ATTACHMENT B

SAMPLE
REQUEST FOR APPLICATION

PROVIDERS OF SERVICES FOR CHILDREN AND FAMILIES UNDER THE
EARLY INTERVENTION PROGRAM

ISSUE DATE:

PROPOSALS DUE:

CONTRACT PERIOD:
REQUEST FOR APPLICATION

PROVIDERS OF SERVICES FOR ELIGIBLE CHILDREN AND FAMILIES UNDER THE EARLY INTERVENTION PROGRAM

INTRODUCTION

XXX County is seeking qualified providers for the provision of direct services to children eligible under the Early Intervention (EI) Program. All qualified providers are invited to submit a proposal to assist XXX County to deliver specific types of services and service models in specific geographical areas identified as necessary by the County. Applicants will be rated and evaluated according to their experience, service delivery model(s), organizational capacity for administration and supervision if applicable, qualified personnel, and policies and procedures.

BACKGROUND

The Early Intervention Program for Infants and Toddlers with Disabilities and their Families is established in Title II-A of Article 25 of the New York State Public Health Law and Part C of the federal Individuals with Disabilities Education Act. The program aims to enhance development of infants and toddlers from birth up to age three who have significant developmental delays or disabilities and the capacity of families to meet their child’s special needs. New York State Department of Health (NYSDOH), as the lead state agency, is responsible for establishing regulatory standards including programmatic and fiscal components. NYSDOH is responsible for rate setting in which EI is a fee-for-service program and approval of qualified agencies and/or individuals to deliver services in specific counties. Services may include family training, counseling, home visits, and parent support groups; special instruction, speech pathology and audiology; occupational therapy; physical therapy; psychological services; service coordination; nursing services; nutrition services; social work services; vision services; and assistive technology devices and services. Other program components include service coordination; multidisciplinary evaluations; and the development of an Individualized Family Service Plans (IFSPs) for eligible children and families that will authorize the above mentioned services as appropriate; and delivery of services in natural settings in the community where age peers are typically found, to the maximum extent appropriate. The Early Intervention program is administered locally by a municipal Early Intervention Official (EIO) designated by the chief elected official of the municipality. Municipalities may choose to contract with NYSDOH approved agencies and/or individuals in accordance with local needs.

APPLICATION GUIDELINES AND FORMAT:

- Please read this entire Request for Application (RFA) prior to completing any sections. You must be a New York State Department of Health approved EI agency or individual to deliver services under the Early Intervention Program.
- There are two sections (Provider Contract Application and Provider Program Proposal) of this RFA. Both sections must be completed and sent as a packet to XXX County.

- The Provider Contract Application and Provider Program Proposal should be typed or neatly printed. Illegible applications will not be considered.

- Sections 1, 2 and 3 of the Provider Program Proposal should not exceed more than ten (10) pages. Proposals will be evaluated based on their content, not on their length.

- All sections of the Provider Program Proposal must be clearly labeled with titles and section designations (e.g. Service Provision).

- Any original signatures (e.g. as required on the Provider Contract Application) should be in blue ink to distinguish the original from the copies.

- Completed Provider Program Proposal must include the four required sections (Service Provision, Administration and Supervision, Qualified Personnel, and Policies and Procedures). Please do not submit any extraneous materials such as letters of support to your proposal.

- One (1) original and three (3) copies must be submitted together as a whole packet and mailed or hand delivered to: CONTACT NAME AND ADDRESS.

- Proposals will not be accepted by fax or email.

**APPLICATION SECTION REQUIREMENTS:**

**Early Intervention Services**

I. Required Documents:

A. Provider Contract Application (20 points total) – see attached form

B. EI Provider Program Proposal (80 points total) - Provide the name, signature, title and position in the organization of the person completing this proposal. Please provide a comprehensive plan that addresses all aspects of your proposed Early Intervention Program. The proposal should be typed, word processed, or neatly printed. Pages should be paginated. The proposal must communicate the agency’s mission; its philosophy and intervention approach for working with families, infants and toddlers, and demonstrate how the regulations and policies governing the early intervention system would be implemented. The program proposal will be evaluated on its content, not length.
II. Evaluation of the EI Provider Program Proposal

1. SERVICE PROVISION (25 points total)

Detailed description of plans for the provision of ZZZ services (cite the services/service models for which you are seeking providers), as applicable at each service delivery site, in families’ homes, or in the other community locations. The description must include plans for coordinating and monitoring of interventionists, particularly multidisciplinary evaluations and delivery of IFSP authorized services, and for promoting family-centeredness. This section should also include any specific geographic areas and/or school districts you plan to serve, special populations and/or specific disabilities/disorders. Please attach documentation demonstrating your expertise with either specific disabilities and/or therapeutic/curriculum approaches.

2. ADMINISTRATION AND SUPERVISION (20 points total)

Detailed description of supervisory structure for Evaluators and/or Service Providers (as applicable) and the supervisory structure at each service delivery site (if applicable). Discuss the administrative structure of the organization and the responsibilities of each administrator. Describe relevant programmatic and early child development experience of the organization and/or ability of the administration to manage the proposed program.

3. QUALIFIED PERSONNEL (20 points total)

Current resumes and professional licenses/certifications of all qualified persons indicated on Part I of our Provider Contract Application. Please include resumes of the administrative staff. Address the issue of qualification and capacity of program to appropriately serve children and families within XXX County, taking into account the cultural and linguistic diversity of the region.

