Ohio Department of Developmental Disabilities

Grant Opportunity

Request for Proposal (RFP)

**Residential Services for Youth with Intellectual or Developmental Disabilities and Complex Behavioral Health Needs**

Proposals must be received no later than July 20, 2018

For additional information, please contact:

Ohio Department of Developmental Disabilities

Deputy Director Ginnie Whisman via e-mail at

ginnie.whisman@dodd.ohio.gov

**Mission & Guiding Principles**

The Ohio Department of Developmental Disabilities (DODD) is responsible for overseeing a statewide system of services and supports for people with developmental disabilities, their families or other support providers. The mission of DODD is continuous improvement of the quality of life for Ohio’s citizens with developmental disabilities, their families or other support providers.

DODD will:

* Create less complex service delivery, with fair and logical payment systems that are federally compliant
* Continue to be good stewards of limited resources
* Provide quality outcomes through a combination of people and processes
* Design service delivery models in response to choices made by the people served, in alliance with community supports
* Develop a system-wide vision and long-range strategic plan by listening to our funding partners, constituents and stakeholders

**Purpose**

DODD is seeking proposals from eligible applicants that will increase the capacity for and utilization of residential services for youth age 10 – 17 with Intellectual or Developmental Disabilities (IDD) who have exhausted all other resources/options and are in need of residential services. These services are intended to provide supports and services for youth who cannot return to their previous home, provide step down services for youth who have been admitted to the youth units at Developmental Centers (DCs) or, who are assessed as being at risk for admission to a DC or stabilization facility. Services are intended to reduce trauma associated with displacement from the family home or stabilization facility, provide a stable residential environment, and improve outcomes for youth with IDD who have complex behavioral health needs. Ability to secure school services are a required component of the project.

County Boards of Developmental Disabilities (CBs) and local Family & Children First Councils (FCFCs) already supporting these youth and families, struggle to find the necessary supports including residential services. DODD intends to provide funds to residential providers for county collaboratives involving, at a minimum, CBDD or Councils of Government (COG).

**Project Background**

The Ohio Departments of Developmental Disabilities (DODD), Jobs and Family Services (JFS), Alcohol, Drug and Mental Health Board (ADAMH), and the Ohio Family & Children First Council (FCFC) have partnered on various initiatives to support multi-system youth and their families or other support providers (Strong Families, Safe Communities; Autism Certification Center; Trauma Informed Care; Residential Respite Pilot, etc.). In a continuation of these efforts, DODD is seeking to expand the capacity of providers and CB/COGs to plan for and provide residential services to youth with IDD and complex behavioral health needs.

DODD is committed to partnering with state and local entities to explore solutions to barriers to full inclusion in the community for individuals with IDD, with supports from their families and service providers. Residential opportunities continue to be elusive, and needed, especially for individual youth with both IDD and complex behavioral health needs who cannot return to their previous home or who need to move out of a DC.

**Project Description**

# The project will entail creating new homes (or using existing homes) utilizing waiver services or operating units within existing Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICFs/IID) to serve youth who have IDD and complex behavioral health needs age 10 – 17 years old.

**Eligible Applicants**

Each application must include location where services will be provided, and name one or more service providers (individuals or agency), and the CB/COGs who will be partnering in the grant activities; including contact information of representatives for the provider and CB/COG. Multi-county collaborations and inclusion of additional agency partners (e.g. FCFC, ADAMH, JFS) are encouraged and may be awarded additional points.

**Minimum Qualifications**

This proposal must build upon an existing service delivery platform.  This may include waivers, licensed homes funded by waivers or ICF beds that are set aside for youth who have IDD and complex behavioral health needs.

Applicants shall not be subject to an “unresolved” finding for recovery under Section 9.24 of Ohio Revised Code.

**Scope of Work & Deliverables**

Residential providers, in partnership with CB/COG(s), will identify and engage eligible youth between the ages of 10 – 17 who need residential services due to the inability to stay in their current home or return to their previous home.

