



West Virginia Department of Health and Human Resources

Bureau for Children and Families

Qualified Residential Treatment Programs

Request for Applications

April 19, 2019

REQUEST FOR APPLICATIONS

Department of Health and Human Resources

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1. GENERAL INFORMATION

1.1. Introduction

In an effort to support West Virginia's implementation of the federal Family First Prevention Services Act (FFPSA), the Department of Health and Human Resources (DHHR), Bureau for Children and Families (BCF), is soliciting applications from West Virginia's licensed group residential and/or emergency shelter providers interested in converting up to twenty-five (25) beds per BCF region of the state to qualified residential treatment program (QRTP) beds in accordance with the provisions contained herein. The programs will be dedicated to providing behavioral health services for males and females between the ages of twelve (12) and twenty-one (21) who cannot be safely served in their own homes or other settings. The Department intends to accomplish this with no development of new beds through facilities in good standing with provider agreements and licensure.

Applicants are limited to agencies with an active children's group residential license and a deemed behavioral health license with no less than three years of experience delivering residential children's group residential services. Successful applicants will be responsible for the development and implementation of the new QRTP Model. The model will serve children who have historically been required to receive treatment in out-of-state residential programs due to the specialized and/or intensive nature of their service needs.

The QRTP model will be part of a continuum of care for children who come into the foster care system, the goal of which is to allow children to receive the needed services in the least restrictive setting. Qualified Residential Treatment Programs operated by agencies providing a full continuum of care will give West Virginia the flexibility it needs to serve children with complex needs in their home state, with the ultimate goal of children remaining in their communities for all treatment needs.

Geographic Focus

The goal is to make this service available in all regions of the state, with approximately twenty-five (25) beds allocated for each region, for a total of one hundred (100) beds. Agencies may apply to serve one or more of the regions below. A separate application must be submitted for each region. The regions are:

Region 1: Braxton, Clay, Calhoun, Gilmer, Wirt, Jackson, Roane, Marion, Monongalia, Marshall, Tyler, Wetzel, Ohio, Brooke, Hancock, Ritchie, Pleasants, Doddridge, Wood;

Region 2: Boone, Cabell, Kanawha, Lincoln, Logan, Mason, Putnam, Wayne;

Region 3: Berkeley, Jefferson, Morgan, Hampshire, Mineral, Hardy, Grant, Pendleton, Harrison, Lewis Upshur, Randolph, Tucker, Taylor, Preston, Barbour;

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Region 4: Fayette, Greenbrier, Monroe, Pocahontas, McDowell, Mercer, Mingo, Nicholas, Webster, Raleigh, Wyoming.

1.2. BACKGROUND

The Mission of the DHHR is to promote and provide appropriate health and human services for the people of West Virginia, in order to improve their quality of life. West Virginia is recognized for a collaborative, highly responsive quality child welfare system built on the safety, wellbeing, and permanency of every child.

This vision is guided by the child and family services principles specified in 45 C.F.R. § 1355.25 (1996):

- Children and families will be safe.
- Children will have a strong, permanent connection with family and community. While reunification, adoption, and legal guardianship are ultimate goals, the Department will ensure that all children have caring adults in their lives.
- Children and families will be successful in their lives and have enhanced wellbeing.
- Children and families will be mentally and physically healthy.
- Children and families will be supported, first and foremost, in their homes and home communities, and by receiving the services to meet their needs.
- The child-serving systems will be transformed to meet the needs of children and families.
- With the implementation of the FFPSA, BCF recognizes the need to expand community based-service alternatives for children with complex needs and their families.

1.2.1. A SYSTEM OF CARE APPROACH

The System of Care model is an organizational philosophy and framework that involves collaboration across agencies, families, and children for the purpose of improving services, increasing access to services, and expanding the array of coordinated community-based, culturally and linguistically competent services and supports for children with significant behavioral and developmental health needs and their families. West Virginia adopted the System of Care values over 20 years ago, and since that time, much work has been done to instill these values in case work practice. Child welfare policies and practice curricula have been revised to reflect these values.

