



## ADDENDUM #1

RGA-2024-DLTSS-01-INTEN

### Intensive Treatment Services Housing and Homelessness Initiative

(Changes are in ***bold, underlined and italicized text*** below to enable vendors to quickly recognize changes in paragraphs and/or wording.)

On May 9, 2023 the New Hampshire Department of Health and Human Services published a Request for Grant Applications, soliciting applications from qualified provider organizations to purchase, renovate and/or construct housing and/or increase capacity at existing homes for individuals with a Developmental Disability or Acquired Brain Disorder who are receiving services under the 1915c waiver, and for individuals, or families who have an individual that meet the needs-based Home and Community Based Services (HCBS) eligibility requirements:

The Department is publishing this addendum to:

**1. Delete and replace Section 1, Purpose and Overview, Subsection 1.4, Background, Paragraph 1.4.4, Objectives, Subparagraph 1.4.4.1, Intensive Treatment Services (ITS), with the following:**

**1.4.4.1. Intensive Treatment Housing Services (ITS)**

The Department is seeking Applicants to purchase, renovate and/or construct homes, or increase capacity at existing homes, for individuals with a Developmental Disability or Acquired Brain Disorder who are receiving services under the 1915c waiver. Agreements resulting from this RGA will provide funding to providers of in-state services to purchase, renovate, or construct new residences, or increase capacity at existing homes for individuals receiving services under the 1915c waiver:

1. Who are returning from out-of-state ITS placements;
2. Who have ITS needs and are at risk of requiring out of state placement to receive services; or
3. When placement is considered appropriate based on the clinical complexity and person-centered needs of the individual as well as the prospective fit with other individuals, staff, and services of the proposed ITS home.

Applicants awarded Grant Agreements for the services in this RGA (“Selected Applicants”), must agree to be compliant with the HCBS Final Settings Rule as defined by the Centers for Medicaid and Medicare Services and in accordance with §441.301(c)(4), and agree to maintain the housing in use for the Target Population for a period of ***eight (8)*** years. Selected Applicants must also demonstrate the ability to provide services to the Target Population at the home for a period of no less than ***eight (8)*** years from the date the home is first placed in service, or from the date the capacity increase is implemented.



**2. Delete and replace Section 1, Purpose and Overview, Subsection 1.4, Background, Paragraph 1.4.4, Objectives, Subparagraph 1.4.4.3, with the following:**

1.4.4.3. Selected Applicants must demonstrate the ability to maintain the housing in service providing permanent housing for the target population for a period of ***eight (8)*** years, adhere to the property standard requirements in Appendix B, Standard Exhibits A-K, Exhibit C, Payment Terms, and must provide evidence of experience providing ongoing services for individuals or families experiencing homelessness.

**3. Delete and replace Section 1, Purpose and Overview, Subsection 1.5, Grant Agreement Requirements-Intensive Treatment Services, Paragraph 1.5.1, Implementation Plan through Paragraph 1.5.8, Policies and Procedures on pages 11-17, to correct a paragraph numbering error, with the following:**

**1.5.7.** Implementation Plan

**1.5.7.1.** The selected Applicants shall participate in status telephone calls and/or virtual meetings with the Department on a schedule developed by the Department to review the status of the purchase, development and implementation of ITS homes and services indicated in proposals for the duration of the implementation period.

**1.5.7.2.** Selected Applicants shall participate in implementation and operational site visits on a schedule provided by the Department. All deliverables, programs, and activities of this Agreement shall be subject to review during this time. The Applicant(s) shall:

**1.5.7.2.1.** Ensure the Department has access sufficient for monitoring of grant compliance requirements.

**1.5.7.2.2.** Ensure the Department is provided with access that includes, but is not limited to:

**1.5.7.2.2.1.** Data.

**1.5.7.2.2.2.** Financial Records.

**1.5.7.2.2.3.** Scheduled access to work sites, location, and work spaces associated with proposed residential homes.

**1.5.7.2.2.4.** Access to work sites, locations, and work spaces associated with proposed residential homes.

**1.5.7.2.2.5.** Scheduled phone access to the leadership team.

**1.5.7.3.** Selected Applicants must provide a final project plan within ten (10) business days of the Grant Agreement Effective Date, or later with approval by the Department.

