
West Virginia Department of
Health and Human Resources
Bureau for Children and
Families

Funding Announcement



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**WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR CHILDREN AND FAMILIES
REQUESTS FOR APPLICATIONS**

I. PURPOSE

The Child Welfare Title IV-E Waiver Demonstration authority provides states with an opportunity to use federal funds more flexibly in order to test innovative approaches to child welfare service delivery and financing. Using this option, states can design and demonstrate a wide range of approaches to reforming child welfare and improving outcomes for children in the areas of safety, permanency, and well-being. Funding is available through the Title IV-E Waiver Demonstration Projects (Title IV-E, Sec. 415. [42 U.S.C. 615] of the Social Security Act).

The Bureau for Children and Families intends to use the Title IV-E Waiver to maximize the benefits of home and community-based services offered in conjunction with Medicaid paid behavioral and mental health services. Safe at Home will provide for an array of home and community-based services including regular support services and evidence-based interventions that will result in a potential reduction in congregate care. The savings generated from reducing costly placements will be reinvested to further expand in-home and community-based services for children. Title IV-E Waiver funds will support the establishment of an evidence-based wraparound model with supporting services.

Therefore, the Department of Health and Human Resources (Department) Bureau for Children and Families (BCF) is soliciting applications from licensed behavioral health agencies with direct children's service experience to act as local coordinating agencies for the development and delivery of a high fidelity wraparound model with supporting services, for West Virginia's (WV) Safe at Home Wraparound Program. Start-up grants will be available in the amount of \$70,000 for each care coordinator the applicant plans to hire. The \$70,000 includes salary, fringe benefits, supervision, supplies, equipment, space, training, travel, and administrative costs for each care coordinator. Only those applicants who can demonstrate superior knowledge, proficiency and fiscal efficiency in the administration of a high fidelity wraparound approach will be eligible for the start-up funding. In addition to grant funding, agencies will receive a daily rate of \$136 for each child participating in Safe at Home West Virginia (WV). This daily rate does not include reimbursement for services for the child that are billable to Medicaid. It is anticipated that the daily rate will sustain Safe at Home WV after the end of the grant period.

The goal of Safe at Home WV is to safely reduce reliance on in-state and out-of-state congregate care for youth ages 12-17. The purpose of the Safe at Home WV grants is to provide funds to support the initial development of wraparound programs. Successful programs will ultimately reduce the use of congregate care as well as shorten the length of stay in congregate care.

Safe at Home WV will ensure that families have an opportunity to receive intensive community-based services while children are maintained safely in their own homes.

Phase I Geographic Focus

Safe at Home WV will be implemented in phases. Phase I will begin October 1, 2015 and be limited to Berkeley, Boone, Cabell, Jefferson, Kanawha, Lincoln, Logan, Mason, Morgan, Putnam and Wayne counties. Applicants are limited to agencies licensed as behavioral health providers. **Agencies may apply to serve one or more counties and more than one agency may be selected to serve the same county or counties.** Below is a table of the projected number of cases based on data regarding the target population in placement in the pilot counties. This number will increase as we move to serving the at risk population.

Berkeley - 25	Boone - 11	Cabell - 77
Jefferson - 19	Kanawha - 91	Lincoln - 10
Logan - 16	Mason - 8	Morgan - 2
Putnam - 12	Wayne - 12	

II. BACKGROUND

The Mission of the West Virginia Department of Health and Human Resources 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 Federal regulations [45 CFR 1355.25(a) through 1355.25(h)]:

- 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.

Historically, Title IV-E funding could only be used to support the placement portion of congregate care. Other services were financed with Medicaid and/or state dollars. Such restrictions on federal funding have hampered the Department's ability to reduce residential placements and provide in home and community based support to the most vulnerable children and families. The funding flexibility available through the Title IV-E Waiver will provide WV the opportunity to develop effective community based alternatives to congregate care.