The QRTP model's success will depend on the support and participation of the child serving systems in this state and will require support and understanding from all stakeholders: families, children, judges, court personnel, child welfare workers, mental health agencies, schools, community-based service agencies, residential care providers, child placing agencies, and funders. The child serving community must welcome this change in practice and embrace a

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new way of serving children and their families. Understanding the populations served and how to best meet their needs is the key to developing an effective and responsive system of care. The Model will provide for trauma-informed treatments delivered in an environment that safely preserves family relationships and empowers families to help meet their own needs.

2. PROGRAM REQUIREMENTS/SCOPE

2.1. TARGET POPULATION

The target population is limited to males and females between the ages of twelve (12) and twenty-one (21) who:

- Are in the custody of the BCF through either a child abuse/neglect petition or a juvenile justice petition for whom a residential program is in the youth's best interest; **and**
- Have demonstrated an inability to function in foster homes or less restrictive forms of residential care due to significant lack of behavioral control; **and**
- Have been diagnosed with a significant autism spectrum disorder, reactive attachment disorder, serious intellectual disability, sexual offense behavior, sexually reactive disorder, or are youth who are violent with serious behavioral disorders and youth with serious self-injurious behaviors, or any combination of these diagnoses, that make him or her at a higher risk of out-of-state placement; **and**
- Have been assessed by an independent clinician to need the structure and mental health expertise provided by the services in a QRTP; **and**
- Are in need of 24-hour treatment/intervention to prevent hospitalization; (e.g., the youth engages in self-injurious behavior but not at a level of severity that would require psychiatric hospitalization or the youth is currently physically aggressive and communicates verbal threats but not at a level that would require hospitalization) **or**
- are in need of step-down from a more restrictive level of care as part of a transitional discharge plan (e.g., behaviors/ symptoms remain at a level which requires out of home care but the placement plan has not been fully implemented.)

2.2. PROGRAM REQUIREMENTS

2.2.1. QRTP PROGRAM REQUIREMENTS

A QRTP will be defined as follows:

1. QRTP facilities will be accredited by CARF, JCAHO, COA, or another independent HHS approved organization as a residential treatment facility;
2. QRTP facilities are operated with a trauma-informed structure throughout the organization; (see #8)

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3. QRTP facilities incorporate family into the child's treatment and facilitate outreach to family maintaining connections with siblings and documenting evidence of same;
4. QRTP facilities provide discharge planning and family-based after care for six months post discharge;
5. QRTP facilities provide opportunities for youth to experience some of the same normalizing experiences as their peers not in foster care;
6. QRTP facilities will provide staff training on the Reasonable and Prudent Parenting Standards and have the presence on-site of at least one official who is designated and authorized to apply the reasonable and prudent parent standard to decisions involving the participation of the child in age or developmentally-appropriate activities;
7. QRTP facilities will ensure that all employees will undergo background checks as outlined with WV Cares;
8. QRTP must be a member of the family and permanency plan team and assist the BCF in the development of treatment strategies to be used during the child's placement;
9. QRTP must be licensed by the Bureau for Children and Families as a residential child care treatment facility for children and transitioning adults and follow all applicable rules within 78 CSR 3;
10. QRTP must itemize billing when submitting claims to Medicaid and Managed Care Organizations (MCOs);
11. QRTP facilities will accept any foster child who meets the QRTP organization's program criteria, as determined by an independent assessment, if the organization has not met its maximum capacity as provided for in the agreement. Any QRTP that has entered into an agreement with BCF may not discharge any child from its program without the consent of BCF and approval of the court.

2.2.2. CLINICAL REQUIREMENTS

The agency must describe how their QRTP program will deliver individualized medically-necessary services for the population of children they wish to serve that meet the Medicaid Utilization Manual as follows:

1. Severe disturbances in conduct and emotions; unable to function in multiple areas of their life including school, home and/or community;
2. Cannot function in school without significant support; often requires specialized instruction and modified learning environment;
3. Psychiatric or substance abuse have significantly disrupted the achievement of the developmental level that preclude living in a less restrictive environment;
4. Persistent and unpredictable aggression which may include serious sexual acting out behavior;
5. Patterns of disruptive behavior, not a reaction to single events;

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6. Risk of harm to self or others is routinely present; and/or
7. Significant social, academic and/or vocational functional limitations.