Under this design, residential providers and CB/COGs must commit to developing a comprehensive plan for how residential services will be provided, funded, and what it will take to sustain the services after the pilot period.

Grant funds may be used to:

* Pay costs associated with vacancies if an individual needs DC stabilization services as long as provider agrees to readmit once individual is stable.
* Provide supports to youth and family for costs not eligible for reimbursement through other funding sources.
* Specialized training related to youth with IDD and complex behavioral health needs.
* Other proposed services not otherwise covered by existing funding streams available to the provider.
* Other reasonable, miscellaneous costs associated with the pilot clearly identified and outlined in budget and budget narrative including preparing monthly report of deliverables, which include:
	+ For individuals served - Names, Date of Birth, and Date of admission or discharge
	+ Reason for admission
	+ Where individuals were admitted from and where individuals were discharged to
	+ When and where school services were established
	+ Restrictive measured used and MUIs
	+ Technical Assistance (TA) utilized and who provided TA
	+ Training and number of staff trained that is not reimbursed via other funding sources
	+ Family involvement/engagement, as applicable
	+ Vacancies as outlined in RFP, including per diem (ICF) or Homemaker Personal Care (HPC) rate with add-ons included (waiver)
	+ Other costs as approved in grant agreement(s)

In kind support from DODD:

* On-going consultation, training, support and TA provided by Residential Resource staff;
* Linkage to resources; and,
* Emergency stabilization services in a DC when deemed necessary by Residential Resource Administrator (RRA) and when all other options are exhausted.

**Funding**

* **Funding Source:** This grant is funded with state dollars.
* **Amount of funding available:** The maximum award amount for each provider is $150,000 and funding will be limited to a maximum of five providers. Proposals involving multiple counties may apply for additional funding. DODD reserves the right to negotiate the terms and amount of any proposal received.
* **Funding Methodology:** Funding will be provided based on scoring.
* **Project Period:** The anticipated award period is September 1, 2018 – June 30, 2019.
* **Rate Modifications:** Providers may be eligible to access Community Integration or other rate modifications pursuant to Rule 5123:2-9-30 or 5123:2-7-28.
* **Reimbursement Basis of Payment:** Grants will be funded on a reimbursement basis for deliverables and activities completed. The grant agreement between DODD and the subrecipient will further specify the timelines for completion of each deliverable & payment structure. Awardees will be required to track progress throughout the grant period and submit data as requested by the Department. Additionally, awardees may be asked to attend and participate in meetings, trainings and/or conferences related to the pilot. The provider, in partnership with the CB/COGs will be required to submit a report at the end of the grant cycle describing accomplishments, barriers, and lessons learned.

It is assumed that this proposal will build upon an existing service delivery platform.  This may include ICF beds that are set aside for youth, or a home where individuals are enrolled in waiver services.  The funds provided through this project will support services to youth with complex needs, as outlined in the DESIGN section. Lessons learned from this project will be used to determine what ongoing supports are necessary for youth who have IDD and complex behavioral health needs.

**Submission Process & Deadlines**

Grant proposals, Grant Application Forms, and any other required documentation must be submitted electronically to Ginnie Whisman (ginnie.whisman@dodd.ohio.gov) no later than 5:00 PM, July 20, 2018.

**Timelines**

|  |  |
| --- | --- |
| **Stage** | **Deadline** |
| RFP Posted | June 18, 2018 |
| Requests for Clarification due to DODD | June 29, 2018 |
| Clarification from DODD due | July 9, 2018 |
| Proposals due to DODD | July 20, 2018 |
| Notification of Award | August 3, 2018 |
| Estimated Start Work Date | September 1, 2018 |

**Inquiries**

To ensure an open bid process is maintained, all inquiries regarding this RFP must be provided in writing only via email to Ginnie Whisman @ ginnie.whisman@dodd.ohio.gov. Inquiries may be submitted until 5:00 PM, June 29, 2018. DODD will respond to inquiries electronically by July 9, 2018.

