

Louisiana



**Department of  
Children &  
Family Services**  
*Building a Stronger Louisiana*

**SOLICITATION**

**FOR**

**Qualified Residential Treatment Program**

**PROPOSAL DUE DATE/TIME:**

**FRIDAY, APRIL 29, 2022**

**2:30 p.m., ~~CENTRAL CST Standard Time~~**

**ISSUED: MARCH 14, 2022**

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## **Solicitation**

### **Qualified Residential Treatment Program**

#### 1.0: GENERAL INFORMATION

##### 1.1 Purpose

This Solicitation is issued by the Department of Children and Family Services herein referred to as DCFS. The purpose of this solicitation is to obtain competitive proposals as allowed by Louisiana Revised Statute 15:1081 et. Seq. and Louisiana Administrative Code Title 67, Part 5, §3503 from bona fide, qualified Proposers who are interested in providing for the supervision and placement needs of youth through the development of a Qualified Residential Treatment Program (QRTP).

Qualified Residential Treatment Programs (QRTP) are Residential Child Care Facilities serving youth with serious emotional disturbances (SED) and behavioral problems whose needs cannot be met in a family setting. QRTPs will have a trauma-informed treatment model that is designed to address the needs, including clinical needs as appropriate, of children or youth with SED or behavioral disorders or disturbances and is able to implement the treatment required for the child/youth identified by an assessment. Louisiana has elected to use the Trust Based Relational Intervention (TBRI) model as the trauma-informed approach for LA QRTPs.

QRTP requirements are described in Title II of the Family First Prevention Services Act, found here: <https://www.congress.gov/115/plaws/publ123/PLAW-115publ123.pdf>

DCFS seeks programs that are specialized to provide treatment, crisis intervention & stabilization, and permanency planning in a trauma-informed environment for youth along a continuum of behavioral disorders and disturbances who require enhanced supervision and specialized caregiver response. Most youth who are served by QRTPs have experienced multiple unsuccessful out of home placements related to a history of mal-adaptive and difficult behaviors that exist along a continuum that may include simple disobedience to non-compliance with rules or laws and delinquency; chronic patterns of aggressiveness and violence directed at self or others, including self-injurious behaviors, suicidal or homicidal ideation or attempts; histories or active substance use disorders; and persistent psychiatric disorders ranging from depression and mood disorders to major psychiatric diagnosis. Some individuals admitted may also have co-occurring medical conditions such as diabetes that are impacted and complicated by the adjunct psychiatric disorder or a developmental disability. Youth who are referred to QRTP may be discharging from psychiatric residential treatment facilities, in-patient hospitalizations, emergency room encounters, or intermediate care facilities for people with developmental disabilities or juvenile detention facilities. The QRTP will assist clients to transition to permanency or, at a minimum, to a stable family-based living situation.

QRTPs must be licensed and accredited prior to July 1, 2022 by one of the following approved, non-profit independent accreditation organization: The Commission on Accreditation of Rehabilitation Facilities (CARF), The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) or The Council on Accreditation (COA), or others approved by the Secretary.

Proposals may be submitted from organizations that can demonstrate a minimum of three (3) years of experience providing residential services to children and/or youth. Proposals must include the all areas specified in this RFP.

Proposers are encouraged to consider the needs of the children who are serviced by QRTPs, essentials of milieu management, staff competencies, required staff and staffing ratios when proposing census capabilities. DCFS encourages homelike settings with smaller census.

DCFS is seeking proposers in all geographic regions of the state. Proposers may submit a proposal in one (1) or more regions or for the entire state. DCFS seeks to contract with providers who articulate a clear program philosophy that is strength-based, needs-based, trauma-informed, child-centered, and family-focused in alignment with Quality Parenting Initiative (QPI) values and practices.

QRTPs must integrate QPI values and practices into their programming and with their caregivers. QPI emphasizes nurturing, age-appropriate, trauma-informed parenting. In QPI, caregivers work with the child's team and facilitate their participation in the treatment plan. Caregivers engage and integrate the child's birth family, fictive kin and others who are integral family members as much as possible into the child's daily life activities, case planning, and treatment. (see <http://www.qpi4kids.org/>)

Providers are expected to strive to achieve the standard of normalcy possible within the care setting and will apply the reasonable and prudent parenting standard in decision making. Providers should demonstrate their commitment to promoting safety, permanency, and well-being for children. The provider will support the department's permanency goals for children and their families. When possible, services shall be offered within the geographic region from which the child/youth entered the state's custody and in close proximity to child's/youth's birth parents, siblings, extended families, homes and schools.

#### 1.1.1 Background

DCFS is working to keep children safe, helping individuals and families become self-sufficient, and providing safe refuge during disasters. Within the DCFS umbrella, the Child Welfare section is committed to working with families and communities to ensure the safety, permanency and well-being of the children served. DCFS provides placement and daily care to children in the custody of the State of Louisiana as a result of abuse and/or neglect. Placement and care are provided through an array of services based on the unique care needs and best interests of each child. DCFS provides for the public child welfare functions of the state, delivering services through a state administered system of nine (9) regional offices for sixty-four parishes.

<b>DCFS Regions</b>	<b>Parishes</b>
Alexandria	Rapides, Vernon, Avoyelles, Concordia, Grant, Winn, Catahoula, and LaSalle
Baton Rouge	East Baton Rouge, West Baton Rouge, Iberville, East Feliciana, West Feliciana, Pointe Coupee, and Ascension
Covington	Livingston, St. Helena, St. Tammany, Tangipahoa, and Washington
Greater New Orleans	Orleans, Jefferson, Plaquemine and St. Bernard
Lafayette	Lafayette, St. Martin, St. Landry, St. Mary, Acadia, Vermillion, and Evangeline
Lake Charles	Calcasieu, Beauregard, Allen, Cameron, and Jefferson Davis
Monroe	Caldwell, East Carroll, Franklin, Lincoln, Madison, Morehouse, Ouachita, Richland, Tensas, Union, and West Carroll
Shreveport	Bienville, Claiborne, Jackson, Red River, Caddo, Desoto, Webster, Bossier, Sabine, and Natchitoches
Thibodaux	Lafourche, Terrebonne, St. Charles, St. James, Assumption and St. John the Baptist

### 1.1.2 Goals and Objectives

The outcome of this Solicitation will be the selection of an award recipient(s) to accomplish specified services contained in the proposal. DCFS believes that children are best served within families and therefore placement in any residential setting is a point in time intervention responding to the needs of the children and not for long term placement. Additionally, the federally mandated Family First Prevention Services Act requires the placement of youth in family based settings when possible and time limited and treatment focused residential care when appropriate.