Medically-necessary services to meet the individual needs of each youth described above are:

1. Mental Health Assessment by a Non-Physician (H0031).
2. Mental Health Service Plan Development (H0032)
3. Mental Health Service Plan Development by Psychologist (H0032AH)
4. Physician Coordinated Care Oversight Services (G9008)
5. Targeted Case Management (T1017)
6. Behavioral Health Counseling, Supportive, Individual (H0004)
7. Behavioral Health Counseling, Supportive, Group (H0004HQ)
8. Behavioral Health Counseling, Professional, Individual (H0004HO)
9. Behavioral Health Counseling, Professional, Group (H0004HOHQ)
10. Skills Training and Development (H2014U1, H2014U4, H2014HNU1, H2014HNU4)
11. Therapeutic Behavioral Services – Implementation (H2019)
12. Therapeutic Behavioral Services – Development (H2019HO)
13. Crisis Intervention 24-hour availability (H2011)
14. Psychotherapy (90832, 90834, 90837)
15. Psychotherapy for Crisis (90839, 90840)
16. Family Psychotherapy (90846, 90847)
17. Group Psychotherapy (90853)
18. Psychological Testing with Interpretation and Report (96101)
19. Psychiatric Diagnostic Evaluation (90791, 90792)
20. Screening by Licensed Psychologist (T1023HE)
21. Developmental Testing: Limited and Extended (96110, 96111)
22. Any needed Behavioral Health Service including psychiatric evaluation and management services

2.2.3. PHYSICAL ENVIRONMENT AND PROGRAM STRUCTURE

The organization must provide a detailed description of staffing patterns, the proposed schedules for all shifts, and the number of clinicians, supervisors, and direct child care staff necessary to deliver clinical care, provide staff and maintain a staff secure environment that:

1. Has registered or licensed nursing staff and other licensed clinical staff who provide care within the scope of their practice;
2. Are on-site according to the treatment model;

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3. Available 24-hours a day and 7 days a week;
4. Has a **minimum** staffing ratio of one staff to four children (1:4) during daytime hours and one staff to eight children during nighttime hours (1:8).

The organization must describe how they will provide at least six months of **after-care services** after a child's discharge and any changes that may be needed to the infrastructure/physical environment of the organization to support after-care services (i.e., office space for non-residential staff, recruitment of additional staff, etc.).

The organization must describe the manner in which on-site or off-site **family engagement** opportunities will be conducted with the child's family. The organization must describe how they will ensure family participation in the assessment and planning process for each child.

The organization must describe its role as a partner with BCF in the development of and participation in the **Family and Permanency Team** process and the development of the treatment plan.

The organization must describe its proposed process, including staff training, for ensuring **normalcy for children and implementing prudent parenting standards**.

The organization must describe its **trauma-informed organizational structure** which must include evidence of:

1. Leadership commitment to the implementation of a trauma-informed structure;
2. Sufficient workforce development in understanding trauma and staff support in sustaining trauma-informed treatment;
3. Residents and their families are part of care planning and decision-making;
4. Use of data as a driving force for quality improvement;
5. Systemic reviews are conducted within the agency.

The organization must have adequate space available as defined by the West Virginia Department of Education (WVDE) policy for an on-grounds school as outlined in the Handbook on Planning School Facilities (6200) located at <http://wvde.state.wv.us/policies/p6200.doc>. The organization must commit to working with the Department of Education's, Office of Institutional Education Programs (OIEP) in establishing an on grounds educational program. The working relationship with the WVDE is contingent upon specific legislative funding.

The organization must forward records of progress to the receiving school district prior to a youth's discharge from the facility.

Failure to secure specific legislative funding would require the organization to deliver education to all students, either through the local county school system or qualifying as a private school.

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2.2.4. DISCHARGES

The organization must describe the discharge planning process, which includes at a minimum one of the following:

1. Appropriate placement has been located which meets the child's treatment and care needs as outlined in the treatment plan;
2. The behaviors which necessitated placement have abated, and the child has returned to a level of functioning that allows reintegration into his or her previous care setting;
3. The child exhibits symptoms and functional impairment that cannot be treated safely and effectively in the setting and which necessitates more restrictive care (e.g. In-Patient or PRTF).

2.2.5. OUTCOMES

The QRTP Organization will collect the outcomes data for one year in order for baseline performance measures to be developed.

