

**REQUEST FOR APPLICATIONS**

**GROUP HOME FOR ADOLESCENT CHILDREN**

**WITH CO-EXISTING DISORDERS**

West Virginia Department of Health & Human Resources  
Bureau for Children and Families

APPLICATION DEADLINE: July 16, 2007

GROUP HOME FOR ADOLESCENT CHILDREN WITH CO-EXISTING DISORDERS  
(Request for Applications)

**TABLE OF CONTENTS**

I. PURPOSE ..... 4

II. BACKGROUND ..... 5

III. PROGRAM REQUIREMENTS ..... 7

    A. *Target Population*..... 7

    B. *Physical Environment* ..... 9

    C. *Program Design* ..... 10

IV. DEPARTMENT RESPONSIBILITIES ..... 17

V. SPECIAL TERMS AND CONDITIONS ..... 17

    A. *Insurance Requirements*..... 17

    B. *License Requirements* ..... 17

    C. *No Debt Affidavit*..... 18

    D. *Background Checks*..... 18

    E. *Agreement Requirements* ..... 18

VI. GENERAL TERMS AND CONDITIONS ..... 18

    A. *Conflict of Interest*..... 18

    B. *Prohibition against Gratuities* ..... 18

    C. *Governing Laws and Compliance* ..... 18

VII. APPLICATION PROCESS ..... 19

    A. *Application Deadline and Mandatory Forms* ..... 19

    B. *Intent to Apply*..... 19

    C. *Submission of Application:*..... 19

    D. *Administrative Information:*..... 19

    E. *Project Experience*..... 20

F. Program Description Narrative.....	20
G. Budget .....	20
VIII. EVALUATION.....	20
A. Project Experience/Organizational Qualifications: 30 Points .....	21
B. Program Description/Work Plan: 50 Points.....	22
C. Budget: 20 Points.....	22

# WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES

## BUREAU FOR CHILDREN AND FAMILIES

### REQUEST FOR APPLICATIONS

#### Group Home for Adolescent Children with Co-Existing Disorders

##### *I. PURPOSE [Back TOC](#)*

The Department of Health and Human Resources, (DHHR) Bureau for Children and Families, (BCF) is interested in receiving applications for the following:

DHHR has identified a gap in the continuum of care for adolescent children with co-existing disorders who have been removed from their family homes and placed in State custody. Due to the service gap, children are often placed in out-of-state facilities far from home and families. The DHHR recognizes the benefits of local services for children and families.

The purpose of this Request for Applications is to establish a means for the treatment of children with multiple disabilities in local communities and to promote opportunities for permanency for these children at the community level.

The overall goal for children admitted to this new type of facility is permanency through reunification with the family, adoption, or independence (transition into adulthood). The facility is not intended to be a permanent placement for children. All services offered at the facility are adjunct to achieving permanency for the child.

DHHR is interested in the development and implementation of a children's residential program to provide care, support, supervision, and treatment on a local level in each of the Bureau's Administrative Regions. The DHHR will view the utilization of current facilities or programs and the coordination of established community resources above the development of new facilities.

## II. [BACKGROUND](#) *Back TOC*

Data from 2005 and 2006 shows a monthly average of 52 children in state custody between 12 and 18 years of age with a diagnosis of co-existing mental health disorders and developmental disabilities (which includes mental retardation) were placed out of state. These disabilities manifest before 18 years of age and will, in all likelihood, continue into adulthood. These children are not eligible for placement in Intermediate Care Facilities for the Mentally Retarded or in a Home and Community Based MR/DD Waiver placement.

The following charts provide a picture of the number of children, in each BCF Administrative Region, with a co-existing mental health disorder and developmental disability. A BCF Regional map is found at the end of this document.

The characteristics of the children shown in the charts are as follows:

Children ages 12 to 18

In State custody and in foster or in need of foster care.

Ineligible for ICF/MR Level of Care

Disability manifested before age 18

Likely to continue into adulthood

Diagnosis of co-existing mental health disorder and developmental disability.