Wraparound: A System of Care Approach

The System of Care model is an organizational philosophy and framework that involves collaboration across agencies, families, and youth 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 and youth with serious emotional disturbances 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.

Safe At Home WV success will depend on the support and participation of the child serving systems in this state. Successful implementation of high fidelity wraparound models will require support and understanding from all stakeholders, families, youth, judges, court personnel, child welfare workers, mental health agencies, schools, community based service agencies, residential care providers, and funders. The child serving community must welcome this change in practice and embrace a new way of serving youth and their families. Understanding the populations served and how to best meet their needs is the key to developing an effective and responsive Safe at Home WV Wraparound Program. Safe at Home WV will provide for trauma-focused treatments delivered in an environment that safely preserves family relationships and empowers families to help meet their own needs.

III. PROGRAM REQUIREMENTS

A. Target Population

The youth who will be served by the Safe at Home WV pilot will be limited to the following criteria:

1. Youth, aged 12-17 (up to the youth's 17th birthday) with a diagnosis of a severe emotional or behavioral disturbance that impedes his or her daily functioning (DSM-V Axis I) currently in out-of-state residential placement who cannot return home without extra support, linkage, and services provided by wraparound;
2. Youth, aged 12-17 (up to the youth's 17th birthday) with a diagnosis of a severe emotional or behavioral disturbance that impedes his or her daily functioning (DSM-V Axis I) currently in in-state residential placement who cannot be reunified without extra support, linkage, and services provided by wraparound;
3. Youth, aged 12-17 (up to the youth's 17th birthday) with a diagnosis of a severe emotional or behavioral disturbance that impedes his or her daily functioning (DSM-V Axis I) at risk of out-of-state residential placement and utilization of wraparound can safely prevent the placement;
4. Youth, aged 12-17 (up to the youth's 17th birthday) with a diagnosis of a severe emotional or behavioral disturbance that impedes his or her daily functioning (DSM-V Axis I) at risk of in-state level one, two or three or Psychiatric residential placement and utilization of wraparound can safely prevent placement.

Initially, priority will be given to the target populations identified in numbers one and two above: youth currently in residential care or psychiatric residential care treatment.

B. Description of Services

Safe at Home West Virginia Intervention Model

The Bureau anticipates that Safe at Home WV will be implemented in phases in the pilot counties beginning September 1, 2015. Successful applicants will hire and train staff over the course of a year. Approximately one third of the care coordinators will be hired, trained, and ready to accept referrals by October 1, 2015. Another third will be ready for referrals by February 1, 2016. The final group of coordinators will be ready for referrals by June 1, 2016.

The primary goals of wraparound intervention are to support family strengths, promote community investment and ownership, and provide the needed resources to families to improve family well-being and reduce the risk of child abuse and neglect. The work of wraparound is completed using seven core components:

1. Care Coordination;
2. A maximum caseload of no more than 10 families per care coordinator;
3. Family decision making;
4. A minimum of one face-to-face meeting per family per week and one family team meeting per month;
5. Shifting families from professional to natural supports;
6. Tailored service plans for each family;
7. Assessments for every family member.

Wraparound will coordinate, create, and individualize services and supports to fit the unique needs of the child and family while building upon their strengths. Safe at Home WV core components will be delivered through phases, as outlined in the National Wraparound Initiative "*The Wraparound Process User's Guide-A Handbook for Families*": Engagement, Planning, Implementation and Transition found at http://nwi.pdx.edu/pdf/Wraparound_Family_Guide09-2010.pdf. Safe at Home WV Wraparound Program will be based on ten (10) key wraparound principles:

1. Family voice and choice;
2. Team-based;
3. Natural supports;
4. Collaboration;
5. Community-based;
6. Culturally competent;
7. Individualized;
8. Strengths-based;
9. Persistence; and,
10. Outcome-based.