1. Number of referrals received
2. Number of referrals accepted for placement
3. Number of youth discharged
4. Percentage of children discharged within six months of admission
5. Percentage of children discharged within six months to one year of admission
6. Percentage of children discharged after one year of placement
7. Percentage of youth discharged with an aftercare plan
8. Number and percentage of youth discharged to a less restrictive setting
9. Number and percentage of youth who re-entered placement during the six-months of after-care services

2.2.6. TIME FRAMES/MANDATORY START DATE

The organization must demonstrate the ability to be fully operational by March 31, 2020. The organization may begin admitting to the QRTP starting October 1, 2019. Funding will be awarded for the period of October 1, 2019 through September 30, 2020.

The organization must also commit to working in cooperation with the Department of Education, Office of Institutional Education Programs (OIEP) to establish an on grounds educational program once funds are made available.

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2.2.7. SERVICE DELIVERY AREA

The organization will serve youth from all counties in West Virginia, with emphasis on keeping children within their home region. The Bureau for Children and Families is interested in the conversion of up to 100 beds, approximately 25 in each of the four regions.

2.2.8. ORGANIZATIONAL REQUIREMENTS

The organization must demonstrate the capacity to establish and operate a QRTP designed to serve children at-risk of out-of-state placement or children currently in an out-of-state placement.

The organization will state the mission of the agency and how it relates to QRTP programming.

The organization will describe its history within the community and provide evidence that it has the capacity and experience to serve the target population.

The organization will include an organization chart showing how the QRTP fits into the overall structure.

The organization must be licensed to provide both behavioral health services and group residential care.

The organization must provide a detailed organizational chart showing proposed positions, chain of command, and the written plan for staff supervision and training.

The organization must discuss agency policies and procedures relevant to the QRTP model training and implementation.

The organization shall accept any foster child who meets the QRTP organization's program criteria, if the organization has not met its maximum capacity as provided for in the agreement. Any QRTP that has entered into an agreement with BCF may not discharge any child in its program without the consent of BCF and approval of the court.

The organization must be accredited as a licensed residential treatment facility.

2.2.9. STAFFING REQUIREMENTS

The organization will provide job descriptions with the education, training, and experience requirements for each position delivering services to children (includes supervisory, clinical, and direct child care staff).

The organization must demonstrate its capacity to deliver quality clinical services and effective intervention skills for children admitted to QRTP facilities.

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The organization will describe the training plan for staff in passive restraint, prevention of injury to youth and staff, interventions that will reduce the likelihood of injury and elopement, prudent parenting standards, trauma-informed care training, away-from-supervision training, family engagement training and after-care training.

3. DHHR RESPONSIBILITIES

The Department will provide startup funds not to exceed \$25,000 to cover allowable expenses necessary for a provider to meet the requirements of becoming a QRTP.

Allowable expenses are the following:

1. Staff Training
2. Equipment
3. Programming costs
4. Physical infrastructure
5. Software
6. Physical Security upgrades
7. Accreditation

Applicants will be required to include plans for using startup funds and cost estimates in the application (See Application Process: Budget for details).

The Department will reimburse providers at an enhanced Level III daily rate established through the Office of Management Reporting and Accountability.

The Bureau for Medical Services will reimburse the treatment per diem. The Bureau for Children and Families will reimburse the room, board and supervision per diem.

Department caseworkers will participate in treatment planning and case staffings for children in program.

Department will provide technical assistance as necessary for the efficient operation of the program.

4. APPLICATION PROCESS

4.1. INTENT TO APPLY

The Application is available online at <http://www.dhhr.wv.gov/bcf/>. Anyone interested in submitting an application must submit a "Letter of Intent" form electronically via the BCF website by **May 8, 2019** and must submit an original and 6 copies of the application to the BCF Division of Grants and Contracts, 350 Capitol Street, Room 730, Charleston, WV 25301 by 4:00pm on **May 17, 2019**.

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Telephone calls regarding the Funding Announcement will not be accepted. All questions must be submitted electronically by **April 24, 2019**. Answers to questions will be posted online **May 1, 2019**.

All questions submitted must refer to the RFA page number, table of content numbering, and include language from the RFA as much as possible.

Example: Section 4.1 Intent to Apply, the RFA states, “all questions submitted must refer,” {insert question}

Questions not submitted in this format will be considered a comment and will not be answered, as comments will not receive a response from BCF.

