



State of Delaware

DEPARTMENT OF SERVICES FOR CHILDREN,  
YOUTH AND THEIR FAMILIES

# REQUEST FOR PROPOSALS #CYF12-03

## DESCRIPTION

Division of Prevention and Behavioral Health Services  
(formerly known as the Division of Child Mental Health Services)

***COMMUNITY-BASED SERVICES, INCLUDING:  
INTENSIVE OUTPATIENT***

***PART-DAY***

***DAY***

***BEHAVIORAL INTERVENTION (WRAP-AROUND AIDE  
SERVICES)***

**MANDATORY** BIDDERS' CONFERENCE: Thursday March 15, 2012 @ 9 am ET

PROPOSALS DUE: WEDNESDAY APRIL 11, 2012 BY 2 PM ET

**REQUEST FOR PROPOSALS TIMELINE**

Questions? Contact: H. Ryan Bolles, Contract Administrator at [herbert.bolles@state.de.us](mailto:herbert.bolles@state.de.us)  
OR (302) 633-2701

**Thursday** A **MANDATORY** informational bidders’ conference will be held as follows:  
**3/15/12** An informational bidders’ conference held for this RFP as follows:  
**9 am ET** Delaware Youth & Family Center  
1825 Faulkland Road – Rm 199  
Wilmington, DE 19805

**Proposals** Sealed Cover Letter and Proposals shall be submitted as follows:  
**Due By**

**Wednesday** Please submit 1 original paper proposal marked “ORIGINAL” and 6 paper copies marked  
**4/11/12** “COPY”. Also, submit 1 electronic copy (CD or DVD) of your proposal along with 1  
**By 2 pm ET** electronic copy of your most recent business fiscal audit or tax filing. **DO NOT** submit a  
paper copy of your last audit or tax filing with each copy of your proposal.

If you are or plan to be a new business organization without a previous fiscal audit or tax filing please indicate that in your Cover Letter.

Sealed letter and proposals must be delivered by **2:00PM ET on Wednesday, April 11, 2012**. Letters and proposals arriving after 2:00pm ET will not be accepted.

**For these purposes an electronic copy can be either CD or DVD.**

Express Courier or hand deliver the sealed bids as follows:  
State of Delaware  
Ryan Bolles  
1825 Faulkland Road  
Administration Building #2, Room 177  
Wilmington, DE 19805

Although it is not recommended to ship by the US Postal Service, if this is your preferred delivery method, please address as follows:

State of Delaware  
Ryan Bolles, Grants & Contracts  
1825 Faulkland Road  
Wilmington, DE 19805

The proposing firm bears the risk of delays in delivery. The contents of any proposal shall not be disclosed to competing entities during the negotiation process.

As soon as possible The Department will work diligently to complete the proposal review and selection process in an expeditious fashion. Bidders may be asked to be available to respond to questions from the review panel by telephone or in person, if necessary. However, proposals are expected to stand alone based upon the written information submitted.

Minority or Women Owned Business Enterprise?  
Visit <http://gss.omb.delaware.gov/omwbe/index.shtml> to register with the State of Delaware.

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# **DSCYF-DIVISION OF PREVENTION AND BEHAVIORAL HEALTH SERVICES**

*RFP For Intensive Outpatient, Day, Part-Day and Behavioral Intervention (formerly Wrap-Around Aide) Services*

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## **INTRODUCTION**

The Department of Services for Children, Youth and Their Families (DSCYF) is a Cabinet level department in Delaware whose mission is to provide integrated services to children, youth and their caretakers. DSCYF provides services through the Division of Youth Rehabilitative Services (YRS) to youth who have been involved in the legal system; through the Division of Family Services (DFS) to youth who have been abused, neglected or are dependent; and through the Division of Prevention and Behavioral Health Services (DPBHS) to youth who are mentally ill, emotionally disturbed or who are abusing alcohol or other drugs.

DSCYF is committed to provide services within a *System of Care* framework that requires service providers and DSCYF staff alike to work together. Services should be child-centered and family-focused, offered in the community whenever possible.

DPBHS provides services to youth and families who meet clinical and financial criteria. Some may have no other involvement with DSCYF, but most are active with or have had histories with other DSCYF Divisions in addition to DPBHS.

DPBHS provides a continuum of mental health and substance abuse prevention and treatment programs that range in levels of intensity and restrictiveness. This continuum includes: prevention and early intervention initiatives, 24/7 crisis services, routine outpatient services, behavioral intervention (formerly known as wrap-around aide services), intensive outpatient services, part-day (after-school) programs, day programs, residential treatment and psychiatric hospital.

The other DSCYF Divisions also provide service continuums, and working together with other child serving systems, DSCYF has a focus on a full system of care in which youth and families can access quality and timely services in the least restrictive setting.

### **I. CARE ASSURANCE**

The DPBHS Clinical Services Management Unit provides Care Assurance for all youth receiving behavioral health treatment services through DPBHS. Each youth is assigned to a Clinical Services Management Team (CSMT), headed by a licensed behavioral healthcare professional. After reviewing information about the youth from family, school and other behavioral health care providers. The CSMT applies DPBHS clinical criteria to determine the clinically necessary level of care. The CSMT monitors the youths' progress on an ongoing basis while in treatment, consults with the provider about treatment, and is responsible for taking the lead in discharge planning. Clinical necessity determines the youth's length of stay in a program. The CSMT implements the Division's goal of providing clinical care in the least restrictive level that meets the youth's clinical needs and safety concerns.

### **II. ACCREDITATION**

DPBHS seeks to provide high quality services to children and families. To that end, DPBHS maintains accreditation by the Commission of Accreditation of Rehabilitation Facilities (CARF) under Business and Services Management Network Standards. DPBHS seeks to contract with providers who maintain their own accreditation through one of the following:

- The Joint Commission (JCAHO)
- Council on Accreditation (COA)
- Commission on Accreditation of Rehabilitation Facilities (CARF)
- Community Health Accreditation Program (CHAP).

At minimum, providers without independent accreditation standards must meet DPBHS clinical standards outlined in the DPBHS Provider Manual and the Commission on Accreditation of Rehabilitation Facilities (CARF)

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standards for unaccredited providers under the Business and Services Management Network. It is expected that any contracted agency or provider of DPBHS will be accredited under CARF within 3 years of entering the DPBHS provider network.

### III. THE CONTINUUM OF COMMUNITY-BASED SERVICES

Community-based, non-residential treatment is the least restrictive set of components in the DPBHS continuum but some levels may be quite intensive. Non-residential treatment must include components of individual, group, and family counseling, consultation to other child-serving agencies, and case management. In addition, psychiatric services must be available when clinically appropriate. Treatment within the family home, as well as in various settings outside the context of the therapist's office, is strongly encouraged in all DPBHS services and highly recommended in contracts for intensive outpatient services (IOP). Innovative collaborative partnerships with schools are encouraged to support both treatment and educational enhancements.

Services must be individualized, and be culturally appropriate. Potential contractors who are able to provide services in languages other than English, e.g., Spanish or American Sign Language, are encouraged to apply. Diversity in clinical staff is valued and strongly recommended.

DPBHS encourages treatment services which can be empirically supported in mental health and substance abuse literature for specific target populations and presenting problems. These practices may include, but not necessarily be limited to: positive behavioral interventions, cognitive behavioral therapy, multi-systemic therapy, Cannabis Youth Treatment (CYT), etc. The use of evidence- or research-based practices is strongly encouraged.

#### LEVELS OF DPBHS NON-RESIDENTIAL SERVICES PANEL OPENINGS FOR 2012-2016

Potential providers may submit bids for one or more of the following levels of non-residential services. Providing a continuum of care is encouraged.

Note: "Yes" = Panel Openings/Bids requested "No" = No Panel Openings at this Time

TYPE	MENTAL HEALTH (MH)	SUBSTANCE ABUSE (SA)	MENTAL HEALTH/ SUBSTANCE ABUSE CO-OCCURRING (MH/SA)	UNIT	UNIT REIMBURSEMENT
Crisis	NO	NO	No	HOUR	Not up for bid.
Behavioral Intervention (wrap-around)	YES	YES	YES	HOUR	Bid Requested
Outpatient	NO	NO	NO	HOUR	Not up for bid
Intensive Outpatient Services (IOP)	YES	YES	YES	HOUR	Bid Requested
Part Day	N/A	YES	N/A	DAY	Bid Requested
Day	YES	YES	YES	DAY	Bid Requested

**\*\*Current DPBHS contractors for services being bid will need to re-bid should they wish to continue partnering with the Division.**

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### **QUALIFICATIONS OF PROVIDERS**

#### **I. MENTAL HEALTH PROVIDERS**

- A. Agency Licensure - no specific licensure is required by the state for mental health services. Therapists in private practice must have a current State of Delaware license. (Psychiatrist, Psychologist, Clinical Social Worker, or Mental Health Counselor).
- B. Accreditation - All contractors must be able to comply with CARF accreditation standards for the level of care being provided.
- C. Programs must be supervised by a licensed mental health professional.
- D. Direct treatment services must be provided by no less than someone with a master's level in a mental health or related field. Where appropriate, paraprofessionals may work in collaboration with treatment professionals, e.g., IOP and wrap-around services. All unlicensed staff must be actively supervised by a licensed mental health professional.
- E. Providers must be willing to accept youth who require psychotropic medication and must be able to provide psychiatric services on an as-needed basis, including evening and weekends as appropriate and when necessary.
- F. All staff must pass a criminal background check.
- G. DPBHS expects programs to function within treatment models supported in the current professional literature for age, developmental level, and presenting problem. Evidence- and research-based practices are strongly emphasized.

