate number for the "out of home care" facility if available.

Name of school or childcare/daycare center: Enter the name of the daycare center or childcare center the child/ren attend.

INCIDENT INFORMATION

NOTE: If Additional space is needed, document on plain paper or on a progress note and attach to 333F.

Types of maltreatment: Indicate the type of maltreatment by checking the appropriate box for each type of maltreatment that applies.

Domestic or Intimate Partner Violence: If domestic violence or intimate partner violence is occurring in the home check yes and specify the type of violence (ex. throwing items, threatened with weapon, use of weapon in domestic dispute)

Alcohol or controlled substance: If alcohol or controlled substances were present regarding this incident, check yes. In the space provided specify any significant information regarding the use of these items.

Danger to a worker: If there are circumstances that may put a caseworker at risk for harm when providing a home visit check yes. In the space provided specify the type of potential danger (i.e. dogs, weapons, potential meth lab)

Describe the nature of incident: In the space provided give detailed information to explain what you saw, heard, and smelled, etc. and indicate on the body map any injuries noted.

Alleged types of abuse: Check the appropriate box/es to indicate the type/s of suspected maltreatment. If there are any types of maltreatment not listed check other and specify in the space provided the specific type of maltreatment.

Explanation by any child or adult: In the space provided, document the child or adult's explanation of the incident and specify who gave the information. If the child has any injuries now, explain this also.

Incident time: In the space provided document the time (use military time or be sure to indicate am or pm), if the specific time is not known indicate if the incident occurred in the am or pm. Document the date (mm/dd/yyyy) the incident occurred if known. Document the location in which the incident took place (ex. child's home, _____ Park, maternal grandmother's home).

Other Information: Document any other pertinent information not yet specified.

ONE-WEEK FOLLOW-UP

DHS Caseworker: Enter the name of the caseworker assigned to this case:

Phone Number: Enter the phone number where the caseworker can be reached.

County: Enter the name of the county where the caseworker is headquartered.

Report: Indicate the status of the report as accepted, screened out, or don't know

Assigned: If the report was accepted, indicate what occurred by checking the appropriate box.

Priority: Check the appropriate box to indicate if a priority was assigned to this report.

Notes: document any significant information obtained in the space provided.

Difficulties with OKDHS: Check yes if there were any problems interfacing with DHS regarding this case. In the space provided specify the type of problem.

Reporter's Signature: Sign your name and title in the space provided.

Today's date: Enter the date (mm/dd/yyyy) the report was made to OKDHS.

ATTACHMENT P
SAMPLE

OKLAHOMA STATE DEPARTMENT OF HEALTH
COMMUNITY AND FAMILY HEALTH SERVICES
FAMILY SUPPORT AND PREVENTION SERVICE
MIECHV FUNDED PARENTS AS TEACHERS

PROPOSED SUMMARY BUDGET

Bidder Name: _____ Date: _____

Bidder Contact: _____ Phone: _____

Bidder Address: _____

Requested Dollar Amount: \$ _____

Summary Budget Request:

Budget Line Item	Amount Requested OSDH		TOTAL
Personnel/Salaries			
Fringe Benefits			
Travel/Training			
Supplies			
Contractual			
Admin Costs/IDC			
Other			
Total			

ATTACHMENT Q

PAT MINIMUM SERVICE NUMBERS

PROPOSED AMOUNT OF FUNDING	MINIMUM NUMBER OF PARENT EDUCATORS	MINIMUM NUMBER OF FAMILIES TO BE SERVED	MINIMUM NUMBER OF HOME VISITS TO BE COMPLETED PER MONTH
\$150,000	2	40	51
\$225,000	3	60	77
\$300,000	4	80	102
\$375,000	5	100	128
\$450,000	6	120	153
\$525,000	7	140	179
\$600,000	8	160	204
\$675,000	9	180	230
\$750,000	10	200	255
\$825,000	11	220	281
\$900,000	12	240	306
\$975,000	13	260	332
\$1,050,000	14	280	357

Minimum Number of Family Support Workers: Number represents the minimum Fulltime Parent Educators

Minimum Number of Families to be Served: This number represents the Parent Educators' minimum total number of families that should be served at any given point in time (family "slots"); this number is NOT a cumulative number

Minimum Number of Home Visits to be Completed in a Month: Number of Parent Educators x 34 visits x .75%

20 families x 2 visits/month = 42 visits per month

OR

12 families x 1.5 visits/month + 8 families x 2 visits/month = 34 visits per month

**OKLAHOMA STATE
DEPARTMENT OF HEALTH**

**SUB-RECIPIENT CONTRACTOR'S
QUESTIONNAIRE**

SUB-RECIPIENT CONTRACTOR'S QUESTIONNAIRE

SECTION A: PURPOSE

The financial and business responsibility of Oklahoma State Department of Health (OSDH) as a Pass Through Entity (PTE) must ensure proper discharge of the Public Trust which accompanies the authority to expend Federal Funds. As such, adequate Business Management and Financial Management systems of Subgrantees and Financial Assistance Contractors must meet the criteria outlined in OSDH's grant agreement, OMB Circulars, Code of Federal Regulations and Program Law. The accounting system should be integrated with an adequate system of internal controls to safeguard funds and assets, check accuracy and reliability of accounting data, promote operational efficiency and encourage adherence to prescribed policies.