Safe at Home WV will better identify strengths and needs for the child, youth and family; reduce the reliance on congregate care in and out of state; shorten the length of stay in residential care; improve the functioning of children, youth and families, including educational goals for youth; shorten timelines for family reunification; and decrease the number of youth re-entering out-of-home care. The benefits of a wraparound include:

1. One child and family team across all service environments;
2. The family's wraparound plan unifies residential and community treatment, creating a seamless transition as youth and families move through the system;

3. Wrap-around helps families build long-term connections and supports in their communities;
4. Provides concurrent community work while youth is in residential care for a smooth transition home;
5. Reduces the occurrence and negative impact of traumatic events in a child's life;
6. Provides access to mobile crisis support, 24 hours per day, seven days per week;
7. Provides crisis stabilization without the need for youth to enter/re-enter residential care;
8. Reduces the length of stay in congregate care.

Safe at Home Intensive Care Coordination includes the following phases:

- 1) Engagement and Planning Phase** (not to exceed 90 days). The child is in the home when services begin. The child and family are often in crisis and formal services are not yet in place. The wraparound team engages the family, completes needed assessments, develops treatment plans, and initiates services to ensure the family is safe.

This phase could also include a Pre-Community Integration (not to exceed 90 days). The child is in residential care at the time services begin. This phase is limited to youth currently in residential care who need intensive wraparound services in order to return home.

- 2) Implementation Phase** (not to exceed 6 months). Over time the child and family should begin to need less intense care due to the coordinated services and supports that are in place. The family and child should begin to develop skills to navigate systems and to manage issues through initiation of natural supports.
- 3) Maintenance Phase** (not to exceed 6-9 months). The frequency and intensity of formal services further decreases as the family begins to rely on the community and natural supports. The family is working toward discharge from Intensive Care Coordination.
- 4) Transition Phase** (not to exceed 9 months to 1 year). Formal intensive care coordination services that were part of the family's treatment plan ends. The discharge plan is concrete service-based, with plans for the future utilization of natural supports and community involvement. A mentor may be assigned to the child or children to assist with the transition. A mentor is an adult who can spend one-on-one time with a child and be a positive role model to help promote positive self-esteem and improve social, communication, and problem solving skills during the transition period.

It is anticipated that most families will be transitioned to informal supports within 12 Months.

Safe at Home WV will require enhancement of existing services and development of core services which will include but not be limited to:

- A. Assessment and evaluation;
- B. Individualized wraparound service planning;
- C. Intensive case management;
- D. Outpatient therapy: individual, family and group;
- E. Medication management;
- F. Day treatment;
- G. Behavior management skills training;
- H. Intensive home-based mental health services;
- I. School-based behavioral health services;
- J. Substance abuse intensive outpatient services;
- K. Crisis services;
- L. Mobile crisis response;
- M. Youth coaching;
- N. Peer support;
- O. Respite services;
- P. Therapeutic Mentoring;
- Q. Therapeutic foster care.

The success of Safe At Home is dependent on community collaboration with linkages to:

- Department of Education, Office of Maternal Child and Family Health programs;
- Child welfare community organizations and other children services' provider agencies;
- Local mental and behavioral health providers;
- Medical providers;
- Local Department of Health and Human Resources;
- Family Resource Networks, Regional Summits, and Community Collaboratives;
- Programs/services for children/adults with disabilities;
- Employment programs;
- Circuit and Family Courts;

- In Home Family Education Programs;
- Children’s Behavioral Health Providers;
- Adolescent and adult substance abuse programs;
- Community civic organizations;
- Local faith-based communities.

