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

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# Funding Announcement

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## Table of Contents

<b>I.</b>	<b>PURPOSE.....</b>	<b>2</b>
<b>II.</b>	<b>BACKGROUND.....</b>	<b>4</b>
<b>III.</b>	<b>PROGRAM REQUIREMENT.....</b>	<b>5</b>
	<b>A. TARGET POPULATION.....</b>	<b>5</b>
	<b>B. DESCRIPTION OF SERVICES.....</b>	<b>7</b>
	<b>C. OUTCOMES.....</b>	<b>10</b>
	<b>D. TIME FRAMES/MANDATORY START DATE.....</b>	<b>10</b>
	<b>E. SERVICE DELIVER AREA.....</b>	<b>10</b>
	<b>F. ORGANIZATIONAL REQUIREMENTS.....</b>	<b>10</b>
	<b>G. STAFFING REQUIREMENTS.....</b>	<b>11</b>
<b>IV.</b>	<b>DEPARTMENT RESPONSIBILITY.....</b>	<b>12</b>
<b>V.</b>	<b>APPLICATION PROCESS.....</b>	<b>12</b>
	<b>A. INTENT TO APPLY.....</b>	<b>12</b>
	<b>B. ADMINISTRATIVE DATA.....</b>	<b>13</b>
	<b>C. APPLICANT CAPABILITY/PERSONNEL EXPERIENCE.....</b>	<b>13</b>
	<b>D. PROGRAM NARRATIVE/WORK PLAN.....</b>	<b>13</b>
	<b>E. BUDGET.....</b>	<b>13</b>
<b>VI.</b>	<b>EVALUATION.....</b>	<b>13</b>

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

**I. PURPOSE**

In an effort to support West Virginia's Title IV-E demonstration project Safe at Home West Virginia, the West Virginia Department of Health and Human Resources (WVDHHR), Bureau for Children and Families (BCF) is looking to broaden the continuum of care by developing a multi-tiered Foster Family Care Model. The Foster Family Care Model (Model) will expand the current specialized foster care model from one to three tiers of care. WVDHHR/BCF will provide startup grants for the purpose of recruitment and training of eight (8) Tier 2 and three (3) Tier 3 foster family homes in each BCF region during the grant period. BCF payments to agencies will be based on a child's needs with higher rates paid for children with more complex needs and lower rates paid once children stabilize and their needs decrease.

Applicants are limited to agencies with child placing and behavioral health licenses with no less than three years' experience delivering specialized foster care services in WV. Successful applicants will be responsible for the development and implementation of the new Foster Family Care Model. Applicants must also demonstrate the capacity to serve an entire BCF region. Grants will be used to lay the foundation for this multi-tiered model through the recruitment and development of more specialized homes. The source of funds for these grants will be Title IV-E Waiver Funds. The Model will serve children in foster care that may require additional services to allow them to remain in a family setting and provide a continuum of foster care services and supports that will meet the individualized treatment and service needs of children in foster care.

The Model is a family-based, service delivery approach providing individualized treatment and services for children and their families. Treatment services are delivered through an integrated constellation of services with key interventions and supports provided by Foster Family Care Parents. Foster Parents are trained, supervised and supported by qualified program staff. The values and principles of Foster Family Care are as follows:

- Normalization is a treatment principle and the power of family living as a normalizing influence.
- Kinship plays an important role in the formation of identity and self-worth

- Kinship relationships impart a sense of family belonging to the child.
- The inherent need and right of all children to have a permanent family. Family reunification, adoption, kinship care or other long-term, stable family living arrangements are critical.
- Cultural diversity and the importance of developing competence in dealing with issues of diversity.
- Doing “whatever it takes” to maximize a young person’s opportunity to live successfully in a family and community.
- The fundamental importance of documentation and the systemic evaluation of services and their effects.

The Model will allow for a continuum of care for children through an individualized approach to treatment. Children may experience movement within the Foster Family Care Model based upon individualized treatment and service needs without moving from home to home. Children may move up or down the tiers without a disruption in placement. Payments to families and the agencies will be tied to the level of care needed for the children in the foster family home. Families may be approved as Tier 1, Tier 2, and Tier 3 or any combination thereof. BCF payments to families and the agencies for Tier 1 will not change. However, payments for Tier 2 and Tier 3 will decrease to reflect the lower level of care for children whose needs stabilize. In addition BCF will not increase the rates in Tier 2 and 3, but these rates may decrease based upon the bed capacity.

The BCF believes this model of foster family care will provide for more flexibility in serving children with complex needs and will allow more children to be served successfully in a foster family care setting when out-of-home care is needed. The BCF further believes that a continuum within the foster family care system will provide children, who require out-of-home care, foster family care services and support that will maximize the child’s well-being and be less costly than out-of-home residential care. The primary purpose of these startup grants is to build capacity for a multi-tiered family based foster care in WV.

