



Tuscarora Intermediate Unit 11

2527 US Hwy 522 South
McVeytown PA 17051-9717
(814) 542-2501 • (717) 899-7143

REISSUE OF ANNOUNCEMENT OF REQUEST FOR PROPOSALS

Innovative Model for Bringing Autism Expertise and Services to Rural Areas of Pennsylvania

The Pennsylvania Department of Public Welfare (DPW) through the Tuscarora Intermediate Unit (TIU) is seeking providers interested in developing and piloting an effective model of care for children and adolescents diagnosed with autism spectrum disorders. Interested parties may respond to this request for proposals (RFP) by submitting a proposal to the TIU according to the attached submission instructions. **The proposal can address needs in any rural area of Pennsylvania; it does not need to be in the Tuscarora Intermediate Unit area. This funding may not be used to supplant funding from other state or federal sources.**

This RFP does not commit the TIU to award a contract, to pay any costs incurred for the preparation of a proposal, or to procure or contract for services or supplies. The TIU also reserves the right to further negotiate with applicants after the submission of proposals, and may require additional information or revisions of proposals as the result of negotiations.

Brief Overview of Innovative Models of Assessment and Service Delivery to Children and Adolescents with Autism Spectrum Disorders in rural populated areas of Pennsylvania

There is a paucity of models of care and coordinated service delivery for children and adolescents with Autism and their families in rural settings. Traditionally, individuals with Autism in rural areas have been limited in their ability to access comprehensive diagnostic evaluations (currently a 9 to 12 month or more waiting list), state of the art and best practice of treatment / intervention options, coordination of available resources, research and literature-based interventions, family/caregiver supports, and professional education and training on ASD. In many cases, families are required to travel great distances to received high quality, state of the art, hospital and university based assessment and treatments. With this in mind, an assumption is that with a well coordinated effort from a multi agency approach, incorporating both child development and medical systems in rural areas, children with ASD can experience and access the same assessment, treatments, coordination of care, and staff and family training that is offered in large cities that operate Autism Centers. Developing an Autism diagnostic, treatment and training center in rural areas can be effective in: reducing waiting lists, bringing expertise in Autism to the area, delivering services across all life domains, fostering cross agency collaboration (Education, MH, MR, CYF, etc.), developing a continuum of care for persons with ASD, and coordinating, tracking and monitoring child and family services resources via outcome measures. The Department of Public Welfare is interested in supporting a model of service delivery that can be replicated in other rural areas around the Commonwealth.

Definition of “rural”:

For purposes of this RFP, the Census Bureau definition of “rural” will be used.

Proposal should address the following in developing Autism-specific services in a rural area:

The need for:

1. An Autism Early Identification and Diagnostic Center
2. Easy access to intervention services
3. Responsiveness to needs of families (for instance, information, networks of support, parent training and referrals to other specialists)
4. Best practice models, including state of the art assessments and treatments for persons with Autism
5. The creative use of state funding, insurance and braided or bundled funding of Department of Public Welfare and Pennsylvania Department of Education resources
6. Community and regional collaborations for providing family supports (Due to the rural area, there is a need to access natural supports in the community, e.g., parks and recreation, library, boys and girls clubs, 4-H clubs, sports, cultural and faith based activities, etc.)
7. Staff, professional and community education in Autism
8. Coordination and development of Autism services among child-serving systems in the region being served
9. Clinical case consultations for difficult cases

Proposals responsive to this request will address these needs and propose the development of programs that:

1. Reduce the waiting list for diagnostic evaluations
2. Build collaborative partnerships and network with rural area providers and resources
3. Collaborate with parent and community partners
4. Develop a mobile team that provides expert consultation and immediate support to individuals and families across all settings, (school, home, hospital, residential). Team members will assist children and families by providing consult / support in challenging situations and wherever the support is needed
5. Provide crisis intervention for families in need (to keep individuals in their home and community)
6. Develop an effective training and education program for staff, clinicians, families and professionals
7. Develop innovative assessments, such as the use of telemedicine and video conferencing
8. Develop outcome measures to monitor and track child and family goals across all domains

9. Offer a treatment menu with entry criteria, data management of progress and outcome measures
10. Rely on existing funding mechanisms to obtain reimbursement for services provided
11. Assess funding opportunities
12. Build county, state and federal partnerships

Proposed programs should include, but are not limited to, the following program components:

1. Use of technology in bringing expertise to rural areas
2. Support for children to enhance their full participation at home, school and in the community
3. Mechanisms for coordinating and integrating resources and services across all domains: behavioral health, education services and community
4. Relevant training for clinicians and other service providers
5. Process and outcomes evaluation of various program elements
6. Specifics of how this will be accomplished including instruments that will be used for child, family outcomes as well as patient / family and agency satisfaction

The Commonwealth is particularly interested in programs that have an integrated service delivery and treatment plan that incorporates all domains that effect children with Autism, i.e., Speech, OT/PT, medical, academics, and family. The Commonwealth is also interested in innovative ways to incorporate existing behavioral health, medical, education, rehabilitation, and family services. Programs may focus only on one part of the autism spectrum or a narrow age group but must provide justification for the limit in scope of the proposal.

Proposal Package: You must send five copies of all materials to be considered for review. Type size for all text must be a minimum of 12 point with a minimum of one inch margins on all sides.

Section I: Cover Materials

A. Cover Letter

Please address your cover letter to:

Review Committee Chairperson, Tuscarora Intermediate Unit 11

B. Transmittal correspondence (This refers to a checklist or table of contents of all items included in the submission packet)

C. One-page abstract or summary of the scope and purpose of the proposal.

All materials related to Sections II-IV must be included in the appropriate section; they cannot be referenced and included in the appendices. All Sections should be clearly labeled.

