

REQUEST FOR APPLICATIONS
RESIDENTIAL PROGRAM FOR ADOLESCENT CHILDREN
WITH CO-EXISTING DISORDERS IN REGION III

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

APPLICATION DEADLINE:

October 1, 2010

RESIDENTIAL PROGRAM FOR ADOLESCENT CHILDREN
WITH CO-EXISTING DISORDERS

TABLE OF CONTENTS

I.	PURPOSE.....	Page 4
II.	BACKGROUND.....	Page 4
III.	PROGRAM REQUIREMENTS.....	Page 5
	A. Target Population.....	Page 5
	B. Physical Environment.....	Page 7
	C. Program Design.....	Page 7
	1. Intake Criteria/Admissions Policy.....	Page 7
	2. Clinical Requirements.....	Page 8
	3. Staffing Requirements.....	Page 9
	4. Program Structure.....	Page 10
	5. Discharges.....	Page 13
	6. Outcomes.....	Page 13
	7. Time Frames/Mandatory Start Date.....	Page 14
	8. Service Delivery Area.....	Page 14
	9. Organizational Requirements.....	Page 14
IV.	DEPARTMENT RESPONSIBILITIES.....	Page 14
V.	SPECIAL TERMS AND CONDITIONS.....	Page 15
	A. Insurance Requirements.....	Page 15
	B. License Requirements.....	Page 15
	C. No Debt Affidavit.....	Page 15
	D. Background Checks.....	Page 15
	E. Agreement Requirements.....	Page 16
VI.	GENERAL TERMS AND CONDITIONS.....	Page 16
	A. Conflict of Interest.....	Page 16
	B. Prohibition Against Gratuities.....	Page 16
	C. Governing Laws and Compliance.....	Page 16
VII.	APPLICATION PROCESS.....	Page 17
	A. Application Deadline and Mandatory Forms.....	Page 17
	B. Submission of Application.....	Page 17
	C. Administrative Information.....	Page 17
	D. Project Experience.....	Page 17
	E. Program Description Narrative.....	Page 18
	F. Budget.....	Page 18

VIII. EVALUATION.....	Page 18
A. Organizational Qualifications, Capabilities & Experience.....	Page 19
B. Program Requirements.....	Page 20
C. Physical Environment.....	Page 20
Program Design.....	Page 21
Program Structure.....	Page 22
Budget.....	Page 24

**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

The Department of Health and Human Resources, (DHHR) Bureau for Children and Families, (BCF) is interested in receiving applications from agencies licensed for group residential, emergency shelter, or specialized foster care in West Virginia 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 Region III 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

Through the systematic gathering and analysis of data regarding children being served by the Bureau for Children and Families in Region III, the need for a Group Home for Adolescent Children with Co-Existing Disorders was identified. Information gathered through the Service Array project indicated that in Region III youth with an identified intellectual disability were more frequently removed from their homes temporarily. While the presence of an intellectual disability may have been one of many factors resulting in temporary removal, its repeated presence is indicative of a service gap within the region.

Data and diagnoses for Region III were determined through Out of Home Reports, Regional Clinical Review and/or APS Healthcare. Out of the 413 youth placed in residential

- 12% of the youth had a diagnosis of mental retardation, developmental disorder, pervasive developmental disorder, autism, Asperger's or borderline intellectual functioning.
- 12 of the 15 counties in Region III reported youth out of home with one of these diagnoses.
- 60% were in an out of state facility.

The characteristics of the youth reviewed continue to reflect the following:

- The majority of the youth was males and fell within the age range of 15-17 years.
- 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

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

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)]:

Diagnostic Categories

(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, Tuberous 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.
- 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 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):

- **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 twenty-four (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, unless the youth is considered a "transitioning adult" who is either completing the program that was begun before age 18, or has been court ordered to remain in care to finish the program. (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 the adaptive functioning assessment endorsed by the Bureau for Medical Services and the Bureau for Behavioral Health and Health Facilities 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

The program must take its first placement within 180 days of notice of selection.

8. Service Delivery Area

DHHR will accept applications for a facility to be located within Bureau for Children and Families Region III.

