



Jack B. Johnson
County Executive

**Prince George's County
Department of Family Services
Administration for Children, Youth and Families**

**Request for Proposals
Rehab Option Services for Children and Adolescents**

Issue Date: Monday, Jan. 26, 2009

**Pre-Proposal Conference: Tuesday, Feb. 10, 2009
10:00 A.M**

Proposal Due Date: Thursday, Mar. 5, 2009 4:00 P.M.

SECTION A. General Information

I. Executive Summary

”Rehab Option” is a new initiative whose purpose is to provide services for children with a mental illness or disability providing they meet eligibility and priority criteria. The Prince George’s County Department of Family Services, Administration for Children, Youth and Families seeks applicants to provide services for children and adolescents, under the Rehab Option initiatives as described in COMAR 14.31.08.

Issuing Office

Prince George’s County Department of Family Services
Administration for Children, Youth and Families
6420 Allentown Road, Suite 46
Camp Springs, MD 207848

II. Target Populations

The Rehab Option program will serve a minimum of 40 children during the Fiscal Year 2010 grant period, which is July 1, 2009 through June 30, 2010. The program targets children and youth with a mental illness or a developmental disability, not in state custody, regardless or whether the child is eligible for the Maryland Medical Assistance Program. In addition, as cited in COMAR 14.31.08.05, priority for funding for services includes the following:

- A. The LMB/LCC shall fund services for eligible children in the following priority ranking:
 1. Children in a residential treatment center who are eligible for the psychiatric residential treatment demonstration waiver referenced in Health-General Article, §15-130.1, Annotated Code of Maryland;
 2. Children whose families have requested a voluntary placement agreement if the child or family needs interim or alternative services for the purpose of:
 - a. Keeping the child at home in the community; or
 - b. Providing an interim residential placement while the family is seeking a voluntary placement agreement;
 3. Children with or without Medical Assistance whose families have requested placement in a residential treatment center or intermediate care facility for the mentally retarded and who have been determined medically eligible for this placement if services under this chapter would enable the child to continue to live at home; and
 4. Children in need of services to return home who are in hospitals, emergency rooms, residential treatment centers, and other out-of-home placements after they have been identified as ready for discharge when the family is:
 - a. Unwilling to have the child return home; or

- b. Unable to meet the child's needs at home without additional services.

III. Client Eligibility (Service Population)

- A.** A child with a mental illness or a developmental disability not in State Custody, regardless of whether the child is eligible for funded services if:
 - 1. The child
 - a. Is in an out-of-home placement and has been recommended for discharge but the child's family is unwilling or unable to have the child return home; or
 - b. Remains in the home but the child's family is unable to provide appropriate care for the child without additional services and the child is at risk of requiring an out-of-home placement or the treating professionals have recommended an out-of-home placement;
 - 2. The services requested for the eligible child:
 - a. Are not covered or available from either the Maryland Medical Assistance Program or the legal parent, legal guardian or caretaker's health insurance plan; or
 - b. Cannot be funded by the parent, legal guardian, or caretaker based on the family income and resources; and
 - 3. Services:
 - a. Are not intended for long-term care;
 - b. Are time-limited, not to exceed 2 years from the first date of service;
 - c. Include a transition plan; and
 - d. Are community-based
- B.** A determination of eligibility is not an entitlement for being funded for services and funding of services is dependent on:

The parent, legal guardian, or caretaker of the child may apply for services. The application may be supported by a provider, agency, or advocate.

A youth is only eligible for Rehab services if the child:

- Meets the eligibility criteria in COMAR 14.31.08.03, and
- Meets one of the priorities for funding as noted in COMAR 14.31.08.05, and
- Funding is available

Complete information on eligibility can be found in COMAR 14.31.08.03.

IV. Services

- A.** Individual services may be funded only if the services:
 - 1. Are authorized in the child's plan of care as specified in Regulation 14.31.08; and
 - 2. Include a transition plan
- B.** It is impossible to provide a list of "approved" expenses since services are to be individualized according to the Plan of Care. Thus there are potentially as many services as there are youth served.

