

# **CRA/Illinois DHS Transition of Care Project**

## **Implementation Outline and Recommendations**

### Appendix 4

#### **The RFI/RFA Process and Forms Abbreviated**

##### **Overview:**

There are two forms providers will be asked to submit. The **RFI** (Request for Information) is simply to collect information about their current services and capacity.

The second form, the Request for Application or **RFA** which is optional, is to be submitted with the RFI if the provider is interested in expanding their services to help meet the needs of individuals who are transitioning their services and supports from the SODC to the community.

##### **The Process**

In order to determine the capacity of the current provider community, including licensed practitioners, and what supports and services will be necessary to assist current providers and also the overall goals of this effort, it is been decided to establish a Request for Information (RFI) process that is directly tied to a Request for Application (RFA) process.

This process, which will engage many types of providers, will determine their interest in meeting the needs of the individuals who will be transitioning, their capacity to do so, and their willingness to meet the transition process criteria.

There are several presentations planned to be held across the state regarding what is needed/expected for a response to the RFI/RFA. At least one of these will be recorded and placed on a YouTube channel via the new Transitions website. These sessions will not only present information regarding the process, they will give providers a chance to ask important questions that need to be addressed prior to their submission of their RFI/RFA response.

Following these presentations providers will be asked to submit responses on forms they will be able to download from the web or obtain via email. Eventually these responses will be via a web-based submission. The content for these forms is being finalized as of this writing but should be available, at least in draft form, in the very near future.

This process will provide an initial assessment of the capacity of interested providers to meet the needs of the identified individuals.

The intention is to develop a database of providers that agree to meet the criteria that has been established for acceptable providers, including agreeing to embrace the values and principles for this project, that are interested in supporting individuals in the transition process. There is no "closing" date for submissions, as the database will be constantly updated. However, providers who wish to be considered in the earlier selection periods should respond immediately.

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This database will allow individuals, families, and guardians to know which providers are potentially willing and able to meet their needs. CRA will then work those providers to establish potential service and support plans as individuals and/or their families/guardians express interest.

In general, this means that when a provider is selected by an individual transitioning (and/or their family/guardian), CRA will work with the new “team” to develop/negotiate a person-specific proposed service and support plan that corresponds to the completed person-centered description and corresponding plan.

Then CRA will verify that the proposed services and supports are acceptable to the individual and/or families/guardian. Assuming that they are acceptable, CRA will work with the provider to create a person-specific budget. CRA will then propose this financial structure/rate to DHS for approval.

Once there is an acceptance of proposed service and financial structure/rate by DHS, CRA will facilitate the working agreement between the individual/family, the provider, and the state.

CRA will then work with the team to facilitate the implementation of individual Independent Person-Specific Transition Plan and the official SODC resident transition of care.

Following the transition, CRA will provide technical assistance and training supports to providers to assure the long-term success of both the individual and the provider. CRA will also participate in weekly face-to-face visits for the first 8 weeks and monthly face-to-face visits after the first 8 weeks for the first year.

This will be ongoing process that transitions the care of 194 individuals within the first 10 months of operations and a total of 600 individuals through FY14, averaging approximately 20 individuals per month. So, providers are needed immediately, and will be needed for several years to make this happen, so even if a provider is not ready to participate now, there may be opportunities for a provider to become engaged at a later date.

### **The RFI and RFA**

The RFI is simply a series of questions that the provider submits answers to. This does not obligate the provider to any services, further processes, etc. but rather serves as a baseline of what services currently exist.

The RFA is a second element of the document, again with questions that providers respond to, that indicates that they are interested or not interested in developing and/or providing certain services under the specific conditions of this project. This is an “application for consideration” – first by those involved in the development of system capacity as a viable candidate for engagement and later by individuals/families/guardians as potential providers of the community services and supports that will be needed for that specific person.

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It is important to note the following:

1. Individuals will not be placed into congregate settings of greater than four persons.
2. Residential providers will be expected to collaborate with CRA and Home First Illinois and other affordable housing options to separate housing from services and supports whenever possible.
3. CRA has committed to the state that every effort will be made to find providers willing to support individuals being transitioned in non-congregate day services/workshops, with a clear preference for paid supported employment as the first and preferred option.

RFI and RFA DRAFT forms follow.

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Illinois Transition Project Request for Information and Request for Application  
*Working Draft*

**Request for Information**

The Request for Application follows this section.