Proposals must indicate the Regions and QRTP level of care the Provider will serve.

Family engagement is a critical component in achieving successful discharge outcomes. For children with a permanency resource, QRTPs will leverage knowledge of existing and prospective family connections and/or permanency resources to nurture and strengthen connections in the service of discharge to a family setting that is durable and permanent. For children without an identified permanency resource, QRTPs will partner with DCFS in family



search and engagement efforts to locate and develop strong and supportive family connections and permanency options so that discharge can occur to a family setting.

The populations of focus served by QRTPs include youth who may have experienced multiple unsuccessful out of home placements related to a history of mal-adaptive and difficult behaviors that include, but are not limited to:

- simple disobedience, non-compliance with rules or laws, and delinquency, including charges or convictions for criminal activity;
- chronic and pervasive patterns of aggressiveness and violence directed at self or others;
- suicidal or homicidal ideation or attempts;
- history of or active substance use disorders;
- persistent psychiatric disorders ranging from depression and mood disorders to major psychiatric diagnosis;
- co-occurring medical conditions such as diabetes, that are impacted and complicated by the adjunct psychiatric disorder or a developmental disability.

QRTPs will serve youth in the populations of focus who have SED or behavioral disorders or disturbances whose needs cannot be met in a family setting. All youth referred for QRTP will have trauma histories and challenging behaviors. Some youth will be referred with advanced need for supervision and behavior modification related to criminal histories and tendency or history of extreme aggression. These youths may require additional supervision to successfully manage behaviors and to provide necessary oversight.

QRTPs are not Institutions for Mental Disease (IMD). An “institution for mental diseases” is defined in 1905(a) of the Social Security Act as “a hospital, nursing facility, or other institution of more than 16 beds, that is primarily engaged in providing diagnosis, treatment, or care of persons with mental diseases, including medical attention, nursing care and related services.

Proposers may choose to further specialize the population of focus who will be serviced in their QRTP by identifying one or more sub-populations within the populations of focus with SED or behavioral disorders or disturbances and to design a program that is tailored to address their unique needs, including clinical needs as needed, and to implement service and treatment plans that will promote stability, improvement and permanency. Proposers who elect to serve children and youth with pervasive and chronic SED or behavioral disturbances are encouraged to consider QRTPs with smaller census. Special populations may include, but are not limited to youth with:

- chronic patterns of aggressiveness and violence, conduct disorder who may have current release order from or juvenile detention facilities.
- persistent psychiatric disorders ranging from depression and mood disorders to major psychiatric diagnosis. current discharge orders from psychiatric residential treatment facilities, in-patient hospitalizations, emergency room encounters,
- co-occurring developmental disabilities or medical conditions such as diabetes, that are impacted and complicated by adjunct psychiatric disorder or a developmental disability.

QRTPs are required to employ a nurse and a licensed clinician who provide care within the scope of their practice as defined by State law are on-site during business hours, and are available 24 hours a day and 7 days a week. See job descriptions for noted staff titles in attachment A, B & C.

**Proposers**

Proposals must explain the Provider's expertise and/or history in the provision of residential services and expound on how they will address the specific identified needs of the population of youth who will be served in their QRTP. Proposers should specify their unique programmatic approach to serve residents of the QRTP including, but not limited to: organizational structure of professionals, clinical and direct care staff; credentials and licenses required for professional and direct care staff; specialized training for staff; accommodations to the physical plant; staffing ratios and staffing patterns; specific education, and competencies and skills of professional and direct care staff.

Proposers may propose a program that serves a minimum of 6 youth or a maximum of 14 youth in their households.

Proposers will propose a staffing make up and ratio sufficient to address the needs for trauma-informed supervision and milieu management for the proposed population served in the QRTP. The Proposer shall demonstrate significant organizational capacity, staff with necessary credentials, competencies and experience to managing behavior of youth who will be considered for admit to the QRTP. DCFS will carefully review proposals that reflect staffing ratios that are adjusted to meet the precise needs of youth who will be served. Populations with the need for more intense supervision and support may require lower staffing ratios. Proposals submitted that meet eligibility for consideration and propose to provide care for youth with high end needs will be prioritized.

Providers will be required to utilize Trust-Based Relational Intervention (TBRI) approach to ensure a trauma-informed approach for QRTP milieu management (<https://child.tcu.edu/#sthash.S8xoAJED.dpbs>). Proposers should describe if they have experience with TBRI or a plan to implement the model in the QRTP. If a provider has experience with TBRI, the next paragraph should be responded to from the TBRI perspective. If the provider is not trained in TBRI, the proposal should reflect a plan to address the following areas and to committing to implementing TBRI if selected for QRTP services.

The proposal shall provide a detailed description of any specialized training given to all staff, or proposed for staff. All staff, from executive management to direct care, are expected to be trained and prepared to provide care to youth in a trauma-informed manner. Proposals must explain how providers will address behavior management, methods of crisis intervention and stabilization, and strategies of behavior de-escalation. DCFS is seeking providers who demonstrate they will use a collaborative problem-solving approach to provide a child-centered, trauma-informed environment. Providers may not use level systems or token economies in their homes. Proposers must identify performance measures that will determine the effectiveness of their program. Proposers must indicate willingness to track, monitor and report performance measures as directed by DCFS.

All proposers shall obtain a DCFS Child Residential license on or before July 1, 2022 and shall maintain a current, valid license for the duration of the contract with DCFS. In addition, proposers shall follow current licensing regulations available through the internet at

www.dcf.state.la.gov. Providers of residential shall follow the Residential Home Standards Type IV.