- C. If a service to be funded is subject to State or local regulation, the provider shall provide appropriate documentation of compliance, such as a valid license or permit to operate, in order to receive payment.
- D. Services may be funded that are not provided by licensed health or child caring professionals or agencies, dependent on the child's need, including but not limited to:
 - 1. Vocational classes;
 - 2. Sports activities;
 - 3. Camps;
 - 4. Recreational programs;
 - 5. After school or holiday programs;
 - 6. Mentoring;
 - 7. Occupational/vocational therapies; or
 - 8. Social skill development training.
- E. Out-of-home placement services shall be:
 - 1. Short-term in duration; and
 - 2. Limited to those designed to respond to the needs for crisis and respite care.
- F. Exclusions
 - 1. Funds cannot be used for services for youth in State-agency custody.
 - 2. Services not identified in the plan of care cannot be funded.
 - 3. Funds cannot be used for RTC's, educational placements or other non-community-based placements or hospitalizations.
 - 4. Funds cannot be used for any service to which the child has legal entitlement.
 - 5. Rehab Option may not be used as a stepdown program for youth who have received two years of service from the Community Services Initiative (CSI) program.
- G. Clinical Recommendations
 - 1. Because an RTC placement requires medical eligibility, the recommendation for an RTC placement must be signed by a licensed medical practitioner.
 - 2. Priority 2 (voluntary placement) and Priority 4 (ready for discharge) no longer meet medically eligible for placement, and thus do not require sign-off by a licensed medical practitioner.
 - 3. Priority 2 does however, required that the family formally apply for a Voluntary Placement Agreement with the local Department of Social Services.

V. Funding Limits

The total amount of funding for the grant period July 1, 2009 through June 30, 2010 is subject to State funding availability. However, the following funding limits apply, unless further revised by the State:

- \$100,000 per year per child for Core Service Agency (CSA) referrals.
- \$70,000 per year per child for all other Lead Agency referrals
- Are time-limited, not to exceed 2 years from the first date of service (inclusive of LCC Flex Fund services). This is a lifetime limit.

- During the initial development of each plan or care, consideration shall be given to the availability of services through other funding sources, including:
 1. The Maryland Medical Assistance Program;
 2. The parent's or legal guardian's private health insurance; or
 3. Contributions from:
 - a. The parent's or legal guardian's person income; or
 - b. Any other public source

VI. Eligible Applicants

Eligible applicants include public, private, and/or non-profit community-based organizations with a history of human service provision. Organizations located outside the County proposing to provide services to residents of Prince George's County may also apply, provided they describe how they will be linked with resources in the County and assure access to services by having a County based site. Applicants must provide a statement, on organizational letterhead certifying that the Applicant will adhere to COMAR regulations 14.31.08.

VII. Grant Period

Start-up funds will be awarded for the grant period July 1, 2009 through June 30, 2010.

VIII. Reporting Requirements

Funded programs will be required to adhere to the reporting requirements as determined by the Department of Family Services, Administration for Children, Youth and Families (ACYF).

SECTION B. Application Process

I. Pre Proposal Meeting

A pre proposal meeting will be held to answer questions and provide guidance for the creation of the proposals. This pre proposal meeting will be held on

Tuesday, February 10, 2009, 10:00 A.M.
Prince George's County Department of Family Services
Harriet Hunter Building- Multipurpose Room
6420 Allentown Road
Camp Springs, MD 20748

II. Delivery of Applications

APPLICATIONS ARE DUE ON Thursday, March 5, 2009 by 4 p.m.

A total of five (5) proposals must be submitted. One (1) UNBOUND original proposal and four (4) UNBOUND copies must be submitted; each in a sealed envelope marked "original" or "copy" and labeled as follows:

"Proposal for Rehab Option Services"

The name of the applicant organization

Proposals must be hand delivered to:

Prince George's County Department of Family Services
Office of Planning and Evaluation
Room 47
6420 Allentown Road
Camp Springs, MD 20748

Proposals must be received by **4:00 p.m. on March 5, 2009**. Proposals or modifications to proposals received after that exact time will not be accepted. **NO EXCEPTIONS** will be made for late proposals regardless of the circumstance. The Department reserves the right to accept or reject any and all proposals, in whole or in part, received as a result of the RFP and to waive minor irregularities. Further the Department reserves the right to make a whole award, partial award or no award at all.

III. Review Process

Proposals will be reviewed and evaluated by an independent review panel. The panel will review only those proposals that respond to and comply with all requirements of this RFP. Rating of the proposal will be based on the criteria in Section IV. The review panel will make award recommendations based on the evaluation/rating and forward its recommendations to the LMB Director. Upon approval of the Director of the Department of Family Services, applicants will be notified of their status.

