**ITS Provider Selection Process - Request for Proposal (RFP)**

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| For the following CoP Vendors: | **APT** | **Becket** | **DRF** | **Columbia House** | **Easter Seals** | **NI-NH** | **NI-FL** |

**Timeline**

* Vendor intent requested within 5 business days of
* Proposal with budget due within 21 days of above date.

**Other Instructions:**

* Please respond with intent to
* Contact (Email)      or (Phone)       for questions.

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| **Guardianship Status:**  **Signed Release of Information?**  **Representative (rep) Payee:**  **Insurance:**  **Primary Language**:  **Secondary Language**:  **Annualized Budget Amount (optional)**:        Crisis    Waitlist    Under 21    TBD |

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| **Risk Management:**  Intensive Treatment Services Candidate:  If yes, is physical restraint required?  Risk Factors:  Dangerous & Purposeful Aggression  Fire Setting  Problematic Sexual Behavior  Civil Commitment:  Type:  Is the individual a registered sex offender: |

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| **Client Demographics**  **Client Name:**  **Date of Birth:** **Gender:**  **Height:**  **Weight:**  **Current Living Arrangements:**  **Staffing Ratios: (Staff: Client e.g. 1:3)**   * Home: * Vehicle: * Community: * Day Service: * Other Specific Level of Supervision Information:   **SIS Information**   * Areas of High Support Need:  |  |  | | --- | --- | | Home Living | Employment | | Life Long Learning | Health & Safety | | Social |  |   **HRST Information**   * Health Care Level: * Q Scored: If yes - Qualified to receive:   **Placement History (include dates):**  **Current Medication List**:  **Medical Support Needs**:  **Level of Supervision**: |

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| **Services currently provided to/for individual:**  Residential Services:  Day Services:  Community Support Services (CSS):  Adult Custom Services (ACS/PDMS/525):  In Home Supports (IHS):  Transportation:  Behavioral:  Clinical Services:  Emergency Placement Services:  Emergency Respite Services:  Temporary Placement Services:  Medical Needs/Health:  Psychopharmacology Services:  Other support services or model definition: |

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| **Services requested:**  Residential Services:  Day Services:  Community Support Services CSS:  Adult Custom Services (ACS/PDMS/525)[[1]](#footnote-1):  Transportation:  Behavioral:  Clinical Services:  Emergency Placement Services:  Emergency Respite Services:  Temporary Placement Services:  Medical Needs/Health:  Representative (rep) Payee:  Psychopharmacology Services:  Other support services or model definition: |

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| **Individual Profile:** (Provide person centered narrative, learning style, support needs. Include: Behavior History, Criminal History, Environmental Restrictions - *e.g. animal restrictions, stairways, mobility, barrier-free home, suggested or rule out locations, neighborhood, etc.)* |

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| ***\*\*\*Vendor to fill in this section only if YES to ITS Candidate\*\*\****  **Does the Service Provider/Vendor have the clinical capacity to serve the individual?**  **If no, please indicate resources required to allow capacity:**  **Proposed date of service:** Click here to enter a date. |
| **Service Provider Response Narrative Section**  Vendor contact will respond on this form and return it with attachments to Area Agency contact.  Vendor Name:  Primary Contact Name:  Email Contact:  Phone Contact:  Program Proposal Narrative:  Budget Attached  Identified Barriers (e.g., hiring staff, locating real estate, room and board exceed cap): |

1. \*According to He-M 525.03(e),  “Participant directed and managed services shall not be available for an individual with the following:

    (1)  Incident(s) of behaviors that pose a risk to community safety with or without police or court involvement, or a history of civil commitment under RSA 171-B;

   (2)  A formal risk assessment conducted within the past year by a N.H. licensed psychologist or psychiatrist that finds the individual to pose a moderate or high risk to community safety and includes recommendations on the level of security, services, and treatment necessary for the individual; and

   (3)  Concurrence from the area agency’s human rights committee, established pursuant to RSA 171-A:17, I, that services under He-M 525 would not provide the degree of security, services, or treatment needed by the individual.” [↑](#footnote-ref-1)