

**Required Documentation and Information for the Successful Submission of the RBWO Application.**

**Please submit the below documents in FIVE (5) PDFs as outlined below and label each PDF according to the labels below.**

**PDF One (1) - Program Organization**

- Summary of your program's origin, history, mission, and accomplishments.
- Organizational Chart to include PREA Coordinator and Youth Ombudsman
- A Copy of the Program License(s)
- Regulatory Child Care License (RCCL) Licensing Cover Letter as Verification of Ownership
- Other applicable Licenses and Accreditations
  - Attach a copy of your current RCCL license.
  - Include a copy of most recent RCCL Survey Report and copy of your Plan of Correction, if applicable.
  - Provide date first licensed
  - Provide licensed capacity
- List of staff and their corresponding positions:
  - Initial Roster with the Director; HSP/Life Coach; Owner
  - Credentials of the Director; HSP/Life Coach (Transcripts, copy of Degree, and Resume)
  - CPR/CPI completed for the initial staff (Director; HSP/Life Coach Direct Care)
  - Job description of the Director/ HSP/ Life Coach/ Owner/ Direct Care Staff to support clearly defined roles for each
  - List of Direct Care Staff that will have backgrounds initiated (Must have a minimum of 2 staff per shift; please indicate whether staff is live-in or shift staff)
  - Director/ HSP/Life Coach Work hours
- List of Board Members
- A Copy of current Budget
- Breakdown of Service Costs
- MOU with Core Provider; Psychiatrist/ Psychologist, Medical/Dental Services; Ombudsman (if outside the agency)
- Photos of the Exterior and Interior of the Residence(s)
- Most Recent Exterminator Report
- Most Recent Fire Inspection
- Letter of Support from the HOA if the program location is in a subdivision with an active HOA.
- For Child Placing Agencies, list of training provided for foster parents to include Crisis Intervention
- Program's Supervision Plan
- Program's Education Plan
- Families First Proposal
- Details on how your programs will comply with the Families First Prevention Services Act
- Brief description of youth involvement in local community service activities
- Brief description of methods used to ensure services are provided in a manner sensitive to cultural diversity/regional economic conditions of youth
- Brief description of any mandatory religious activities, if applicable
- Curriculum and Treatment Modalities supported by Evidence Based Practices

**\*\*\*Please note that Program email domain names cannot be the following: yahoo, Gmail, Hotmail, etc.**

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### PDF Two (2)- PREA Policy

- PREA Policy-
    - Review the link to the DJJ PREA Policy and the DJJ PREA Policy Checklist for areas that must be addressed in the PREA Policy.
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### PDF Three (3)- Policies and Procedures

- Policies and Procedures Manual including but not limited to:
    - Behavior Management Policy and Procedures
      - Attach Behavior Management Plan
    - Youth Orientation Policy
    - Youth Handbook
    - Staff Orientation Policy to include list of trainings to be completed within 30 days of hire
    - Attach a copy of the Staff Orientation Form
    - Grievance Policy and Procedures to include Youth Ombudsman process to hear youth grievances
      - Attach Grievance Form
    - Incident Reporting Policy and Procedures
    - Epidemic/Pandemic Protocol
    - Transportation Policy and Procedures
      - Attach Annual Vehicle Report for each vehicle utilized by the program
    - Supervision Policy and Procedures
    - Education Services Policy and Procedures to include resources used to meet the requirements of youth with IEPs
    - Medical Services Policy and Procedures
    - Handling Medical Emergencies Policy
    - Medication Management Policy and Procedures
    - Mental Health Services Policy and Procedures
    - Admission and Orientation Policy and Procedures
      - Attach Youth Referral and Admission Packet
    - Program Evaluation Policy and Procedures
    - Runaway Protocol
    - Bullying Policy
    - Supervision Policy
    - Special Incident Reporting and Child Abuse Reporting
    - Sexual Abuse
    - Visitation/Phone/Home Pass Policy
    - HIPAA Policy
    - Treatment Planning Policy
      - Attach a copy of the Individual Service Plan
    - Discharge Planning Policy
      - Attach a copy of the Discharge Form
    - Disaster/ Emergency Plan
    - Emergency Management Agency (EMA) Notification
    - Evacuation Location- Attach Memorandum of Agreement
    - Attach Fire Drill and Disaster Drill Forms
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### PDF Four (4)- Vendor Management Forms

- Vendor Management Forms
- W-9 Form

#### PDF Five (5)- Contract Proposal

Submit a Contract Proposal which includes a cover letter signed by the owner and a 1–5-page document stating how you propose to address DJJ contract Scope of Services based on your stated RBWO level in specific areas (see below RBWO CCI-CPA DJJ Contract Proposal Template).