IV. Evaluation Criteria

Evaluation/rating of the application will be based on the following criteria:

Technical Soundness of the Proposed Plan (30 points)

1. The applicant displays a clear understanding of the need for services in the target population.
2. The proposed impact of the program on the target population is clearly delineated and justified.
3. The proposed project describes the extent to which the program will enhance access and address identified barriers to services.
4. The proposed project enhances continuity of services and displays clear linkages with other community-based organizations.
5. The soundness of methodology/approach is demonstrated.

Relevant Experience and Capabilities of the Applicant (30 points)

1. The applicant has knowledge and experience relevant to the service applied for and in serving the target population.

2. The applicant is culturally competent, sensitive and appropriate (racial, ethnic, economic, gender, disability, sexual orientation, etc).
3. The applicant has the capacity to administer the proposed program.
4. The applicant is willing and flexible in program hours including weekends and evening hours.
5. The applicant has a broad and outstanding experience working with family focused services and has experience providing individualized and flexible care.
6. The applicant has the ability to achieve results if this project is funded.
7. The applicant has the ability to implement new and innovative programming to meet the needs of the target population.
8. The applicant has indicated interagency collaboration through identifying relevant resources for the target population.
9. Resumes for staff assigned to the program indicate appropriate knowledge, experience, credentials and licenses that are necessary to provide the services through this solicitation.
10. The applicant has appropriate licenses as required by COMAR regulations that may be applicable to this solicitation and attaches documentation of such required license if applicable

Sound Fiscal Management and Budget

(20 points)

1. The applicant provides evidence of sound financial management and financial stability.
2. The applicant demonstrates that the proposed budget is reasonable, realistic and will achieve the project objectives.

Evaluation/Quality Assurance

(20 points)

1. The applicant provides goals, objectives and performance measures that are appropriate for the eligible population and services identified by this solicitation.
2. Evaluation criteria provided is reasonable and sufficient to measure the impact of services on the target population.
3. The applicant specifies the methodology to obtain measurable program performance standards and client outcome criteria.
4. The applicant provides a reasonable timeline for implementation of services.

VI. SECTION C. Format and Content of Application

I. Format

All pages must be double spaced using 8 ½ by 11-inch paper. Margins must be no less than one inch and a font size of 12-point is required. All pages must be consecutively numbered. The maximum number of pages allotted for the Project Description and the Evaluation Plan must not exceed 15 pages. **The review panel will not review applications that do not conform to these specifications.**

II. Content of Application

Each proposal must contain the following information:

1. Application Cover Sheet (Sample - Attachment I)
2. Table of Contents (Not counted in page total)
3. Abstract (Not to exceed 1 page)
The abstract is a summary overview of the applicants total grant proposal.
4. Project Description
The project description is the program narrative that justifies and describes the program to be implemented and the capacity of the applicant to implement the program. The program narrative should include the following:
 - a. Needs statement
 - b. Target population to be served;
 - c. Specific, measurable and clearly defined program objectives;
 - d. Specific services to be provided;
 - e. Service methodology/approach;
 - f. The number of clients to be served;
 - g. Location and hours of service
 - h. The impact of the proposed project;
 - i. The cultural relevancy and appropriateness;
 - j. The extent to which access barriers to the target populations are addressed, including physical and geographical access;
 - k. The extent to which the project will enhance continuity of services;
 - l. The relevant experience and capacity of the applicant to provide identified services.
 - m. Staff qualifications and credentials;
 - n. Quality assurance mechanism.
5. Evaluation Plan
The evaluation plan captures the impact of programming. The evaluation plan should include the following:
 - a. A timeline for implementation
 - b. Goals, objectives and performance measures that are reasonable, and strong criteria for evaluation.
 - c. The methodology to obtain measurable program performance standards and client outcome criteria is specified.
6. Budget and Budget Narrative
 - a. Provide a one page narrative describing the financial stability of the organization and the organizations ability to fiscally manage the funds to be received under this solicitation
 - b. Provide a one year budget
 - c. Provide a budget narrative

The following items **must** be placed in the Appendices and are not counted in the page total of the Project Description or the Evaluation Plan:

- Organizational Chart
- Current List of Board Members
- Resume and/or Position Description of each individual that will be funded by this grant that reflect the necessary training, credentials and experience to perform the program services. Include full time and part time positions.