### ***February 2005 Data***

***PRTF = Psychiatric Residential Treatment Facility***

<b><i>REGION</i></b>	<b><i>Number in Out-of-State Placement</i></b>	<b><i>Number Of Children Meeting Criteria</i></b>	<b><i>Number in PRTF Placement</i></b>	<b><i>Number in Group Residential Placements</i></b>
<b><i>I</i></b>	128	15	11	4
<b><i>II</i></b>	35	10	9	1
<b><i>III</i></b>	119	23	19	4
<b><i>IV</i></b>	54	6	5	1
<b><i>Totals</i></b>	336	54	44	10

*May 2005 Data*

*PRTF = Psychiatric Residential Treatment Facility*

<b>REGION</b>	<b>Number in Out-of-State Placement</b>	<b>Number of Children Meeting Criteria</b>	<b>Number in PRTF Placement</b>	<b>Number in Group Residential Placements</b>
<i>I</i>	156	15	10	5
<i>II</i>	43	8	8	0
<i>III</i>	136	18	16	2
<i>IV</i>	60	21	15	6
<b>Totals</b>	395	62	49	13

*August 2005 Data*

*PRTF = Psychiatric Residential Treatment Facility*

<b>REGION</b>	<b>Number in Out-of-State Placement</b>	<b>Number of Children Meeting Criteria</b>	<b>Number in PRTF Placement</b>	<b>Number in Group Residential Placements</b>
<i>I</i>	135	9	6	3
<i>II</i>	35	7	7	0
<i>III</i>	118	17	13	4
<i>IV</i>	54	5	3	2
<b>Totals</b>	342	38	29	9

*February 2006 Data*

*PRTF = Psychiatric Residential Treatment Facility*

<b>REGION</b>	<b>Number in Out-of-State Placement</b>	<b>Number Of Children Meeting Criteria</b>	<b>Number in PRTF Placement</b>	<b>Number in Group Residential Placements</b>
<i>I</i>	73	10	7	3
<i>II</i>	22	8	5	3
<i>III</i>	69	15	9	6
<i>IV</i>	38	7	5	2
<b>Totals</b>	202	40	26	14

**May 2006 Data**

**PRTF = Psychiatric Residential Treatment Facility**

<b>REGION</b>	<b>Number in Out-of-State Placement</b>	<b>Number of Children Meeting Criteria</b>	<b>Number in PRTF Placement</b>	<b>Number in Group Residential Placements</b>
<b>I</b>	97	12	9	3
<b>II</b>	38	7	5	2
<b>III</b>	69	21	18	3
<b>IV</b>	27	13	8	5
<b>Totals</b>	231	53	40	13

**August 2006 Data**

**PRTF = Psychiatric Residential Treatment Facility**

<b>REGION</b>	<b>Number in Out-of-State Placement</b>	<b>Number of Children Meeting Criteria</b>	<b>Number in PRTF Placement</b>	<b>Number in Group Residential Placements</b>
<b>I</b>	42	13	9	4
<b>II</b>	29	3	3	0
<b>III</b>	143	37	22	15
<b>IV</b>	38	11	7	4
<b>Totals</b>	252	64	41	23

It is not uncommon for children with complex needs to have multiple failed placements in West Virginia due to the lack or total absence of needed services and resources. When children are placed out-of-state it is difficult to ensure that the care and treatment they receive meet standards important to West Virginia. The DHHR values community-based treatment as a means to establish long-term positive outcomes and relationships for children in their home communities. The development of resources in state will ensure that the services meet DHHR standards for care and allow for improved monitoring of care and treatment.

**III. [PROGRAM REQUIREMENTS](#) *Back TOC***

**A. Target Population**

The following describes the target population to be served:

- Children 12 to 18 years of age
- In State custody and in foster care, or in need of foster care.

- Ineligible for an ICF-MR Level of Care (for both ICF-MR group home or MR/DD Waiver)
- Diagnosis of a co-existing (a) mental health disorder and (b) developmental/cognitive disability [at least one criteria from each diagnostic category (a) and (b)]:

**(a) Mental Health**

Severe persistent mental health diagnosis which negatively impacts functioning without ongoing structured treatment. The severity of the mental health condition may have resulted in frequent or extended utilization of crisis or residential services (For example – acute or long-term hospitalization, crisis support, and residential placement);

**(b) Developmental:**

Mild Mental Retardation (IQ score of 55-70), chronic in nature, and in conjunction with functional limitations (see functionality list of major life areas), manifested prior to age eighteen (18), and likely to continue into adulthood.