SECTION B: GENERAL INFORMATION

NAME OF ORGANIZATION:

"DOING BUSINESS AS" NAME

ADDRESS:

CITY, STATE, ZIP+4, CONGRESSIONAL DISTRICT:

PRINCIPAL PLACE OF PERFORMANCE: *Primary site where work will be performed.*

ADDRESS:

CITY, STATE, ZIP+4:

EMPLOYER ID # _____ DUNN & BRAD# _____

DUNS 4 DIGIT EXTENSION # _____ PARENT DUNS # _____

SUBAWARD PROJECT DESCRIPTION: *Description should capture overall purpose of the sub-award.*

Please answer every question, attaching material & providing explanations/comments when requested.

1. Number of employees in the organization: Full Time _____ Part Time _____

2. Are employees who control funds bonded against loss by reason of fraud or dishonesty? YES ____ NO ____

3. Indicate whether your organization is:

- | | |
|---------------------------------------|--------------------------------|
| a. Local City Government _____ | Local County Government _____ |
| b. State Government _____ | c. Federal Government _____ |
| d. College or University _____ | e. Sovereign Entity _____ |
| f. Governmental Trust Authority _____ | g. Non-Profit 501(c) (3) _____ |
| h. For Profit _____ | i. Association/Coalition _____ |
| j. Other (Identify) _____ | |

Provide eligibility documentation i.e., Tax Exempt status as a 501(c) (3) Organization and etc.

4. Is your organization subject to board oversight? YES ____ NO ____

If yes, please attach a list of Board Members.

If no, skip to question #4.

4a) Does your organization's board have approved Bylaws? YES ____ NO ____

If yes, please attach a copy of the Board's approved Bylaws.

If no, skip to question #3d.

4b) Does your organization conduct business in accordance with the boards approved Bylaws? YES ____ NO ____

4c) Have the members of your organization's board been appointed in accordance with the approved Bylaws? YES ____ NO ____

4d) What was the date of your organization's most current board meeting in which there was a quorum? ____/____/____

Please attach a copy of the approved minutes from this board meeting.

4e) Does your organization's board include individuals who are related family members of:

(Check all that apply)

Position	YES	NO
The Chief Financial Officer		
The Executive Director		
The Program Director		

4f) Do employees of your organization serve as board members? YES ____ NO ____

5. How many years has your organization been in business? _____

6. Does your organization maintain any accreditation/licensure related to the services it is providing for the OSDH? YES ____ NO ____

If yes, please list.

If no, skip to question 6.

6a) Is your organization in good standing with the accreditation/licensure it maintains?
YES ____ NO ____

7. Has your organization taken on new activities or services in the past 12 months?
If yes, please explain. YES ____ NO ____

8. Has your organization experienced more than 33% increase or decrease in overall revenue/funding in the past 12 months? YES ____ NO ____

9. Has your organization experienced turnover or changes in assignments in any of the following key personnel in the past 12 months? *(Check all that apply)*

Position	YES	NO
The Chief Financial Officer		
Executive Director		
The Program Director		

10. Have there been any lawsuits filed or any undecided litigation against your organization in the past 12 months. YES ____ NO ____

11. Did your organization receive 80% or more of its annual gross revenues in Federal awards during your preceding fiscal year? YES ____ NO ____ If YES, continue to question 12, if NO skip to Section B.

12. Did your organization receive \$25,000,000 or more in annual gross revenues from Federal awards during your preceding fiscal year? YES ____ NO ____ If YES, continue to question 13, if NO skip to Section B.

13. Does the public have access to information about the compensation of the five most highly compensated senior executives of your organization through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986? YES ____ NO ____ If YES, skip to section B, if NO please list the names and total compensation of the five most highly compensated officers of your organization:

SECTION B: BUSINESS MANAGEMENT SYSTEMS

14. Does your organization have established written Policies and Procedures (P&P) to cover the following business management areas?

Check each area.

Attach a copy only if requested.