#### **II. SUBSTANCE ABUSE PROVIDERS**

- A. Agency Licensure - Delaware statute requires that any agency professing to provide treatment services for substance abuse (alcohol and other drug) problems, must have a license to do so from the Delaware Division of Substance Abuse and Mental Health. (DSAMH)
- B. Programs must be directed and/or supervised by a licensed mental health professional having certification and experience in the field.
- C. Accreditation - All contractors must be able to comply with CARF accreditation standards for the level of care being provided.
- D. All direct treatment services must be provided by someone with a CADC (Delaware) and/or who meet the licensing criteria from DSAMH for practicing under a waiver or under supervision.
- E. Providers must be willing to accept youth who require psychotropic medication and must be able to provide psychiatric services on an as-needed basis, including evening and weekends as appropriate and when necessary.
- F. DPBHS expects programs to function within models of treatment supported in current professional literature for age, developmental level and type of dependency/addiction. Evidence- and research-based practices are strongly emphasized.
- G. All staff must pass a criminal background check.

#### **III. CO-OCCURRING MENTAL HEALTH AND SUBSTANCE ABUSE PROVIDERS**

To qualify as a Co-Occurring Agency, the Provider must meet all the identified requirements in both Mental Health and Substance Abuse Providers sections above.

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### **PANEL OPENINGS AND LEVELS OF SERVICE BEING REQUESTED**

#### **I. BEHAVIORAL INTERVENTION (FORMERLY KNOWN AS WRAP-AROUND SERVICES)** (Mental Health and Substance Abuse)

This service is provided as an adjunct to other treatment services in that behavioral interventionists (paraprofessional aides/therapeutic mentors) are employed to support treatment being provided by another agency, e.g., usually mental health or substance abuse outpatient services. The behavioral interventionist works directly with the youth and family in their home and community to carry out elements of the treatment plan developed by the therapist. The service is time-limited, focused on specific goals, and used to support transition between levels of care or to facilitate acquisition of specific developmental tasks that will enable the youth to remain in the community.

**PROPOSAL NARRATIVE** – Please ensure familiarity with the DPBHS Provider Manual and integrate how contractual requirements will be met within your narrative responses. The DPBHS Provider Manual can be found at: [http://www.kids.delaware.gov/docs/pbh\\_ProviderManual\\_FY12.doc](http://www.kids.delaware.gov/docs/pbh_ProviderManual_FY12.doc)

Minimum requirements:

*Description of the Agency or Practice* - Provide an overview of the organization and describe the administrative, clinical and fiscal infrastructure that can support the volume of business being proposed. A description including relevant data and outcome work describing the agency's/practice's experience and success in providing the services must be included.

*Treatment Philosophy* - Explain the philosophy of the organization and how this philosophy is consistent with *System of Care Principles*. Describe how this philosophy is used in the program.

*Modalities of Treatment* - Explain how families will be engaged and retained in treatment and what efforts will be made to utilize strength-based approaches in the treatment process with both the family and the youth. Describe the use of individual and group process for youth and their families and how the agency will address the challenges faced in the provision of these services. Describe how the behavioral interventionist will work with the primary therapist, and how this is documented. Include use of which evidence- and research-based practice(s) will be utilized.

*Staffing* - Describe the staffing patterns of the program and the hiring criteria to be used for behavioral interventionist. Also include the following:

- The percentage of staff who will work: less than 10 hours, between 11 and 20 hours, 21 to 30 hours and full time. Provide justification for selecting this staffing configuration.
- How part-time staff will be supervised and documented and discuss some of the challenges to supervision given the staffing pattern.
- The process of training and orientation for staff, including the minimum topic areas covered with each staff person.

*Catchment Area(s)* – Describe what areas your proposal will serve.

*Reimbursement Structure* – DPBHS reimburses on the basis of unit cost, in which the unit is an hour. This service, when provided as a free standing program, whose staff must interact with therapists in many other organizations, however, does not have internal linkages with the youth's therapist and must establish working relationships and supervisory activities directed at providing an integrated service in collaboration with other agencies. Proposals for behavioral intervention must provide a cost-effective proposal for payment which will support the necessary components of the program to assure this integration. Justification for the unit-payment being proposed must be made.

*Outcomes* - If accredited, please submit your most recent report from the accrediting body. Please include any response to recommendations received. If licensed, please submit your most recent report from the licensing agency. Please include any response to recommendations received. Please submit summary data on your customer satisfaction surveys and outcome measures for the 2010 year.

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### II. INTENSIVE OUTPATIENT SERVICES FOR CHILDREN AND ADOLESCENTS

(Mental Health, Substance Abuse, Co-Occurring Mental Health and Substance Abuse, and Special Needs)

Intensive Outpatient Services provides community-based mental health and/or substance abuse intervention to assist the youth and the family/caretakers, the school, and other members of the natural helping network to learn skills to deal with existing problems. Objectives are to:

- Reduce frequency of inpatient psychiatric hospitalization episodes.
- Reduce the need for residential treatment placements.
- Reduce frequency and duration of behaviors leading to residential treatment or psychiatric hospitalization.
- Increase the number of days between hospital, residential and crisis episodes.
- Increase the frequency of appropriate social contacts made by the youth and family in his/her community, and/or within the psychosocial group.
- Increase the number of consecutive days the youth engages in academic, vocational, or other training programs.
- Reduce the behaviors or symptoms which led to the referral. Associated with the reduction in symptomatology can be an increase in functioning across the domains of work, school and community.

#### **Situation:**

DPBHS is seeking providers who can provide IOP services for any range of issues including mental health, substance abuse, developmental disabilities, or co-occurring disorders.

All services provided must be authorized by DPBHS Clinical Services Management.

Site Preference: Services are necessary throughout the state. Preference would be for agencies who can provide services state-wide.

Service Hours: Hours should be based upon youth and family needs and should include nights and weekends. DPBHS is looking to contract with agencies who have regular service hours when clients are most available.

The compensation rates for these services are as follows:

#### INTENSIVE OUTPATIENT RATES

Psychiatry	\$ 168.00/hour
All other direct service hours	\$ 92.00/hour

Most IOP activities occur in the youth and family's environment, e.g. home, community and school. Home-based services are strongly encouraged. Services include, but are not limited to professional therapeutic services, such as individual, group and family treatment, medication evaluation/monitoring and case management. Other activities include individual and group therapeutic recreation, parent and school consultation, behavior management, psychosocial activities, crisis availability and transportation. Collaborative planning activities with other agencies active with the child and his/her support system are also required.

The structure of the IOP team presented in the proposal will need to be justified as best fit with the evidence and/or research-based practice and stated outcomes. There are two structural frameworks currently being used (see below). However, bidders can propose an alternate framework.

*In one framework, the team consists of a master's level clinician and at least one para-professional (less than Master's degree) community interventionist who work within a treatment plan generated by the clinician. The clinician provides approximately 2 hours of formal therapy per week with the youth and family, and the community interventionist, works with the youth and/or family in the community*

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*approximately 4 hours per week. Psychiatry will be available on an as-needed basis for all clients requiring this service. Each dyad serves 8 youth and their families at a time.*

*The other structural framework consists of a Master's level trained therapist who provides both formal therapy and community intervention for the youth and the family. The therapist carries 5 cases and provides 4-5 hours of treatment service per week. This second model provides for more face to face time with a trained therapist. Psychiatry will be available on an as-needed basis for all youth requiring this service.*

### Utilization

- A minimum of 70% of all direct services must occur in sites other than agency offices
- Length of stay is targeted at 4-6 months. This is a collaborative effort between the provider and the DPBHS Clinical Management Team involved with the case.

### Client Outcome Target

- A minimum of 70% of all youth served will be discharged to a lower level of care and be able to be maintained in the community for six months or more

### Interface with DPBHS Team Working with Drug Court Clients

- In addition to the regular progress reviews, the Drug Court team requires status reviews every three weeks that address clinical, case management and compliance with conditions of the court. Appearance in Court may be required if there is a specific purpose for the therapist's report.

### Target Population

The following data on the MH and SA IOP clients were compiled on clients discharged from IOP over the past 5 State Fiscal Years.

	MH IOP	SA IOP
DPBHS Youth Served By Service Level	M = 251 F = 118	M = 79 F = 37
Gender is mostly male	M = 68%	M = 68%
Average age of SA IOP clients is older than that of MH IOP clients	Mean Age: 12 years	Mean Age: 16 years
Most are experiencing difficulties in their school with some needed special education	49% Special Education	30% Special Education
The Distribution of Clients across the State By Service Level	New Castle County: 236 Kent County: 60 Sussex County: 68	New Castle County: 55 Kent County: 20 Sussex County: 45
Distribution of Demographic Statistics (Race)	New Castle County: 54% African American 46% Caucasian  Kent County: 39% African American 60% Caucasian 1% Other  Sussex County:	New Castle County: 39% African American 59% Caucasian 2% Other  Kent County: 35% African American 65% Caucasian  Sussex County:

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	31% African American 68% Caucasian 1% Other	29% African American 64% Caucasian 8% Other
Distribution of Demographic Statistics (Ethnicity)	New Castle County: 8% Hispanic Non-Hispanic 92%  Kent County: 3% Hispanic 97% Non-Hispanic  Sussex County: 3% Hispanic 96% Non-Hispanic	New Castle County: 12% Hispanic 88% Non-Hispanic  Kent County: 4% Hispanic 96% Non-Hispanic  Sussex County: 4% Hispanic 96% Non-Hispanic
There are times where youth in these levels of care are living in alternative family placements, relatives, adopted, foster care	4%	5%

*IOP Performance Expectations* - One performance expectation for the IOP system is that at least 70% of all youth are discharged to a lower level of care and are maintained at a lower level of care for 6-months or more. The following are the aggregate performance rates for the last four years, with an overall outcome averaging 58% :

FY 08	FY 09	FY 10	FY 11
61%	51%	46%	75%

NOTE: Individual programs vary depending on the characteristics of clients served.