The following items **may** be placed in the Appendices and are not counted in the page total of the Project Description or the Evaluation Plan:

- Copies of Memoranda of Understanding (MOU) and/or subcontracts related to providing services funded by the grant, if applicable.
- Letters of support, if applicable
- Any licenses that may be required under COMAR to provide services through this solicitation.

VII. SECTION D. Terms and Conditions if Awarded

All grants awarded under this program shall be subject to the following terms and conditions:

I. Audits

- a. At any time or times before final payment and five (5) years thereafter, the Administrative Agency (The Department of Family Services) may have the Applicant's expenditure statements audited.
- b. The Applicant shall retain independent auditors to audit all projects which are funded by a Prince George's County Department of Family Services grant award on an annual basis, or at such time as the Federal, State or the County shall determine, in accordance with OMB Circular No. A-133. The most recent audit completed in accordance with OMB Circular No. A-133 must be submitted with any grant proposal submitted.
- c. Any grantee receiving in excess of \$300,000 in DFS/ACYF funds must submit an independent audit that includes separate revenue and expense schedules of ACYF funds, with accompanying notes and any management letters.
- d. Any grantee receiving less than \$300,000 in DFS/ACYF funds must submit a copy of the Organization's Independent Financial Audit Report, with accompanying notes and any management letters.

II. Insurance

The Subgrantee shall perform services with the degree of skill and judgment, which is normally exercised by recognized professionals, paraprofessionals and voluntary service organizations with respect to services of a similar nature.

The Subgrantee shall take proper safety and health precautions to protect the work environment, employees, the public and the property of others from any damages or injury resulting solely from the performance of work described herein.

The County shall not be liable for any injuries to the employees, agents or assignees of the Subgrantee arising out of or during the course of employment relating to this Agreement.

The Subgrantee has in force or shall obtain and provide to Prince George’s County, Maryland evidence of commercial insurance coverage for the following exposure: ***(ALL REQUISITE INSURANCE LIMITS MUST BE APPROVED ANNUALLY, IN WRITING, BY THE COUNTY’S RISK MANAGER.)***

WORKER’S COMPENSATION: An insurance policy complying with the requirements of the statutes of the jurisdiction(s) in which the work will be performed. The Subgrantee will provide coverage for these exposures on an “if any basis. The coverage under such an insurance policy or policies shall have limits not less than:

Worker’s Compensation: MARYLAND STATE STATUTORY LIMITS

Employer’s Liability: Each Accident	\$500,000
Disease Policy Limits	\$500,000
Disease - Each Employee	\$500,000

COMMERCIAL GENERAL LIABILITY INSURANCE (CGL): An insurance policy covering the liability of the Subgrantee for all work or operations under or in connection with this Project; and all obligations assumed by the Subgrantee under this Contract. Products, Completed Operations and Contractual Liability must be included. The coverage under such an insurance policy or policies shall have limits not less than:

BODILY INJURY AND PROPERTY DAMAGE LIABILITY
\$1,000,000/\$2,000,000 per occurrence/ aggregate

PREMISES MEDICAL PAYMENTS \$5,000

PERSONAL INJURY / ADVERTISING \$1,000,000

Physical and Sexual Abuse \$100,000/\$300,000 per occurrence

PRINCE GEORGE’S COUNTY, MARYLAND must be included as an additional insured under the general liability insurance coverage with respect to activities related to this Agreement.

AUTOMOBILE LIABILITY INSURANCE: An insurance policy covering the use of all owned, non-owned, hired, rented or leased vehicles bearing license plates appropriate for the circumstances for which they are being used, as required by the Motor Vehicle Laws of the State of Maryland and not covered under The Subgrantee aforementioned Commercial General Liability Insurance.