## 1.2 Scope of Services

### **Qualified Residential and Treatment Program (QRTP)**

DCFS believes the use of any residential setting is a point in time intervention responding to the needs of the child in care and supports the family. For the purposes of this Solicitation, DCFS seeks providers who articulate a clear program philosophy in accordance with the QRTP requirements.

QRTP Provider must meet the following minimum qualifications:

- Be licensed;
- Be nationally accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF), the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), the Council on Accreditation, or others approved by the Secretary of Health and Human Services;
- Use a trauma-informed treatment model approved by DCFS that is embedded in all aspects of service delivery to the youth and families served.
  - All QRTP staff are trained in the model;
  - Louisiana DCFS has identified Trust-Based Relational Intervention (TBRI) as the model of choice
- Address the treatment needs of children as determined by the initial assessment and subsequent assessments throughout the QRTP episode;
- Facilitate and document family involvement and outreach;
- Maintain contact information for any known biological family and fictive kin of the child; how sibling connections are maintained;
- Document how the youth's family is integrated into the child's treatment, including post discharge.
- Provide at least six months of family-based aftercare post discharge, directly or through a partnership with providers in close proximity to the youth's home, aimed to maintain permanency, prevent recidivism, and ensure linkage to necessary services and supports;
- Have licensed nursing staff and other clinical staff, consistent with the treatment model, who provide care within the scope of their practice as defined by State law. (see Attachment II)
  - Nursing and Clinical staff are on –site during business hours, and are available 24 hours a day, 7 days a week.
  - The clinician will serve as lead to establish the trauma informed approach in the QRTP and ensure fidelity to the model;
- Employ a Family Engagement Coordinator to lead engagement efforts for the youth and family during QRTP placement and through aftercare (see Attachment II)
- Dedicate space and technology to support virtual or in person visits and meeting space for the purpose of establishing and maintaining engagement for youth placed at the facility.

QRTP intervention must be deemed eligible by a formal assessment and approved by the court. Based on federal requirements, youth are eligible for QRTP intervention when initial and ongoing assessment of the youth's strengths and needs provides evidence that:

- the needs of the youth cannot be met through placement in a foster family home,
- placement in a QRTP provides the most effective and appropriate level of care for the youth in the least restrictive environment,
- QRTP intervention is consistent with the short and long-term goals for the youth, as specified in the youth's permanency plan.

Youth are referred for QRTP from DCFS once they are qualified through an internal screening process. The QRTP is expected to accept placement once referred unless there is a concern that the placement will disrupt the stability of the existing children placed. The decision to not place has to be mutually agreed upon by DCFS and the QRTP.

Once admitted, QRTP continued eligibility is established via an assessment that must be completed within 30 days of QRTP admit. The assessment is conducted by a qualified individual who is a trained professional or licensed clinician who is not a state employee or affiliated with a QRTP provider. Federal law requires that the assessment tool is age appropriate, evidence-based, and validated by a functional assessment. Louisiana DCFS will use the Child and Adolescent Needs and Strengths (CANS) validated by the QRTP-Individual Behavioral Health Assessment (Q-IBHA). The assessment must be conducted by interviewing key people in the youth's life that can inform the history. The information gathered will determine if the youth is qualified for QRTP. If qualified, the youth can remain in the QRTP and proceed with treatment. If the assessment does not support QRTP placement, DCFS will work to move the youth from the QRTP within 30 days of determination.

If the youth has been deemed eligible for QRTP via the formal assessment, DCFS must receive court approval for continued QRTP intervention within 60 days of the QRTP admit. Within 30 days of QRTP admit, DCFS will seek court approval for continued QRTP intervention. If the court does not approve QRTP intervention, DCFS will work to move the child or youth from the QRTP within 30 days of this determination.

QRTP eligibility is limited to youth whose needs cannot be met in their own home, a traditional foster home, a therapeutic foster home, or for youth who have reached their treatment goals in a more restrictive setting and are ready to be transitioned to a less restrictive setting. Youth who reside in a QRTP receive behavioral health treatment and behavioral health services from community-based providers who participate in Medicaid.

Providers will have a structured and coordinated process to admit and discharge children to achieve effective transitions in and out of QRTP. Providers will work to develop, engage, maintain and support communication and visitation between a youth and their family, siblings, extended family, visiting resources, community connection or permanent connections. Providers will work with DCFS to engage birth family to be involved in the youth's day to day activities as outlined in the plan and strategies developed by the FPT. Providers must clearly demonstrate their commitment to promoting safety, permanency, and well-being for youth as outlined in the

QRTP assessment and the DCFS case plan. The provider must support the DCFS permanency goals for youth and their families. Providers must provide discharge planning and family-based aftercare support dependent upon the needs of the youth and upon the timeframes necessary to provide the services upon discharge from the QRTP.

#### 1.2.1 Tasks and Services

- A. Provider shall obtain a DCFS Residential Home Standards Type IV License on or before July 1, 2022 and shall maintain a current valid license for the duration of the contract with DCFS.
- B. Provider must obtain criminal clearances according to the Residential Home Standards Type IV on all staff prior to employment. Providers must have documentation that each employee has passed a criminal background check.
- C. Louisiana Revised Statute 46:1414.1. requires that any owner, operator, current or prospective employee or volunteer of a child residential facility licensed by the Louisiana Department of Children and Family Services self-disclose if their name is contained in the state's central registry of child abuse/neglect perpetrators. Any owner, operator, current or prospective employee, or volunteer of a child care facility licensed by the department who knowingly falsifies the information on the State Central Registry Disclosure Form shall be guilty of a misdemeanor offense and shall be fined not more than five hundred dollars, or imprisoned for not more than six months, or both. More information on the State Central Registry Disclosure requirements can be found at <http://www.dcf.louisiana.gov/page/515> DCFS will be doing State Central Registry checks at some point after 7/01/2018 for these individuals.
- D. Upon receipt of a placement request, providers will communicate their decision to accept or refuse placement within 3 to 5 hours. Placements can be limited to Monday through Friday but decisions to accept or refuse are expected over weekends and after hours.
- E. Providers are expected to facilitate a timely admit once communicating acceptance of a child. It is considered best practice to facilitate admit within 24 hours of communicating acceptance. When acceptance is received on the weekend or holiday, the placement is expected to be made the following business day. For extended intervals beyond the ones outlined above, written justification must accompany the request for deferred placement.
- F. Providers will participate in the DCFS Family Team Meetings to plan for the child.
- G. Providers will develop the youth's service plan in accordance with the Residential Home Standards Type IV. The goal should be in conjunction with the DCFS permanency plan for the child and the FPT permanency plan.  
The interim service plan should be developed within 15 days of placement and a comprehensive service plan developed within 30 days, with input from the initial Family and Permanency Team (FPT). The initial service plan will be informed by the strengths

and needs identified in the Child and Adolescent Needs and Strengths (CANS) eligibility assessment and the short-term and long-term goals recommended by the Qualified Individual who completed the CANS to determine QRTP eligibility. Subsequent service plans, permanency plans and strategies will be developed based on the strengths of the youth and FPT members and will address the underlying needs of the youth and FPT members in order to achieve a successful discharge to permanency in a family setting.

