All Applicants are invited, at their convenience, to apply to become a part of the Department of Children’s Services (DCS) network of providers that deliver care and treatment to children placed into DCS custody.

Current providers may also use the application process to apply to offer additional level(s) of service (LOS) that are not currently included in the provider’s contract.

At any time, DCS may request a current provider reapply through this process to maintain their status as a network provider.

DCS will have twenty (20) business days from the receipt of an application to complete the review process and an additional ten (10) business days to notify an applicant as to the approval/disapproval of their application.

No applicant may begin services prior to the full execution of a contract.

DCS recommends that all potential providers read, and familiarize themselves with, the Contract Provider Manual (CPM). The CPM outlines all LOS and the corresponding requirements necessary for delivery of each LOS. The manual may be located at:

<https://www.tn.gov/dcs/for-providers/contract-provider-manual.html>

All network providers must be appropriately licensed depending on the LOS. Exhibit 1 to this application - **Service Types, Rates & Licenses,** provides information on the license required for each (LOS). Additionally, Exhibit 1 contains, current rates for each LOS.

An Applicant’s application must be concise and follow the outline of the application.

Once an application is submitted the applicant may only contact the name of the DCS representative listed on the application form. Unauthorized contact regarding the application may result in disqualification.

DCS will **not** negotiate rates for any LOS.

The application must be signed by an individual that has the authority to encumber the entity applying. Electronic signatures are acceptable.

|  |  |
| --- | --- |
| **DCS Application Contact:** | Erica Mayberry, Director of Contracts & ProcurementsUBS Tower, 12th Floor, 315 Deaderick StreetNashville, TN 37243E-mail: EI\_DCS.Contracts@tn.govPhone: 615-253-2340 |
| **Instructions:** | 1. Applicant must ensure that the original response meets all form & content requirements of the application.
2. Attach the application and associated documents to an e-mail entitled “Request for Consideration” the email should be sent to EI\_DCS.Contracts@tn.gov.
3. Communications regarding an application are strictly limited to the DCS contact identified above (via e-mail).
4. All materials submitted through the application become property of the State of Tennessee. Selection for participation in the DCS Provider Network will not affect this right. By applying, an applicant acknowledges and accepts that the full contents and associated documents submitted will become open to public inspection in accordance with the laws of the State of Tennessee.
5. The application will be available for public inspection after an award is effectuated.
6. DCS may deem any application nonresponsive and reject that fails to comply with all terms, conditions, and requirements of the application.
7. The evaluation process will involve two (2) parts:
	1. Mandatory requirements.
	2. Qualifications, Experience and Technical expertise.
8. Any application failing to meet any of the mandatory requirements will be rejected.
9. Any Applicant failing to receive a combined score of 70 out of 100 points for the qualifications and technical portions of the evaluation will be rejected
 |

|  |  |
| --- | --- |
| **Legal Name of Applicant:** | Click or tap here to enter text. |
| **Address:** | Click or tap here to enter text.Click or tap here to enter text.Click or tap here to enter text. |
| **Tax ID #:** | Click or tap here to enter text. | **Place of Incorporation:** | Click or tap here to enter text. |
| **UEI #:** | Click or tap here to enter text. | **Form of Business:** | Choose an item. |
| **Minority Status:** | Choose an item. | **# of years in business:** | Click or tap here to enter text. |
| **Contact Name:** | Click or tap here to enter text. |
| **E-Mail Address:** | Click or tap here to enter text. |
| **Phone Number:** | Click or tap here to enter text. |
| **Services to deliver:**See **Service Types, Rates & Licenses (Exhibit 1)** for a detailed description of the Level of Services (LOS), current rate and licensing requirements by LOS | Choose an item. | Choose an item. |
| Choose an item. | Choose an item. |
| Choose an item. | Choose an item. |
| Choose an item. | Choose an item. |
| Choose an item. | Choose an item. |
| Choose an item. | Choose an item. |
| Choose an item. | Choose an item. |
| Choose an item. | Choose an item. |
| Choose an item. | Choose an item. |
| Choose an item. | Choose an item. |
| Choose an item. | Choose an item. |