**Selection Process**

Proposals will be selected using a competitive process, based on responses to required questions. DODD reserves the right to immediately reject grant proposals submitted with an incomplete Grant Application Form, proposals received after the submission deadline, or for any other requirement identified in this RFP that is not met. All proposals will be reviewed and scored by a Proposal Review Committee, comprised of state agency staff who have actively participated in the State’s multi-system youth efforts. The Proposal Review Committee shall include at least two representatives from DODD.

Below is the scoring tool that will be utilized in the selection process.

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| --- | --- |
| 25 | The applicant has developed a concrete plan to identify youth/families and increase the capacity for and utilization of residential services. All questions in application are thoroughly answered.  |
| 10 | The applicant demonstrates current capacity to undertake this effort and commitment to the project design – including ability to access school services. |
| 15 | The application demonstrates the collaborative planning between the CB/COG where services will be located and from counties provider intends to serve. |
| 15 | The provider demonstrates knowledge of youth with IDD and complex behavioral health needs & the child serving systems (FCFC, CBs, Children’s Services Board, ADAMH, etc.)  |
| 15 | The provider demonstrates current capacity to serve youth with IDD and complex behavioral health needs, their families or other support providers (if applicable), and will implement services using trauma informed practices, with or without additional training and technical assistance. |
| 10 | The application demonstrates sustainability of this systems change effort, including but not limited to a commitment to admit youth to facility or on waivers when needed, and commitment to readmit after a stabilization stay (if needed). |
| 10 | Costs are reasonable and clear as demonstrated by budget and budget narrative. |
|  | Additional points may be awarded for those proposals that demonstrate regional/area collaboration and/or multi-agency involvement/approaches and collaboration with schools. Letters of support from other agency partners (i.e., ADAMH Board, Children’s Services Board/Job and Family Services, etc.) are encouraged.  |

**Other Requirements**

**Communications Prohibited**

From the issuance date of this RFP, until a grant is awarded, there may not be communications concerning the RFP between any applicant who expects to submit a proposal and any employee of DODD involved in the issuing of the RFP or other state employee who is in any way involved in DODD’s design and implementation of this project.

The only exceptions to this prohibition are communications provided through the submission of written requests for clarification/interpretation as specified above.

**Interview**

Applicants may be requested to participate in an interview as part of the evaluation process. DODD reserves the right to select from responding applicants for interviews and may not interview all applicants submitting proposals. The applicant shall bear the cost of travel to any scheduled interview.

**Proposal Costs**

Costs incurred in the preparation of this proposal and any subsequent grant agreements are to be borne by the applicant. DODD will not contribute in any way to the costs of preparation. Any costs associated with proposal review interviews will not be DODD's responsibility.

**Proprietary Information**

All proposals submitted shall become the property of DODD. All information submitted by the applicant will be public information unless the applicant specifically demonstrates, in writing, which information it considers to be proprietary. "Proprietary information" is information which, if made public, would put the applicant at a disadvantage in the market place and trade in which the bidder is a part. Consequently, any assertion of "proprietary" information must be clearly identified and the basis of the assertion must be included. It is not adequate for the applicant to simply state that disclosure of the information will put it at a disadvantage in the market place. DODD will make the final decision as to whether information is "public" or "proprietary."

**Contractual Requirements**

1. Any agreements resulting from the issuance of this RFP are subject to the terms and conditions as provided in the grant agreement. The information contained in the RFP and in the proposal submitted by the selected applicant shall be considered part of the grant agreement.
2. Payments for any and all services provided pursuant to the grant agreement are contingent upon the availability of state and federal funds.
3. All aspects of the grant agreement apply equally to work performed by any and all subcontractors.
4. The subrecipient, and any subcontractor, will not use or disclose any information made available to them for any purpose other than to fulfill the contractual duties specified in the RFP. The subrecipient, and any subcontractor, agrees to be bound by the same standards of confidentiality, including federal and state statutory and regulatory requirements that apply to the employees of DODD and the State of Ohio.