Below is a copy of the Scope of Services as specified in the Department of Juvenile Justice contract for CCI and CPA providers. The Contract Proposal should reflect the requirements as described in the Department of Juvenile Justice Scope of Services. The RBWO Minimum Standards for Child Placing Agencies and Child Caring Institutions as well as the Department of Juvenile Justice Amendment to the RBWO Minimum Standards are accessible through the appropriate link in the application. The Department of Juvenile Justice’s Amendment to the RBWO Minimum Standards are agency specific standards that are required in addition to and in accordance with the existing RBWO Minimum Standards. The policies and procedures of the RBWO program must reflect the RBWO Minimum Standards and the DJJ Amendment to the RBWO Standards.

Commented [MM1]: Add- DJJ Contract Proposal

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#### RBWO CCI-CPA DJJ Contract Proposal:

**Please submit a detailed Contract Proposal along with your application that addresses the following:**

Commented [MM2]: Add- DJJ Contract Proposal

Provider must submit a cover letter signed by the owner and a 1–5-page document stating how you propose to address DJJ contract Scope of Services in the following areas:

1. State the RBWO Level you will serve--
2. Outline how you propose to meet the stated level based on the following areas required by DJJ:
  - a. Ages and population they plan to serve
  - b. Youth Supervision
  - c. Youth Educational Needs
  - d. Youth Life Skills Needs
  - e. Youth Medical Needs
  - f. Youth Mental Health Needs
  - g. Program Staffing
  - h. Program License
  - i. Program’s Physical Plant-Floorplan
  - j. DJJ PREA mandates

## **1 - SCOPE OF SERVICES:**

A. The Contractor shall meet the following requirements:

1. Have and maintain all required and valid licenses issued by the Georgia Department of Human Services (DHS).
2. Contractor shall provide twenty-four (24) hour, three hundred sixty-five (365) day supervision of all DJJ placed youth. If youth are employed or in an off-site educational placement, Contractor must have a point of contact for supervisory oversight at such locations.
3. Meet all requirements identified in each individual category of services offered in **Annex B, Scope of Services**, of this Contract.
4. Contractor must meet or exceed the Room Board and Watchful Oversight (RBWO) Standards, either as a Core Provider, or through a subcontracted Core Provider; the Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD) Core Standards identified at **RBWO Standards and GA DBHDD Standards (Provider Manual) - Annex B, Scope of Services**, of this Contract throughout its term.
5. Providers must follow the DHS guidelines for Psychotropic Medication Use in Children and Adolescents, and they must have and follow their own medication management policy for other prescription and non-prescription medications.
6. Medical/medication consents
  - a. Medication consents must be received from the youth's parent/legal guardian.
  - b. Providers' medication management policy must include management of medication refusal.
  - c. The provider shall designate, authorize, and train staff to hand out and supervise the administering medications.
  - d. The providers' staff will maintain a thorough record of all medications taken by youth in the program including the required documentation that medication was handed out by the authorized staff and taken by the children for whom it was prescribed.
  - e. Providers will have a medication management policy that outlines the process to be used for inventorying each youth's medication. At a minimum, the process should include documented medication inventory upon admission, at least monthly, and upon discharge.
7. Contractor shall provide Evidence-Based Programming (EBP), services and/or practices to meet the identified needs of each DJJ youth referred.

- a. Preferred EBP's for Risk Needs Responsivity Treatment Services, which allow continuity of care for DJJ youth.
- b. Evidenced-Based Risk Needs Responsivity Tool (should be utilized to evaluate and measure progress throughout treatment period).
- c. Evidenced- Based Treatment Interventions that should be considered.

Examples include, but not limited to:

- 1) MRT – Moral Recognition Therapy
  - 2) MST – Multisystemic Therapy
  - 3) PMT – Parent Management Training
  - 4) MDFT – Multidimensional Family Therapy
  - 5) TFC – Thinking for Change
  - 6) ART – Aggression Replacement Therapy
  - 7) BSFT – Brief Strategic Family Therapy
  - 8) CBT – Cognitive behavioral therapy (CBT is the basis for many interventions)
- d. Cognitive life-skills courses or other Cognitive Behavior Therapies or systems treatment to target social skills, improve interpersonal relationships, and deliver strong contingency management.
- 8. Strengths based Treatment stages with fully explained treatment objectives.
  - 9. Treatment planning that is updated no less than quarterly; in order to determine youth's progress or lack of progress, based on assessments, behavior, and investment in treatment (updates to be provided to DJJ designee).
  - 10. Inclusion of family involvement (family engagement) with treatment, family therapy (if applicable), reunification, and aftercare/discharge planning.