### **Geographic Focus**

The goal is to make the Foster Family Care Model available in all fifty-five (55) WV counties. Agencies may apply to serve one or more regions as defined below. A separate application must be submitted for each region. More than one grant may be awarded per 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

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

## 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.

With the implementation of Safe at Home WV, the Department of Health and Human Resources recognizes the need to expand community based-service and supports for children and their families.

### **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 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.

Family Foster Care Program 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 the 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 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-focused treatments delivered in an environment that safely preserves family relationships and empowers families to help meet their own needs.

### III. FOSTER CARE PROGRAM MODEL REQUIREMENTS

*Applicants must describe their plan for developing and implementing the Three Tier Foster Care Program Model as described below:*

#### **A. Target Population**

The children who will be served within the Foster Family Care Model are children between the ages of 5 and 17 in the legal custody of the Department of Health and Human Resources who require an out-of-home setting as well as treatment and/or supportive services. Children eligible to receive treatment or intensive treatment foster family care must be identified during the initial assessment process and supported by the Child and Adolescent Needs and Strength tool (CANS) and Care Connection® form. The level of care that the child receives will be determined by the child's individualized treatment/service needs. The daily rate paid by BCF will also be based on the child's needs. These needs and level of care will be re-evaluated every 90 days. The three tiers of the Foster Family Care Model are:

**Tier 1: Traditional Foster Family Care** is the system that West Virginia has historically provided. This level of care is ideal for children who have no significant indicators of trauma, behavioral or emotional issues, and difficulty in school, home, and community. These children do not exhibit any high risk behavior; have any significant medical issues, and no assessed needs for mental or behavioral health treatment. Children will receive the CANS tool within thirty days to determine the appropriate level of care. This level of care supports normalization as part of a daily living. Transition to permanency begins at entry. Crisis support will be available twenty-four hours a day as needed, and crisis response training must be part of pre-service training for the foster family. Preservice training must be evidence based or evidence/research supported creating a consistent foundation of skills, knowledge and understanding for the Foster Care Parent which includes trauma informed care delivery. Staff will have caseloads of no more than fifteen children. Each child must be visited at least twice monthly unless otherwise specified by the Department caseworker. Traditional Foster Care homes can

also be used for respite care but homes used for respite will not have more than six children in the home at any time. The daily rate for foster children needing this level of care will be fifty-five dollars.

**Tier 2: Treatment Foster Care** is the level of care to be used for children who exhibit mild to moderate levels of trauma/behavioral or emotional issues as identified through the CANS tool. These children may present with moderate risk behaviors and have moderate difficulty in school, home and community. This level includes pregnant/teen mothers and other children who have medical needs that exceed preventative care. This level will be used for all children entering care on an emergency basis. Children will receive the CANS tool within thirty days to determine the appropriate level of care. Normalcy activities are encouraged to provide opportunities to practice life skills for these children. Crisis support must be provided within a treatment foster care model twenty-four hours a day, as needed. Treatment foster families will receive the same training as Tier 1 families plus additional training to address crisis response and trauma as well as child-specific training related to potential crisis due to history and current issues, consultation and response to the setting. Caseloads will be limited to no more than eight children. Each child must be visited at least weekly unless the Department caseworker requests that visits occur more often. Treatment Foster Families will have no more than three (3) natural and foster children in the home. Waivers may be requested when indicated. Treatment Foster Care homes are strongly encouraged to use respite as needed. The daily rate for foster children needing this level of care will be seventy-five dollars.

**Tier 3: Intensive Treatment Foster Care** will be the level of care used for children who exhibit significant indicators of trauma/behavioral or emotional issues on the CANS. These children present with high risk behaviors and have significant difficulty in school, home and community. This level will be used for children who are stepping down from a higher level of care, are at risk for out-of-state placement, can be supported in the community as an alternative to residential care, are drug exposed infants with additional medical needs, and children who are considered to be medically fragile as diagnosed by a physician. Normalcy at this level is encouraged, but may take a lot of effort to safely and securely expose these children to experiences and activities in their community. Crisis support must be provided within the intensive treatment foster care model twenty-four hours a day, as needed. These intensive treatment foster families will receive the same training in Tier 1 with additional training to address crisis response and trauma as well as child-specific training related to potential crisis due to history and current issues, staff consultation, staff response to these homes or other settings, aide support, modeling and coaching to assist with skill acquisition, emergency respite and reintegration to the home. Caseloads will be limited to no more than six children. Each child must be visited as often as necessary but no less than once a week to meet individual needs. There will be no more than two foster and natural children in the Intensive Treatment Foster Care home. Waivers may be requested when indicated. Planned

respite is required for this level of care. The daily rate for foster children needing this level of care will be one hundred ten dollars