Functionality for Mental Retardation: Mental Retardation or Developmental Disability must be associated with concurrent adaptive functioning deficits in three or more of the following major life areas:

- Self-care
- Receptive or expressive communication (language)
- Learning (functional academics)
- Mobility
- Self-direction
- Capacity for independent living (home living, social skills, employment, health and safety, community use, leisure)
- OR

Developmental: Must have a diagnosis of a developmental condition, which constitutes a chronic disability initially manifested during the developmental years with concurrent deficits in three or more of the major life areas (see functionality list of major life areas), manifested prior to age eighteen (18), and likely to continue into adulthood. Examples: Autism, Cerebral Palsy, Spina Bifida, Tuberos Sclerosis.

Functionality for Developmental Disability: Mental Retardation or Developmental Disability must be associated with concurrent adaptive functioning deficits in three or more of the following major life areas:

- Self-care
- Receptive or expressive communication (language)
- Learning (functional academics)
- Mobility
- Self-direction
- Capacity for independent living (home living, social skills, employment, health and safety, community use, leisure)

OR

Borderline Intellectual Functioning (IQ score of 71-84): Must have a diagnosis of borderline intellectual functioning. This diagnosis does not require an associated deficit in functionality due to cognitive ability.

## **B. Physical Environment**

The facility is limited to eight (8) beds. It cannot be located on the same grounds with other facilities operated by the provider. Preference will be given to Applicant who:

- Maximizes the utilization of existing facilities;
- Emphasizes collaboration and cooperation with other community resources;
- Promotes natural inclusion in the community, and;
- Reduces the stigma of children with disabilities.

A risk assessment and risk plan must identify areas of risk for the target population and the methods of prevention, reduction, and interventions which will be used (Example: Child with a behavioral risk residing with a child without a behavioral risk).

The application must address methods of on-site safety precautions, staff training, and physical plant accommodations for crisis situations.

Application must include the policies and procedures which will be used to ensure resident safety including what will be done to prevent, as well as to respond to, inappropriate sexual contact between residents.

Applicant will identify and describe the techniques which will be used for de-escalation of aggressive or assaultive behavior by residents.

Applicant will explain how the residents will be protected from unnecessary or inappropriate restraints.

## **C. Program Design**

### **1. Intake Criteria/Admissions Policy**

- Child is in custody of DHHR and in, or in need of, foster care.
- Age 12 to 18 years of age.
- Child is at risk of placement in or currently is residing in an out-of-state psychiatric residential treatment facility or group residential treatment facility.
- Documentation of mild mental retardation (IQ score of 55-70) or borderline intellectual functioning (IQ score of 71-84) determined by means of standardized intellectual testing by a psychologist, or developmental disability professional.
- Documentation of mental health diagnosis by means of a psychiatric evaluation.
- Require assessment and treatment of the family system, educational services, and a multidisciplinary assessment of the social, psychological, developmental, cognitive processes, and evaluations indicating their relevance for a plan of treatment.
- Demonstrate persistent patterns of disruptive behavior and disturbance of age appropriate adaptive functioning, social problem solving abilities which may present danger of harming self, or others.
- Display significant deficits in functional abilities due to maladaptive behaviors requiring intensive behavioral support services.
- Documentation of deficits for six months to a year.
- Display moderate to severe functional difficulties and symptoms related to the primary mental health diagnosis that may be exacerbated by the co-existing condition.
- Child cannot be appropriately served in a lesser restricted environment or a less intense setting.
- Service is not solely for the purpose of providing special education, supervision, housing, or meeting non-medically necessary needs.
- Prior authorization by the APS Healthcare, Inc. [www.apshealthcare.com](http://www.apshealthcare.com).

- As long as a vacancy exists and the youth meets the targeted population criteria, the youth will be accepted for placement.

## **2. Clinical Requirements**

The application will describe the plan to obtain and maintain clinical and professional staff necessary to deliver treatment services as set forth in the Medicaid Behavioral Health Rehabilitation Services policy manual. Staff must meet the Children's Residential Treatment Facility standards for Level II and/or Level III which may be found on the DHHR, Bureau for Medical Services web page, <http://www.wvdhhr.org/bms/>. Further, the staff must meet the Group Residential Child Care Licensing standards found on the DHHR, Bureau for Children and Families web page <http://www.wvdhhr.org/bcf/>, and the Office of Health Facility Licensing (OHFLAC) requirements on the DHHR, OHFLAC web page, <http://www.wvdhhr.org/ohflac>.

Applicant will describe the process for assessment and individualized treatment planning, identify intervention strategies, and service delivery.