AREA	YES	NO	NOT SURE
Human Resource/Personnel			
Procurement			
Accounting			
Property			
Travel			
Equal Employment Opportunity (EEOC)			
Health Insurance Portability Act of 1996 (HIPPA)			
Tobacco Use			

15. Does your organization have a record retention policy for the following documents? How long is the required retention period for the organization to maintain the following types of documents? *Match each box.*

Type of Record	YES	NO	# of Years
Programmatic Documents			
Financial Documents			
Other types of Documents			

16. Are time and activity distribution records (Personal Activity Reports) maintained by funding source and project for each employee to account for total hours (100%) devoted to your organization? YES ____ NO ____

All types of organizations, please provide a sample copy of the Time and Effort document used by your organization.

16a) If your organization is not a college or university, does your organization maintain Time and Effort or Personal Activity Reports that:

	YES	NO
include the employee's signature		
include a supervisor's signature		
Include a reporting of time which delineates between programs worked on by the employee		
include a reporting of total time worked by the employee		

16b) If your organization is a college or university, does your organization maintain Personal Activity Reports in accordance with 2 CFR Part 200 Cost Principles for Educational Institutions?

YES ____ NO ____

17. Are non-federal cash and/or third party in-kind cost share or matching funds supported by appropriate documentation? YES ____ NO ____

18. Does the organization have a written budgetary process and controls to preclude incurring obligations in excess of the grant amount of individual cost categories? YES ____ NO ____

19. Are purchase approval methods communicated and documented?
YES ____ NO ____

20. Are appropriate duties separated to ensure one individual is not controlling all aspects of a financial transaction/process? YES ____ NO ____ NOT SURE ____

SECTION C: ACCOUNTING SYSTEM & FUNDS MANAGEMENT

21. What type of accounting software does your organization utilize?

22. Does the accounting system account for cost by individual projects?
YES ____ NO ____

23. Does the accounting system accurately and completely track receipt and disbursement of funds by each grant and/or funding source?
YES ____ NO ____ NOT SURE ____

24. Does the accounting system provide for recording of actual expenditures for each contract/grant by component project and budget cost categories reflected in the approved budget? YES ____ NO ____

25. Which of the following best describes your organization's accounting system?
Manual ____ Automated ____ Combination ____ Other _____

26. How frequently do you post to the general ledger?
Daily ____ Weekly ____ Monthly ____ Other _____

27. Are common or indirect costs accumulated into cost pools for allocation to projects contracts and grants?

YES _____ NO _____ NOT SURE _____

28. Are the following books of account maintained?

TYPE	YES	NO
General Ledger		
Cash Receipts Journal		
Payroll Journal		
Purchase Journal		
General Journal		
Other: _____ Describe: _____		

29. Is the organization familiar with criteria and procedures for determination of allowable costs in connection with Federal grants and contracts?

YES _____ NO _____ NOT SURE _____

30. Does the organization have a working knowledge of the 2CFR Part 200 Supercircular?

YES _____ NO _____ NOT SURE _____

31. Does your organization expect to expend more than \$750,000 in federal funds during its current fiscal year, including federally funded contracts or grants awarded by other state agencies or other entities?

YES _____ NO _____

31a) What is the highest level of audit that your organization has undergone within the past 2 years?

A-133 _____

Yellowbook Audit in accordance with GAAS _____

Other audit, please specify type: _____

No audit done in past 2 years _____

Provide copy of last audit.

31b) What is your organization's fiscal year? (mm/yy to mm/yy) _____ to _____

32. Has your organization ever had a cost reimbursement grant?

YES _____ NO _____

33. Has your organization received funding from OSDH in the last two years?

YES _____ NO _____

34. Has your organization had a contract/grant with OSDH to provide these same services before?

YES ____ NO ____

35. Is your organization receiving funding from other sources to provide same or similar services to the services being provided in this contract/grant?

YES ____ NO ____

36. Please attach a schedule showing the total Federal dollars awarded to your organization by Program/Project identifying Federal Agencies and Pass Through Entitys for the two most recently completed fiscal years.

37. Please list any contracts/grants that your organization has with other state agencies in Oklahoma.

No other contracts/grants with the state agencies in Oklahoma. ____

Agency	Program	Amount
	Total	

38. What is the total amount of your organization's operating budget?

Please list all types of revenues Sources and their total amounts.

Source of Revenue	Amount
Total	

COMMENTS/EXPLANTATIONS

The total number of attachments is: _____

Attach numbered sheets as necessary.

PREPARED BY (SIGNATURE):

TITLE AND TYPED NAME:

DATE: _____

TELEPHONE/FAX/EMAIL:

I, _____, the undersigned do, under penalty of perjury,
declare that the information contained in this document and any attachments is true and
correct to the best of my knowledge and belief.

Signature of CEO

Date

I, _____, the undersigned do, under penalty of perjury,
declare that the information contained in this document and any attachments is true and
correct to the best of my knowledge and belief.

Signature of CFO

Date