**Applicants must be able to provide the core components of the Foster Family Care Model that include:**

- Assessment/Trauma Screening;
- Treatment/Service Planning;
- Development of a treatment/service planning team;
- A holistic approach to care including significant life domains;
- Care coordination/case management;
- Identification of permanency plan and immediate work towards discharge to permanency to also include transition and aftercare services;
- Biological family work to include: engagement, development of partnerships, inclusion to team and work towards family goals (short and long term), modeling good parenting skills;
- Training support and consultation to foster families with a focus on trauma effects;
- Crisis Support, 24 hours per day, as needed;
- Trauma informed approached;
- Recruitment/retention/training of foster families related to capacity building;
- Inclusion of best practices and evidenced based/supported approaches;
- Documentation of services.

**A. Description of Services**

Applicants must specify the number of active foster families, locations, and levels of experience.

Applicants must specify which foster family treatment/intensive treatment model they will use to support Tier 2 and Tier 3 of the Foster Care Program. The explanation should include but not be limited to a description of training, recruitment, retention, and supervision.

Applicants must demonstrate the capacity to provide the Foster Care Model region wide explaining staffing patterns and locations,

Applicants must describe their plan for crisis response and indicate response times to families in crisis.

Applicants must describe the methods that will be used to recruit and train foster family care parents within each county in the region, including population and cultural issues that may factor into successful recruitment.

Applicants must specify if the plan is to train existing families for Tier 2 and Tier 3 or recruit new families or a combination thereof. If the plan is to use existing families, Applicants must describe the plan to recruit new traditional families so that capacity continues to grow.

Applicants must describe the plan for providing additional training for Tier 2 and Tier 3 families that will enable these families to provide care for children with more complex needs.

Applicants must describe the plan for maintaining traditional foster family homes and recruiting new homes when a home is closed or capacity is maximized.

Applicants must demonstrate the capacity to build, recruit, train, and maintain the Foster Family Care Model (outlined in this announcement, detailing strategies that the foster-to-adopt philosophy may create in providing consistent, on-going foster parent recruitment)

Applicants must include projected timeframes for recruitment and training of families.

Applicants must describe how they will partner with Mission WV for referral and recruitment efforts.

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 populations;

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

Applicants must describe their partnership initiatives with existing child serving agencies within each county where they wish to provide a continuum of foster care services, including the Model, that will enhance the ability for permanency to be achieved quickly.;

Applicants must provide evidence of the effectiveness of the proposed methodology to deliver Therapeutic Foster Care;

Applicants must describe how they will maintain caseload standards for each Tier after implementation of the Model.

Applicants must demonstrate clear understanding of 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 the Therapeutic evidence-based and/or evidence-informed, promising practices model that will be used to implement the Model.

Applicants must discuss what strategies will be used to promote family engagement such as modeling, coaching, peer supports, training and transition support.

Applicants must demonstrate the use of trauma-focused curricula in the provision of the Foster Family Care Program Model;

Applicants must describe creative outreach methods that will be used to develop Therapeutic Foster Care homes to serve geographically isolated areas, including population and cultural factors within each county/community;

Applicants must describe the development needs for the proposed area(s) to be served. The first three months of the grant should be devoted to:

- (1) Identification of the county's target population;
- (2) determine existing number of children in out-of-home care in each county;
- (3) Of the number of children in out-of-home care, in each county, determine the number who are placed outside their home region; and
- (4) Determine the existing number of foster care homes within each county.

Applicants must explain how the Foster Family Care Model program will assist in the prevention of unneeded residential care placements and decrease the length of stay when residential care is necessary through 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 the necessary Therapeutic Foster Care structures, supports and services;

Applicants must provide information on services and community supports that are currently available in the region(s) the Applicant desires to serve. If such services and supports are currently available;

If service development is required in order to be able to provide Foster Family Care Program 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.);

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) with local Boards of Education to show support in meeting the needs of the children served. These documents must be submitted with the application as **Attachment A**.

## **B. Finance**

The grant period will be November 1, 2016, through October 31, 2017. The budget will include a proposed startup budget and narrative by line item for recruitment and training costs that will lead to the implementation of the tiered Foster Family Care Program Model.

### **C. Outcomes and Reports**

Applicants must include information on the projected outcomes for recruitment and training of foster families.