Preference will be given to Applicants who emphasize the following services that are found within the service bundles described in the Behavioral Health Rehabilitation Manual for Residential Children's Services at Level II and Level III (H0019U2 or H0019U3):

- H0004 HO Behavioral Health Counseling, Professional, Individual
- H0004 HO HQ Behavioral Health Counseling, Professional, Group
- H2019 HO Therapeutic Behavioral Services - Development
- H2019 Therapeutic Behavioral Services - Implementation

Additionally, Preference will be given to Applicants using Positive Behavioral Support for intervention with maladaptive behaviors.

## **3. Staffing Requirements**

Application must include the plan to provide day to day supervisory and training activities for the children in care.

Applicant will include the staffing patterns and the child to staff ratio.

Applicant will explain how staffing will assure the necessary care, supervision, and safety of residents twenty-four (24) hours a day.

Applicant will include the initial and ongoing training plans for direct services staff. Preference will be given to Applicants with demonstrated expertise serving the target population.

Professional staff must meet the criteria for counseling, therapy, or behavioral support as outlined in the DHHR Behavioral Health Rehabilitation Manual.

In order to provide the intensity and frequency of services necessary to meet the individualized needs of the child, the staffing must include a full time Clinical Home Manager. Other positions may be a combination of full and part time staff. Minimum requirements include:

### **CLINICAL HOME MANAGER**

This full time position must provide direct clinical and administrative supervision of direct care staff. Coordinate treatment, medical training, or therapeutic activities. Ensure that direct care staff meet competency for the disability/age specific needs, regulatory standards, and treatment needs of the children. Ensure the health and safety appropriate board and care, and adequate supervision of the children.

### **PROFESSIONAL LEVEL COUNSELOR/THERAPIST**

Position may be full or part time with a master's degree and licensure (or under supervision) by a recognized national/state accrediting body for psychology, psychiatry, counseling or social work at a level which allows the provision of clinical services.

Levels of staffing provided by this position are dependent upon the clinical needs of the residents of the home and as identified on Treatment Plans for the children residing in the home.

### **POSITIVE BEHAVIORAL SUPPORT SPECIALIST (OR THERAPEUTIC BEHAVIORAL SERVICES)**

This position requires an individual with a Master's Degree. Graduate training must have included successful completion of course work and practical experience in the techniques of applied behavioral analysis. Individual must be knowledgeable and proficient in the use of Positive Behavioral Support.

The position is responsible for the oversight and clinical supervision of the Behavioral Management Assistant and all aspects of Behavioral Management Services. Position will review and sign off on documentation of those services.

Levels of staffing provided by this position are dependent upon the clinical needs of the residents of the homes and as identified on the Treatment Plans for the children residing in the home.

## **DIRECT CARE STAFF**

The majority of Direct Care staff should be full time employees dedicated to this facility. Direct care staff will provide structured individual and group activities which include monitoring, support, adaptive skills training, implementation of behavioral methods outlines in behavioral support plans, developmental services intended to improve or child's level of functioning, and therapeutic interventions aimed at stabilizing the child's mental illness. Provide basic assistance with personal care, board and care and health and safety of the children.

Levels of staffing provided by this position are dependent upon the clinical needs of the residents of the home and as identified on Treatment Plans for the children residing in the home.

### **4. Program Structure**

Applicant must design a program that will link the child's assessed needs to the intensity and frequency of specific treatment interventions.

Applicant must describe the process for assessment, treatment planning, and the ongoing review and evaluation of each child's progress during placement.

The application must specify how each of the following service components will be assured.

The application will ensure each resident has an initial treatment plan within 7 days of admission. Refer to DHHR Behavioral Health Rehabilitation Manual Chapter 500 – 507.1 July 1, 2004

Applicant will ensure that each resident has a master treatment plan completed within 30 days of admission. (64 CSR 11 8.4.2)

Applicant will collaborate in the development of the BCF case plan (including the permanency plan) by participating in Multi-Disciplinary Treatment Team meetings. For those children entering care for the first time the MDT must meet within thirty (30) days. If a child is already in care prior to admission into this program reviews occur at a minimum of once every ninety (90) days.

Applicant will provide a detailed daily schedule outlining the type of services, day of week, and frequency.

Applicant will provide evidence of monitoring, supervision, care, and treatment for the residents 24 hours per day per program requirement, excluding federally mandated educational services.