**1.5.7.4.** The work plan shall include, but is not limited to:



- 1.5.7.4.1.** An articulated plan for securing community-based residential property in which the ITS home will be operated.
  - 1.5.7.4.1.1.** Once locations are identified, information on the particulars of the proposed home (location, size, proximity from community amenities, number of intended residents, environmental fit for proposed population or potential to be renovated/modified to meet needs, etc.).
  - 1.5.7.4.1.2.** A recruitment and staffing plan;
  - 1.5.7.4.1.3.** An estimate of the projects, renovations, environmental modifications, trainings, and pertinent start-up costs anticipated
  - 1.5.7.4.1.4.** Identification and description of the tasks to be performed;
  - 1.5.7.4.1.5.** Identification of the staff responsible for performing the tasks;
  - 1.5.7.4.1.6.** Milestones;
  - 1.5.7.4.1.7.** Projected start/completion/opening dates;
  - 1.5.7.4.1.8.** Contingency planning as it relates to identified tasks; and
  - 1.5.7.4.1.9.** Issue tracking and resolution.

**1.5.8.** Reporting Requirements

- 1.5.8.1.** Selected Applicants will be required to submit a weekly report for each property during the time the property is undergoing construction or renovation, which must include, but is not limited to:
  - 1.5.8.1.1.** Purchase or acquisition date of the target property
  - 1.5.8.1.2.** Date the target property was approved for funding.
  - 1.5.8.1.3.** Start date for renovation of construction
  - 1.5.8.1.4.** Approximate percent for project completion.
  - 1.5.8.1.5.** A narrative description of activity at the target property during that past month, including:
    - 1.5.8.1.6.** Materials purchases.
    - 1.5.8.1.7.** Permits received.
    - 1.5.8.1.8.** Completed construction activities.
- 1.5.8.2.** Selected Applicants will be required to submit a quarterly report for each target property after the property is placed in service to provide services, which must include, but is not limited to:
  - 1.5.8.2.1.** Number of residents living at property;



**1.5.8.2.2.** Any change to residents living at property since most recent quarterly report;

**1.5.8.2.3.** A list of expenses paid to sustain the property, including, but not limited to:

**1.5.8.2.3.1.** Taxes.

**1.5.8.2.3.2.** Maintenance and repairs.

**1.5.8.2.3.3.** Utilities.

**1.5.8.2.4.** A narrative description of any unusual events or activities pertaining to the property, including, but not limited to:

**1.5.8.2.4.1.** Each event resulting in an Incident Report, including a copy of the Incident Report.

**1.5.8.2.4.2.** A description of any accidents or injuries occurring at the property;

**1.5.8.3.** Individual progress notes for each individual residing at the property.

#### **1.5.9.** Basic Services

**1.5.9.1.** Selected Applicants shall provide, at a minimum, services to all individuals as outlined in the New Hampshire Administrative Rule as follows:

**1.5.9.1.1.** Medical monitoring and medication administration in accordance with expectations outlined in New Hampshire Administrative Rule He-M 1201;

**1.5.9.1.2.** Full compliance with the rules set forth in New Hampshire Administrative Rule He-M 310 (i.e., Right of Persons Receiving Developmental Services or Acquired Brain Disordered Services in the Community);

**1.5.9.1.3.** Individual evaluation, individual treatment planning, discharge planning, and linkage with appropriate community services;

**1.5.9.1.4.** Instruction in community and independent living skills to prepare each individual for discharge, as specified in the individual's service agreement and treatment plan;

**1.5.9.1.5.** Accessibility, including necessary home modifications, to be determined based on the needs of the individuals residing at each home; and

**1.5.9.1.6.** In proposals that indicate use of funded Community Participation Services, adherence to the expectations outlined in New Hampshire Administrative Rule He-M 507.

#### **1.5.10.** Clinical Treatment

**1.5.10.1.** Applicants shall provide clinical treatment to include, as appropriate based on person-centered need of each proposed resident:



- 1.5.10.1.1.** Individual and group therapeutic services as indicated by the presenting concerns of the proposed populace directed toward addressing each individual's challenge areas;
- 1.5.10.1.2.** Evidence-based approaches such as Dialectic Behavioral Therapy (DBT), Applied Behavior Analysis (ABA), and/or Cognitive Behavioral Therapy (CBT) that are adapted to the cognitive and person-centered needs of the individuals that will be served. Note: this list is intended to provide examples of appropriate modalities, but individual approaches may vary based on the needs of the population proposed.
- 1.5.10.1.3.** Modalities specialized to the treatment needs of the intended population as needed, which include but are not limited to:
  - 1.5.10.1.3.1.** Sex offending behavior, such as Good Lives Model, and
  - 1.5.10.1.3.2.** Intentional fire setting behavior, such as Fire Setting Intervention Program for Mentally Disordered Offenders (FIP-MO).
  - 1.5.10.1.3.3.** The selected Applicant(s) shall ensure that all clinical services are implemented with an evidence based interpersonal approach.
  - 1.5.10.1.3.4.** All clinicians shall use Feedback-Informed Treatment to monitor the quality of services and enhance the quality of services and prevent treatment failure.
- 1.5.10.1.4.** Development and implementation of person-centered behavior support plans to support the safety and individualized needs of population. All plans shall be reviewed with individuals, teams, and guardians, as applicable, and presented to Human Rights Committees for approval. All plans must adhere to the expectations outlined in the applicable New Hampshire Administrative Rule(s).
- 1.5.10.1.5.** Psychological and other clinical evaluations or linkage to consulting professionals, including alcohol or substance abuse evaluations, as determined necessary by an individual's treating clinicians.

**1.5.11.** Service Planning

- 1.5.11.1.** The Applicant must work closely with the each individual's team, inclusive as applicable of area agency, case management agency, and guardian to address the responsibility for:
  - 1.5.11.1.1.** Service provision and planning in accordance with New Hampshire Administrative Rule He-M 503, and
  - 1.5.11.1.2.** Discharge planning responsibilities.
- 1.5.11.2.** The selected Applicant(s) shall ensure all treatment planning includes:



- 1.5.11.2.1.** Access to safe specifically selected and approved supervised community outings at locations that afford the ability to demonstrate community living skills and risk management replacement behaviors.
- 1.5.11.2.2.** Detail of the anticipated time frame and an individualized discharge plan, as the first goal of any treatment planning.
- 1.5.11.2.3.** A collaborative effort between mental health providers, medical services, and each individual's multidisciplinary team.
- 1.5.11.2.4.** Opportunities to pursue community activities such as leisure, vocational, and volunteer efforts to demonstrate readiness and progress toward discharge planning.
- 1.5.11.2.5.** The completion of documentation for each individual to provide for a quantitative analysis for tracking behaviors to decrease and replacement skills. This documentation will assist with the routine update and renewal of individual behavior plans with current data from the previous year.
- 1.5.11.2.6.** The selected Applicant's clinicians shall issue monthly reports to the members of each individual's team.
- 1.5.11.2.7.** Assess all data for each individual, including clinician's notes and daily documentation to determine readiness for fading supervision, and ultimately discharge.

**1.5.12.** Security and Safety

**1.5.12.1.** Selected Applicants shall ensure the following components are in place relative to safety and security:

- 1.5.12.1.1.** Upon admission, and until further assessments can be conducted and an individualized behavior plan is developed and implemented, provide all individuals with a minimum of 2:3 ratio staffing in the home and 1:1 ratio staffing in the community, including the property the home is located on. Selected Applicants shall increase staffing should the individual's behavior indicate this is necessary to maintain safety and security.
- 1.5.12.1.2.** Articulate protocol for minimizing and safely responding to instances of an individual becoming absent without supervision (elopement) in person-centered behavior support plans for each individual, as applicable.
- 1.5.12.1.3.** Implement a community trip planning procedure to ensure that with minimal exceptions, typical outings are pre-planned and approved by appropriate staff. As a general practice, staff and the individual shall review all aspects of the outing together prior to leaving, including the purpose and expectations for safety, as well as ramifications/contingencies that will be necessary in the event of unsafe behavior in the community.



**1.5.12.1.4.** Upon admission, and until further assessments can be conducted and an individual behavior plan refined and revised over time, ensure environmental restrictions based on the intended population indicated (with some variation) in each proposal. Common restrictions include, but are not limited to:

**1.5.12.1.4.1.** Locked sharps, chemicals, and ignition materials.

**1.5.12.1.4.2.** Restricted media access and limitations on media content to be accessed based on the person-centered needs of the intended populace served.

**1.5.12.1.4.3.** Prohibition of alcohol and other controlled substances.

**1.5.12.1.4.4.** Approved phone contact list and procedures governing safe use and potentially supervised use of the phone.

**1.5.12.1.4.5.** Limitations on the location of community access, including, but not limited to, no access to locations where children frequent that are not incidental in nature, no contact with individuals under 18, and no contact with victims, common in proposals that support individuals with a history of problematic sexual behavior.