Number of Tier 1 Families Recruited

Number of Tier 1 Families Completing Training

Number of Families who fail to complete training

Number of Tier 2 Families Recruited

Number of Tier 2 Families Completing Training

Number of Tier 2 Families who fail to complete training and reason

Number of Tier 3 Families Recruited

Number of Tier 3 Families completing Training

Number Tier 3 Families who fail to complete training

Number of families closed by tier and reason

Number of new families recruited to replace homes closed by Tier

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

### **D. Time Frames/Mandatory Start Date**

Grants awarded will be for the period of November 1, 2016 through October 31, 2017.

### **E. Service Delivery Area**

Applicants must specify the region or regions they wish to serve. Separate applications must be submitted for each region.

### **F. Organizational Requirements**

Applicants must have a West Virginia child placing and behavioral health license and must become members of and participate in the Community Collaborates for every area they serve as well as the Regional Children's Summits, which include other community agencies, parents, religious institutions, and 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 and experience to serve the target population;

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

### **G. Staffing**

Provide a list of staff positions for key personnel, reflecting the role of each position, their level of effort/involvement and qualifications/experience related to recruitment and training only.

Describe the experience and qualifications requirements for staff who will implement the Model

Describe the Applicants participation in a collaborative, coordinated cross-system training process to embed the system of care philosophies for recruiter and trainers to include, at a minimum the following content:

- a. the System of Care "Ladder of Learning" for Core Competencies;
  - i) Family Centered Practice;
  - ii) Family & Youth Engagement
  - iii) Principles of trauma informed care
  - iv) Cultural Competence
- b. The 10 wraparound key principles;
- c. BCF Policy Cross Training;
- d. Skills and philosophies supporting effective behavior management;
- e. The needs and common behaviors of foster children with a history of child abuse and neglect, including sexual abuse;
- f. The role of grief, loss, and trauma in the lives of children who have histories of abuse and neglect;
- g. Substance use and abuse, prevention, and intervention;
- h. Crisis intervention and de-escalation;
- i. Resources within the education system and the Treatment Parents' role in

collaborating with the system and advocating for the child within that system;

- Applicants must designate staff whose purpose will be monitoring the adherence of performance measures for recruitment and training and the Model after implementation.

#### **IV. DEPARTMENT RESPONSIBILITIES**

The responsibilities of the WVDHHR/BCF include, but are not limited to:

Referrals to Foster Family Care Agencies will be made exclusively by the WVDHHR/BCF;

Payment for services will be made through a daily case rate for each child served excluding those services billable to Medicaid and other sources. Rates:

Tier One: \$55.00 per day  
Tier Two: \$75.00 per day  
Tier Three: \$110 per day

It is anticipated that the daily rate and other billable sources will sustain the program after the grant period.

#### **V. APPLICATION PROCESS**

##### ***A. 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 **August 31, 2016** 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 **September 8th, 2016**.

Telephone calls regarding the Funding Announcement will not be accepted. All questions must be submitted electronically by **August 24, 2016**. Answers to questions will be posted online **August 29, 2016**.

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:

- X Identifying information
- X Date organization established
- X Type of ownership
- X Copy of current license to do business in the State of West Virginia
- X List of current services being provided
- X Organizational chart

**B. *Applicant Capability/ Personnel Experience***

Discuss the capability and experience of the applicant organization.

**C. *Program Narrative/Work Plan***

Detailed description of the step by step plan for recruitment and training and implementation of the Model with anticipated timeframes

**D. *Budget***

Detailed line item budget with costs to recruit and train eight (8) Tier 2 (treatment) and three (3) Tier 3 (intensive treatment) foster homes within six months of the start of the grant period. These homes may be existing foster care homes or new homes.

**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 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. 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 WVDHHR/BCF 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 WVDHHR/BCF. The WVDHHR/BCF 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 demonstrate capacity to provide the Model in the identified region.

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

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 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 and foster parents meet the minimum education/experience required to provide Treatment Foster Care services.

Discuss agency experience working with vulnerable or medically fragile children.

Discuss how staffing patterns will be developed to ensure the delivery of core components of the Model.

## **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 plan to successfully recruit and train families and implement the multi-tiered foster family care model and provide services and/or ensure the delivery of 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 Model.

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

Applicants must provide projected time frames for recruitment and training for Tier 2 and Tier 3 families.

Applicants must discuss the plan to maintain caseload standards consistent with the Model's requirements.

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

Applicants must describe the use of culturally appropriate services;

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

Applicants must describe strategies to promote family engagement;

Applicants must demonstrate the use of trauma-focused curricula in the provision of The model;

Applicants must describe the development needs for the proposed area(s) to be served. 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 residential treatment 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 the necessary structures, supports and services.

Applicants must provide information on services and community supports that are currently available in the region(s) 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 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.);

### **C. Budget: 20 Points**

Calculations are correct;

Reflects costs that are allowable and reasonable for recruitment and training;

Costs are directly tied to the recruitment and training; and,

Includes sufficient funding to support staffing.

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