Services are available to the family 24-hours per day and are tailored to the individual needs of the youth and family. Since many IOP youth have no supportive family available to them, part of the IOP service helps them identify a support system.

Most IOP activities occur in the youth’s environment, e.g. home, community and school. Services include, but are not limited to professional therapeutic services, such as individual, group and family treatment, medication evaluation/monitoring and case management. Other activities include individual and group therapeutic recreation, parent and school consultation, behavior management, psychosocial activities, crisis availability and transportation. Collaborative planning activities with other agencies active with the child and his/her support system are also required.

Another performance expectation is that IOP programs provide 70% of all services in the community.

DPBHS managed care teams make referrals to IOP providers and they are expected to accept most youth unless there are immediate safety issues. Few referrals should be excluded. As the descriptive data indicate, the youth served by IOP are among the most complex, and in the absence of safe alternatives, the youth would probably be in more restrictive settings.

**PROPOSAL NARRATIVE** – Please ensure familiarity with the DPBHS Provider Manual and integrate how contractual requirements will be met within your narrative responses. The DPBHS Provider Manual can be found at: [http://www.kids.delaware.gov/docs/pbh\\_ProviderManual\\_FY12.doc](http://www.kids.delaware.gov/docs/pbh_ProviderManual_FY12.doc)

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Minimum requirements:

*Description of the Agency or Practice* - Provide an overview of the organization and describe the administrative, clinical and fiscal infrastructure that can support the volume of business being proposed. A description including relevant data and outcome work describing the bidder's experience and success in providing the services must be included.

*Treatment Philosophy* - Explain the treatment philosophy of the organization and the proposed program(s) and how it is consistent with *Systems of Care Principles*. Provide relevant citations from current literature. Describe how the philosophy will become part of the program and how it will affect change in client symptomatology.

*Modalities of Treatment* - Explain how families will be engaged and retained in treatment and what efforts will be made to utilize strength-based approaches and evidence- and/or research-based practices in the treatment process with both the family and the youth.

- Describe the use of group process for youth and their families
- Describe how the IOP team will work together
- If a paraprofessional is being utilized (non-licensed person), what activities will that person engage in and describe the clinical oversight that will be in place
- If responding as Co-Occurring Enhanced, or Co-Occurring Capable, please identify how MH and SA issues will be addressed within your agency from assessment through discharge.

DPBHS is supporting services that are based on empirically supported, evidence- and research-based practices. The structure of the IOP service submitted should reflect an empirically supported, evidence- and research-based model that states the critical model elements:

- the team is the primary provider of treatment
- rehabilitation and social services in order to minimize fragmentation of service
- team is mobile and provides services in the community rather than office sites whenever possible
- individualized services address the current and changing needs of the consumer

These elements will need to be coordinated with the DPBHS Clinical Services Management Teams.

DPBHS is looking for a treatment model that has a research base and is acknowledged as an evidence-based practice for treatment. There are a number of clinical practice models: Cannabis Youth Treatment clinical practice models, Matrix Model, MET, CBT, Contingency Management to name a few. If you decide to include a clinical practice model that is not nationally recognized as evidence-based, then you will need to include a description of the intervention model and supporting outcome data as to the effectiveness of the treatment model.

1. The narrative should outline experience in treating youth with mental health issues, substance abuse issues, and co-occurring disorders. If you have not provided services to each population, please outline how you believe that your treatment experience will translate to the needs of these groups. Please include the following information about the service you are presenting:
  - Model that is being used and how it would be applied to a community-based intervention such as IOP. If you believe it is an Evidence Based Approach, please cite the research to support your assertion.
  - Nature of supervision provided to unlicensed staff
  - Number of youth treated during 2010
  - Average length of stay in the service
  - If responding as Co-Occurring Enhanced, or Co-Occurring Capable, please identify how MH and SA issues will be addressed within your agency from assessment through discharge.

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2. If you are not currently using an evidence-based model, please identify the model you intend to use and a timeline for implementation. The narrative should contain:
  - Documentation and a timeline for any certification necessary to delivering the evidence-based clinical model
  - Delineation of the roles and responsibilities of the therapist and community interventionist [if using that structural framework]; as well as the structure for communication, coordination and coverage to ensure implementation of the treatment plan.
  - The plan for assuring fidelity to the chosen model.
3. The proposal also needs to include how psychiatry will be utilized, including the number of psychiatry hours available per week.
4. DPBHS providers who are treating substance use issues for youth will be **required** to use the Global Assessment of Individual Need (GAIN) to assess youth entering the system. This instrument is nationally recognized by SAMHSA as a research based assessment tool, and is a very effective instrument in identifying needs across a number of domains. Training and certification in administering the instrument is available through Chestnut Health Systems as well as through certified local trainers in DPBHS. Depending on the version of the instrument used, it crosswalks to a diagnosis and to an ASAM level of care. The narrative should include a timeline for certifying staff in administering this instrument. Costs for certification need not be included in the budget, as training can be accessed free of charge through DPBHS as capacity permits.

*Staffing* - Describe the staffing patterns of the program, including the relative availability and involvement of the various mental health disciplines, especially psychiatry. Explain how continuity of care will be assured when there is staff turnover and when staff are on extended leave, e.g. sick or vacation. Please describe how often staff will be supervised and how this will be documented.

*Catchment Area(s)* – Describe what areas your proposal will serve.

The compensation rates for these services are as follows:

#### INTENSIVE OUTPATIENT RATES

Psychiatry	\$ 168 /hour
All other direct service hours	\$ 92.00/hour

*Demonstration* – Submit a sample clinical assessment of a youth that is typical of the most challenging cases seen by you or your agency. The assessment must meet all of the criteria as defined in the DPBHS Provider Manual. (This is available at [http://www.kids.delaware.gov/docs/pbh\\_ProviderManual\\_FY12.doc](http://www.kids.delaware.gov/docs/pbh_ProviderManual_FY12.doc))

- Provide a sample treatment plan and explain how the plan relates to the assessment information. This should include a proposal for how frequently, and by whom, the youth/family should be seen.
- Describe the kinds of direct and indirect services which may be necessary for the youth and family.
- What should be the therapists next steps and why? Describe the full process for any steps taken, and the rationale for those steps.
- Describe how supervision and QI activities in your organization would check the quality of work of the therapist seeing this client.
- Provide your agency's discharge criteria and include the sample discharge summary identifying the following items:
  - When the discharge criteria are created?
  - How is it integrated in overall treatment, along with discharge planning?

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- 
- What is the percentage of current cases which meet this criteria and/or treatment goals within the identified treatment timeframe?

- In your opinion were you successful or not? How do you know?

*Outcomes* - If Accredited, please submit your most recent report from the accrediting agency. Please include any response to recommendations received. If licensed, please submit your most recent report from the licensing body. Please include any response to recommendations received. Please submit summary data on your customer satisfaction surveys and outcome measures for the 2010 year.

### IV. DAY AND PART-DAY SERVICES

**Day and Part-Day Treatment: Part-Day Treatment (Substance Abuse Only):** Part-Day Treatment is a minimum of 3 days per week intensive program of three (3) hours per day that provides a developmentally appropriate after-school intervention for substance abusing children and adolescents who are unable to fulfill the functional requirements of this developmental stage without this level of intensive service.

The program is available to youth for whom it is clinically necessary. Youth receive the same clinical services as are provided in full day treatment except for the academic component. Substance abuse programs also focus on client and family education regarding a variety of topics related to substance abuse, e.g., AIDS prevention, 12-Step activities and relapse prevention.

**Day Treatment:** Day Treatment is a 5-full-day intensive program that provides developmentally appropriate treatment for children or adolescents with moderate to severe behavioral health disorders who are unable to fulfill the functional requirements without this level of intensive service.

The program is available as clinically appropriate and is open approximately 250 days per year and provides no less than 5 hours of direct service per day. Activities are also provided in afternoons and/or evenings to assure that working parents are able to participate in treatment. Activities occur both on-site at the program and in the youth's natural environment.

#### **Situation:**

DPBHS is seeking providers who can provide Day and Part-Day services for any range of issues including mental health, substance abuse, developmental disabilities, or co-occurring disorders.

All services provided must be authorized by DPBHS Clinical Services Management.

#### **Utilization**

- Length of stay is targeted at 1-3 months. This is a collaborative effort between the provider and the DPBHS Clinical Management Team involved with the case.

#### **Interface with DPBHS Team Working with Drug Court Clients**

- In addition to the regular progress reviews, the Drug Court team requires status reviews every three weeks that address clinical, case management and compliance with conditions of the court. Appearance in Court may be required if there is a specific purpose for the therapist's report.