The coverage under such an insurance policy or policies shall have limits not less than:

BODILY INJURY AND PROPERTY DAMAGE LIABILITY
\$1,000,000 Combined Single Limit

Misc. PROFESSIONAL LIABILITY INSURANCE: A separate insurance policy to pay on behalf of the Subgrantee all costs that the Subgrantee shall become legally obligated to pay as damages due to any claim caused by any negligent act, error or omission of the Subgrantee or any other person for whose acts the Subgrantee is legally liable arising out of the performance of services under this Agreement. The coverage under such an insurance policy shall have a limit of liability not less than:

\$1,000,000 per occurrence

The Subgrantee will furnish to the Department and/or the County “Certificates of Insurance”, which shall list “**PRINCE GEORGE’S COUNTY, MARYLAND**” as an **additional insured** and **certificate holder** of the Subgrantee’s policy for (*Specify the project services and location*) and provide that the County shall be notified by the insurer **at least thirty (30) days** prior to cancellation or material change of any such coverage.

III. Compliance with Tax Obligations

Prior to execution of a grant agreement as a result of this announcement, a recipient must be in compliance with tax requirements in the State of Maryland or other eligible jurisdiction and with Federal tax laws and regulations. Nonprofit organizations must register annually to meet tax exemption requirements.

IV. Drug Free Workplace

The applicant shall agree to provide a drug-free workplace by implementing the provisions of 29CFR 98.630.

V. Confidentiality

The applicant must demonstrate that they will protect the identity of those persons receiving services. All records and other identifying information will be maintained in a secure place. The purpose of confidentiality is to protect persons by minimizing disclosure of information about them. Any breach of this policy is liable for civil penalty damage (COMAR [07.01.02] and other Federal, State and County laws and policies).

VI. Quality Assurance

The applicant will agree to participate in a quality assurance and record review process established by the Prince George's County Department of Family Services.

VII. Compliance with the Americans with Disabilities Act

Consistent with the American with Disabilities Act of 1990, all facilities shall be accessible to persons with mobility limitations.

VIII. Compliance with Equal Opportunity (EEO) Guidelines

Hiring practices must be consistent with the Equal Employment Opportunity (EEO) guidelines.

IX. Compliance with HIPPA

IX. Incurred Expense

The County shall not be responsible for any cost incurred by any applicant in preparing and submitting a proposal in response to this RFP.

X. Additional Information

The following attachments are provided to assist in responding to this RFP.

Attachments to RFP:

- Attachment I – Proposal Cover Sheet
- Health General 15-139
- COMAR Regulations 14.31.08

Attachment 1: Sample Application Cover Sheet

Organization

Contact Person

Executive Director

Address

City, State, Zip

Phone

Fax

Email

Web Address (if applicable)

Amount of Funds Requested

Note: Please be sure that the contact person's name and address listed above is the appropriate party to receive notification of award status.

Article - Health – General §15–139.

- (d) On or before December 1, 2003, the Department shall submit an application to the Centers for Medicare and Medicaid Services to amend the State Medical Assistance Program to allow the Department to receive federal matching funds for part of the non-room-and-board portion of the costs of all eligible residential care that are related to the therapeutic components of care provided by State and local agencies through public or private providers to individuals under the age of 21 years.
- (e) The application submitted by the Department under subsection (a) of this section:
 - (1) Shall apply to a residential care placement providing therapeutic or rehabilitative services in addition to room and board services to an individual who is:
 - (i) Under the age of 21 years; and
 - (ii) In the care or custody of, committed to, or voluntarily placed
 - (iii) by any State or local agency in the State; and
 - (2) Shall include placements in residential programs that have rates set by the interagency rates committee.
- (c) Funding for the Children’s Cabinet Fund
 - (1) For fiscal year 2004 and each subsequent fiscal year, the Governor shall provide funds in the budget for the Children’s Cabinet Fund established under Title 8, Subtitle 5 of the Human Services Article in an amount equal to the amount of federal funds received under subsection (a) of this section during the most recently completed fiscal year:
 - (i) Less any administrative costs incurred by the Department, the Department of Juvenile Services, and the Department of Human Resources in implementing the programs required under this section; and
 - (ii) Subject to adjustment in accordance with subsection (e) of this section.
 - (1) The funds provided under paragraph (1) of this subsection shall be used by the Children’s Cabinet to create an interagency pool of funds to provide services to children with disabilities.
 - (2) The pool of interagency funds established under this subsection shall be used to fund the community–based services and community–based out–of–home placements needed by children with mental or developmental disabilities not in State custody, regardless of eligibility for the State Medical Assistance Program, if:
 - (i) The child is in an out–of–home placement and has been recommended for discharge but the child’s family is unwilling or unable to have the child return home; or
 - (ii) The child remains in the home but the child’s family is unable to

provide appropriate care for the child without additional services and the child is either at risk of requiring an out-of-home placement or the treating professionals have recommended an out-of-home placement.