Applicants must describe the agency’s participation and understanding of the system of care values and philosophies;

Applicants must demonstrate the agency’s ability to provide services and/or ensure the delivery of services to the target population;

Applicants must show the agency’s strong 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 wraparound as outlined below;

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

Applicants must limit caseload sizes to no more than 10 families per care coordinator;

Applicants must demonstrate clear understanding of the 10 Key Principles of Wraparound National Wraparound Initiative <http://nwi.pdx.edu/>

Applicants must discuss the use of culturally appropriate services;

Applicants must describe the use of evidence-based and/or evidence-informed, promising practices;

Applicants must discuss what strategies will be used to promote family engagement;

Applicants must demonstrate the use of trauma-focused curricula in the provision of wraparound interventions;

Applicants must describe creative outreach methods that will be used to develop a provider network to serve geographically isolated families;

Applicants must describe the development needs for the proposed area(s) to be served;

Applicants must address how the organization will structure and develop wraparound programs to meet the specific needs of the target population;

Applicants must explain how the wraparound model will assist in the prevention of unneeded congregate care placements and how to decrease the length of stay when congregate care is necessary. It should be a clear, concise, well-supported statement that identifies the specific service development needs, barriers in each

community, and how the applicants will work collaboratively to build the necessary wraparound structures, supports and services;

Applicants must address how the county currently addresses or fails to address reliance on congregate care;

Applicants must provide information on services and community supports that are currently available in the county/counties the applicant desires to serve. If such services and supports are currently available, applicants must describe the collaboration with other service providers and community stakeholders;

If service development is required to provide Safe at Home WV, 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.);

Applicants must identify partner organizations that will participate in the project;

Applicants must describe their roles and responsibilities and demonstrate their commitment to the project with a Letter of Agreement (LOA) and/or Memorandum of Understanding (MOU). These documents must be submitted with the application as **Attachment A**.

Applicants must describe the step by step process for implementing Safe At Home WV in phases during the grant period as described in this announcement.

C. Finance and Budget

The grant period will be September 1, 2015, through August 31, 2016. The budget will include a proposed startup budget and narrative by line item for care coordinator costs only as defined on page 1 of the Funding Announcement. The line item budget should indicate that care coordinators will be phased in over the grant period with one third of the care coordinators hired initially and ready to accept referrals by October 1, 2015. Another third hired and ready to accept referrals by February 1, 2016. The final care coordinators will be hired, trained and ready for referrals by June 1, 2016. The costs for care coordinators hired for less than a year must be prorated based on the number of months they are projected to work during the grant period.

In addition describe potential for other funds or in kind support for Safe at Home WV as **Attachment B**. Identify the amount and the source of other funds.

D. Outcomes and Reports

Applicants must include information on the projected outcomes for children and describe the plan for tracking outcomes for the children served.

Adherence to performance measures for families utilizing Safe at Home West Virginia Wrap-around will be essential for the successful applicants.

The performance measures from the statements of work of the Local Coordinating Agencies will be used to measure the success of Safe at Home WV. These measures may change once the project evaluator has been selected but are likely to include:

- a. Youth are able to remain or return home and in their school without getting into trouble;
- b. Youth are able to be at home without being re-abused or neglected;
- c. Parents and youth have increased skills and strengths and their needs are reduced;
- d. Parents communicate and demonstrate, through actions, a higher level of skill to deal with youth behaviors and needs and enhanced well-being and satisfaction in their role as a parent.

In addition the successful applicants will be required to submit financial reports which include revenue received by the agency for wraparound services including amount, purpose, and source and all expenditures by the agency by service and amount and purpose.

E. Time Frames/Mandatory Start Date

Grants awarded will be for the period of September 1, 2015 through August 31, 2016.

F. Service Delivery Area

The pilot counties are Berkeley, Boone, Cabell, Jefferson, Kanawha, Lincoln, Logan, Mason, Morgan, Putnam and Wayne.

G. Organizational Requirements

Successful applicants must cooperate with the independent evaluator. Applicants must:

- State the mission of the organization and how it relates to programming.

- Describe the history of the organization within the community and provide evidence that it has the capacity to serve the target population.
- Applicants must describe how services provided by partner agencies will be monitored and evaluated (if applicable).
- Include an organizational chart showing how the program fits into the organization's structure
- Discuss the capability and experience of the applicant organization. Demonstrate that the applicant organization has linkages to the target population and ties to grassroots/community-based organizations that are rooted in the culture of the target population.