Date Submitted: Please Check One  Original  Revision

Agency Name:
Address:
Contact Person for RFI Responses:
Contact Office Number:
Contact Cell Number:
Contact email Address:
Other Contact Info:
Agency Website:
Counties Currently Served:

Current Services	#
Total number of people served	
Number who have Intellectual and Other Developmental Disabilities	
Number of people not included above that have an Autism Spectrum Disorder	
Estimated number of above individuals who would be described as having:	#
Borderline intellectual disability	
Mild or minimal disabilities - Needs intermittent supports	
Moderate disabilities - Needs limited supports	
Severe disabilities - Needs extensive supports	
Profound disabilities - Needs pervasive supports	
Estimated number of people who also have: (numbers can be duplicated)	#
Mental illness	
Severe behavioral challenges	
Significant medical problems	
Mobility challenges	
Significant communication problems	
Toileting needs	
Feeding needs	
Aggression	
Self-injury	
Sexuality related issues	
Forensic issues (criminal charges, history of illegal behavior)	

Estimated number of people served residentially in:	#
Shared Living situations (two-three people sharing a home)	
Supported living arrangements (their own home or apartment)	
Settings of 4 or fewer people (not included above)	
Settings of 5 or more people	

Estimated number of people served vocationally in:	#
Traditional pre-vocational congregate settings	
Traditional workshop settings (not included above)	
Enclave settings	
Mobile work crews	
Supported employment	
Competitive employment	
Micro-enterprises (not included above)	
Not engaged in day services (not included above)	

On a scale of 1 to 5, with 1 being very limited competency or experience and 5 being high level of competency or experience please rate your organization's experience/competency with the following items/skills:

Positive Behavior Supports	
Dual Diagnosis (MI/IDD)	
Providing housing services/developing housing (not providing the services)	
Providing residential support services but not providing the housing	
Providing the following types of assessments:	
Medical	
Dental	
Psycho-pharmacologic	
Psychiatric	
Psychological	
Psycho-Social	
Communication	
Physical Therapy	
Occupational Therapy	
Sensory Integration	
Functional Behavioral Assessments	
Providing the following types of services:	
Medical	
Dental	
Psycho-pharmacologic	
Psychiatric	
Psychological	
Psycho-Social	
Communication	
Physical Therapy	
Occupational Therapy	

On a scale of 1 to 5, with 1 being very limited competency or experience and 5 being high level of competency or experience please rate your organization's experience/competency with the following items/skills:

Providing the following types of services:	
Sensory Integration	
Positive Behavior Supports	
Facility-Based Crisis Services	
Mobile Crisis Services	
Crisis Respite	
Collaboration with community organizations	
Supporting Self-Advocacy	
Working with Micro-Boards	

For many reasons, some agencies, by policy or practice, do not typically work with people have certain behaviors or diagnoses. Please indicate below with an X in the box, any behaviors or diagnoses that your agency typically does not work with.

Borderline intellectual disability	
Mild or minimal disabilities - Needs intermittent supports	
Moderate disabilities - Needs limited supports	
Severe disabilities - Needs extensive supports	
Profound disabilities - Needs pervasive supports	
Mental illness	
Severe behavioral challenges	
Significant medical problems	
Mobility challenges	
Significant communication problems	
Toileting needs	
Feeding needs	
Aggression	
Self-injury	
Sexuality related issues	
Forensic issues (criminal charges, history of illegal behavior)	

On a scale of 1 to 5, with 1 being very poor and 5 being very positive, please rate your access to the following services.

Medical, including hospitals and General Practitioners/Primary Care providers	
Dental	
Psycho-pharmacologic	
Psychiatric	
Psychological	
Psycho-Social	
Communication	
Physical Therapy	
Occupational Therapy	
Sensory Integration	
Positive Behavior Supports	

Please estimate the number of people your organization has assisted to transition from SODC's to services you provide in the past 5 years .

Please estimate the number of the people identified above that have been successful in their transition.

Please provide the top three reasons you believe people have not been successful with their transition to your services in the community from SODCs

1

2

3

Please provide the top three reasons you believe people were successful with their transition to your services in the community from SODCs

1

2

3

Please estimate the total number of the people that your organization has sent to an SODC in the past 5 years.

Please provide the top three reasons you believe people needed to go to an SODC for services.

1

2

3

Additional comments are welcome.

If submitting electronically, please add comments to the last page of this form.


**Working Draft**

**Request for Application**

This form should be submitted as an attachment to your completed Request for Information.