Section II

A. Identify existing services in your area or region, provided by you or others, for persons with ASD (1-2 pages). Such services may include the following (please provide detail only for existing services in your area or region):

1. Outpatient Services for adults with Autism
2. Residential programs for children with Autism
3. Partial, day, after school and summer programs for children with Autism
4. Inclusion of children with Autism in collaborative school and IU programs
5. BHRS (wraparound in home program) for autism
6. Adult work activities, day, vocational and supported employment programs
7. Family, staff and professional training efforts
8. ABA Certification Training
9. Family and support groups

B. Identify new resources that would be brought to the rural area that do not currently exist (1-2 pages). Such new resources may include the following (please provide detail only for new resources that would be brought to your area or region):

1. Technology such as Telemedicine/Telepsychiatry
2. Team with clinical expertise for challenging and difficult cases
3. Continuum of care in the rural region (coordination of multi system services)
4. Outcomes expertise
5. Policy expertise, both multi agency and multi systems (blended / braided funding)

Section III

A. Administrative Capacity (1 page)

1. Describe the organization's experience and history of providing services to individuals with autism spectrum disorders
2. Identify those services currently provided and the number of people served annually
3. Indicate all DPW licensed services and contracts with behavioral health managed care organizations
4. Identify any new services, if any, currently being developed, and indicate the ability of the organization to implement this proposed program within the specified time frame

B. Philosophical Orientation (1-2 pages)

1. Describe the organization's mission and approach to service delivery for children/adolescents with autism, including any information regarding specific treatment approaches

2. Provide information regarding the accommodation of special needs other than autism
3. Describe overall agency efforts to address issues of cultural diversity and family inclusion

C. Program Design (10-20 pages):

1. Program site: describe the proposed location(s), physical plant, and client capacity
For purposes of this RFP, the Census Bureau definition of “rural” will be used. Please include population figures for the area to be served. PLEASE ALSO INCLUDE THE NUMBER OF SCHOOL CHILDREN currently enrolled in the area the proposal intends to serve. This figure is available from school districts or the Pennsylvania Department of Education web site.
2. Population to be served: describe the specific anticipated clinical and demographic profile of children to be served, as well as any inclusion and exclusion criteria
3. Staffing requirements: describe what staff will be allocated to the proposed program. Indicate current training and education, the number of existing staff and the number of proposed new hires
4. Service Delivery:
 - a. Describe how the diagnostic evaluation will be completed. If video or audio technology is used (telemedicine), describe protocol and adherence to HIPPA regulations
 - b. Describe specific interventions and services to be delivered as well as their evidence base
 - c. How do families in crisis access services (if a clinical team is used describe the functions and composition of the team)
 - d. Type of staff, their responsibilities in the project and the level of supervision they receive or provide
 - e. Describe relevant training for clinicians and other service providers
 - f. Describe supports to enhance participants’ inclusion in school and community
 - g. Describe mechanisms for integrating behavioral health and education services
5. Informational, instrumental and emotional support for families
6. Interagency Collaboration: describe existing relationships with agencies and systems involved in the care of children with ASD and any plans to develop other relationships
7. Program Evaluation: describe process and outcome evaluation efforts. Proposals that rely solely on measures of satisfaction for evaluation will be at a disadvantage

8. Stakeholder Involvement: describe how various stakeholders, including clinicians, educators, administrators and family members will be involved in program development, implementation and evaluation
9. Sustainability: describe methods by which the program will be continued after this initial pilot period
10. Resources: describe how this project will add value to the existing resources at the rural area regional level

Section IV: Budget: (2 pages)

- A. 12-month pilot budget and justification for the period of September 6, 2006 through June 30, 2007. **This grant will provide funds for only the period of September 6, 2006 through June 30, 2007.** This Grant will not be renewable. The maximum available funds for this grant is \$200,000.
- B. Sustainability
Provide a Year Two sustainability budget and justification
- C. Indicate which services to be provided as part of the proposal will be funded through existing funding sources. Any services which are currently billable through existing funding streams, such as behavioral health rehabilitation services, program exceptions, ESPDT or others must be funded or planned to be funded through those sources. This grant may not be used to fund services which are currently being funded by other means or can be billable to Medical Assistance. Questions regarding what would or would not be billable should be emailed to mhuntsman@tiu11.org.

Section V: Attachments (required)

- A. Table of Organizational Structure (indicate relationship of this program within overall agency structure)
- B. Governing Board Composition (include names and member affiliations)
- C. Audited Financial Statement or Statement of Assets, Liabilities and Net Assets
- D. Letters of Agreement and Support (include Autism family support groups)
- E. Job descriptions and sample staffing pattern
- F. Timeline for implementation must be detailed and specific as to the projected activities to be completed

Section VI: Reporting Deadlines

- A. Proposals must be received by the Tuscarora Intermediate Unit by 3:00 p.m. Monday, August 21, 2006. If you are hand delivering the proposal or using a courier service, you must obtain proof of receipt from the Tuscarora Intermediate Unit. No faxed or electronic submissions will be accepted. There are no exceptions or extensions.
- B. RFP should be submitted to the following address:
 - Michele Huntsman
 - Tuscarora Intermediate Unit 11
 - 2527 US Highway 522 South
 - McVeytown, PA 17051-9717

Any questions should be emailed to mhuntsman@tiu11.org
- C. Reviews of RFP will be conducted August 23 through August 30, 2006
- D. Notification of pilot grant award to be made by September 5, 2006
- E. Pilot implementation to be effective September 6, 2006
- F. Pilot contract period will be September 6, 2006 through June 30, 2007