I. Staffing Requirements

Provide a complete list of staff positions for key personnel, reflecting the role of each position, their level of effort/involvement and qualifications.

Discuss how the key personnel have demonstrated experience, are qualified to serve the target population and are familiar with community based services.

Discuss the recruitment and training of the care coordinators and supervisors whose sole responsibilities will be related to Safe at Home Wraparound.

Ensure staff will be certified or contracted to administer Child and Adolescent Needs and Strengths (CANS) Tool.

Ensure that supervisory staff have Masters in Social Work, Counseling or Psychology with applicable license plus two years post college experience providing direct services to children and families.

Describe experience working with youth at risk of out of state placement or returning from out of state placement.

Ensure that Care Coordinators will have no less than:

- Education-Bachelor's degree in social work, sociology, psychology or other human service related field and work experience in serving this population.
- Experience/Skills-Must have experience and commitment to working directly with older youth and their families. Need a good knowledge base of mental illness diagnoses and behavioral disorders in children. Must be able to collaborate closely with a team of family members and professionals to develop and implement individualized plans of care. Must have a flexible schedule in order to meet with youth and family wraparound team members. Bilingual skills preferred (Spanish). Personal family experience with mental illness is helpful.

- Applicants must provide detailed staffing patterns for the delivery of the core components of wraparound;
- Applicants must participate in a collaborative, coordinated cross-system training process to embed the wraparound philosophies for care coordinators, supervisors, wraparound team members, including families and staff of the Bureau for Children and Families, subcontracted agency employees, to include, at a minimum the following content:
 - a. The System of Care “Ladder of Learning” for Core Competencies;
 - b. Values and principles;
 - c. Child and Family Team Building;
 - d. Family Engagement;
 - e. Specialized training to meet specific needs of wraparound population (i.e., positive behavioral support, co-occurring disorders, co-existing disorders, sexual offenses, sexual reactivity, reactive attachment disorder, fire setting);
 - f. Effects of trauma on children and youth;
 - g. The 10 wraparound key principles;
 - h. Safe at Home WV model.
- Applicants must designate staff whose purpose will be monitoring the adherence of performance measures for families utilizing Safe at Home Wrap-around.

IV. DEPARTMENT RESPONSIBILITIES

The responsibilities of the Department include, but are not limited to:

Referrals to Local Coordinating Agencies will be made exclusively by the Department through the Safe At Home WV Wraparound Referral Form;

Payment for services during the pilot project will be covered through initial startup grants and a daily case rate for each family served excluding costs for those services billable to Medicaid and other sources;

It is anticipated after the end of the startup grants that the daily rate and other billable sources will sustain the Safe at Home WV Model.

V. APPLICATION PROCESS

A. *Intent to Apply:*

The Application is available online at <http://www.wvdhhr.org/bcf/grants.htm>. Anyone interested in submitting an application must submit a "Letter of Intent" form electronically by **August 10, 2015** and must submit an original and 5 copies of the application by **August 14, 2015**.

Telephone calls regarding the Funding Announcement will not be accepted. All questions must be submitted electronically by **July 31, 2015**. Answers to questions will be posted online **August 5, 2015**.

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.

B. *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 summary of the agency's organization, its size and resources. The summary is limited to two (2) pages and shall include:

- Identifying information
 - Date organization established
 - Type of ownership
 - Copy of current license to do business in the State of West Virginia
 - Copy of Behavioral Health License and provider number
 - List of current services being provided
 - Organizational chart
- ***Applicant Capability/ Personnel Experience***
Discuss the capability and experience of the applicant organization.
 - ***Program Narrative/Work Plan***
Detailed description of the applicant's understanding of wraparound services, target population, and the plan to deliver the services.

- **Budget**
Detailed line item budget with care coordinator costs.