- H. Providers will take an active role in the development and convening of the FPT which will consist of all appropriate biological family members, relatives, fictive kin of the youth, and, as appropriate, professionals who are resources to the family of the youth, such as teachers, clergy, medical and mental health providers who have treated the youth in the last 6 months. The QRTP provider will collaborate with DCFS to identify FPT members. In the case of a child who has attained age 14, the family and permanency team shall include the members of the permanency planning team for the child that are selected by the child. QRTP staff (Family Engagement Coordinator) will assist the QRTP Liaison to lead the monthly FPT meetings. The FPT membership will evolve throughout the QRTP stay. The service plan shall clearly indicate services to be delivered by the Provider's staff and by community service providers. The DCFS caseworker shall be made aware of total service delivery
- I. Providers will work with DCFS to ensure the youth is referred to necessary services and will not have a break in services. Upon initial placement, necessary services shall be initiated immediately as prescribed by previous provider's discharge recommendation. Children admitted without a discharge recommendation from a previous provider shall be connected to necessary services immediately.
- J. Providers will attend Individualized Education Plan (IEP) meetings along with the youth.
- K. Providers will assist in the development of independent living skills, as identified in the service plan.
- L. Providers will provide twenty-four (24) hour supervision.
- M. Discharge planning shall begin when a youth is placed in the program and will be done with input from the Family and Permanency Team.
- N. The Provider shall have discharge planning policies that support transition of the child or youth to a stable discharge disposition, aligned with the child's permanency plan. Discharge planning should assess and address the readiness of both the youth and family/discharge resource. The goal of discharge planning is to equip the child and the family/discharge resource with the necessary tools, skills, and connections to achieve long-term permanency. Discharge efforts should continue existing services as needed for the youth and linkage to new services needed to support step down stability and durability.

The provider shall give a minimum of fourteen (14) calendar day(s) notice in the event a disruption should occur and removal is requested. The provider will work with DCFS to

preserve the QRTP encounter by developing and implementing preservation efforts., aligned with the TBRI approach and in the service of achieving the child's permanency goal.

- O. Aftercare services are required for a minimum of six (6) months after discharge and are provided to all DCFS youth stepping down to a family setting from the QRTP. Aftercare is not required when a youth is not discharged to a family setting. Providers and FPT members will use the FPT process to assess and plan the readiness of the youth and the family resource to whom the child will discharge and to plan aftercare. Aftercare services will be addressed in the discharge plan. The discharge and aftercare plans will include specific individualized community-based trauma informed services that build on treatment gains to promote the safety and well-being of children and families, with the goal of preserving the youth in a supportive family environment. Providers and FPT members may determine that they will participate in aftercare that is facilitated by a third party care planning and support provider, or that after care will be managed directly by QRTP staff. The choice of services selected are determined by the youth's needs, where they are discharging to, and availability of services in the community or subsequent care settings. Aftercare support is to:
- (a) Include at least a six-month period of support after discharge, even if the youth reaches the age of majority.
  - (b) Be provided within the child or family's community as to promote the continuity of care for children.
  - (c) Be individualized and driven by the youth, the caregivers and the family as appropriate, and include the following:
    - (i) Monthly contact with the youth and caregivers to promote and maintain engagement, and to regularly evaluate the family's needs. Monthly contact may be in-person, through interactive videoconferencing, or via phone or other electronic means.
    - (ii) Coordinate engagement with any applicable community providers serving the youth or family. The QRTP will ensure they make themselves available to the community providers for ongoing consultation and document the consultation in writing. Documentation should include all resources and supports needed and detail how the resources and supports will be provided.
    - (iii) Written documentation provided to all participants of the discharge plan prior to discharge with information on how to access additional supports from the QRTP and community providers including contact information and steps required to access each provider
- P. Providers will ensure the child receives routine medical care, which may include medication monitoring and administration, to meet the needs of the individual child.
- Q. Providers facilitate outreach to the family members of the child, including siblings,
- R. Providers document how the outreach is made (including contact information), and maintains contact information for any known biological family and fictive kin of the child;

- S. Providers shall ensure that children in their care have an adequate, clean and correct size clothing, opportunities for age-appropriate recreation, can participate in school and community activities and teens have the opportunity to work/volunteer in the community.
- T. Providers will ensure that youth ages 14-17 have opportunities to practice independent living (IL) skills on a regular basis while in the facility.
- U. Providers shall facilitate participation in DCFS contracted Independent Living (IL) services for youth ages 14-17, will allow DCFS contracted IL service providers in the facility to provide services for youth and to plan for the youth's development of skills, and will participate in the planning with the child and the IL provider.

#### 1.2.2 Deliverables:

##### **Qualified Residential Treatment Program Deliverables:**

- A. Submit monthly FPT documentation and updated services plans to reflect planning and decisions made by the FPT to the DCFS Foster Care Worker and FPT members.
- B. Submit quarterly reports, beginning in the third month of the child's residency, to supplement the monthly FPT documentation. Quarterly reports will describe services provided during the three (3) month period and the child's progress toward achieving the goals as outlined in the service plan. Additionally, the report should contain a description of the child's health, medical, dental, educational activities, FPT's and progress, documentation of allowances, family and sibling visits, other contacts, and significant incidents such as runaways and restraints. Reports must be received by the 20th day following the preceding quarter. In addition, the reports shall be maintained in the providers file so that they can be reviewed by DCFS.
- C. Submit reports and data to DCFS as requested.
- D. Provider will ensure children are safe at all times. The provider will document intentional injuries, accidental injuries, incidents of runaway and any abuse and neglect. The provider will ensure there is a system in place to gather, document and review (assess for trends, red flags) data related to incidents. Provider will implement improved courses of action related to identify concerns.
- E. Provider will document visitation with parents, siblings and other contacts.
- F. Provider will document that children receive necessary and appropriate services to meet their educational, physical, dental and mental health needs.
- G. The Provider shall provide aftercare services for a minimum of six (6) months for youth stepping down to a family setting from the QRTP.