**Site Preference:** Services are necessary throughout the state. Preference would be for agencies who can provide services state-wide.

The compensation rates for these services are as follows:

Day Rates	\$219
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## DSCYF-DIVISION OF PREVENTION AND BEHAVIORAL HEALTH SERVICES

*RFP For Intensive Outpatient, Day, Part-Day and Behavioral Intervention (formerly Wrap-Around Aide) Services*

Part Day Rates	\$74
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### *Target Population*

The following data on the Day Treatment Mental Health (Day MH), Day Treatment Substance Abuse (Day SA), and Part-Day Treatment Substance Abuse (Part-Day SA) services were compiled on clients discharged from these levels of care over the past 5 State Fiscal Years.

	Day MH	Day SA	Part-Day SA
DPBHS Youth Served By Service Level	M = 134 F = 50	M = 150 F = 50	M = 105 F = 27
Gender is mostly male	M = 68%	M = 78%	M = 69 %
Average age of SA clients is older than that of MH clients	Mean Age: 11 years	Mean Age: 16 years	Mean Age: 16 years
Most are experiencing difficulties in their school with some needed special education	57% Special Education	28% Special Education	20% Special Education
The Distribution of Clients across the State By Service Level	New Castle County: 108 Kent County: 37 Sussex County: 38	New Castle County: 144 Kent County: 7 Sussex County: 50	New Castle County: 107 Kent County: 1 Sussex County: 24
Distribution of Demographic Statistics (Race)	New Castle County: 56% African American 40% Caucasian  Kent County: 46% African American 54% Caucasian  Sussex County: 33% African American 67% Caucasian	New Castle County: 51% African American 48% Caucasian  Kent County: 17% African American 73% Caucasian  Sussex County: 24% African American 74% Caucasian	New Castle County: 50% African American 49% Caucasian  Kent County: 30% African American 50% Caucasian  Sussex County: 27% African American 52% Caucasian
Distribution of Demographic Statistics (Ethnicity)	New Castle County: 7% Hispanic 93% Non-Hispanic %  Kent County: 4% Hispanic 96% Non-Hispanic  Sussex County: 2% Hispanic 98% Non-Hispanic	New Castle County: 10% Hispanic 90% Non-Hispanic  Kent County: 0% Hispanic 100% Non-Hispanic  Sussex County: 5% Hispanic 95% Non-Hispanic	New Castle County: 11% Hispanic 89% Non-Hispanic  Kent County: 0% Hispanic 100% Non-Hispanic  Sussex County: 3% Hispanic 77% Non-Hispanic
There are times where youth in these levels of care are living in alternative family placements, relatives, adopted, foster care	6%	4%	4%

## DSCYF-DIVISION OF PREVENTION AND BEHAVIORAL HEALTH SERVICES

*RFP For Intensive Outpatient, Day, Part-Day and Behavioral Intervention (formerly Wrap-Around Aide) Services*

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**PROPOSAL NARRATIVE** – Please ensure familiarity with the DPBHS Provider Manual and integrate how contractual requirements will be met within your narrative responses. The DPBHS Provider Manual can be found at: [http://www.kids.delaware.gov/docs/pbh\\_ProviderManual\\_FY12.doc](http://www.kids.delaware.gov/docs/pbh_ProviderManual_FY12.doc)

Minimum requirements:

*Description of the Agency or Practice* - Provide an overview of the organization and describe the administrative, clinical and fiscal infrastructure that can support the volume of business being proposed. A description including relevant data and outcome work describing the bidder's experience and success in providing the services must be included.

*Treatment Philosophy* - Explain the treatment philosophy of the organization and the proposed program(s) and how it is consistent with *Systems of Care Principles*. Provide relevant citations from current literature. Describe how the philosophy will become part of the program and how it will affect change in client symptomatology.

*Modalities of Treatment* - Explain how families will be engaged and retained in treatment and what efforts will be made to utilize strength-based approaches and evidence- and research-based practices in the treatment process with both the family and the youth.

- Describe the use of group process for youth and their families
- Describe how the team will work together

DPBHS is supporting services that are based on empirically supported, evidence-based practices.

DPBHS is looking for a treatment model that has a research base and is acknowledged as an evidence-based practice for treatment. If you decide to include a clinical practice model that is not nationally recognized as evidence-based, then you will need to include a description of the intervention model and supporting outcome data as to the effectiveness of the treatment model.

1. The narrative should outline experience in treating youth with mental health issues, substance abuse issues, and co-occurring disorders. If you have not provided services to each population, please outline how you believe that your treatment experience will translate to the needs of these groups. Please include the following information about the service you are presenting:
  - Model that is being used and how it would be applied to a day or part-day service. If you believe it is an Evidence Based Approach, please cite the research to support your assertion.
  - Nature of supervision provided to unlicensed staff
  - Number of youth treated during 2010
  - Average length of stay in the service
  - Number of individual sessions a week with credentialed therapist
  - Number of family sessions a week with credentialed therapist
  - Number of group sessions a week with credentialed therapist
  - If responding as Co-Occurring Enhanced, or Co-Occurring Capable, please identify how MH and SA issues will be addressed within your agency from assessment through discharge.
2. If you are not currently using an evidence-based model, please identify the model you intend to use and a timeline for implementation. The narrative should contain:
  - Documentation and a timeline for any certification necessary to delivering the evidence-based clinical model
  - Delineation of the roles and responsibilities of the staff; as well as the structure for communication, coordination and coverage to ensure implementation of the treatment plan.
  - The plan for assuring fidelity to the chosen model.

## DSCYF-DIVISION OF PREVENTION AND BEHAVIORAL HEALTH SERVICES

*RFP For Intensive Outpatient, Day, Part-Day and Behavioral Intervention (formerly Wrap-Around Aide) Services*

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3. The proposal also needs to include how psychiatry will be utilized, including the number of psychiatry hours available per week.
4. DPBHS providers who are treating substance use issues for youth will be **required** to use the Global Assessment of Individual Need (GAIN) to assess youth entering the system. This instrument is nationally recognized by SAMHSA as a research based assessment tool, and is a very effective instrument in identifying needs across a number of domains. Training and certification in administering the instrument is available through Chestnut Health Systems as well as through certified local trainers in DPBHS. Depending on the version of the instrument used, it crosswalks to a diagnosis and to an ASAM level of care. The narrative should include a timeline for certifying staff in administering this instrument. Costs for certification need not be included in the budget, as training can be accessed free of charge through DPBHS as capacity permits.

*Staffing* - Describe the staffing patterns of the program, including the relative availability and involvement of the various mental health disciplines, especially psychiatry. Explain how continuity of care will be assured when there is staff turnover and when staff are on extended leave, e.g. sick or vacation. Describe how often staff will be supervised and how this will be documented. Please also include the schedule for the day or part-day program for the entire calendar year, and outline holiday coverage and service availability during the year.

The compensation rates for these services are as follows:

Day Rates	\$219
Part Day Rates	\$74

*Demonstration* – Submit a sample clinical assessment of a youth that is typical of the most challenging cases seen by you or your agency. The assessment must meet all of the criteria as defined in the DPBHS Service Provider Manual. (This is available at [http://www.kids.delaware.gov/docs/pbh\\_ProviderManual\\_FY12.doc](http://www.kids.delaware.gov/docs/pbh_ProviderManual_FY12.doc))

- Provide a sample treatment plan and explain how the plan relates to the assessment information. This should include a proposal for how frequently, and by whom, the youth/family should be seen.
- Describe the kinds of direct and indirect services which may be necessary for this youth and family.
- What should be the therapists next steps and why? Describe the full process for any steps taken, and the rationale for those steps.
- Describe how supervision and QI activities in your organization would check the quality of work of the therapist seeing this youth.
- Provide your agency's discharge criteria and include the sample discharge summary identifying the following items:
  - When the discharge criteria is created?
  - How is it integrated in overall treatment, along with discharge planning?
  - What is the percentage of current cases which meet this criteria and/or treatment goals within the identified treatment timeframe?
- In your opinion were you successful or not? How do you know?

*Outcomes* - If Accredited, please submit your most recent report from the accrediting agency. Please include any response to recommendations received. If licensed, please submit your most recent report from the licensing body. Please include any response to recommendations received. Please submit summary data on your customer satisfaction surveys and outcome measures for the 2010 year.

## **DSCYF-DIVISION OF PREVENTION AND BEHAVIORAL HEALTH SERVICES**

*RFP For Intensive Outpatient, Day, Part-Day and Behavioral Intervention (formerly Wrap-Around Aide) Services*

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### **PROPOSAL STRUCTURE**

#### **CONTENTS**

Potential providers may submit proposals for as many services as they wish. Providing a continuum of care is encouraged. These must, however, be submitted as separate proposals, as the review groups for each program may differ. Each proposal *must* include:

- Proposal Face Sheet
- Proposal Form – These provide information about the potential provider’s practice, e.g., location, service pattern, client demographics, etc. *Each proposal will have one Proposal Form.*
- Narrative as described in the previous section. This section will be guided by sets of topics/questions for each level of non-residential services listed above. The content of the program narrative is not limited. It *must*, however, address each topic/area in such a way as to give the review panel a clear picture of the program. There is no page limit on this section but clarity and brevity will be appreciated.
- Assurances form
- Certification, Representation, and Acknowledgements form

#### **CONTRACT PERIOD AND FUNDING**

Providers are bidding on a five-year relationship with DSCYF-DPBHS. Contracts may be written for one or more years and are renewed contingent upon satisfactory compliance with contract specifications and availability of funds. Unit cost contracts are written to equal the amount on the purchase order, which can change during the year. Beginning amount each year may vary depending on utilization patterns and contract compliance. Cost reimbursable contractors submit an annual line-item budget and budget narrative which must total the “bottom line amount.”