**Travel Reimbursement**

Travel costs not reimbursed through ICF or waiver should be encompassed within the cost of the deliverables. Travel is not to be listed separately. For the purposes of this RFP, travel includes all modes of transportation (airfare, taxi, car rentals, etc.), lodging expenses, the cost of communications (by phone, mail, e-mail or fax), and meals.

**Equipment Reimbursement**

Equipment costs should not be included in grant proposals. DODD will not contribute to the cost of equipment purchases. Equipment is defined as any item (e.g. furnishing, IT device, machine, vehicle) with a per unit cost greater than $1,000.

**State of Ohio Supplier ID**

DODD cannot issue a grant agreement to any organization that does not have a State of Ohio Supplier ID. Please visit the Ohio Office of Shared Services [website](http://www.ohiosharedservices.ohio.gov/SupplierOperations/Forms.aspx) for the information necessary to complete this process.

If a Supplier ID is not available prior to the submission of this grant application, the organization must include proof with the submitted proposal that demonstrates the request to retrieve a Supplier ID was submitted to the Office of Shared Services. It is the organization’s responsibility to inform DODD of the Supplier ID as soon as one is provided by the Ohio Office of Shared Services by emailing Ginnie Whisman at ginnie.whisman@dodd.ohio.gov. In the event that a Supplier ID is not provided in a timely manner, DODD reserves the right to withdraw the organization’s grant application from consideration or rescind a notice of award.

**Ethical and Conflict of Interest Requirements**

1. No subrecipient or individual, company, or organization seeking a grant shall promise or give to any DODD employee any item of value that is of such character as to manifest a substantial and improper influence upon the employee with respect to his or her duties.
2. No subrecipient or individual, company, or organization seeking a grant shall solicit any DODD employee to violate any of the conduct requirements for employees.
3. Any subrecipient acting on behalf of DODD shall refrain from activities that could result in violations of ethics and/or conflicts of interest. Any subrecipient or potential subrecipient who violates the requirements and prohibitions defined here or of Section 102.03 or of Section 102.04 of the Ohio Revised Code is subject to termination of the grant or refusal by DODD to enter into a grant.

**Obligation**

Neither this RFP nor any applications received in response to this RFP shall create any obligation on the part of DODD to enter into an agreement with any applicant.  The award of any agreement as a result of this RFP shall be at the sole discretion of DODD.  DODD may amend, modify, withdraw, or terminate this RFP at any time.

**Assurances**

**Compliance with Federal, State, and Local Laws**

The Subrecipient shall comply with all applicable federal, state, and local laws and regulations in the conduct of the work hereunder.

**Drug-Free Workplace**

The Subrecipient agrees to comply with all applicable state and federal laws regarding a drug-free workplace. The Subrecipient shall make a good faith effort to ensure that all of its employees, while working on state property, will not purchase, transfer, use or possess illegal drugs or alcohol or abuse prescription drugs in any way.

**Equal Employment**

Pursuant to Ohio Revised Code Section 125.111, the Subrecipient and any subcontractor, and any person acting on its behalf, will not discriminate, by reason of race, color, religion, sex, age, disability, national origin, sexual orientation, veteran status or ancestry against any person qualified and available to perform the work under this Agreement.

**Ethics Laws**

The Subrecipient, and any subcontractor, is currently in compliance and will continue to comply with the requirements of Ohio Ethics law as provided in Chapter 102 of the Ohio Revised Code and Executive Order 2011-03K.

**Election Laws**

The Subrecipient, and any subcontractor, is currently in compliance and will continue to comply with Ohio Elections law, Divisions (I) and (J) of Section 3517.13 of the Ohio Revised Code.