2.0 ADMINISTRATIVE INFORMATION

2.1 Term of Agreement

The period of any agreement resulting from the Solicitation will be for the period covering July 1, 2022 through June 30, 2025 with the ability to extend for an additional three (3) years.

2.2 Proposer Inquiries

Inquiries concerning this Solicitation shall be submitted in writing to DCFS, Attention: Yvonne Diaz Domingue at DCFS, 627 N. 4<sup>th</sup> Street, Rm. 3-225, Baton Rouge, La, 70802 by April 29, 2022. Official responses to all questions submitted by potential Proposers will be posted on the DCFS website at <http://www.dcfslouisiana.gov/page/requests-for-proposals> by April 5, 2022. The State reserves the right to modify the Solicitation should a change be identified that is in the best interest of the State.

2.3 Schedule of Events

Event	Date
Mail solicitation	March 14 <del>0</del> , 2022
Deadline for receipt of written inquiries	March 28, 2022
Issue responses to written inquiries	April 5, 2022
Deadline for receipt of proposals	April 29, 2022
Announce award of contractor selection	June 6, 2022
Agreement execution	July 1, 2022

3.0 PROPOSAL INFORMATION

3.1 Minimum Qualifications of Proposer

Eligible entities must meet the following minimum qualifications:

- A. Legally authorized to conduct business within the State of Louisiana;
- B. Possess a high degree of professional skill in the areas of service described in this Solicitation;
- C. Meet the terms and conditions of the Solicitation.
- D. Demonstrate the ability to manage Department funds in accordance with Federal and State regulations and guidelines.
- E. Obtain appropriate license

### 3.2 Determination of Responsibility

Determination of the Proposer's responsibility relating to this Solicitation shall be made according to the standards set forth in Louisiana Administrative Code 34V:2536. The State must find that the selected Proposer:

- A. Has adequate financial resources for performance, or has the ability to obtain such resources as required during performance;
- B. Has the necessary experience, organization, technical qualifications, skills, and facilities, or has the ability to obtain them;
- C. Is able to comply with the proposed or required time of delivery or performance schedule;
- D. Has a satisfactory record of integrity, judgment, and performance;
- E. Is otherwise qualified and eligible to receive an award under applicable laws and regulations.
- F. Proposers should ensure that proposals contain sufficient information for the State to make its' determination by presenting acceptable evidence of the above to perform the contracted services.

#### 3.2.1 Right to Prohibit Award

In accordance with the provisions of R.S. 39:2192, in awarding contracts after August 15, 2010, any public entity is authorized to reject a proposal or bid from, or not award the contract to, a business in which any individual with an ownership interest of five percent or more, has been convicted of, or has entered a plea of guilty or nolo contendere to any state felony or equivalent federal felony crime committed in the solicitation or execution of a contract or bid awarded under the laws governing public contracts under the provisions of Chapter 10 of Title 38 of the Louisiana Revised Statutes of 1950, professional, personal, consulting, and social services procurement under the provisions of Chapter 16 of this Title, or the Louisiana Procurement Code under the provisions of Chapter 17 of this Title.

#### 3.2.2 Solicitation Addenda

The State reserves the right to change the schedule of events or revise any part of the Solicitation by issuing an addendum to the Solicitation at any time. Addenda, if any will be posted at DCFS website at [www.dcf.state.la.gov](http://www.dcf.state.la.gov). It is the responsibility of the proposer to check the website for addenda to the Solicitation, if any.

### 3.3 Waiver of Administrative Informalities

The State reserves the right, at its' sole discretion, to waive administrative informalities contained in any proposal.

#### 3.4 Proposal Rejection/Cancellation

Issuance of this Solicitation in no way constitutes a commitment by the State to award a contract. The State reserves the right to accept or reject, in whole or part, all proposals submitted and/or cancel this announcement if it is determined to be in the State's best interest.

#### 3.5 Withdrawal of Proposal

A Proposer may withdraw a proposal that has been submitted at any time up to the date and time the proposal is due. To accomplish this, a written request signed by the authorized representative of the Proposer must be submitted to the Solicitation Coordinator, Yvonne Diaz Domingue.

#### 3.6 Subcontracting Information

Proposers may not enter into subcontractor arrangements, and should acknowledge in their proposals total responsibility for the entire contract.

#### 3.7 Ownership of Proposal

All materials submitted in response to this request shall become the property of the State. Selection or rejection of a proposal does not affect this right.

#### 3.8 Proprietary Information

Only information that is in the nature of legitimate trade secrets or non-published financial data may be deemed proprietary or confidential. Any material within a proposal identified as such must be clearly marked in the proposal and will be handled in accordance with the Louisiana Public Records Act, R.S. 44:1 et seq. and Uniformed Trade Secrets ACT R.S. 51:1431 and applicable rules and regulations. Any proposal marked as confidential or proprietary in its entirety may be rejected without further consideration or recourse.

#### 3.9 Cost of Preparing Proposals

The State shall not be liable for any costs incurred by Proposers prior to issuance of or entering into a contract. Costs associated with developing the proposal and any other expenses incurred by the Proposer in responding to this Solicitation are entirely the responsibility of the Proposer and shall not be reimbursed in any manner by the State.

#### 3.10 Errors and Omissions in Proposal

The State will not be liable for any errors in proposals. The State reserves the right to make corrections or amendments due to errors identified in proposals by State or the Proposer. The State, at its option, has the right to request clarification or additional information from the Proposers.