- Initial Contract Period - The first contract period will begin July 1, 2012.
- The successful bidder must accept full payment by conventional check and/or other electronic means and/or procurement (credit) card at the State’s option, without imposing any additional fees, costs or conditions.

## **DSCYF-DIVISION OF PREVENTION AND BEHAVIORAL HEALTH SERVICES**

*RFP For Intensive Outpatient, Day, Part-Day and Behavioral Intervention (formerly Wrap-Around Aide) Services*

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### **SCORING OF PROPOSALS**

#### Selection Panel

The selection panel(s) is comprised of at least one of each of the following: Facilitator from the Division of Management Support Services, one or more content specialists, e.g. substance abuse, for the specific type of service being provided and at least one DPBHS Program Administrator.

#### Initial Review

All sections of the written proposal must be complete and legible. If the written proposal is incomplete, or incompletely describes the types, varieties, quality of the services being offered, it may be eliminated by the review panel.

1. The program narrative will be considered on the following points:
  - a. Philosophy of the practitioner, group practice or organization and degree to which this philosophy pervades the organization/program and that it is consistent with Systems of Care Principles. Demonstrate how the practice is expected to change client symptomatology (5 points)
  - b. Understanding of the population to be served and realistic approach to treatment (developmental, clinical, etc.). If you have provided services to the population outlined in the RFP please provide the outcome data (10 points)
  - c. The degree to which clinical approach follows methods which have been empirically demonstrated to be effective for the target population. Please specify and justify ways your agency will assess treatment progress and outcomes (15 points)
  - d. The quality of the work sample (case study) (15 points)
  - e. Demonstrated ability to provide non-traditional services, in various community-based locations, to work with families and to provide adequate indirect services within the unit cost (5 points)
  - f. Experience of the individual practitioner, group practice or organization providing the service (5 points)
  - g. The number of hours the program will be available to working families, e.g., weekends and evenings (5 points)
  - h. Adequacy of proposed staffing and scheduling where applicable (5 points)
  - i. Overall quality and demonstrated ability in the proposal to meet the stated Department needs when compared to other proposals. (10 points)
  - j. Please describe how psychiatry will be provided with include details of proposed availability (5 points)
  - k. If more than one level of service is being offered, the degree to which the services will be integrated with the others being offered by the same organization and how economies of scale will be used to provide maximum clinical quality with efficiencies. (5 points)
    - i. If applying as Co-Occurring Capable/Enhanced, please demonstrate this ability within the narrative responses (5 points)
  - l. Does the agency have an Electronic Health Record system? If so, please identify the system. If you do not currently have one in place, please describe how your agency will implement one within 2 years to be in compliance with industry standards (5 points)
  - m. Experience/Demonstrated Ability and Reputation of the bidder with DSCYF or other State agencies (5 points)

MAXIMUM SCORE WITH ONE PROGRAM = 95 points; MAXIMUM SCORE WITH MORE THAN ONE PROGRAM = 100 points

2. History of the Organization with the Department of Services for Children, Youth and Their Families (DSCYF) or other State Agencies
  - a. Past monitoring reports and the organization's response to corrective action
  - b. The organization's history of contract compliance, e.g., paperwork, incident reports, managed care procedures.
  - c. DSCYF/other agency staff and administrative experience with the organization
  - d. History of fiscal accountability

## **DSCYF-DIVISION OF PREVENTION AND BEHAVIORAL HEALTH SERVICES**

### *RFP For Intensive Outpatient, Day, Part-Day and Behavioral Intervention (formerly Wrap-Around Aide) Services*

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3. The following should be considered “helpful hints” for how to compete within the existing service system:
  - a. Often bidders think that if they ask for a large percentage of available funds they will have a greater chance of negotiating a smaller contract. DPBHS intends to expand its community-based provider panel as far as possible within funding available. Make a realistic proposal which considers the existing service system.
  - b. Bid with caution on services for which you have limited experience.
  - c. Make sure you have or are capable of developing a clinical and administrative infrastructure to support the service.
  - d. If you are a current provider and have had issues with contract compliance in the past three years, make sure you anticipate concerns DPBHS will express. Address them in the proposal.
  - e. No start-up funds are available.
4. Proposal Forms -These must be complete and signed where applicable. Failure to include any portion of the proposal may result in large deductions on the scoring. They must also include the appropriate enclosures, e.g. accreditation reports, etc.

#### Second-Round Review

This is an opportunity for the review panel to clarify certain aspects of promising proposals. It is possible for awards to be made on the basis of the written proposal alone. The optional second review may be a site visit or a panel interview either in person or by phone. You may be called for an interview if you have:

1. Submitted an excellent proposal and are new providers with DPBHS.
2. Submitted an excellent proposal and are current providers who are proposing a different type of service than has previously been provided.
3. Submitted a proposal which is promising because of the level of creativity, innovation, etc.
4. Submitted an excellent proposal and are current providers with whom DPBHS may require clarification on the progress of certain ongoing improvement efforts.

**DSCYF-DIVISION OF PREVENTION AND BEHAVIORAL HEALTH SERVICES**

*RFP Face Sheet*

*Intensive Outpatient, Day, Part-Day and Behavioral Intervention (formerly Wrap-Around Aide) Services*

***This proposal face sheet is to be on the TOP of all proposals.***

**TYPE OF SERVICES BEING OFFERED**

*(Check all that apply.)*

	<u>County</u>		
<input type="checkbox"/> Behavioral Intervention (Wrap-Around Aide Services)	<input type="checkbox"/> NCC	<input type="checkbox"/> KC	<input type="checkbox"/> SC
<input type="checkbox"/> Mental Health Intensive Outpatient Services	<input type="checkbox"/> NCC	<input type="checkbox"/> KC	<input type="checkbox"/> SC
<input type="checkbox"/> Substance Abuse Intensive Outpatient Services	<input type="checkbox"/> NCC	<input type="checkbox"/> KC	<input type="checkbox"/> SC
<input type="checkbox"/> Co-Occurring Mental Health and Substance Abuse Intensive Outpatient Services	<input type="checkbox"/> NCC	<input type="checkbox"/> KC	<input type="checkbox"/> SC
<input type="checkbox"/> Part-Day Substance Abuse Services	<input type="checkbox"/> NCC	<input type="checkbox"/> KC	<input type="checkbox"/> SC
<input type="checkbox"/> Full-Day Mental Health Services	<input type="checkbox"/> NCC	<input type="checkbox"/> KC	<input type="checkbox"/> SC
<input type="checkbox"/> Full-Day Substance Abuse Services	<input type="checkbox"/> NCC	<input type="checkbox"/> KC	<input type="checkbox"/> SC
<input type="checkbox"/> Co-Occurring Mental Health and Substance Abuse Full-Day Services	<input type="checkbox"/> NCC	<input type="checkbox"/> KC	<input type="checkbox"/> SC

**Note:** All proposals for substance abuse treatment and/or services for the dually diagnosed must include a copy of the most recent *licensing report and license* from the Delaware Division of Substance Abuse and Mental Health (DSAMH)

**AGENCY/PROGRAM ACCREDITATION**

*(Check all that apply.)*

- Commission of Accreditation of Rehabilitation Facilities (CARF)  
Type  \_\_\_\_\_  
Year(s)  \_\_\_\_\_
- Joint Commission on Accreditation of Healthcare Organizations (JCAHO)  
Type  \_\_\_\_\_  
Year(s)  \_\_\_\_\_
- Council on Accreditation of Services for Families and Children (COA)  
Type/Program  \_\_\_\_\_  
Year(s)  \_\_\_\_\_
- Community Health Accreditation Program (CHAP)  
Type/Program  \_\_\_\_\_  
Year(s)  \_\_\_\_\_
- Other (Specify):  \_\_\_\_\_  
Type/Program  \_\_\_\_\_  
Year(s)  \_\_\_\_\_

**PRIMARY CONTACT FOR PROPOSAL**

Name  \_\_\_\_\_ Position  \_\_\_\_\_

Address  \_\_\_\_\_

Telephone  \_\_\_\_\_

E-Mail  \_\_\_\_\_

**DSCYF-DIVISION OF PREVENTION AND BEHAVIORAL HEALTH SERVICES**

*Agency Proposal for Intensive Outpatient, Day, Part-Day and Behavioral Intervention (formerly Wrap-Around Aide Services)*

**GENERAL INFORMATION** *Please print or type and complete all applicable sections.*

Organization Legal Name (The name that will be on the contract)

\_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: \_\_\_\_\_ FAX Number: \_\_\_\_\_

E-Mail \_\_\_\_\_

**Administrative Contacts**

Chief Executive Officer \_\_\_\_\_ Telephone \_\_\_\_\_

Fiscal Officer \_\_\_\_\_ Telephone \_\_\_\_\_

President of Board of Directors \_\_\_\_\_ Telephone \_\_\_\_\_

Complete this section only if group practice is part of a corporate system:

Corporate Owner Name: \_\_\_\_\_

Contact Name \_\_\_\_\_

Corporate Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: \_\_\_\_\_ FAX Number: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**Business Classification:**

1. Ownership  Private  Public  
2. Status  For-Profit  Not-for-Profit

For-Profit: Submit copy of Delaware Business License

Not-for-Profit: Submit copy of 501C-3

Employee Identification Number (E.I.) \_\_\_\_\_

**DSCYF-DIVISION OF PREVENTION AND BEHAVIORAL HEALTH SERVICES**

*Agency Proposal for Intensive Outpatient, Day, Part-Day and Behavioral Intervention (formerly Wrap-Around Aide Services)*

Type of Agency

- |   |  |
|---|--|
| <input type="checkbox"/> Acute General Hospital               | <input type="checkbox"/> Outpatient MH Facility/Clinic     |
| <input type="checkbox"/> Private Psychiatric Hospital         | <input type="checkbox"/> Outpatient Substance Abuse Clinic |
| <input type="checkbox"/> Freestanding Day/Partial Day Program | <input type="checkbox"/> Multi-Level Social Service Agency |
| <input type="checkbox"/> Home Health Agency                   | <input type="checkbox"/> Other (specify) _____             |

**SOURCES OF FUNDING** (Percentage of calendar year 2010 income from the following sources for the types of services or division of the corporation which will provide the services in this proposal.)

