

Ohio Department of Developmental Disabilities

Application

**Intermediate Care Facilities for Individuals with Intellectual Disabilities -
Intensive Behavioral Support Rate Add-on for Serving Youth Ages Ten through
Seventeen Years of Age**

In Accordance with Rule 5123-7-28

All applications and correspondence must be sent to

DODD.ICFyouth@dodd.ohio.gov

Purpose of this Application

The Ohio Department of Developmental Disabilities (DODD) is seeking applications from intermediate care facilities for individuals with intellectual disabilities (ICF/IID) to increase system capacity to serve youth in their mid to late child development years, generally ages 10 through 17, with intellectual and developmental disabilities who have complex behavioral health needs. Services should be developed to address the needs of individuals with some or all of the following characteristics: a dual diagnosis of mental illness and developmental disability; violent and aggressive behaviors toward self and others; a significant history of trauma.

Very often, these include youth who cannot remain in or return to their home, youth who have been relocated out-of-state, youth who have been discharged from a Developmental Center (DC), youth who reside(ed) in a children's residential treatment center or youth who are at risk for admission to a DC. DODD is seeking a geographically dispersed provider pool and will consider the applicant's location as part of its review.

Applicants chosen will be eligible to receive add-on payments in accordance with Rule 5123-7-28.

Minimum Qualifications

Applicants must meet all requirements in Rule 5123-7-28 and must currently be providing ICF/IID services to individuals.

Applicants must own their own beds or have the ability to purchase beds from another provider.

Admissions and Funding

Securing the Rate Add-On

An applicant that successfully secures facility-level approval to receive the intensive behavioral support rate add-on for current or prospective residents must then request the rate add-on for serving a specific youth. DODD will determine whether the provider will receive the rate add-on for serving that youth based on information contained in the submitted request, a comprehensive review of the youth, and the provider's ability to meet the youth's needs.

Provider Responsibilities

ICF/IID providers who are selected for this project agree to:

- Follow all requirements as outlined in Rule 5123-7-28.
- Secure approval from DODD to receive the rate add-on for a specific youth who has been assessed by the state as needing short-term intensive behavioral supports.
- Discharge the youth only with approval from DODD, when provider is receiving the rate add-on payment.
- In coordination with the county board and DODD, provide three months of aftercare services upon discharge for a youth for whom the facility received the rate add-on. Aftercare services are intensive post discharge services that require the provider to follow the youth closely and engage frequently with the youth's family. Aftercare services are individualized and are driven by the youth and the team.
- Admit youths without regard to their county of residence.

DODD Responsibilities

- Provide support to the provider, youth and family/guardian to ensure the youth's needs are met as determined by the team.
- Work closely with provider to discharge the youth as appropriate or as the youth approaches 18 years of age.
- Work cooperatively with providers and county boards, oversee current services, and provide follow along services for three years post discharge.

Funding

Services will be funded according to Chapter 5124 of the Ohio Revised Code. Providers selected under this application will enter into a contract with DODD and will be eligible to receive the rate add-on payment in accordance with Rule 5123-7-28.

DODD will pay the provider \$200 a month for aftercare services for up to three months upon receiving evidence that aftercare services were delivered.

Best Practices Protocol- Required Questions

Please provide answers to the following questions. Responses may not exceed 20 pages.

1. Explain how you are uniquely qualified to serve youth who have intellectual and developmental disabilities with complex behavioral needs.
2. To help us understand your history and approach to supporting these youth, please provide the following responses:
 - a. Years of experience with this population – including how many total youth currently served by provider (ICF/IID and waiver services);
 - b. Number of youth you are currently serving who have a restrictive measure in the approved plan;
 - c. Additional training you will provide to your staff, over and above DODD required training, to have the skills necessary to work with the target youth and families or other support providers;
 - d. Type/level of training received in Trauma Informed Care (TIC) and other emerging training to support youth with complex behavioral needs;
 - e. Any specialized staff or services the provider may be able to access (i.e., psychiatry, psychology, social work, occupational or other therapies, board certified behavior analyst, etc.); and,
 - f. The process for developing individualized, evidence-based supports and interventions with the participation of the youth, the youth's team, the youth's family member and/or custodian or custodial agency and how the provider will engage the youth's family.
3. Describe how you will work with school district to meet the child's educational needs.
4. Include a description of any unique or special services or supports your organization will provide to ensure the youth and staff will be successful.
5. Describe your staffing plan and how it will help to ensure environments are conducive to supporting youth with complex behavioral support needs, including ensuring safety of other residents and staff. Include how you will hire or contract for staff to meet the needs of youth.
6. Describe how you will ensure community integration for youth served.

7. Describe how you will measure the efficacy and outcomes of the intensive behavioral support services provided.
8. Describe how you would develop and maintain an effective working relationship with the DODD staff, the County Board of DD, the Family and Children First Council, child welfare agencies (where applicable) and the community at-large involved in this project.

Please attach the following documentation to your response (these documents will not count toward your twenty page limit):

1. Letters of reference:
 - a. One letter of reference from a county board of a county in which the provider provides services.
 - b. One letter of reference from the Family and Children First Council of a county in which the provider provides services.
2. Floor plan/diagram of the space where the provider intends to serve the youth.

Opportunity for Applicants to Submit Questions

Applicants may submit questions to DODD regarding any of the requirements contained in this application. DODD will respond to all submitted questions and responses will be made available to all applicants prior to the application due date.

Application Review Process

Providers will be selected based on responses to the best practices protocol required questions. Responses to the required questions should be no more than 20 pages. DODD reserves the right to reject applications received after the submission deadline. The award of any agreement as a result of this application shall be at the sole discretion of DODD.

Other Requirements

Application Costs

Costs incurred in the preparation of this application and review of any subsequent contract between the applicant and DODD are to be borne by the applicant. DODD will not contribute in any way to the costs of application preparation or review of any subsequent contract.

Contractual Requirements

1. Any agreements resulting from the issuance of this application are subject to the terms and conditions as provided in the agreement. The information contained in the application submitted by the selected applicant shall be considered part of the agreement.
2. Payments for any and all services provided pursuant to the agreement are contingent upon the availability of state and federal funds.

Ethical and Conflict of Interest Requirements

1. No applicant or individual, company, or organization seeking an agreement shall promise or give to any DODD employee any item of value that is of such character as to manifest a substantial and improper influence upon the employee with respect to his or her duties.

2. No applicant or individual, company, or organization seeking an agreement shall solicit any DODD employee to violate any of the conduct requirements for employees.
3. Any applicant acting on behalf of DODD shall refrain from activities that could result in violations of ethics and/or conflicts of interest. Any applicant who violates the requirements and prohibitions defined here or of Section 102.03 or of Section 102.04 of the Ohio Revised Code is subject to termination of the agreement or refusal by DODD to enter into an agreement.

Application Form

Department of Developmental Disabilities – ICF Youth Intensive Behavioral Support Rate Add On

Provider Information

Name of Provider: _____

Name of Operator: _____

Name of Facility: _____

Address: _____

Telephone: _____ FAX: _____

E-mail: _____

Employer Identification Number: _____

Administrator or Chief Executive Officer: _____

Social Security # of Administrator/CEO: _____

(For purposes of checking Abuser and Nurse Aide Registries)

Contact Person: _____

Contact Person Title: _____

Contact Person Telephone: _____

Contact Person E-mail: _____

General Information

How many homes or discrete units is provider proposing and in what county (or counties) and how many people you propose to serve and gender?

What is your timeframe for making these units available for this program?

Attestation

The undersigned hereby attests that all the information submitted as part of this application is true and accurate.

Signature	Printed Name	Title	Date