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

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:

1. Birth date
2. Social Security Number, if known
3. Medical Card Number
4. Current Social Summary
5. Child, Youth, and Family Case Plan or other MDT approved Case Plan
6. The permanency plan for child
7. Residential referral packet
8. Results of the WV-CPSS and/or Youth Services child and family assessments,
9. Available diagnostic information,
10. Available education records
11. Available medical records
12. Comprehensive Assessment Report, when applicable

There will be no start up funds available to organizations. The Department will reimburse providers at the daily rate established through the submission of cost reports to the Department's Office of Management and Accountability Reporting. An interim rate will be established until sufficient cost information has been gathered to establish a regular per diem.

The Bureau for Medical Services will reimburse a treatment per diem. The Bureau for Children and Families will reimburse the room, board and supervision per diem.

The Bureau for Children and Families will continue to reimburse the room, board, and supervision rate in the event the Administrative Services Organization (ASO) denies medical necessity for continued stay in the staff secure facility. Under no circumstances will the Bureau for Children and Families reimburse providers the treatment per diem.

Department case worker will provide known information about the referred youth.

Department caseworker will participate in treatment planning and case staffing for youth in the program.

Department will provide technical assistance as necessary for the efficient operation of the program.

Department will issue a medical card for each youth in placement.

V. SPECIAL TERMS AND CONDITIONS

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 (\$1,000,000).

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/.htm>.

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 is online at <http://www.wvdhhr.org/bcf/.htm>.

VI. GENERAL TERMS AND CONDITIONS

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 or 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

A. Application Deadline and Mandatory Forms

The application forms are available online at <http://www.wvdhhr.org/bcf/.htm>. The application must be submitted by **October 1, 2010**. 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:

No Debt Affidavit
Application Cover Sheet
Line Item Budget
Budget Narrative

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 **September 3, 2010** to the following e-mail address. Answers to questions will be posted online on **September 10, 2010**.

B. 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.

C. 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.

D. 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
- 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.

E. 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.

F. 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/.htm>.

VIII. EVALUATION

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. Organizational Qualifications, Capabilities, & Experience: 15 Points

Is the organization licensed for business in West Virginia?

Does the organization currently have a group residential, child placing or emergency shelter license in West Virginia?

Does the organization indicate a willingness to obtain a group residential license if selected?

Does the organization have a behavioral health license?

Does the organization have experience in providing care to adolescent children with co-existing disorders?

Does the organization demonstrate the ability to promote opportunities for permanency for children with multiple disabilities in their local communities?

Does the organization recognize the goal for these children is permanency through reunification with the family, adoption, or independence (transition to adulthood)?

Does the organization demonstrate an understanding that this facility is not a permanent placement for children?

Does the organization demonstrate an understanding of their role to provide care, support, supervision, and treatment on a local level in Region III of the Bureau's Administrative Regions?

Does the organization plan to use an existing facility?

Did the organization provide an organizational chart showing proposed positions, the chain of command, and the plan for staff supervision and training?

Does organization assure that it will comply with the Special Terms and Conditions of award, i.e. Insurance Requirements, License Requirements, No Debt Affidavit, Background Checks, and the Group Residential Provider Agreement with the Bureau for Children and Families?

Does the organization indicate it is in compliance with General Terms and Conditions of award, i.e. Conflict of Interest, Prohibition Against Gratuities, and Governing Laws and Compliance?

B. Program Requirements 15 Points

Does the organization demonstrate an understanding of the target population?

Does the organization have experience and or a history of serving the target population?

Does the organization currently provide services to children who are in state custody twelve and eighteen years of age?

C. Physical Environment 15 Points

Does the organization plan to operate an eight (8) beds facility?

Does organization address their ability to accept their first placement within 180 days of notice of selection?

Does the organization indicate the proposed facility will not be on the same grounds as other facilities?

Does the organization demonstrate they will maximize existing facilities, emphasize collaboration and cooperation with other community resources, and promote natural inclusion in the community?

Did the organization provide the plan for risk assessment to identify areas of risk for the target population?

Does the organization describe what methods will be used to reduce risk to the target population? (Example – Child with a behavioral risk residing with a child without a behavioral risk)?

Does the organization describe procedures for on-site safety precautions, staff training, and physical plant accommodations during crisis situations?

Does the application have 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?

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

Does the organization describe how residents will be protected from unnecessary or inappropriate restraints?

D. Program Design

20 Points

Does the application include an Admissions policy that complies with project requirements?

Does the applicant 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?