**Findings for Recovery**

The Subrecipient, and any subcontractor, is not subject to an "unresolved" finding for recovery under Section 9.24 of the Ohio Revised Code. If this warranty is deemed to be false, this Agreement is void and the party who is subject to the finding must immediately repay to the other party any funds paid under this Agreement.

**Health Care Laws**

Neither the Subrecipient nor its employees are excluded from participation under any federal health care programs. The Subrecipient shall notify the Department of any exclusions or other adverse action within five (5) business days of learning of such exclusion or adverse action.

**Location of Services Performed**

The Subrecipient shall comply with Executive Order 2011-12K and will perform no services required under this Agreement outside of the United States. No services shall be changed or shifted to a location(s) that is outside of the United States. The Department is not obligated and shall not pay for any services provided under this Agreement that are performed outside of the United States. If services are performed outside of the United States, this will be treated as a material breach of the Agreement and the Subrecipient shall immediately return to the Department all funds paid for those services. In addition, if the Subrecipient or any of its contractors perform any such services outside of the United States, the Department may, at any time after the breach, terminate this Agreement upon written notice to the Subrecipient.  The Department may purchase substitute services from a third party, and the Department may recover the additional costs associated with acquiring the substitute services.

The Subrecipient affirms, understands, and agrees to immediately notify the Department of any change or shift in the location(s) of services performed by the Subrecipient or its subcontractors under this Agreement.

**Proposal Checklist**

The following items must be submitted to DODD. Proposals submitted to DODD without each of these items will be considered incomplete:

A completed Grant Application Form (below)

* + For applicants without a State of Ohio Supplier ID, proof of request made to the Office of Shared Services.
	+ For registered non-profit organizations, a copy of the Form 990 currently filed with the Internal Revenue Service.

All required components (1-11) specified below in this RFP

* + Proposals without these items will not be considered.
	+ Proposals may not exceed 15 pages.

A statement of support and acceptance of all terms by the head of the applicant organization.

**Required Questions**

Please provide answers to the following questions. Proposals may not exceed fifteen pages. Providers and CBs/COGs participating in the project and names, role and signature of all partners (Providers, CB/COGs) must be included.

\*(If application proposes to serve multiple counties, answers should be inclusive of all counties/partners.)

1. Describe how the participating provider and CBs/COGs support eligible youth (10-17) with IDD and complex behavioral health needs and their families, if applicable.

Include in your answer:

* 1. How many total youth served currently by provider(s)
	2. Applicant’s definition of “complex behavioral health needs”
	3. Of the total youth currently served by provider and CB/COG, how many fit this definition of complex behavioral health needs.
	4. Of the youth identified in “c” provide a breakdown of current living arrangement(s) for those youth:
		1. Family who identify their child as at risk for needing out of home residential services:
		2. Youth in institutional out-of-home placement (e.g. residential treatment center, DC, ICF, or out of state):
		3. Foster care/treatment foster care:
		4. Other (please describe):
1. How will the grantee identify the specific youth/families to target for this pilot project? Include the number of youth/families you plan to serve.
2. Describe how the grantee will prioritize youth who are leaving a DC following stabilization and how the provider will provide services and supports to these individuals and others who are at risk of entering a DC or other stabilization facility.
3. Describe any efforts made to promote or provide residential services to youth and/or any barriers experienced providing these services. Include your plan to address these barriers.
4. Describe how provider and CB/COG will fund residential services and other support services for youth.
5. Describe applicant’s plan to train and coordinate services with your staff, consultants and other support providers for serving youth in this program.
6. Describe the service provider(s)philosophy, approach to and history of supporting youth and adults who have intellectual and developmental disabilities and complex behavioral health needs and their families or guardians, including but not limited to:
	* 1. Years of experience with this population;
		2. Use of restraint or other restrictive measures;
		3. Additional training required by the agency over and above DODD required training, in order to have the skills necessary to work with the target youth and families or other support providers;
		4. Involvement in the local Trauma Informed Care collaborative &/or other TIC initiatives, and type/level of training received in Trauma Informed Care;
		5. Any specialized staff or services the provider may be able to access (i.e., psychiatry, psychology, social work, occupational or other therapies, board certified behavior analyst, etc.);
		6. Provider(s) certifications/accreditations.
7. Describe what residential services will be available to the youth when the individuals turn 18 years old.
8. Describe the geographic location(s) of services, type of services provided (waiver, ICF, etc.) and what counties the project will serve and how many people you propose to serve and gender of individuals.
9. Describe your plan for accessing technical assistance from DODD, Emergency DC admission for stabilization, and readmission back to the provider after individual is stabilized.
10. Describe how school services will be secured or provided.