11. Consider an evaluation assessing the level of violence, abuse, and neglect that might necessitate out of home placement.
12. Provide mid-year outcome data (due yearly by January 30<sup>th</sup>) to support performance metrics for the service deliverables as outlined in the Scope of Services.
13. Contractor must follow the enrollment process for the DJJ Office of Education as well as be in compliance with RBWO standards, with proper notification of youth enrollment to the placing DJJ staff. Students should be enrolled in an education program as soon as possible but no later than three (3) school days after placement.
14. All Community Residential Programs serving DJJ youth that operate an on-site education program must adhere to the following standards:
  - a. Administrators and Teachers must hold a current Georgia Educators certificate issued through the Professional Standards Commission.
  - b. The curriculum utilized must be the current curriculum adopted by the Georgia Department of Education (DOE).
  - c. Students sixteen (16) years of age and older, meeting the minimum criteria for admission to a General Education Development (GED) program, may be enrolled in GED programming and they must have access to current study materials and testing.
  - d. The Community Case Managers (CCM) and/or Residential Placement Specialists (RPS), after consulting with the DJJ Assistant Superintendent of Student Support Services, must give approval prior to enrolling students in an on-line or home school program, which constitutes a change of educational placement.
  - e. An appropriate special education program must be provided for students identified with disabilities, to include related services.
  - f. Students must have access to the Georgia State Mandated Assessments, and the program must have a testing calendar available for review by DJJ.
  - g. A separate education file must be maintained on each student to include public school records, withdrawal forms, transcripts, grades, and credits received through the program, and all special education related documents.

15. All DJJ youth age fourteen (14) and older must be provided some form of independent living skills training by the RBWO/residential program to include but not limited to managing money, understanding credit, applying for a job, finding an apartment, interviewing, etc. If the DJJ Office of Federal Programs (OFP) deems the RBWO/residential program's independent living curriculum is insufficient, OFP will provide an online resource to the RBWO/residential program to supplement their program's existing independent living curriculum. The Transitional Living Program (TLP) offers many services to help youths move toward self-sufficiency. Youth must have the ability to obtain:

- a. Direct experience with the consequences of daily actions and decisions.
- b. Be involved in their skill development planning.
- c. Life skills practice while having access to staff for support and advice.
- d. Determine needed areas of support before emancipation or transfer to a less supervised living arrangement.
- e. Daily social contacts.
- f. Emotional adjustment to the difference between present living situation and previous ones, and to the loneliness that may occur due to a change in living situations.
- g. Practice living alone.
- h. Use of emergency medical procedures.
- i. Access transportation for needed resources.
- j. Safe use of household appliances.
- k. Practice basic housekeeping.
- l. Negotiating a rental agreement.
- m. Use of leisure time.
- n. Practice money management and budgeting.
- o. Experience in shopping, food preparation, and food storage.
- p. Consumer skills.

16. All Medicaid eligible DJJ youth (excluding DJJ youth receiving adoption assistance who have opted out and DJJ youth age 18 and over receiving SSI) placed in RBWOs/residential programs will receive Medicaid through the Georgia Families 360<sup>sm</sup> Program. Youth with private

insurance coverage under their parents will retain their private insurance at their parent's discretion, not to be influenced by the RBWO/residential program staff. These youth will receive Medicaid through Georgia Families 360<sup>SM</sup> as their secondary form of health insurance coverage, also known as the payer of last resort. In these situations, Medicaid can only process claims for reimbursement of services when an explanation of the denial in the form of a denial letter or an Explanation of Benefits (EOB) from the primary insurance is provided to the care management organization (CMO) contracted by the Georgia Department of Community Health (DCH) to manage the Georgia Families 360<sup>SM</sup> Program. All RBWO/residential program contractors and subcontractors must adhere to the process prescribed by GA DCH/Medicaid to obtain payment if the DJJ youth has other private health insurance in order to receive Medicaid reimbursement for health care services. The RBWO/residential program contractors also have the option of obtaining health care services through the youth's private insurance.

Treatment Services shall not be delayed or withheld due to complications or inconveniences of the RBWO Provider or subcontractor resulting from the process for submitting claims for youth with primary health insurance other than Medicaid. Additionally, DJJ will not pay for treatment services, unless and until Medicaid has denied payment after receiving the primary insurance company's denial or EOB. The process by which to obtain payment from DJJ in those situations is submission of invoice for payment to the placing RPS or Case Expeditor.

17. All DJJ youth in RBWOs/residential programs will be assessed by the CMO managing the Georgia Families 360<sup>SM</sup> Program on their need for medical, dental, and/or Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) exams. RBWO/residential program providers shall comply with the requirements related to these exams for DJJ youth as set forth in the Georgia Families 360<sup>SM</sup> Program.