Applicants must use 12pt. Arial or Times New Roman font, single line spacing, and one (1) inch margins. Page numbers must also be included in the footer.

4.2. ADMINISTRATIVE DATA

The Application cover page and Assurances shall include: name of Applicant; service delivery area to be covered; Applicant’s business address; telephone number; name of authorized contact person; signature of person authorized to act in agency’s behalf; and date.

Applicant shall provide a narrative summary of the agency’s organization, its size, experience, and resources. The summary is limited to two (2) pages and shall include:

1. Identifying information
2. Date organization established
3. Type of ownership
4. Copy of current license to do business in the State of West Virginia
5. List of current services being provided
6. Organizational chart

4.3. APPLICANT CAPABILITY/ PERSONNEL EXPERIENCE

Discuss the capability and experience of the applicant organization.

4.4. PROGRAM NARRATIVE/WORK PLAN

A comprehensive overview of the organization’s proposed program model, describing in detail the target population (as outlined in Section 2.1), specifically the diagnoses the organization is applying to serve.

A step by step plan for recruitment and training and implementation of the Model with anticipated timeframes.

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4.5. BUDGET

Applicants must submit pro forma budget data that includes cost projections for QRTP beds for treatment, room and board, and supervision.

In order to receive startup funds, applicants must also submit startup funding budgets that include proposed use of the funds (see allowable uses below) and an estimate of the cost. Estimates must be based on professional expertise for the proposed allowable use. (Applicants need not submit actual professional estimates but reimbursement will be based on actual receipts for the startup work.).

Allowable expenses of startup funding:

1. Staff Training
2. Equipment
3. Programming costs
4. Physical infrastructure
5. Software
6. Security upgrades
7. Accreditation

5. EVALUATION

Eligible applicants must comply with all requirements provided within this announcement. Applications that fail to comply with the requirements provided within this document, incomplete applications or applications submitted after the application deadline will not be reviewed or scored.

A Statement of Assurance agreeing to these terms is required of all applications and must be signed by the applicant organization's CEO, CFO, and Project Officer.

All applications will be forwarded to an independent grant review team which will score the application in accordance with the criteria stated below. Applicants who best meet the specifications of the announcement will be eligible for an award. The maximum number of points available is one hundred (100).

The DHHR reserves the right to accept or reject any or all of the applications, in whole or in part, without prejudice if to do so is felt to be in the best interests of the DHHR. The DHHR also reserves the right to contact applicants to clarify applications.

Applicant's failure to provide complete and accurate information may be considered grounds for disqualification. The DHHR reserves the right, if necessary, to ask applicants for additional

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information to clarify their applications and negotiate changes to the application.

5.1. EVALUATION CRITERIA

Applications will be evaluated on the following criteria:

5.1.1. APPLICANT EXPERIENCE/PERSONNEL QUALIFICATIONS: 30 POINTS

State the mission of the organization and how it relates to the required programming;

Describe the history of the organization within the community and provide evidence that it has the capacity to serve and reach the target population in the proposed identified region;

Discuss the organization's experience working with the children identified as the target population;

Discuss how staffing patterns will be developed to ensure the delivery of the core components of the QRTP model;

Applicants must identify who will oversee the administration and supervision of the services and their qualifications;

Include an organizational chart showing how the proposed program will fit into the organization's structure;

Provide a complete list of staff positions for the services reflecting the role of each position, their level of effort/involvement, and qualifications, including those staff for the family-based after-care services.

5.1.2. WORK PLAN/NARRATIVE: 50 POINTS

Applicants must describe the agency's participation in and understanding of System of Care values and philosophies;

Applicants must describe the target population, specifically the diagnoses outlined in Section 2.1, the agency seeks to serve at the facility and the individualized medically-necessary services the facility will deliver to the target population;

Applicants must demonstrate the agency's plan to successfully implement the QRTP model and provide services to the target population;

Applicants must describe the agency's collaboration with existing service providers, community stakeholders and the child welfare agency;

Applicants must provide evidence of the effectiveness of the proposed methodology to deliver the QRTP model;

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Agency must describe the plan to build and nurture their “provider network” relationships for services that cannot be provided internally;

Applicants must describe strategies to promote family engagement, including creative outreach methods to engage geographically isolated families as part of the on-site family engagement, as well as the after-care services;