(d) Regulations

- (1) The Governor's Office for Children, Youth, and Families shall adopt regulations to carry out the provisions of subsection (c)(3) of this section.
- (2) The regulations shall:
 - (i) Include the criteria for eligibility and for prioritization of eligible children; and
 - (i) Be developed with input from parents of a child with disabilities, groups representing families of potentially eligible children, advocacy organizations, the protection and advocacy system for persons with disabilities, providers, local agencies serving children with disabilities, and Subcabinet agencies.

(e) Federal Funds

- (1) Nothing in this section is intended to result in the reduction of federal funds available to the Department of Human Resources or the Department of Juvenile Services under Title IV-E of the Social Security Act for the room and board costs of eligible residential care.
- (2) If, as a result of actions taken under this section, the federal matching funds available to the Department of Human Resources and the Department of Juvenile Services under Title IV-E of the Social Security Act are reduced because the percentage of residential care costs allocated to Title IV-E is reduced, the Governor shall adjust the amount of funds provided under subsection (c) of this section to prevent any resulting loss to the Department of Human Resources and the Department of Juvenile Services.
- (3) The adjustment of funds under paragraph (2) of this subsection shall be based on determining the amount of Title IV-E reimbursement that would have been received by the Department of Human Resources and the Department of Juvenile Services prior to October 1, 2003 using the current percentage of residential care costs that is allocated to Title IV-E.

14.31.08.00

Title 14 INDEPENDENT AGENCIES
Subtitle 31 OFFICE FOR CHILDREN

Chapter 08 Eligibility and Prioritization for Services for Interagency Funds

Authority: Health-General Article, §15-139(d), Annotated Code of Maryland

14.31.08.01

.01 Purpose.

The purpose of this chapter is to:

- A. Establish the criteria for eligibility for interagency funding from funds available under Health-General Article, §15-139, Annotated Code of Maryland;
- B. Prioritize the manner in which the Governor's Office for Children (Office) awards these funds; and
- C. Establish the process for obtaining funded services.

14.31.08.02

.02 Definitions.

- A. In this chapter, terms have the meanings stated in COMAR 14.31.01.02 and in this regulation.
- B. Term Defined. "Treating professional" means a licensed health care professional such as a physician, psychologist, clinical social worker, or professional counselor.

14.31.08.03

.03 Eligibility.

- A. A child with a mental illness or a developmental disability not in State custody, regardless of whether the child is eligible for the Maryland Medical Assistance Program, is eligible for funded services if:

(1) The child:

- (a) Is in an out-of-home placement and has been recommended for discharge but the child's family is unwilling or unable to have the child return home; or

- (b) Remains in the home but the child's family is unable to provide appropriate care for the child without additional services and the child is at risk of requiring an out-of-home placement or the treating professionals have recommended an out-of-home placement;
- (2) The services requested for the eligible child:
 - (a) Are not covered or available from either the Maryland Medical Assistance Program or the legal parent, legal guardian, or caretaker's health insurance plan; or
 - (b) Cannot be funded by the parent, legal guardian, or caretaker based on the family income and resources; and
- (3) Services:
 - (a) Are not intended for long-term care;
 - (b) Are time-limited, not to exceed 2 years from the first date of service; and
 - (c) Include a transition plan.

B. A determination of eligibility is not an entitlement for being funded for services and funding of services is also dependent upon:

- (1) The availability of funding in the budget; and
- (2) The prioritization of need.

14.31.08.04

.04 Funding.

A. The Office shall allocate proportionally 80 percent of the funds to each local coordinating council (LCC), through the local management board (LMB), based on:

- (1) Need within each jurisdiction to serve eligible children; and
- (2) Local plans developed by the LMB in consultation with the local coordinating council (LCC).

B. Need. The need within each jurisdiction shall be determined by a formula developed by the Office with the concurrence of the Children's Cabinet which may be based on factors such as:

- (1) The number of children younger than 18 years old in each jurisdiction;
- (2) The percentage of individuals in poverty in each jurisdiction;
- (3) The amount of funding already available to each jurisdiction through the Office that may be available to serve children with mental illness or developmental disabilities through community-based services;
- (4) The number of children in out-of-home placements; or

(5) The number of children in residential treatment center placements in State or out-of-State, or both.