#### Medical Assessments required by Georgia Families 360

Amerigroup will ensure that the Medical Assessments for DJJ Members of Georgia Families 360:

- a. Are completed in accordance with the applicable EPSDT periodicity schedule; and
- b. Include all components of an EPSDT visit.

Amerigroup will identify the need for Medical Assessments upon enrollment of the DJJ youth in Georgia Families 360, and a Contracted Medical Provider will complete those Medical Assessments required to meet the applicable EPSDT periodicity schedule within thirty (30) calendar days of the youth's enrollment.

However, if the youth's most current Regional Youth Detention Center (RYDC)/Youth Development Campus (YDC) medical assessment, doctor's visit, or current EPSDT visit, according



to the periodicity schedule corresponding to the child's age, has been performed and the member is up to date, then the youth will not have to meet this medical assessment requirement.

18. See **Annex G, Rate Sheet**, for Program Site location(s) and rate(s).

B. The Department agrees to:

1. Provide programmatic oversight through the Office of Residential and Community Based Services.
2. Provide a Referral Packet on each Youth needing the identified services.
3. Provide a comprehensive DJJ Staff Emergency Contact List for each placed youth, **Exhibit 1**.
4. Conduct biannual Utilization Reviews for all currently placed youths during the review timeframe (**Annex L**).
5. Biannually review opened and closed files of placed and discharged youths during the review timeframe.
6. Conduct Announced and Unannounced Program and Physical Plant audits of all contractual requirements and complete a report that will summarize performance compliance, strengths, and areas of concerns.
7. Review for approval, and when approved, process all vendor invoices for payment (**Annex F**).
8. Provide the Utilization Review results to vendor after completion on the reviews.
9. Provide a detailed Plan of Care, a DJJ Service Plan, a Transition Plan, and a DJJ Safety Plan, whichever applicable, for each youth admitted to the Contractor's program.
10. Provide timely notification of any policy or procedural change impacting service delivery, reporting, or case documentation.
11. Provide timely notice of scheduled provider meetings or trainings.

C. Deliverables:

Contractor shall provide the following to the Program Manager identified in Section 6, Notices:

1. Provide a copy of its Emergency Protocol Plan no later than five (5) days after execution of contract.
2. Provide a detailed Program Admission Packet and Requirements to the placing RPS.
3. Monthly Progress Reports to the placing RPS, Case Expeditor, and placing CCM by the 5<sup>th</sup> day of each month for the previous month's services. The monthly report should include documentation of Medicaid Rehabilitation Options (MRO) services that include the date, frequency, and progression and/or regression of youth.
4. Such report will be signed and dated by the Human Services Professional (HSP) and the Program Manager/Director. The signed form will be emailed or faxed to the placing CCM, Case Expeditor, and the placing RPS (**Annex E**).
5. Provide written documentation (email notification or fax) to placing RPS/Case Expeditor, Regional Treatment Services Specialist (RTSS) assigned to your program, and CCM that each youth is referred for identified Therapeutic CORE services within seventy-two (72) hours of placement. Such Therapeutic CORE Services must start within 5-7 business days after the referral for CORE services. Identified needs/services will be specified in the DJJ Plan of Care provided to the Contractor by DJJ.
6. Provide DJJ Office of Contracts Division, the assigned RPS, Case Expeditor, DJJ Manager of Residential Services, and the placing CCM of each placed youth with the Contractor's Emergency 24-hour contact information.
7. Notify DJJ within one (1) hour of all emergencies as outlined in each DJJ youth's notification protocol.
8. Notify DJJ within forty-eight (48) hours for all Non-Emergencies related to placement and program services.
9. Attend all Provider Meetings scheduled by DJJ; prepare and submit any requested reports or information within three (3) business days of request.
10. Provide DJJ with a minimum of seventy-two (72) hour notice of all unplanned discharges, unless such discharge is due to harm to self or others.
11. Provide Discharge Summaries to the placing RPS, Case Expeditor, and the placing CCM for all planned and unplanned discharges. Discharge Summaries for planned discharges should be submitted at the time of planned discharge. Discharge Summaries for unplanned discharges should be submitted no later than one (1) business day of unplanned discharge.

D. Contractor Staffing:

1. The Contractor must have a Program Director on site per location for a minimum of fifteen (15) hours per week.
2. The Contractor must have an HSP for CCIs or Case Support Supervisor (CSS) for CPAs on site per location for a minimum of 20 hours per week.
3. The Contractor must have one (1) HSP/CSS for every sixteen (16) youth per location.