Project Staffing Plan

Identify key staff who will be involved in the project from the residential provider and CB/COGs:

* 1. Their names, current roles, relevant backgrounds, responsibilities and ways in which their current rules might change (how those changes will be handled) in order to take on this work;
	2. How the work will be coordinated across/among the partners.

Identify any staff and/or consultants that will be retained or recruited to assist in this effort, their role, relevant background and responsibilities.

Project Timeline

Include a timeline outlining major project activities and accomplishments for each quarter of the project.

Budget

Develop a budget associated with strategies and timelines and use of grant funds.

* 1. Applications should include a budget and budget narrative.
	2. Applications should include a plan to sustain the project after the pilot period.

Questions about the application can be directed to Ginnie Whisman at ginnie.whisman@dodd.ohio.gov

Submission of Applications by e-mail only. E-mail applications should be submitted to Ginnie Whisman, and are due by 5 p.m., July 20, 2018. Applicants will be notified of their selection by August 3, 2018.

**Grant Application Form**

Organizational Information

1. **Name of Organization (CBDD/COG)**

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1. **Mailing Address & County**

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1. **Tax Identification Number**
2. To ensure you receive the correct tax files from the State of Ohio, **please indicate if you are a registered non-profit organization.** <http://www.gatesfoundation.org/How-We-Work/General-Information/Tax-Status-Definitions>

**Yes \_\_ No \_\_**

**If yes, submit a copy of the Form 990 currently filed with the Internal Revenue Service.**

1. **Is your organization currently registered as a State of Ohio Supplier?**

 **Yes \_\_ No \_\_**

If yes, please provide the following:

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**State of Ohio Supplier ID**

**Remit to Address Associated with the Supplier ID**

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If a Supplier ID is not available prior to the submission of this grant application, you must attach proof with the submitted proposal that the request to retrieve a Supplier ID was submitted to the Office of Shared Services. It is the organization’s responsibility to inform DODD of the Supplier ID as soon as one is provided by the Ohio Office of Shared Services by emailing the DODD program contact for this project as instructed in the “Other Requirements” section of this RFP. In the event that a Supplier ID is not provided in a timely manner, DODD reserves the right to withdraw the organization’s grant application from consideration or rescind a notice of award.

Employee Contact Information

1. **Please identify the primary programmatic and fiscal contacts for this grant.**

 **Program Contact:**

|  |  |
| --- | --- |
| **Name** |  |
| **Title**  |  |
| **Phone Number** |  |
| **Email Address** |  |

**Fiscal Contact:**

|  |  |
| --- | --- |
| **Name** |  |
| **Title**  |  |
| **Phone Number** |  |
| **Email Address** |  |

1. **Please identify the Notice contact for this grant. Per the DODD grant agreement, all notices, consents, and communications are transmitted electronically, and are deemed to be given upon emailing the contact below.**

 **Notice Contact:**

|  |  |
| --- | --- |
| **Name** |  |
| **Title**  |  |
| **Phone Number** |  |
| **Email Address** |  |

1. **Please identify the signatory for this grant. This is the person in your organization with the authority to enter into contracts and grant agreements.**

 **Signatory Contact:**

|  |  |
| --- | --- |
| **Name** |  |
| **Title**  |  |
| **Phone Number** |  |
| **Email Address** |  |