C. Local Plans and Instructions.

(1) Local plans shall:

- (a) Be consistent with the instructions developed, and adjusted annually as appropriate, by the Office with the concurrence of the Children's Cabinet; and
- (b) Specify the role of the LCC in approving individual plans of care for eligible children.

(2) The instructions shall permit the:

- (a) Development of regional plans at the discretion of the various jurisdictions; and
- (b) Setting of caps on the annual cost of services to a child within a 12-month period.

(3) The Office shall publish instructions for local plans and for the determination of local need.

D. Reserve Funds.

(1) The Office shall reserve 20 percent of the available funds to allocate for children who are eligible for services to be used when:

- (a) The LCC has spent its allocation;
- (b) The cost of care for a child is disproportionate to the amount of funds allocated to the LCC;
- (c) The child's needs require a multiservice approach which cannot otherwise be met by the LCC; or
- (d) A specialized service provider needs to be developed.

(2) Resource Development.

- (a) Any portion of the 20 percent of available funds held in reserve by the Office that are not anticipated to be expended on children who are eligible for services during the fiscal year shall be used, by the end of that fiscal year, for resource development to serve the eligible population.
- (b) Pursuant to Article 49D, §5-101, and Human Services Article, §8-503, Annotated Code of Maryland, at the end of each fiscal year, any unspent funds shall revert to the General Fund.

14.31.08.05

.05 Priority for Funding for Service.

- A. The LMB/LCC shall fund services for eligible children in the following priority ranking:
- (1) Children in a residential treatment center who are eligible for the psychiatric residential treatment demonstration waiver referenced in Health-General Article, §15-130.1, Annotated Code of Maryland;
 - (2) Children whose families have requested a voluntary placement agreement if the child or family needs interim or alternative services for the purpose of:
 - (a) Keeping the child at home in the community; or
 - (b) Providing an interim residential placement while the family is seeking a voluntary placement agreement;
 - (3) Children with or without Medical Assistance whose families have requested placement in a residential treatment center or intermediate care facility for the mentally retarded and who have been determined medically eligible for this placement if services under this chapter would enable the child to continue to live at home; and
 - (4) Children in need of services to return home who are in hospitals, emergency rooms, residential treatment centers, and other out-of-home placements after they have been identified as ready for discharge when the family is:
 - (a) Unwilling to have the child return home; or
 - (b) Unable to meet the child's needs at home without additional services.
- B. The Office may fund services to eligible children:
- (1) As set forth in §A of this regulation; or
 - (2) On a case by case basis dependent on the need presented, consistent with Regulation .03 of this chapter.

14.31.08.06

.06 Services to be Funded.

- A. If a service to be funded is subject to State or local regulation, the provider shall provide appropriate documentation of compliance, such as a valid license or permit to operate, in order to receive payment.
- B. The LMB/LCC or the Office may fund services that are not provided by licensed health or child caring professionals or agencies, dependent on the child's need, including but not limited to:
- (1) Vocational classes;
 - (2) Sports activities;

- (3) Camps;
- (4) Recreational programs;
- (5) After school or holiday programs;
- (6) Mentoring;
- (7) Occupational/vocational therapies; or
- (8) Social skill development training.

C. Individual services may be funded only if the services:

- (1) Are authorized in the child's plan of care as specified in Regulation .08 of this chapter; and
- (2) Include a transition plan.

D. Out-of-home placement services shall be:

- (1) Short-term in duration; and
- (2) Limited to those designed to respond to the needs for crisis and respite care.

E. This regulation does not prevent drawing on multiple sources of funds to meet the needs of children and their families, including the Interagency Fund, as appropriate.

F. The parent, legal guardian, caretaker, and agency representatives may propose services and service providers to the LCC to be included in the development of the individual plans of care.

G. Services are limited to 2 years.

H. Before terminating services under this chapter, in order that the child will not be at high risk of custody relinquishment, the LMB and LCC shall work with the family to develop a transition plan.

I. The transition plan referred to in §H of this regulation may include, but is not limited to:

- (1) Making application for admission to waivers;
- (2) Wraparound programs;
- (3) Services through the Developmental Disabilities Administration, Core Service Agencies, or local school systems;
- (4) A voluntary placement agreement; and
- (5) Any other appropriate services or programs.