### 3.11 Contract Award and Execution

The State reserves the right to enter into a contract without further discussion of the proposal submitted based on the initial offers received.

The State reserves the right to enter into discussions with Proposers in an effort to select the most advantageous proposal for the State. The cost information is included in Section 5.5.

Any contract entered into under this solicitation makes no guarantee of specific sums of monthly or annual payments or referrals.

The State reserves the right to contract for all or a partial list of services offered in the proposal.

The State will notify the successful Proposer and proceed to negotiate terms for final contract. Unsuccessful Proposers will be notified in writing accordingly.

The Solicitation and proposal of the selected Proposer shall become part of any contract initiated by the State.

The selected Proposer shall be expected to enter into a contract. In no event shall a Proposer submit its own standard contract terms and conditions as a response to this Solicitation.

Negotiations may begin with the announcement of the selected Proposer(s). If the contract negotiation period exceeds seven (7) days or if the selected Proposer fails to sign the final contract within seven business days of delivery, the State may elect to cancel the award and award the contract to the next-highest-ranked Proposer.

The award of a contract is subject to the approval of the Secretary of DCFS.

### 3.12 Code of Ethics

Proposers are responsible for determining that there will be no conflict or violation of the Ethics Code if their company is awarded the contract. The Louisiana Board of Ethics is the only entity which can officially rule on ethics issues.

## 4.0 RESPONSE INSTRUCTIONS

### 4.1 Proposal Submission

Proposers who are interested in providing services requested under this Solicitation must submit a proposal containing the information specified in this section. The Proposer must submit in hard copy five (6) copies (one (1) original and five (5) copies) to the Solicitation Coordinator, Yvonne Diaz Domingue, on or before 2:30 p.m., Central Standard Time on the date specified in the Schedule of Events. Fax or e-mail submissions are not acceptable. Proposers mailing their

proposals should allow sufficient mail delivery time to ensure receipt of their proposal by the time specified. The proposal package must be delivered at the Proposer's expense to:

Mail/Hand/Courier Delivery  
Attention: Yvonne Diaz Domingue  
Department of Children and Family Services  
627 N. 4<sup>th</sup> Street  
~~3<sup>rd</sup> Floor,~~ Rm. 3-303  
Baton Rouge, LA 70802  
Phone (225) 342-9928

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The one (1) original proposal should contain a completed Proposal Cover Sheet that clearly identifies the legal, incorporated name of the entity or organization making the proposal. The name of the Proposer shall be followed by the complete address (physical and mailing, if different) and correct contact numbers and facsimile numbers, if available. The cover sheet shall be signed by the responsible authority of the Proposer. The Proposer shall include proof that the individual who signs the proposal has the authority to obligate the organization/agency which could include a certified copy of a board resolution granting such authority. The Proposer shall number each page of the proposal, with numbers printed on the bottom center of each page. Further, the proposal shall be bound on the left-hand margin side of the proposal. One (1) copy of the proposal with original signatures will be retained for incorporation in any contract resulting from this Solicitation.

The face of the package, whether mailed or hand delivered, should contain the following information: “(Region Name) Proposal-Confidential-Open by Addressee Only.”

It is solely the responsibility of each Proposer to ensure that their proposal is delivered at the specified place and prior to the deadline for submission. Proposals received after the deadline will not be considered.

#### 4.2 Proposal Format

Proposal submitted for consideration should follow the format and order of presentation

#### 4.3 Cover Letter

A cover letter should be submitted on the Proposer's official business letterhead explaining the intent of the Proposer.

#### 4.4 Technical Proposal

Proposals should be submitted as specified in Section 5, and should include enough information to satisfy evaluators that the Proposer has the appropriate experience and qualifications to perform the scope of services as described herein. Proposers should respond to all requested areas.

#### 4.5 Certification Statement

The Proposer must sign and submit the Certification Statement shown in Attachment I

#### 5.0 PROPOSAL CONTENT

##### 5.1 Executive Summary

This section should serve to introduce the scope of the proposal. It should include administrative information including, at a minimum, Proposer contact name and phone number, and the stipulation that the proposal is valid for a time period of at least ninety (90) days from the date of submission. This section should also include a summary of the Proposer's qualifications and ability to meet the department's overall requirements in the timeframes defined in the Solicitation.

##### 5.2 Provider Profile and Experience

The Proposer should specify how long it has been in the business of providing services similar to those requested in this Solicitation and under what company name. The Proposer should list all names it has used when conducting business. The Proposer should explain their expertise or history in the provision of such services.

The Proposer should provide an organizational profile including board of directors, number of employees, and form of business (e.g. individual, sole proprietor, corporation, non-profit corporation, Limited Liability Company). In addition, if applicable, the Board Resolution Form should be completed and submitted with Proposals.

The Proposer should provide a minimum of three (3) letters of reference regarding their performance with similar services. In addition, the Proposer should provide a list, if any, of all current and past contracts with DCFS and other state agencies including colleges/universities within the previous three (3) year period and show that this has been satisfactory and that the legal entity or organization(s) has never been debarred, declared ineligible from bidding on contracts, or been party to a law suit arising from service delivery or billing. These references may be contacted to verify the Proposer's ability to perform the contract. DCFS reserves the right to use any information or additional references deemed necessary to establish the ability of the Proposer to perform the conditions of the contract. Negative references may be grounds for proposal disqualification.

##### 5.3 Proposed Project Staff

All individuals providing services to children must possess the required license issued by their regulatory board. Proposers shall ensure that all licensed staff remains licensed by their regulatory board. Failure to maintain compliance may result in termination of the contract.

The Proposer must submit a resume or job description detailing the level of education, experience, training, skills, etc. of staff, which meets the requirements outlined in this request for proposals and in the Child Residential Standards Type IV which emphasizes previous experience in the service area as described in this Solicitation for all program personnel who will be involved with the proposed project. The Proposer should indicate that it will have sufficient staff to perform the services required in this Solicitation, if sufficient staff is not currently available. The Proposer will describe how staff will be obtained to provide the services and the timeline for obtaining needed staff. The Proposer will indicate the number of anticipated staff for each position title. The Proposer will list all professional licenses held by the Provider and staff.