VI. EVALUATION

Eligible applicants must comply with all requirements provided within this Funding 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. A Statement of Assurance agreeing to these terms is required of all applications. This statement must be signed by the applicant organization's Chief Executive Officer, Chief Finance Officer, 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. Applicants who best meet the specifications of the Funding Announcement will be eligible for an award. The maximum number of points available is one hundred (100).

The Department 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 Department. The Department also reserves the right to contact applicants to clarify applications.

Applications will be evaluated on the following criteria

A. Applicant Experience/Personnel Qualifications: 30 points

State the mission of the organization and how it relates to 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.

Applicants must identify who will oversee the administration and supervision of the services and what their qualifications are.

Include an organizational chart showing how the program fits into the organization's structure

Discuss the capability and experience of the applicant organization. Demonstrate that the applicant organization has linkages to the target population and ties to grassroots/community-based organizations.

Provide a complete list of staff positions for the service, including the Project Officer and other key personnel, reflecting the role of each position, their level of effort/involvement and qualifications.

Discuss how the key personnel have demonstrated experience, are qualified to serve the target population and are familiar with the applicable culture.

Demonstrate that staff meets the minimum education/experience required to provide wraparound services.

Discuss agency experience working with youth at risk of out of state placement or returning from out of state placement.

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

B. Work Plan/Narrative: 50 Points

Applicants must describe the agency's participation in and understanding of system of care values and philosophies;

Applicants must demonstrate the agency's ability to provide services and/or ensure the delivery of services to the target population;

Applicants must show the agency's strong 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 wraparound as outlined below;

Agency must demonstrate the capacity to build and nurture their own "provider network" relationships for services that cannot be provided internally;

Applicants must describe how contracted services will be monitored and evaluated (if applicable);

Applicants must limit caseload sizes to between 8-10 families for care coordinators;

Applicants must demonstrate clear understanding of 10 Key Principles of Wraparound (National Wraparound Initiative <http://nwi.pdx.edu/>;

Applicants must describe creative outreach methods to serve geographically isolated families;

Applicants must demonstrate the use of culturally appropriate services;

Applicants must demonstrate the use of evidence-based and/or evidence-informed, promising practices;

Applicants must demonstrate the use of strategies to promote family engagement;

Applicants must demonstrate the use of trauma-focused curricula in the provision of wrap-around interventions;

Applicants must describe the development needs for the proposed area(s) to be served. Applicants must address how the organization will structure and develop wraparound programs to meet the specific needs of the target populations;

Applicants must explain how the wraparound program will assist in the prevention of unneeded congregate care placements and decrease the length of stay when congregate care is necessary. It should be a clear, concise, well-supported statement identifying the specific service development needs and barriers in each community and how the applicants will work collaboratively to build the necessary wraparound structures, supports and services;

Applicants must address how the county currently addresses or fails to address reliance on congregate care;

Applicants must provide information on services and community supports that are currently available in the county/counties the applicant desires to serve. If such services and supports are currently available, applicants must describe the collaboration with other service providers and community stakeholders;

If service development is required in order to be able to provide Safe at Home WV, 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.);

Applicants must identify any other organizations that will participate in the proposed project. Describe their roles and responsibilities and demonstrate their commitment to the project with a Letter of Agreement/ Memorandum of Understanding (MOU). Applicant must include Letters of Agreement/MOUs from community organizations and/or partners supporting the project with the application.

Applicants must describe the step by step process for implementing Safe At Home WV in phases during the grant period as described on page 5 of this announcement.

C. Budget: 20 Points

Calculations are correct;

Reflects costs that are allowable and reasonable;

Complies with terms of the Funding Announcement.

Costs are directly tied to the services; and

Includes sufficient funding to support projected staffing.

Applicant's failure to provide complete and accurate information may be considered grounds for disqualification. The Department reserves the right, if necessary, to ask applicants for additional information to clarify their applications and negotiate changes to the application.