<input type="checkbox"/> Endowments, Bonds <input type="checkbox"/> Parent Corporate/Religious Organization <input type="checkbox"/> United Way <input type="checkbox"/> Grant-in-Aid	Contracts with <input type="checkbox"/> Division of Prevention and Behavioral Health Services <input type="checkbox"/> Division of Youth Rehabilitative Services <input type="checkbox"/> Division of Family Services
<input type="checkbox"/> Insurance Payment (excluding Medicaid) <input type="checkbox"/> Medicaid (including MCO's) <input type="checkbox"/> Victim's Assistance <input type="checkbox"/> School Districts (Including sub-contracts with wellness-center providers.) <input type="checkbox"/> Client Fees	Contracts with <input type="checkbox"/> Division of Substance Abuse and Mental Health <input type="checkbox"/> Division of Aging <input type="checkbox"/> Division of Mental Retardation <input type="checkbox"/> Division of Public Health <input type="checkbox"/> Division of Social Services <input type="checkbox"/> Department of Public Instruction

Relationship/Contract with Diamond State Health Plan (Medicaid) Managed Care Organizations

- |                                |                              |                             |
|--------------------------------|------------------------------|-----------------------------|
| Delaware State Partners        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Delaware Physicians Care, Inc. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

In calendar year 2010, what percent of your services were to Medicaid clients? \_\_\_\_\_

**DSCYF-DIVISION OF PREVENTION AND BEHAVIORAL HEALTH SERVICES**

*Agency Proposal for Intensive Outpatient, Day, Part-Day and Behavioral Intervention (formerly Wrap-Around Aide Services)*

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**PRACTICE INFORMATION** *Please print or type and complete all applicable sections.*

Primary Service Location

Address

City  County  State  Zip

Telephone #  Fax #

Type of Facility

Office is located in  Office Building  Medical Facility (specify) \_\_\_\_\_

Office is handicapped accessible?  Yes  No

Office has public transportation accessible?  Yes  No

Practice offers transportation to clients?  Yes  No

Additional Practice Locations

Reproduce the information on this sheet for each location being offered for consideration in the proposal.

**DSCYF-DIVISION OF PREVENTION AND BEHAVIORAL HEALTH SERVICES**

*Agency Proposal for Intensive Outpatient, Day, Part-Day and Behavioral Intervention (formerly Wrap-Around Aide Services)*

**AREAS OF PRACTICE**

*Indicate the percentage distribution of client population the entire agency has served from each of the following categories. Use data for calendar year 2004.*

<b><u>Population by Age</u></b>	<b><u>% of Practice</u></b>	<b><u>Modality</u></b>	<b><u>% of Practice</u></b>
Child (under age 12)	_____	Individual	_____
Adolescent ( age 12 to 17)	_____	Group	_____
Adult (age 18 and over)	_____	Family	_____
		Psychopharmacology	_____
		Other _____	_____
<b><u>Race/Ethnic Group</u></b>			
White/Caucasian	_____		
African American	_____		
Asian/Pacific Island	_____		
Other (specify)	_____		
Hispanic	_____		
(Can be any race)			

**LANGUAGES** *(Check all that apply - in which at least one current staff is fluent enough to provide treatment)*

<input type="checkbox"/> English (first language)	<input type="checkbox"/> Braille	<input type="checkbox"/> English ( not first language)	
<input type="checkbox"/> Arabic	<input type="checkbox"/> German	<input type="checkbox"/> Chinese	<input type="checkbox"/> Farsi (Persian)
<input type="checkbox"/> French	<input type="checkbox"/> Hindi	<input type="checkbox"/> Greek	<input type="checkbox"/> Haitian/Creole
<input type="checkbox"/> Hebrew	<input type="checkbox"/> Russian	<input type="checkbox"/> Italian	<input type="checkbox"/> Japanese
<input type="checkbox"/> Korean		<input type="checkbox"/> Sign Language (ASL)	<input type="checkbox"/> Spanish
<input type="checkbox"/> Other (specify) _____			

**CALL COVERAGE**

*Every agency providing service under DCMHS contract must have 24-hour, 7 day/week coverage for active clients. Service performed by on-call coverage is subject to the same standards as those of the provider.*

Describe how your organization meets this requirement.

## DSCYF-DIVISION OF PREVENTION AND BEHAVIORAL HEALTH SERVICES

*Agency Proposal for Intensive Outpatient, Day, Part-Day and Behavioral Intervention (formerly Wrap-Around Aide Services)*

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### PRACTICE HISTORY

A. General Information

*Check **yes** or **no** for each and every item. If you check yes to any of the items, complete a detailed explanation. Use additional sheets if necessary. Print your name and sign each sheet.*

1. Has the business entity or any of its members ever had professional liability insurance denied, canceled, or non-renewed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Has the business entity or any of its members ever had a medical or professional license or registration revoked, suspended, or limited?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Has the business entity or any of its members ever voluntarily relinquished a professional license or registration when there was a challenge or pending challenge to the professional license?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Is there a pending challenge to the business entity's professional license or registration or for any of its members?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Has the business entity or any of its members ever been voluntarily or involuntarily suspended or terminated for cause from activities and/or employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Has the business entity or any of its members ever surrendered clinical privileges upon threat of censure, restriction, suspension, or revocation of such privilege?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Has Medicare, Medicaid, or any other federal, state or local authority brought charges against the business entity, or any of its members, for alleged inappropriate rates, billing, or quality of care issues?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Has the business entity ever been named as a defendant in any criminal proceeding?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Has the business entity ever been convicted of any crime involving the abuse of minors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Has the business entity, or any of its members, ever been subject of disciplinary actions by any professional association or organization, e.g., licensing board?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Has the business entity's membership in any medical or other professional school ever not been renewed or been subject to disciplinary action?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Are there any current health problems that make the business entity, or any of its members, unable to carry out any essential professional duties as defined by the requested appointment(s), privileges, and job description(s) in the agency under the contract being sought?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Is the business entity, or any of its members, aware of any pending malpractice claims?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**DSCYF-DIVISION OF PREVENTION AND BEHAVIORAL HEALTH SERVICES**

*Agency Proposal for Intensive Outpatient, Day, Part-Day and Behavioral Intervention (formerly Wrap-Around Aide Services)*

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Malpractice Claim Information

*Enclose a claim summary for any pending claims and/or settled claims in the past five years, unless the answer to both questions below is "No."*

- 1. Malpractice claims pending  Yes  No
- 2. Malpractice claims settled in the past five years  Yes  No.

If answer to either of the above questions is "Yes" submit the following information:

Client/Patient Name \_\_\_\_\_ Date of Occurrence \_\_\_\_\_  
Program Name \_\_\_\_\_  
Status of Claim  Pending  Settled Date \_\_\_\_\_  
Case settled  In Court  Out-of-Court  With Prejudice  Without Prejudice

Liability Insurance

*Attach copy of professional liability insurance for the agency/group.*

**DSCYF-DIVISION OF PREVENTION AND BEHAVIORAL HEALTH SERVICES**

*Agency Proposal for Intensive Outpatient, Day, Part-Day and Behavioral Intervention (formerly Wrap-Around Aide Services)*

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**PROVIDER STATEMENT**

This agency grants the Division of Prevention and Behavioral Health Services permission and consent to obtain and verify information contained in this proposal and consent for any person, organization, or other entity to release to the Division of Prevention and Behavioral Health Services all information that may be reasonably relevant to an evaluation of the agency and its professional competence to or the ability to render clinical services in a professional and cost-effective manner.

The agency understands that participation in a partnership with the Division of Prevention and Behavioral Health Services is dependent upon review of this proposal and completion of the credentialing process.

The agency certifies that the information in this proposal is true, correct and complete.

The agency further understands that any information entered in this proposal which is subsequently found to be false may result in the termination of any contract which may be developed as a result of this proposal.