Applicant will design program to assure that residents do not remain in facility for longer than twenty-four (24) months or beyond their 18th birthday. (CSR 7.8.3 and the Bureau for Children and Families Group Residential Licensing Regulations)

Applicant will describe how professional, individual and group therapy, adaptive behavioral training, medication management, positive behavioral support interventions, education (outside the facility), social/recreational/physical activities, and medical treatment will be delivered to residents.

Applicant will describe how services will be accessed off site if not available on site.

Applicant will obtain letters of support from other agencies willing to enter into a collaborative agreement or memorandum of understanding. The successful Applicant will have signed agreements or memorandums of understanding which outline the protocol for community collaboration before the admission of residents. At a minimum, Applicant must demonstrate and document collaboration with:

- A Local Psychiatric Hospital
- Comprehensive Behavioral Health Providers
- WVU Center for Excellence in Disabilities
- County School System

With regard to an agreement with the county school system, the Applicant must delineate the procedures and responsibilities of the group home and the school district to ensure a free appropriate public education (FAPE) for residents. Specifically, the agreement or memorandum of understanding must address at a minimum each of the following:

- Prior to the student's enrollment, convening a meeting with group home and district personnel for the purpose of sharing information to assist in the delivery of education and the development, if appropriate, and implementation of the student's Individualized Education Program (IEP);
- Establishing an ongoing communication system regarding student issues and needs, that also includes when a student is removed from school and/or the bus;
- If appropriate, development and implementation of multi-element treatment plans across multiple settings;
- Developing and implementing joint staff development opportunities for professional and service personnel;

Prior to the student's discharge from the group home and exit from the county, convening a meeting with the group home and, district personnel to share information and the development of a transfer report that informs the next receiving district of the students' progress and needs.

In addition, the agreement or memorandum of understanding must include a statement that upon the student's initial enrollment, the district must assign a surrogate parent and make reasonable efforts to consult with the parent (surrogate parent) within two calendar days. Within one day of the parent consultation, the district must provide the student with a Free and Appropriate Education (FAPE). FAPE includes services comparable (e.g. type and amount) to those described in the previous IEP. Within 10 school days of the parent or adult student consultations, the district must adopt the previous IEP or develop and implement a new IEP.

## **5. Discharges**

The application will include the discharge policy for the facility. Applicant will explain how discharge planning will begin at admission and how the Interdisciplinary Teams (IDT) will meet within three (3) working days as per Chapter 500 of the Behavioral Health Rehabilitation Manual, Section 207.1 to develop the treatment plan which will include the discharge and permanency plans for residents. This plan should be consistent with the individualized comprehensive service plan created by the Multi-Disciplinary Team (MDT).

It is anticipated that the length of stay will not exceed twenty four (24) months. Therefore, the applicant will describe the relationship and partnership among Child Placing Agencies, Therapeutic Foster Care, and/or In-Home Supports that will facilitate discharge and transition of residents to less restrictive settings.

Applicant will assure that no resident will be discharged without an appropriate plan and living arrangement agreed upon by the resident's MDT except in the event of court ordered discharges.

Applicant will assure no resident will be discharged for displaying the behaviors that contributed to his/her admission unless the resident demonstrates symptoms and functional impairment which cannot be treated safely and effectively at this level of treatment, and the resident requires a higher level of care.

## **6. Outcomes**

- (a) Facility will have fifty percent occupancy within three months of operation and must have full capacity within six months as

demonstrated by quarterly reports to BCF. Failure of the facility to meet capacity levels will result in a review by DHHR to identify issues and how to best address them.

- (b) CAFAS and/or ABS S: 2 will demonstrate improvement over the course of treatment. These assessments will be repeated every 90 days as required by the Behavioral Health Rehabilitation Services Manual.
- (c) Recidivism for the facility will not exceed twenty-five percent (25%) of occupancy.
- (d) Facility will show evidence of natural, community inclusion for residents as evidenced by community collaboration providing inclusion of residents in community events.
- (e) Fiscal assurance of no duplication for goods and services from a public or private entity.

### **7. Time Frames/Mandatory Start Date**

It is not uncommon for children with complex needs to have multiple failed placements in West Virginia due to the absence or scarcity of needed services and resources. When children are placed out of state it is difficult to ensure that the care and treatment they receive meet standards important to West Virginia. The DHHR values community-based treatment as a means to establish long-term positive outcomes and relationships for children in their home communities. The development of resources in state will ensure that the services meet DHHR standards for care and allow for improved monitoring of care and treatment.

The program must take its first placement by within sixty (60) to ninety (90) days after award of contract.