4. POLICIES AND PROCEDURES (15 points total)

- Internal quality assurance/compliance plans
- Policy and procedures regarding access to records and maintenance of children’s records, confidentiality, health and safety
- Plan for staff development/training (e.g. employee roles/responsibilities, best practice, EI programming, forms and procedures, etc.)
- Copy of proposed calendar (office hours as well as hours/days available for the provision of evaluation, services and/or service coordination)
- Literature (brochures, flyers)
APPLICATION REVIEW AND SELECTION PROCESS

All applications will be reviewed and rated pursuant to the criteria indicated in the Application Section Requirements. Applications from ineligible agencies/individuals (i.e. not New York State approved or licensed) will not be considered for review. Applications missing required documents and/or sections will be eliminated from the initial review process and may be reconsidered in the next application cycle.

A review panel will evaluate each application according to the assigned point values of each section. The reviewers’ score will be totaled to produce a final overall score for each application.

XXX County reserves the right to award contracts to eligible applicants out of rank order to distribute services adequately across the county.

All applicants will be notified initially to acknowledge receipt of applications and should be notified of rating and eligibility to contract with XXX County within two months.
XXX County
Sample Early Intervention Provider Contract Application

INSTRUCTIONS: Please type or neatly print. Every question must either be answered or noted as N/A (not applicable). Use additional sheets if necessary. XXX County reserves the right to verify from other sources any of the information provided in this application. Please forward the completed Provider Contract Application and Provider Program Proposal to:

CONTACT INFORMATION

Legal/Corporate Agency/Individual Provider Name:
______________________________________________________________________

Name of Person/Position in Organization Completing Application:
______________________________________________________________________

Date of Application: ________________

Legal/Corporate Agency Address:
______________________________________________________________________

Agency Telephone #: __________________ Agency Fax #: __________________

Agency’s Employer Identification Number: _______ - ________________________
(Social Security number if individual provider)

Does this organization now, or has it in the past 10 years, used an EIN (tax identification number), SSN (social security number), name, trade name or abbreviation other than the name or number listed above? [ ] No       [ ] Yes (If yes, provide details including tax identification number/social security number):
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

Type of Ownership: (Check one)
[ ] Corporation        [ ] Individual or Sole Proprietorship        [ ] Partnership, Joint Venture or Unincorporated Organization (if joint venture, name other entity)

Class of Operation: (Check one if applicable)
[ ] For Profit        [ ] Not for Profit        [ ] Public Authority or Government Agency
Contact Person’s Name, Position in Organization, Street and E-Mail Address, Telephone and Fax Numbers for additional Information Regarding this Application:

Name/Position/Title: _____________________________________________________________

Address: _____________________________________________________________________

Telephone # (     )_____________   Fax #: (     )______________   E-Mail: ___________

1. Does this organization currently provide or has it ever provided, Early Intervention services and/or 4410 Preschool Itinerant/Related services in other counties in the State of New York? If so, please indicate which counties. If the organization is no longer in contract with these counties, please explain the reasons.
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

2. Have any parents, providers, or Early Intervention officials and/or school districts in other counties filed any systems complaint against your organization with the State Department of Health or State Education Department? [   ] No  [   ] Yes (If yes, please explain and attach copy of the States’ findings):
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

3. Has this organization been a subcontractor to any Early Intervention Provider Agencies? [   ] No  [   ] Yes (If yes, provide details including time period if it was within the past three years):
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

4. Has this organization been a subcontractor to any school district or 4410 Preschool (including Related Services) provider? [   ] No  [   ] Yes (If yes, provide details including time period if it was within the past three years):
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

5. Do you have a fiscal plan that reflects a three to six month financial reserves? [   ] Yes  [   ] No
6. List all instances in the past five (5) years in which a government agency, including federal, state, or local agency, has audited, or caused to be audited, the books and records of your agency.

________________________________________________________________
________________________________________________________________
________________________________________________________________

7. Have any such audits of this organization revealed any deficiencies in either its system of internal operations or its compliance with contractual agreements or laws and regulations? [ ] No [ ] Yes (If yes, provide details):
________________________________________________________________
________________________________________________________________
________________________________________________________________

8. Has this organization been in default at any time in the past five (5) years on any obligation to, or subject to any unsatisfied judgment, injunction or lien including, but not limited to, judgments based on taxes owed and fines and penalties assessed by any government agency? [ ] No [ ] Yes (If yes, provide details):
________________________________________________________________
________________________________________________________________
________________________________________________________________

9. Has this organization ever had a contract with any government agency suspended or terminated for cause prior to the expiration date of the contract? [ ] No [ ] Yes (If yes, provide details)
________________________________________________________________
________________________________________________________________
________________________________________________________________

10. Has a contract between this organization and any government agency not been renewed? [ ] No [ ] Yes (If yes, please explain)
________________________________________________________________
________________________________________________________________
________________________________________________________________

11. List all convictions and/or arrests (other than traffic violations) of the principals of the agency including date, charge, disposition, etc.
________________________________________________________________
________________________________________________________________
________________________________________________________________

The undersigned proposer affirms and declares that, other than as detailed below, said proposer is not in arrears to Westchester County or any agency or department thereof upon debt, contract or taxes; and is not a defaulter, as surety or otherwise, upon obligation to Westchester County; and has not been declared not responsible, or disqualified, by any agency of the Westchester County; nor is there any proceeding pending by Westchester County relating to the responsibility or qualification of the proposer to receive public contracts. The undersigned also
affirms that he/she has read and understands the State Department of Health Early Intervention Regulations found at Title II-A of Article 25 of the Public Health Law and Part 200 Regulations of the New York State Education Department Education Law as it relates to Section 100 4410 of the Education Law.

Name/Position: (Please print)

_____________________________________________

Signature: _______________________________    Date: _______