Date Submitted: Please Check One  Original  Revision

Agency Name:
Address:
Contact Person for RFA Responses:
Contact Office Number:
Contact Cell Number:
Contact email Address:
Counties We Would Consider <u>Expanding</u> To:

The responses that follow will serve as an indication of your organization's interest and perceived competence at addressing specific issues associated with transition, including specific disabilities, staff skills, organizational values and practices, and community engagement.

Assuming that you are provided sufficient resources to expand services appropriately, on a per person basis, please estimate the number of additional people you believe you can support within the next year.>>	
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Of the people you have said you could serve with expansion support above, people who have which of the following types of disability are you able and willing to assist?  
Please check all that apply.

Autism Spectrum Disorders	
Borderline intellectual disability	
Mild or minimal disabilities - Needs intermittent supports	
Moderate disabilities - Needs limited supports	
Severe disabilities - Needs extensive supports	
Profound disabilities - Needs pervasive supports	
Mental illness	
Severe behavioral challenges	
Significant medical problems	
Mobility challenges	
Significant communication problems	
Toileting needs	
Feeding needs	
Aggression	
Self-injury	
Sexuality related issues	
Forensic issues (criminal charges, history of illegal behavior)	

For the people you said above that you could serve with expansion support, which of the following types of service are you able and willing to develop (with appropriate assistance)?

Please check all that apply.

Shared Living situations (two-three people sharing a home)	
Supported living arrangements (their own home or apartment)	
Settings of 4 or fewer people	
Supported employment	
Competitive employment	
Micro-enterprises (not included above)	
Individualized non-work/community-based day services	
Positive Behavior Supports	
Dual Diagnosis (MI/IDD)	
Providing housing services/developing housing (not providing the services)	
Providing residential support services but not providing the housing	
Providing the following types of assessments:	
Medical	
Dental	
Psycho-pharmacologic	
Psychiatric	
Psychological	
Psycho-Social	
Communication	
Physical Therapy	
Occupational Therapy	
Sensory Integration	
Functional Behavioral Assessments	
Providing the following types of services:	
Medical	
Dental	
Psycho-pharmacologic	
Psychiatric	
Psychological	
Psycho-Social	
Communication	
Physical Therapy	
Occupational Therapy	
Sensory Integration	
Positive Behavior Supports	
Facility-Based Crisis Services	
Mobile Crisis Services	
Crisis Respite	
Collaboration with community organizations	
Supporting Self-Advocacy	
Working with Micro-Boards	

Following are philosophical/values statements that are directly related to the implementation of the Transition Project.

On a scale of 1 to 5, with 1 being very low and 5 being very high, please rate your organization's agreement with the following values/philosophical statements:

We believe that people deserve a life – not just a “placement”.	
We do everything possible to help people achieve their desired goals as fast as we possibly can.	
We look at people and the supports they need - not facilities and slots.	
We are willing to develop supports for one person at a time.	
We believe that good person-centered plans must be developed for each person and adhered to.	
We also believe that behavior is communication and we need to listen to what people are telling us. We must listen carefully.	
Each plan must include a provision for ongoing best-practice crisis supports – including prevention.	
People typically do better in smaller residential settings.	
Roommates/housemates should be compatible with each other - not on the basis of diagnosis or need.	
We embrace best-practice trends to separate housing and services.	
The first option explored should be assisting the individual or family to directly rent or own their housing.	
We believe in developing and supporting innovative and creative services and supports.	
As a part of the support planning there should be no set manner for service and support delivery.	
We will facilitate and provide what is recognized as best-practice to our fullest ability.	
The individual should have maximum control over their life to the greatest extent possible. It is our responsibility to assist them to achieve this goal.	
Providers must work to their fullest extent possible to prevent any re-institutionalization.	
Individual budgets should be based on assessed need and the services and supports necessary to implement a person-centered plan.	
Supports should be flexible to meet changing needs and interests.	
We believe that we should do everything we can to maximize the participation of people in their community.	
We believe that community membership facilitates personal opportunities, resources, and relationships and we embrace working with the community.	
We consider ourselves to be a progressive agency.	
We consider ourselves to be a flexible organization - doing what is needed to help people not just what we have always done.	
Our workforce is relatively stable.	
Our workforce is well trained for the people we serve.	
Our workforce is culturally competent.	
Our workforce is comfortable working in the community.	
Our personnel have the flexibility and autonomy to support people	
Our preferred model for person-centered planning is (fill in the name below)	

**CRA/Illinois DHS  
Active Community Care Transition (ACCT) Plan**