J. Services and related plans should be child-centered and family-driven, individualized, community-based, and culturally competent.

14.31.08.07

.07 Application for Services.

A. The parent, legal guardian, or caregiver of the child may apply for services to be funded on an application approved by the Office. The application may be supported by a provider, agency, or advocate.

B. The LMB/LCC or the Office shall only consider applications when the parent, legal guardian, or caretaker:

- (1) Executes a release for:
 - (a) Relevant records related to the services requested; and
 - (b) Relevant financial and insurance information;
- (2) Consents to interagency sharing of the eligible child's records as is necessary to consider the application and provide services; and
- (3) Signs an agreement reflecting their understanding that these services are:
 - (a) Not an entitlement;
 - (b) Subject to change and termination; and
 - (c) Subject to the availability of funds.

C. The LMB/LCC or the Office shall review the application and may interview the parents and, if appropriate, the child.

D. Within 14 days after receipt of the application, the LCC or the Office shall:

- (1) Make a decision as to whether it can fund services for the child; and
- (2) Notify the parent, legal guardian, or caretaker.

E. The decision shall be based on the eligibility of the child for services, whether the child is in a priority classification, and the availability of funds.

F. Appeals of a determination regarding a child's eligibility and priority for services may be made to the State Coordinating Council within 30 days, pursuant to the procedures set forth in COMAR 14.31.01.12C(1)(b), (2), and (3) governing local coordinating councils.

There is no appeal from a decision to deny services based on unavailability of funding.

14.31.08.08

.08 Authorization of Services and Individual Plans of Care.

A. All services provided through these interagency funds shall be authorized in the child's individual plan of care.

B. All individual plans of care shall be developed consistent with the local plan, as submitted by the LMB, and as approved by the Office.

- C. All individual plans of care shall be developed in collaboration with and agreed to by the parent, legal guardian, and lead agency, if any.
- D. Individual plans of care shall be:
- (1) Reviewed at least every 6 months; and
 - (2) Revised as appropriate and as agreed upon by the parties to meet the needs of the child and family.
- E. During the initial development of each plan of care and during the periodic review of each plan of care, consideration shall be given to the availability of services through other funding sources, including:
- (1) The Maryland Medical Assistance Program;
 - (2) The parent's or legal guardian's private health insurance; or
 - (3) Contributions from:
 - (a) The parent's or legal guardian's personal income; or
 - (b) Any other public source.
- F. Individual plans of care may be limited by any cap on the annual cost of services for an individual child that is included in the LMB's local plan as approved by the Office.

14.31.08.09

.09 Contracting for Services.

- A. In contracting for services for an eligible child, the LCC shall follow the county or LMB procurement polices, depending on whether the LMB is a county entity or nonprofit organization.
- B. In contracting for services for an eligible child, the Office is bound by State procurement laws and regulations.
- C. The contract with the provider shall specify the services, the amount and cost of services, the start and termination of services, and the outcomes to be achieved by the services provided. The child, parent, legal guardian, or caretaker is the third party beneficiary of the contract.
- D. The service provider shall:
- (1) Provide monthly documentation of services rendered and costs incurred for each child and family served to the:
 - (a) Parent;
 - (b) Legal guardian;
 - (c) Lead agency; and
 - (d) LMB or the Office, as appropriate; and

(2) Certify that the services have been provided.

E. The contract shall contain a provision that, if any authorized services become funded under the Maryland Medical Assistance Program, the parent's or legal guardian's private health insurance policy, contributions from the parent's or legal guardian's personal income, or other public funding sources, the payment for these services from the Interagency Fund shall be terminated.

F. The parent, legal guardian, or caretaker shall submit a consumer satisfaction form regarding the benefit of the services approved by the Office:

- (1) After 90 days;
- (2) At 6 month intervals; and
- (3) At the end of service.

G. Each individual who provides a service to an eligible child shall:

- (1) Have a criminal background check, as required by State law; and
- (2) Be approved to provide that service by the LCC or the State, or both, as appropriate.

14.31.08.9999

Administrative History

Effective date:

Regulations .01—.09 adopted as an emergency provision effective September 17, 2007 (34:21 Md. R. 1911); adopted permanently effective October 8, 2007 (34:20 Md. R. 1741)