**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 BehaviorCivil 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:

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| [ ] 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)