Proposers must describe its' staff development program regarding orientation, on-going staff evaluation and training that will be implemented throughout the contract period to ensure delivery of effective services that adhere to DCFS required performance standards.

#### 5.4 Approach and Methodology

Proposers must provide a detailed description in accordance with the QRTP requirements of the methods to be used that will convincingly demonstrate to DCFS what the Proposer intends to do, the number of children to be served, the timeframes necessary to accomplish the work, and how the work will be accomplished. The description should include timelines for movement toward permanency goals and plans for stepping children down when identified goals are met. Proposer should outline how the program will achieve expected outcomes for children participating in the program.

Proposals should outline how case management will be coordinated between the provider agency, community partners, and DCFS staff. Placements should be time-limited and treatment oriented. Proposer should describe the approach to Project Management and Quality Assurance.

Proposers should demonstrate how their approach and methodology does align with and support the DCFS permanency plan; incorporates a collaborative planning approach in caring for children; will not have a level systems or token economies in favor of implementing an evidence based approach to address behaviors rooted in trauma; implements the reasonable and prudent parent standard of normalcy; and coordinates transition between the levels of care to support continuity of care, information-sharing and aftercare support.

#### 5.5 Cost Information

DCFS is seeking proposals which combine efficacy of program with cost containment measures. Proposers shall provide a per diem cost for each youth to be served.

Providers must have start-up funds to enable the facility to remain in operation for at least sixty (60) days until initial reimbursements from DCFS are received. Payment authorizations begin upon placement of a foster child in the home or facility. Providers will not receive actual payment until the month subsequent to service delivery.

## 6.0 EVALUATION AND SELECTION

### 6.1 Evaluation Team

The evaluation of proposals will be accomplished by a Proposal Review Committee, to be designated by DCFS. The committee will review both quantity and quality of each proposal and designate a score of each proposal which will reflect the determination of the proposal most advantageous to DCFS; taking into consideration evaluation factors set forth in the Solicitation.

### 6.2 Administrative and Mandatory Screening

All proposals will be initially screened to determine compliance with administrative and mandatory requirements as specified in the Solicitation. Proposals that are not in compliance will be rejected from further consideration.

### 6.3 Clarification of Proposals

The State reserves the right to seek clarification of any proposal for the purpose of identifying and eliminating minor irregularities or informalities.

### 6.4 Evaluation and Review

Proposals that pass the preliminary screening and mandatory requirements review will be evaluated based on information provided in the proposal. All responsive proposals will be evaluated against stated criteria.

The Proposal Review Committee will evaluate each proposal according to the selection criteria outlined below. The Committee will meet as a whole to discuss each proposal and score. After discussion, members may change their original score upward or downward. The final scores for each member for each criterion will be averaged, and then totaled for each proposal. The proposal with the highest score will be recommended for selection.

The Proposal Review Committee will compile the scores and prepare a summary report on the committee's decision, based on the responses and responsible Proposer(s) with the highest score(s), which will be presented to the Secretary of DCFS for approval and selection recommendation.

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The Evaluation Team will evaluate and score the proposals using the criteria and scoring as follows:	
Criteria	Maximum Score
Executive Summary	15
Provider Profile and Experience	25
Staff	15
Approach and Methodology	30
Cost	15
<b>Total Score</b>	<b>100</b>

#### 6.5 Announcement of Contractor

DCFS will notify the successful Proposer(s) and proceed to negotiate terms for final contract.

All negotiations shall be conducted at the sole discretion of the State. The State shall solely determine the items to be negotiated. If negotiations fail to result in a contract, the negotiation process may be repeated until an anticipated successful vendor has been determined, or until such time the State decides not to move forward with an award.

Unsuccessful Proposers will be notified in writing accordingly. The award of a contract is subject to the approval of the Secretary of DCFS.

The proposals received (except for that information appropriately designated as confidential in accordance with R.S. 44.1 et seq.), along with a list of criteria used along with the weight assigned each criteria; scores of each proposal considered along with overall scores of each proposal considered, and a narrative justifying selection shall be made available, upon request, to all interested parties after the “Notice of Intent to Award” letter has been issued.

### 7.0 SUCCESSFUL CONTRACTOR REQUIREMENTS

#### 7.1 Corporation Requirements

If the contractor is a corporation not incorporated under the laws of the State of Louisiana, the contractor shall have obtained a certificate of authority pursuant to Revised Statute 12:301-302 from the Secretary of State of Louisiana.

If the contractor is a for-profit corporation whose stock is not publicly traded, the contractor shall ensure that a disclosure of ownership form has been properly filed with the Secretary of State of Louisiana.

#### 7.2 Billing and Payment

QRTP providers are paid a per diem per day for each child placed in the program. DCFS will generate a document (Tracking Information Payment System (TIPS) form 215) at the end of the month for each month's services. The provider will make corrections and adjustments to the document to accurately reflect the number of days children were served. The Provider shall return the document to the Agency within 60 days from the delivery of the service or will be subject to disallowance of the payment this timeframe will be strictly enforced. Provider invoices are routed to the DCFS designated person for processing. Payments will be made on a monthly basis and will reimburse for services rendered the previous month.

DCFS shall make all checks payable to the order of the Provider in the amounts specified by the Contract. It is further agreed that the Provider accepts payment made under the terms of the Contract in full for services delivered. DCFS shall require that all contractors receive payments through Electronic Funds Transfer (EFTs). The EFT Direct Deposit form can be located at [http://www.dss.state.la.us/assets/docs/searchable/OCS/fosterParenting/DD-1\\_AUTHORIZATION\\_F.pdf](http://www.dss.state.la.us/assets/docs/searchable/OCS/fosterParenting/DD-1_AUTHORIZATION_F.pdf).

With appropriate DCFS approval, the Provider may receive separate reimbursement over and above the rate for the child's expenses as defined in the DCFS Foster Care Policy manual. This may include qualifying pre-approved educational and limited incidental expenditures. Separate reimbursable include but are not limited to respite, special board rates, and travel. Appropriate receipts must be presented upon billing for separate reimbursable. The provider shall bill DCFS with the proper forms and procedures within 30 days from the delivery of the service or will be subject to disallowance of the payment. Receipt of documentation within the stated timeframe will be strictly enforced.