Group/Practice Name

Authorized Signature \_\_\_\_\_ Date

Title

Print Name

APPENDIX A:

BIDDER'S FORMS AND INSTRUCTIONS

**DEPARTMENT OF SERVICES FOR CHILDREN, YOUTH & THEIR FAMILIES**

***Submission Instructions***

*Failure to follow Departmental procedures may disqualify a bidder organization.*

**I. FORMAT**

Proposals should be printed on 8 1/2" x 11" paper. To be considered all proposals must be submitted in writing and respond to the items outlined in this RFP. Videos will not be presented to the panel. Binding, color graphics and extensive attachments are unnecessary.

To be considered, bidders must submit a complete response to this RFP. An official authorized to bind the bidder to the proposal must sign proposals. The successful bidder must be in compliance with all licensing requirements of the State of Delaware.

Bidders may be called, only at the discretion of the issuing office, for an interview concerning their proposal. The State reserves the right to reject any non-responsive or non-conforming proposals.

**II. QUESTIONS**

All questions regarding this request should be directed to H. Ryan Bolles at 302-892-2701. If you have a number of questions email them to H. Ryan Bolles at [Herbert.Bolles@State.DE.US](mailto:Herbert.Bolles@State.DE.US). Content questions will be forwarded to the appropriate program administrators. Answers to significant content questions will be posted on the State's web site [www.bids.delaware.gov](http://www.bids.delaware.gov). Please refer to this web site regularly for updates.

**III. ETHICS LAW RESTRICTIONS**

Neither the Contractor, including its parent company and its subsidiaries, nor any subcontractor, including its parent company and subsidiaries, may engage, directly or indirectly, any person who, while employed by the State of Delaware during two years immediately preceding the date any Contract entered into as a result of this request for proposals, gave an opinion, conducted an investigation, was directly involved in, or whom otherwise was directly and materially responsible for said service described herein in this request for proposal in the course of official duties as a state employee, officer or official. The Department shall determine, at its sole discretion, whether a person was directly and materially responsible for said program, project, or contract or any other program, project, or contract related to the service described in any contract entered into as a result of this request for proposals.

**IV. PROPOSALS BECOME STATE PROPERTY**

All proposals become the property of the State of Delaware and will not be returned to the contractor. Proposals to the State may be reviewed and evaluated by any person other than competing bidders at the discretion of the State. The State has the right to use any or all ideas presented in reply to this RFP. Selection or rejection of the proposal does not affect this right.

**V. RFP AND FINAL CONTRACT**

The contents of the RFP may be incorporated into the final contract and become binding upon the successful bidder. If the bidder is unwilling to comply with the requirements, terms, and conditions of the RFP, objections must be clearly stated in the proposal. Objections will be considered and may be subject to negotiation at the discretion of the State.

**VI. PROPOSAL AND FINAL CONTRACT**

The content of each proposal will be considered binding on the bidder and subject to subsequent contract confirmation if selected. The content of the successful proposal may be included by reference in any resulting contract. All prices, terms, and conditions contained in the proposal shall remain fixed and valid for ninety (90) days after the proposal due date. Contract negotiations will include price re-verification if

the price guarantee period has expired.

## **VII. MODIFICATIONS TO PROPOSALS**

Any changes, amendments or modifications to a proposal must be made in writing, submitted in the same manner as the original response and conspicuously labeled as a change, amendment or modification to a previously submitted proposal. Changes, amendments or modifications to proposals shall not be accepted or considered after the hour and date specified as the deadline for submission of proposals.

## **VIII. COST OF PROPOSAL PREPARATION**

All costs of proposal preparation will be borne by the bidding contractor. All necessary permits, licenses, insurance policies, etc., required by local, state or federal laws shall be provided by the contractor at his/her own expense.

## **IX. EVALUATION REQUIREMENTS AND PROCESS**

The Proposal Review Committee shall determine the firms that meet the minimum requirements pursuant to selection criteria of the RFP and procedures established in 29 Del. C. §§ 6981, 6982. The Committee may interview at least one of the qualified firms. The Committee may negotiate with one or more firms during the same period and may, at its discretion, terminate negotiations with any or all firms. The Committee shall make a recommendation regarding the award to the contracting Division Director of this RFP, who shall have final authority, subject to the provisions of this RFP and 29 Del. C. § 6982 to award a contract to the successful firm in the best interests of the State of Delaware. The Proposal Review Committee reserves the right to award to one or more than one firm, in accordance to 29 Del. C. § 6986.

The Proposal Review Committee shall assign up to the maximum number of points as stated on page 13 for each Evaluation Item to each of the proposing firms. All assignments of points shall be at the sole discretion of the Proposal Review Committee.

The Proposal Review Committee reserves the right to:

- Select for contract or for negotiations, a proposal other than that with the lowest costs.
- Accept/Reject any and all proposals received in response to this RFP or to make no award or issue a new RFP.
- Waive or modify any information, irregularity, or inconsistency in proposals received.
- Request modification to proposals from any or all contractors during the review and negotiation.
- Negotiate any aspect of the proposal with any firm and negotiate with more than one firm at the same time. The Department reserves the right to contract with more than one bidder.

All proposals shall be evaluated using the same criteria and scoring process. The criteria described on page 13 shall be used by the proposal review committee to review proposals. Bidders may be scheduled to make oral presentations in support of their written proposals. The Review Panel will assess the strength and clarity of any oral presentation and combine the evaluations of both written and oral presentations (when applicable) in determining the overall evaluation of the proposal and in making recommendations. A summary of the Panel's recommendations will be available for review upon request.

## **X. REJECTION OF PROPOSALS**

DSCYF reserves the right to reject any/all proposals received in response to this RFP. Any information obtained will be used in determining suitability of proposed support.

Any proposal called "not accepted" will mean that another proposal was deemed more advantageous or that all proposals were not accepted. Respondents whose proposals were not accepted will be notified as soon as a selection is made, or if it is decided, that all proposals are not accepted.

Any proposal failing to respond to all requirements may be eliminated from consideration and declared not accepted.

The proposal must conform to the requirements of the Proposal Procedures and the Required Information Sections of the RFP. The State specifically reserves the right to waive any informalities or irregularities in the proposal format.

#### **XI. RESERVED RIGHTS OF THE DEPARTMENT OF SERVICES FOR CHILDREN, YOUTH AND THEIR FAMILIES**

Notwithstanding anything to the contrary, the Department reserves the right to:

- o Reject any and all proposals received in response to this RFP
- o Select for contract or for negotiations a proposal other than that with the lowest costs
- o Waive or modify any information, irregularities, or inconsistencies in proposals received
- o Consider a late modification of a proposal if the proposal itself was submitted on time; and, if the modifications make the terms of the proposal more favorable to the Department, accept such proposal as modified
- o Negotiate as to any aspect of the proposal with any proposer and negotiate with more than one proposer at the same time
- o If negotiations fail to result in an agreement within a reasonable period of time, terminate negotiations and select the next most responsive proposer, prepare and release a new RFP, or take such other action as the Department may deem appropriate
- o Negotiate a renewal of the contract resulting from this RFP with appropriate modifications.

#### **XII. STANDARDS FOR SUBCONTRACTORS**

The prime contract with the contractor will bind sub or co-contractors to the terms, specifications, and standards of this RFP, resulting prime contracts, and any subsequent proposals and contracts. All such terms, specifications, and standards shall preserve and protect the rights of the Department under this RFP with respect to the services to be performed by the sub or co-contractor. Nothing in the RFP shall create any contractual relation between any sub or co-contractor and the Department of Services for Children, Youth and Their Families.

All sub or co-contractors must be identified in the Contractor's proposal. The proposal's workplan must also state which tasks the sub or co-contractor will perform. Approval of all sub and/or co-contractors must be received from the Department prior to the contract negotiation.

The prime contractor will be the State's primary contractor.

#### **XIII. CONTRACT TERMINATION CONDITIONS**

The State may terminate the contract resulting from this RFP at any time that the Contractor fails to carry out its provisions or to make substantial progress under the terms specified in this request and the resulting proposal.

The State shall provide the Contractor with 15 days notice of conditions which would warrant termination. If after such notice the Contractor fails to remedy the conditions contained in the notice, the State shall issue the Contractor an order to stop work immediately and deliver all work and work in progress to the State. The State shall be obligated only for those services rendered and accepted prior to the date of notice of termination.

With the mutual agreement of both parties, upon receipt and acceptance of not less than 30 days written notice, the contract may be terminated on an agreed date prior to the end of the contract period without penalty to either party.

Notwithstanding any other provisions of this contract, if funds anticipated for the continued fulfillment of this contract are at any time not forthcoming or insufficient, through the failure of the State of Delaware to appropriate funds or through discontinuance of appropriations from any source, the State of Delaware shall have the right to terminate this contract without penalty by giving not less than 30 days written notice documenting the lack of funding.

#### **XIV. NON-APPROPRIATION**

In the event that the State fails to appropriate the specific funds necessary to continue the contractual agreement, in whole or in part, the agreement shall be terminated as to any obligation of the State requiring the expenditure of money for which no specific appropriation is available, at the end of the last fiscal year for which no appropriation is available or upon the exhaustion of funds.

#### **XV. FORMAL CONTRACT AND PURCHASE ORDER**

No bidder is to begin any service prior approval of a State of Delaware Purchase Order signed by two authorized representatives of the agency requesting service, properly processed through the State of Delaware. The Purchase Order shall serve as the authorization to proceed in accordance with the bid specifications and the special instructions, once the successful firm is notified.