Applicants must describe their use of culturally appropriate services;

Applicants must explain their trauma-informed structure and provide evidence of its existence;

Applicants must describe the development needs for the proposed area(s) to be served, such as an on-grounds school;

Applicants must address how the organization will structure and develop the Model to meet the specific needs of the target populations;

Applicants must explain how the Model program will assist in the prevention of unneeded out-of-state placements and decrease the length of stay when residential treatment is necessary;

Applicants must provide a clear, concise, well-supported statement identifying the specific service development needs and barriers in each community and how the Applicant will work collaboratively to build all the necessary structures, supports and services;

If service development is required in order to be able to provide the Model, Applicants must explain what additional services are needed, how current services may need to be enhanced and how the applicant will collaborate with existing stakeholders to develop what is needed, including barriers, (i.e., isolated locations, funding factors, lack of workforce, etc.);

The organization must provide written verification of its accreditation status as a licensed residential treatment facility.

5.1.3. BUDGET: 20 POINTS

Budget submissions must include pro forma cost projections for treatment, room and board, and supervision; plus budget estimates for startup costs, if applicant is requesting startup funding.

Budget submissions will be evaluated based on the following criteria:

1. Calculations are correct;
2. Includes sufficient funding to support the program description;
3. Reflects costs that are allowable and reasonable; and
4. Costs are directly tied to service delivery for treatment, room and board, and supervision.

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*Please note: Budgets will only be evaluated on the criteria above, not for other financial criteria such as cost effectiveness.

6. SPECIAL TERMS AND CONDITIONS

6.1. INSURANCE REQUIREMENTS

The organization selected must at all times during the term of the Agreement have and keep in force a liability insurance policy in an amount not less than one million dollars which shall include General Liability, Personal Injury, Directors and Officers Liability, and Professional Liability, where applicable.

6.2. LICENSE REQUIREMENTS

The organization and its employees must be licensed pursuant to all applicable federal, state, and local laws, ordinances, rules, and regulations and will, upon request, provide proof of all licenses.

6.3. NO DEBT AFFIDAVIT

A signed "No Debt Affidavit" document must accompany all applications.

6.4. ALL STAFF PROVIDING DIRECT SERVICES MUST HAVE A CRIMINAL INVESTIGATION BUREAU (CIB) BACKGROUND CHECK IN ACCORDANCE WITH DEPARTMENT CIB POLICY.

7. GENERAL TERMS AND CONDITIONS

7.1. CONFLICT OF INTEREST

The organization affirms that it, its officers or members or employees presently have no interest and shall not acquire any interest, direct or indirect which would conflict or compromise in any manner or degree with the performance or its services hereunder.

7.2. PROHIBITION AGAINST GRATUITIES

The organization warrants that it has not employed any company or person other than a bona fide employee working solely for the organization or a company regularly employed as its marketing agent to solicit or secure the grant and that it has not paid or agreed to pay any company or person any fee, commission, percentage, brokerage fee, gifts or any other consideration contingent upon or resulting from the award of agreement.

For breach or violation of this warranty, the Department will have the right to annul this agreement without liability at its discretion, and/or to pursue any other remedies available under law.

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7.3. CERTIFICATIONS RELATED TO LOBBYING

Organization certifies that no federal appropriated funds have been paid or will be paid by or on behalf of the company or an employee thereof, to any person for purposes of influencing or attempting to influence an officer or employee of any Federal entity, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of an Federal loan, the entering into of any cooperative agreement , and the extension, continuation, renewal, amendment or modification of any Federal contract, grant, loan, or cooperative agreement.

If any funds other than federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee or any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a Federal contract, grant, loan, or cooperative agreement, the Organization will complete and submit a disclosure form to report the lobbying.

Organization agrees that this language of certification will be included in the award documents for all sub-awards at all tiers (including sub-contracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

7.4. GOVERNING LAWS AND COMPLIANCE

This agreement will be governed by the laws of the State of West Virginia. The organization further agrees to comply with the Civil Rights Act of 1964 and all other applicable Federal, State and local Government regulations.

7.5. SUBCONTRACTS/JOINT VENTURES

The organization is solely responsible for all work performed under any resulting agreement and will assume sole responsibility for all services. The Department will consider the organization to be the sole point of contact with regard to all contractual matters.