**1.5.12.1.4.6.** Random room searches, conducted on no less than a weekly basis.

**1.5.12.1.4.7.** Door alarms, chimes, window alarms, and/or door locks.

**1.5.12.1.4.8.** Delayed egress system, typically utilized in homes supporting individuals with a history of unsafe elopement.

**1.5.12.2.** Upon completion of assessments and revision of the individualized behavior plan approved by each individual and/or his or her guardian and the local human rights committee, implement only those environmental restrictions included in the plan;

**1.5.12.3.** Ensure that all staff have access emergency on call support, available twenty-four hours a day, seven days per week to a means of contacting management and additional support for consultation and assistance in the event of need for crisis prevention or intervention; and.

**1.5.12.4.** Utilize the Unsafe and Inappropriate Materials Policy and Procedure that provide guidelines with which all visitors and staff are to comply to ensure safety of individuals, staff, and visitors.

**1.5.13.** Staffing

**1.5.13.1.** Selected Applicants shall provide the necessary staff in accordance with best practices for ITS homes that includes at a minimum:



- 1.5.13.1.1.** An administrator or director responsible for the overall operation of the ITS home;
  - 1.5.13.1.2.** A clinical director or senior clinician responsible for all services provided to individuals admitted to the ITS home;
  - 1.5.13.1.3.** A program manager to serve as the liaison between the Vendor and external team for each individual served; and
  - 1.5.13.1.4.** Clinicians as are necessary to meet the treatment needs of the individuals served including a designated clinician with responsibility for each location to facilitate weekly individual and group therapy and provide a fully integrated milieu approach to meet the needs of individuals as well as staff.
- 1.5.13.2.** For existing homes, selected Applicants shall ensure all incoming staff participate in an orientation and training process, and ensure no staff work directly with any individuals until this training is complete. Additionally, applicants shall ensure all incoming staff have the opportunity to shadow and learn from experienced staff and management team members prior to working directly with individuals. For new homes, particularly for any providers new to New Hampshire, shadowing should be considered the expectation to work toward.
- 1.5.13.3.** Selected Applicants shall ensure all staff participate in professional development trainings. Examples of appropriate initial and ongoing trainings include, but are not limited to the following:
- 1.5.13.3.1.** General behavior plan to be followed upon each admission;
  - 1.5.13.3.2.** Service agreement, behavior plan, risk management plan;
  - 1.5.13.3.3.** Any other specific plans for each individual;
  - 1.5.13.3.4.** Crisis Intervention System;
  - 1.5.13.3.5.** Virtual Direct Support Professional Training using the Relias software application;
  - 1.5.13.3.6.** Fire safety;
  - 1.5.13.3.7.** Human rights and mandated reporting;
  - 1.5.13.3.8.** Cardio Pulmonary Resuscitation (CPR)/First aid;
  - 1.5.13.3.9.** Trainings specific to clinical approach/treatment modalities
  - 1.5.13.3.10.** Positive Behavior Supports.
  - 1.5.13.3.11.** Administrative Rule He-M 1201 relative to medication administration;
  - 1.5.13.3.12.** Any other pertinent Administrative Rule based on services
  - 1.5.13.3.13.** Health Insurance Portability and Accountability Act (HIPPA); and
  - 1.5.13.3.14.** Agency policies and procedures.





**1.5.14.** Policies and Procedures

**1.5.14.1.** Selected Applicants shall:

**1.5.14.1.1.** Have written policies and procedures in accordance with New Hampshire Administrative Rule that include at a minimum:

**1.5.14.1.1.1.** Supervision levels and the monitoring of individuals, including the use of electronic or other security devices as applicable;

**1.5.14.1.1.2.** Accessing police and fire department and emergency medical technician (EMT) services; and

**1.5.14.1.1.3.** Investigation, review, and remediation of accidents, injuries, and safety hazards.

**1.5.14.1.2.** Have written policies that describe how discharge planning and transitioning individuals to less restrictive settings in the community will be achieved.

**1.5.14.1.3.** Have an emergency evacuation plan that ensures the rapid evacuation of the facility in the event of fire or other life threatening emergencies.

**1.5.14.1.4.** Have a policy for housing non-ambulatory individuals in wheelchair-accessible areas only, consistent with the Americans with Disabilities Act.

**1.5.14.1.5.** Have policies and procedures governing seclusion and restraint that shall be consistent with He-M 310.