If the Provider fails to perform agreed upon services or fails to comply with any of the provisions of this Contract, DCFS will withhold reimbursement payments from the Provider until such time as the required services or compliance with the terms of the Contract are completed. Failure during the course of the fiscal year to comply with the identified Contract will constitute reason to renegotiate the rate or to cease utilization of the Proposer's program.

#### 7.2.1 Overpayments

DCFS reserves the right to recoup the amount of overpayment made to the provider in error or because of inappropriate billing by the provider, either for services not rendered or rendered to an ineligible client. In accordance with TIPS procedures, overpayments will be recouped within sixty (60) calendar days in the entire amount overpaid unless the provider arranges with DCFS for the repayment to be paid in installments, which cannot exceed twelve (12) months.

#### 7.3 Confidentiality

All information relating to the State's operation which are designated confidential and made available to the provider in order to carry out this contract, shall be protected by the Provider from unauthorized use and disclosure through the observance of the same procedural requirements as are applicable to the State. If the methods and procedures employed by the

Provider for the protection of the provider's data and information are deemed by the State to be adequate for the protection of the State's confidential information, such methods and procedures may be used, with the written consent of the State, to carry out the intent of this paragraph. The Provider shall not be required under the provisions of the paragraph to keep confidential any data or information, which is or becomes publicly available, is already rightfully in the Providers' possession, is independently developed by the Provider outside the scope of the contract, or is rightfully obtained from third parties.

Under no circumstance shall the Provider discuss and/or release information to the media concerning this project without prior written approval of DCFS.

#### 7.4 Federal Requirements

The Provider hereby agrees to adhere to the mandates dictated by Title VI and VII of the Civil Rights Act of 1964, as amended; the Vietnam Era Veterans' Readjustment Assistance Act of 1974; Sec. 503 of the Rehabilitation Act of 1973; Sec. 202 of Executive Order 11246 as amended; Americans with Disabilities Act of 1990, and all requirements imposed by or pursuant to the regulations of the United States Department of Health and Human Services. The Provider agrees to not discriminate in the rendering of services to and/or employment of individuals because of race, color, religion, sex, age, national origin, sexual orientation, handicap, political beliefs, disabled veteran, veteran status or any other non-merit factor.

The Provider agrees to abide by the requirements of the Howard M. Metzenbaum Multiethnic Placement Act of 1994 and Interethnic Placement Act of 1996 with regard to non-discrimination in the use of race, color, or national origin as considerations in adoption and foster care placements.

The Provider will comply with Public Law 103-227 Part C - Environmental Tobacco Smoke, also known as the Pro-Children Act of 1994. This act requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted by any entity and used routinely or regularly for the provision of health, day care, education, or library services to children under the age of 18, if the services are funded by federal programs either directly or through State or local governments. Federal programs include grants, cooperative agreements, loan, or loan guarantees, and contracts. The law does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug and alcohol treatment. The Provider further agrees that the above language will be included in any sub-awards which contain provisions for children's services and that all sub-grantees shall certify compliance accordingly. Failure to comply with the provisions of this law may result in the imposition of a civil monetary penalty of up to \$1,000 per day.

Providers shall abide by all applicable state and federal laws or regulations, including but not limited to, the Children's Health Act of 2000 (H.R. 4365), specifically Part I, (42 U.S.C. 290 jj, et seq.), Requirements Relating to the Rights of Residents of Certain Non-Medical, Community Based Facilities for Children and Youth. Copies of excerpts from this law may be obtained from DCFS. This law governs the use of restraints and seclusion, training of staff and reporting to regulatory agencies. The law prohibits the use of mechanical restraints; requires that each

facility report to the appropriate State licensing or regulatory agency each use of restraint and seclusion, and each death that occurs at each facility within twenty-four (24) hours; and requires that facilities have an adequate number of qualified professional and supportive staff to evaluate residents, to formulate written individualized, comprehensive treatment plans, to provide active treatment measures, and to provide appropriate training and certification of staff on the prevention and use of physical restraint and seclusion. The law further requires that a facility, until such time that Federal regulations are promulgated setting forth requirements for States, shall develop and implement interim procedures that meet the requirements of 42 U.S.C. 290 jj, et seq. Each facility shall provide the Agency with proper documentation evidencing procedures developed by the facility to fulfill the requirements of this law on an annual basis.

The Provider shall abide by all laws and regulations concerning confidentiality which safeguard patient/client information. In no circumstance shall the Provider permit public identification of a child as a ward of the state without prior written Agency consent.

8.0 DCFS Attachments

**ATTACHMENT I – CERTIFICATION STATEMENT**

The undersigned hereby acknowledges she/he has read and understands all requirements and specifications of the Solicitation, including attachments.

**OFFICIAL CONTACT:** The State requests that the Proposer designate one person to receive all documents and the method in which the documents are best delivered. The Proposer should identify the Contact name and fill in the information below: (Print Clearly)

Date: \_\_\_\_\_ Name: \_\_\_\_\_

A.	E-mail Address:	
B.	Facsimile Number with area code:	(     )
C.	US Mail Address:	

Proposer shall certify that the above information is true and shall grant permission to the State or Agencies to contact the above named person or otherwise verify the information provided.

By its submission of this proposal and authorized signature below, Proposer shall certify that:

1. The information contained in its response to this Solicitation is accurate;
2. Proposer shall comply with each of the mandatory requirements listed in the Solicitation and will meet or exceed the functional and technical requirements specified therein;
3. Proposer shall accept the procedures, evaluation criteria, mandatory contract terms and conditions, and all other administrative requirements set forth in this Solicitation.
4. Proposer's quote shall be valid for at least 90 calendar days from the date of proposal's signature below;
5. Proposer understands that if selected as the successful Proposer, he/she will have seven (7) business days from the date of delivery of final contract in which to complete contract negotiations, if any, and execute the final contract document.

Authorized Signature:			
Typed or Printed Name:			
Title:			
Company Name:			
Address:			
City:		State:	Zip:
SIGNATURE of Proposer's Authorized Representative		DATE	

**ATTACHMENT II-JOB DESCRIPTIONS**

Nurse

Clinical Staff

Family Engagement Coordinator