### **8. Service Delivery Area**

DHHR will accept applications to serve one or more of the BCF Regions but a separate application must be submitted for each region.

### **9. Organizational Requirements**

Applicant must be licensed to conduct business in West Virginia, must verify intent to make application to obtain/maintain a license to provide behavioral health services, a license to provide group residential child care, and obtain Medicaid Provider status.

#### **IV. DEPARTMENT RESPONSIBILITIES** [Back TOC](#)

Department will be the sole source of referral for these services. To assist the Provider in obtaining prior authorization for treatment at the appropriate level of care, at the time of referral, DHHR will furnish:

- Birth date
- Social Security Number, if known
- Medical Card Number
- Current Social Summary
- Child, Youth, and Family Case Plan or other MDT approved Case Plan
- The permanency plan for child
- Residential referral packet
- Results of the WV-CPSS and/or Youth Services child and family assessments,
- Available diagnostic information,
- Available education records
- Available medical records
- Comprehensive Assessment Report, when applicable

DHHR will issue a medical card for each youth accepted for placement, in DHHR custody and foster care.

DHHR will pay a monthly rate established through a system using cost data from cost reports submitted to the Office of Management and Accountability Reporting. A daily rate will apply for less than a full month excluding the discharge date.

#### **V. SPECIAL TERMS AND CONDITIONS** [Back TOC](#)

##### **A. Insurance Requirements**

The applicant(s) selected must at all times during the term of the Agreement have and keep in force a liability insurance policy which shall include General Liability, Personal Injury, Directors and Officers Liability, and Professional Liability, where applicable, in amounts not less than one million dollars (\$1M).

##### **B. License Requirements**

The applicant(s) and its individual employees must be licensed pursuant to all applicable federal, state, and local laws, ordinances, rules, and regulations and will, upon request, provide proof of all licenses.

### **C. No Debt Affidavit**

A signed "No Debt Affidavit" document must accompany all applications. The West Virginia State Code §5A-3-10a (3) (d) requires that all applicants submit an affidavit regarding any debt owed to the State. The form may be found at <http://www.wvdhhr.org/bcf/>.

### **D. Background Checks**

All staff providing direct services must have a Criminal Investigation Background (CIB) check and a DHHR Protective Services background check.

### **E. Agreement Requirements**

The organization(s) selected must agree to all the terms and conditions of the Group Residential Provider agreement with BCF which may be found.

## **VI. GENERAL TERMS AND CONDITIONS** *Back TOC*

### **A. Conflict of Interest**

The organization affirms that it, its officers or members or employees presently have no interest and shall not acquire any interest, direct or indirect which would conflict or compromise in any manner or degree with the performance of its services hereunder.

### **B. Prohibition against Gratuities**

The organization warrants that it has not employed any company or person other than a bona fide employee working solely for the organization or a company regularly employed as its marketing agent to solicit or secure the agreement and that it has not paid or agreed to pay any company or person any fee, commission, percentage, brokerage fee, gifts or other consideration contingent upon or resulting from the award of agreement.

For breach or violation of this warranty, the Department will have the right to annul an agreement, without liability, at its discretion, and/or to pursue any other remedies available under law.

### **C. Governing Laws and Compliance**

Any agreement written between the Department and the applicant will be governed by the laws of the State of West Virginia. The applicant will be expected to comply with the Civil Rights Act of 1964 and all other applicable Federal, State and local Government regulations, including the Americans With Disabilities Act of 1990, Section 504 of the Rehabilitation

Act of 1973, as amended (29 U.S.C. §794), Title IX of the Education Amendments Act of 1972, and all requirements imposed by applicable United States Department of Health and Human Services (45 C.F.R.) §84) and the Environmental Tobacco Smoke/Pro-Children Act of 1994.

## **VII. APPLICATION PROCESS** *Back TOC*

### **A. Application Deadline and Mandatory Forms**

The application forms are available online at <http://www.wvdhhr.org/bcf/>. It must include the Mandatory Forms along with a narrative application containing responses to all parts of Section III and Section VII. The Mandatory Forms include the following:

- Application Cover Sheet
- Administrative Information Sheet
- No Debt Affidavit
- Line Item Budget Instructions
- Line Item Budget
- BCF Regional Map

Applications must be typed, including budget documents and forms. All pages must be numbered. Handwritten requests will not be accepted.