Does the proposed staff meet the Children's Residential Treatment Facility standards for Level II? (www.wvdhhr.org/bms/)

Does the proposed staff meet the Group Residential Child Care Licensing standards? (www.wvdhhr.org/bcf/)

Does the proposed staff meet the Office of Health Facility Licensing requirements? (www.wvdhhr.org/ohflac)

Does the applicant describe the process for assessment and individualized treatment planning?

Does the applicant describe the process for identifying intervention strategies?

Does the applicant describe the process for service delivery?

Does the applicant indicate they will emphasize following services from the Behavioral Health Rehabilitation manual for Residential Children's Services, Level II and Level III (H00019U2)?

- 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?

Does the applicant specify that they will use Positive Behavioral Support for intervention with maladaptive behaviors?

Does the applicant provide a detailed plan for day to day supervisory and activities for the children in care?

Does the applicant describe staffing patterns and the proposed child to staff ratio?

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

Does the applicant describe the initial and ongoing training plans for direct services staff?

Does the proposed professional staff meet the criteria outlined in the Behavioral Health Rehabilitation Manual?

Does the proposed staff include a full-time Clinical Home Manager?

Does the proposed staffing include a Professional Level Counselor/Therapist that meets educational and licensure requirements?

Does the proposed staffing include a Positive Behavioral Support Specialist (Or therapeutic Behavioral Services) who meets educational requirements?

Does the proposed staff include more full time Direct Care staff than part time staff?

E. Program Structure

20 Points

Does the applicant explain how the program will link the child's assessed needs to the intensity and frequency of specific treatment interventions?

Does the applicant describe the process for assessment, treatment planning, and the ongoing review and evaluation of each child's progress during placement?

Does the applicant assure each resident will have an initial treatment plan within seven (7) days of admission?

Does the applicant assure that each resident will have a master treatment plan completed within thirty (30) days of admission?

Does the applicant assure they will participate in the in the Multi-Disciplinary Treatment Team meetings and the development of the permanency plan?

Does the applicant provide a detailed daily schedule outlining the type of services, day of week, and frequency of activities for residents?

Does the applicant's plan assure monitoring, supervision, care and treatment for the residents twenty-four (24) hours per day?

Does the applicant assure that residents do not remain in facility for longer than twenty-four (24) months or beyond their 18th birthday, unless the youth is considered a "transitioning adult" who is either completing the program that was begun before age 18, or has been court ordered to remain in care to finish the program?

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

Does the applicant describe how services will be accessed off site, if not available on site?

Does the applicant include letters of support from other agencies (to include local psychiatric hospital, comprehensive behavioral health provider, WVU Center for Excellence in Disabilities, and county school system) willing to enter into a collaborative agreement or memorandum of understanding?

Does the applicant delineate the procedures and responsibilities of the group home and the school district to ensure a free appropriate public education for residents to include:

- ✓ Convening a meeting with group home and county school district personnel to share information and implementation of Individualized Education Program (IEP).
- ✓ Establishing ongoing communication system related to student issues and needs.
- ✓ Developing and implementing joint staff development opportunities for professional and service personnel prior to the student's discharge from group home and exit of county school system.

Does the applicant provide the discharge policy that provides the following:

- ✓ Allows for discharge planning at admission?
- ✓ Explains how the Interdisciplinary Team (IDT) will meet within three (3) working days?
- ✓ Assures that the plan will be consistent with the individualized comprehensive service plan created by the MDT?

- ✓ Specifies that the anticipated length of stay will not exceed twenty-four (24) months?
- ✓ Describes the supports among the collaborative partnership that will be available when a discharge occurs?
- ✓ Assures that no resident will be discharged without an appropriate plan and living arrangement?
- ✓ Assures resident will not be discharged for displaying the behaviors that contributed to his/her admission, unless child requires a higher level of care, not provided by the facility?

Does organization address the plan to meet desired outcomes of fifty percent occupancy within three (3) months and full capacity within six (6) months?

F. Budget

15 Points

Are the total costs for a twelve (12) month operating period?

Are calculations correct?

Do costs appear reasonable?

Are costs directly tied to the proposed services?

Do salaries appear reasonable?

Does the budget include sufficient funding to support the program functions?

Does the organization appear to be fiscally sound to operate a program with the proposed budget?

Have all costs been considered?