#### **XVI. INDEMNIFICATION**

By submitting a proposal, the proposing firm agrees that in the event it is awarded a contract, it will indemnify and otherwise hold harmless the State of Delaware, DSCYF, its agents, and employees from any and all liability, suits, actions, or claims, together with all costs, expenses for attorney's fees, arising out of the firm, its agents and employees' performance of work or services in connection with the contract, regardless of whether such suits, actions, claims or liabilities are based upon acts or failures to act attributable, in whole or in part, to the State, its employees or agents.

#### **XII. LICENSES AND PERMITS**

In performance of this contract, the firm is required to comply with all applicable federal, state and local laws, ordinances, codes, and regulations. The cost of permits and other relevant costs required in the performance of the contract shall be borne by the successful firm. The firm shall be properly licensed and authorized to transact business in the State of Delaware as defined in Delaware Code Title 30, Sec. 2502.

#### **XIII. INSURANCE**

A. As a part of the contract requirements, the contractor must obtain at its own cost and expense and keep in force and effect during the term of this contract, including all extensions, the insurance specified below with a carrier satisfactory to the State.

1. Workers' Compensation Insurance under the laws of the State of Delaware and Employer's Liability Insurance with limits of not less than \$100,000 each accident, covering all Contractors' employees engaged in any work hereunder.

2. Comprehensive Liability -Up to one million dollars (\$1,000,000) single limit per occurrence including:
    - a. Bodily Injury Liability -All sums which the company shall become legally obligated to pay as damages sustained by any person other than its employees, caused by occurrence.
    - b. Property Damage Liability -All sums which the company shall become legally obligated to pay as damages because of damages to or destruction of property, caused by occurrence.
    - c. Contractual liability, premises and operations, independent contractors, and product liability.
  3. Automotive Liability Insurance covering all automotive units used in the work with limits of not less than \$100,000 each person and \$300,000 each accident as to bodily injury or death, and \$100,000 as to property damage.
- B. Forty-five (45) days written notice of cancellation or material change of any policies is required.

**XIX. NON-DISCRIMINATION**

In performing the services subject to this RFP, the firm agrees that it will not discriminate against any employee or applicant for employment because of race, creed, color, sex or national origin. The successful firm shall comply with all federal and state laws, regulations and policies pertaining to the prevention of discriminatory employment practice. Failure to perform under this provision constitutes a material breach of contract.

**XX. COVENANT AGAINST CONTINGENT FEES**

The successful firm warrants that no person or selling agency has been employed or retained to solicit or secure this contract upon an agreement of understanding for a commission or percentage, brokerage or contingent fee excepting bona-fide employees and/or bona-fide established commercial or selling agencies maintained by the bidder for the purpose of securing business. For breach or violation of this warranty, the State shall have the right to annul the contract without liability or at its discretion and/or to deduct from the contract price or otherwise recover the full amount of such commission, percentage, brokerage or contingent fee.

**XXI. CONTRACT DOCUMENTS**

The RFP, the Purchase Order, and the executed Contract between the State and the successful firm shall constitute the Contract between the State and the firm. In the event there is any discrepancy between any of these contract documents, the following order of documents governs so that the former prevails over the latter: Contract, Contract Amendments, RFP, Purchase Order and Bidder Proposal. No other documents shall be considered. These documents contain the entire agreement between the State and the firm.

**XXII. APPLICABLE LAW**

The Laws of the State of Delaware shall apply, except where Federal law has precedence. The successful firm consents to jurisdiction and venue in the State of Delaware.

**XXIII. SCOPE OF AGREEMENT**

If the scope of any provision of this Contract is too broad in any respect whatsoever to permit enforcement to its full extent, then such provision shall be enforced to the maximum extent permitted by law, and the parties hereto consent and agree that such scope may be judicially modified accordingly and that the whole

of such provisions of the contract shall not thereby fail, but the scope of such provisions shall be curtailed only to the extent necessary to conform to the law.

**BUDGET SECTION**

The Review Committee will examine all budget materials. Costs presented in the proposal will be considered as binding for successful bidders. Each proposal shall contain the following:

- o Acknowledgement of acceptance of each stated unit cost rates of payment for the specific service
- o Each organization is required to submit one copy of its last full fiscal year's tax filing or audit, and non-profits must also submit one copy of last year's I.R.S. Form 990. **PLEASE DO NOT INCLUDE A COPY IN EACH COPY OF YOUR PROPOSAL.** A single electronic copy (as instructed on page 2 of this RFP) is preferred. No paper copy is required at this time.

**Stated compensation rates are considered to be fully-loaded. There shall be no additional costs beyond the stated price.**

**PLEASE SIGN THIS AND SUBMIT WITH THE PROPOSAL**

**ASSURANCES**

The bidder represents and certifies as a part of this offer that:

The organization will complete or provide any information necessary for enrollment in Medicaid requested by the Department, concerning, but not limited to, such areas as licensure and accreditation, Medicaid rates paid by other states for services provided by the organization, the usual and customary charges for medical services, and/or past sanctioning by the Health Care Finance Administration.

The organization will maintain records, documents, and other required evidence to adequately reflect the service under contract.

The organization agrees to maintain or to make available at a location within the State, such records as are necessary or deemed necessary by the Department to fully disclose and substantiate the nature and extent of items and services rendered to the Department clients, including all records necessary to verify the usual and customary charges for such items and services. Organizations that show cause may be exempted from maintaining records or from making such records available within the State.

The organization understands that all records shall be made available at once and without notice to authorized federal and state representatives, including but not limited to Delaware's Medicaid Fraud Control Unit, for the purpose of conducting audits to substantiate claims, costs, etc., and to determine compliance with federal and state regulations and statutes.

The organization shall retain medical, financial, and other supporting records relating to each claim for not less than five (5) years after the claim is submitted.

The organization will maintain accurate accounts, books, documents, and other evidentiary, accounting, and fiscal records in accordance with established methods of accounting.

In the event that the Contract with the organization is terminated, the organization's records shall remain subject to the Department's regulations.

The organization will physically secure and safeguard all sensitive and confidential information related to the service given. This includes service activities and case record materials.

The organization shall comply with the requirements for client confidentiality in accordance with 42 U.S.C. 290 and/or 290 cc-3.

The organization will cooperate with designated program monitors, consultants, or auditors from the Department of Services for Children, Youth and Their Families or the Criminal Justice Council in connection with reviewing the services offered under contract.

The organization will comply with all applicable State and Federal licensing, certification, and accreditation standards, including the Department's Generic Program Standards, and it will submit documentation of annual renewals of applicable licenses/certifications at whatever point they are renewed during the contract year.

The organization will not let subcontracts without prior approval from the contracting Division.

The organization will attempt to obtain all supplies and materials at the lowest practicable cost and to contain its total cost where possible by competitive bidding whenever feasible.

The organization will, upon signature of the contract, provide written assurance to the Department from its corporate

counsel that the organization is qualified to do business in Delaware.

The organization agrees to comply with all requirements and provisions of the Civil Rights Act of 1964, the Rehabilitation Act of 1973, the Federal Equal Employment Opportunity and Non-Discrimination regulations, and any other federal, state, or local anti-discriminatory act, law, statute, regulation, or policy along with all amendments and revisions of these laws, in the performance of the contract. It will not discriminate against any applicant or employee or service recipient because of race, creed or religion, age, sex, color, national or ethnic origin, handicap, or any other discriminatory basis or criteria.

The organization shall comply with: the Uniform Alcoholism and Intoxication Treatment Act (16 Del.C., Chapter 22 as amended; Licensing of Drug Abuse Prevention, Control, Treatment, and Education Programs (16 Del.C., Chapter 48 as amended); Drug Free Work Place Act of 1988.

The organization shall comply, when applicable, with the Methadone Regulations (21 CFR, Part III), which prohibit use of methadone for children and youth.

The organization will establish a system through which clients receiving the service under contract may present grievances. Clients will be advised of their appeal rights by the organization.

The organization agrees that it is operating as an independent contractor and as such, it agrees to save and hold harmless the State from any liability which may arise as a result of the organization's negligence.

The organization will abide by the policies and procedures of the Department and will comply with all of the terms, conditions, and requirements as set forth in the contract. The organization understands that failure to comply with any of the terms, conditions, and provisions of the contract may result in delay, reduction, or denial of payment or in sanctions against the organization. The organization also understands that penalties may be imposed for failure to observe the terms of Section 1909, Title XIX of the Social Security Act.

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Name of Organization's Authorized Administrator

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Signature of Authorized Administrator

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Date

**PLEASE SIGN THIS AND SUBMIT WITH THE PROPOSAL**

**CERTIFICATION, REPRESENTATION, AND ACKNOWLEDGEMENTS**

By signing below, bidding contractors certify that:

- They are an established vendor in the services being procured
- They have the ability to fulfill all requirements specified for development within this RFP
- They have neither directly nor indirectly entered into an agreement, participated in any collusion, nor otherwise taken any action in restraint of free competitive bidding in connection with this proposal
- They are accurately representing their type of business and affiliations
- They have included in their quotation all costs necessary for or incidental to their total performance under contract
- They are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any Federal department or agency

The following conditions are understood and agreed to:

- No charges, other than those shown in the proposal, are to be levied upon the State as a result of a contract.
- The State will have exclusive ownership of all products of this contract unless mutually agreed to in writing at the time a binding contract is executed.

\_\_\_\_\_  
Name of Organization's Authorized Administrator

\_\_\_\_\_  
Signature of Authorized Administrator

\_\_\_\_\_  
Date