Questions regarding this Request for Applications will be accepted by e-mail. All questions must be submitted electronically by June 22, 2007 online. Answers to questions will be posted online on June 29, 2007.

### **B. Intent to Apply**

Agencies interested in submitting an application must submit a "Letter of Intent" electronically by July 6, 2007, and an application by July 16, 2007. The Letter of Intent must include the following: Name of Agency, Address, Phone Number and Region(s) planning to serve.

### **C. Submission of Application:**

An original and five (5) copies of the application are to be submitted to the attention of Director, Division of Grants and Contracts, Bureau for Children and Families, West Virginia Department of Health and Human Resources, 350 Capitol Street, Charleston, WV 25301-3711. All applications become the property of the Department.

### **D. Administrative Information:**

The application cover sheet will include: legal name; business address; telephone number; name of authorized contact person; signature of person authorized to act in agency's behalf; and date.

## **E. Project Experience**

The organization will provide a summary of the agency's structure, size and resources, capability, and any experience relevant to this project. The summary will include:

- Identifying information
- Date organization established
- Type of ownership
- Copy of current license to do business in the State of West Virginia
- Description of current services being provided
- Organizational chart
- List of any other governmental grants/contracts and names and phone
- Three (3) references
- Copy of most recent audited financial statement.
- Description of any pending litigation or filings for bankruptcy. If the agency or parent organization has ever filed for bankruptcy, the organization will include an explanation, history and a declaration that the bankruptcy has been resolved.

## **F. Program Description Narrative**

Include a detailed description of all services to be delivered, including at a minimum:

- Location and detailed description of the facility;
- Proposed staffing levels and job functions;
- Job description for each functional position with educational, experience and salary requirements;
- Plan for staff supervision, including chain of command, individual conferences, staff meetings, training, evaluation requirements, etc.;
- Process and time frames for start-up, including hiring and training staff;
- Requirements outlined in Section III of this announcement.

## **G. Budget**

The detailed line item budget must include all operating costs and available sources of funds for a twelve-month period. The applicant must disclose all sources of funds from which applicant may receive payment for any and all services to be provided through this program. Budget amounts must be in whole dollars. Budget forms are found at <http://www.wvdhhr.org/bcf/>.

## **VIII. EVALUATION *Back TOC***

Applications will be evaluated by a committee of at least three (3) individuals with expertise in one or more of the following fields: 1) children's mental health, including diagnosis of multiple disorders and the availability of services for the target population; 2) group residential child care; 3) family reunification and other specialized family based care; 4) therapeutic foster care models; 5) Medicaid; and, 6) Foster Care policy.

Applications will be evaluated for content, cost, and compliance with the requirements of this announcement. The maximum number of points available is one hundred (100). The selection will be made by a consensus of the evaluation committee. The Evaluation Committee will select the application(s) that best meet the terms and conditions set forth in Section III. While the budget is considered, it is not the sole determining factor.

The Department reserves the right to accept or reject any or all of the applications, in whole or in part. The Department reserves the right if necessary to ask Applicant for additional information to clarify their applications. The decision of the Department is final and there is no appeal process of the Department's decision. The evaluation criteria are as follows:

**A. Project Experience/Organizational Qualifications: 30 Points**

- Does the organization have the experience and capacity to deliver the required services to the target population?
- How long has this applicant been providing services to children?
- Does it currently provide residential services, or will this be a new venture for this organization?
- Does this applicant have the organizational structure that will allow for expansion to provide these services without jeopardizing other services and activities currently provided?
- Does this organization currently serve the target population or does it have the appropriate resources to develop new programs and involvement with new client populations.
- Does this organization's mission and philosophy include the services specified in this Request for Applications, or is the organization willing to change its mission to provide services to this target population?

**B. Program Description/Work Plan: 50 Points**

- Does the application meet the Department objectives?
- Does the plan for implementing the services include specific tasks and activities, responsible persons, and realistic completion dates?
- Will the staffing pattern provide for adequate supervision?
- Will the staff have the clinical skills necessary for effective intervention with the target population?
- Does the applicant address all of the requirements in Section III?

**C. Budget: 20 Points**

- Does the budget show total costs for a 12 month operating period?
- Are calculations correct?
- Are costs allowable and reasonable?
- Are costs directly tied to the proposed services to be purchased?
- Does the budget include sufficient funding to support the level of staffing required?
- Are salaries in line with DHHR and competing organizations?
- Has the applicant considered all potential costs?