|  |
| --- |
| 1. **MANDATORY REQUIREMENTS**

Attach to the application the following documents in the order labeled and identified. ***Each section that requires a narrative must not exceed two (2) pages, font 10 or 12 single spaced.*****Attachments:** The following documents **must** be attached and referenced. Failure to provide any of the information below will result in disqualification of the application: |
| **Attachments** | **Requirements** | **Pass** | **Fail** |
| **Attachment 1** | Provide a brief Introduction about Applicant’s agency, signed & dated: (not to exceed one (1) page. |[ ] [ ]
| **Attachment 2** | **TennCare Letter:**Attach the TennCare validation of membership letter. This documentation should be in the form of the “Welcome Letter” received from TennCare verifying current membership |[ ] [ ]
| **Attachment 3** | Attach licenses for all Level of Services selected on page 3. See **Service Types, Rates & Licenses (Exhibit 1)** for a detailed description of the Level of Services (LOS), current rate and licensing requirements by LOS |[ ] [ ]
| **Attachment 4** | **Accreditation Confirmation:**Attach an official, current copy of accreditation from at least one of the following:* Council on Accreditation (COA); and/or,
* Commission on Accreditation of Rehabilitation Facilities **(CARF)**; and/or,
* Joint Commission on Accreditation of Healthcare Organizations (JCAHCO); and/or
* America Correctional Association (ACA) Please note ACA accreditation is only accepted for a location that is solely serving youth placed on the Juvenile Justice (JJ) enhanced security measures level of services.
 |[ ] [ ]
| **Attachment 5** | **Audited Financial Statement** - access to at least 60 days’ worth of operating capital.Attach documentation of the most recent audited financial statement showing at least 60 days of operating capital. For the purposes of this application, “most recent” shall be defined as the audited financial statement for the most recent established fiscal year. **Note:** The State will recognize these financial statements as recent and valid if the documentation is dated up to nine (9) months following the close of the Applicant’s most recent established fiscal year. Operating capital shall be defined as the net amount after current liabilities are subtracted from current assets. This net amount must exceed, or be equal to, 60 days of the Responder’s operating expenses. |[ ] [ ]
| **Attachment 6** | Signed **Conflict of Interest** – Owners & Board Members Form **(Exhibit 2)** |[ ] [ ]
| **Attachment 7** | **Training** - Utilizing the Training template **(Exhibit 3)** provide a brief overview that describes the Applicant’s training structure. |[ ] [ ]
| **Attachment 8** | **Evidence-Based Programming** - Utilizing the Evidence-Based Programming (EBP) template **(Exhibit 4)** provide documentation verifying the Applicant’s utilization of EBP throughout its entire service array. \* The Tennessee General Assembly has established TCA – 37.5.121 in order to ensure that all programs for the treatment, training and rehabilitation of juveniles employ proven evidence-based approaches in the delivery of services. Additional information related to this law can be located at:<http://www.lexisnexis.com/hottopics/tncode/>  |[ ] [ ]
| **Attachment 9** | **Terms & Conditions** - Signed statement that Applicant will comply with the terms and conditions of the contract, **Exhibit 5**. |[ ] [ ]
| **Attachment 10** | **Experience** - Document evidence of at least five (5) years’ experience delivering services and /or treatment to children and youth for the services Applicant will provide as detailed in **Exhibit 6**, Capacity Grid. Provide at least three (3) references to whom services were delivered.1. Foster Care/Medically Fragile
2. Juvenile Justice
3. Independent Living
4. In-Home
5. Primary Assessment Center
6. Residential Treatment/Residential Treatment Specialized
7. Autism Spectrum/Neurological
8. Severely Emotionally Disturbed (SED)

In submitting this evidentiary information, the responder must provide the following:1. the name, title, telephone number and e-mail address of the contact responsible for the referenced contract(s);
2. the name of the entity for whom services were delivered;
3. a brief description of the type(s) of services provided; and
4. the period of service delivery.
 |[ ] [ ]
| **Attachment 11** | **Performance Evaluation** - Provide a description of the applicant’s process for performance evaluation of employees with case management responsibilities. Include a copy of Applicant’s review tool. |[ ] [ ]
| **Attachment 12** | **Other Requirements** - Demonstrate how the Applicant will admit children within six (6) months of acceptance at the applied for LOS. |[ ] [ ]
| **MANDATORY EVALUATION RESULTS:** |[ ] [ ]

**NOTE:** All boxes must be checked “Pass” in order to evaluate for qualifications, experience and technical ability. Any “fail” check will result in disqualification.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of DCS Reviewer:** | Click or tap here to enter text. | **Date:** | Click or tap to enter a date. |
| **Signature:** | Click or tap here to enter text. |

|  |
| --- |
| 1. **QUALIFICATIONS, EXPERIENCE & TECHNICAL APPROACH**

Attach to the application the following documents in the order labeled and identified. **Each section that requires a narrative must not exceed two (2) pages, font 10 or 12 single spaced.** |
| **Attachments** | **Requirements** | **Points** | **Score** |
| **Attachment A** | Provide documentation of the Applicant’s capacity to serve custodial children and youth in out-of-home care by submitting an accurate account of the Applicant’s bed capacity for each individual residential facility site and include the services that will be available at that location. **Foster Care** – provide an estimate of the number of foster homes available for placement. **Note:** Responders must use Exhibit 6, Capacity Grid to document **residentia**l **& foster care** capacity. | **15** | Add Score |
| **Attachment B** | Provide a brief overview that describes the Responder’s internal structures that assess and monitor quality and risk within the agency. | **15** | Add Score |
| **Attachment C** | Provide a brief description of the Applicant’s program structure and ability to deliver **each** Level of Service (LOS) identified on page 3, Application Information & Exhibit 6. The Applicant’s response must include the following subjects in the order listed:1. Level of Services:
2. Licenses:
3. Personnel (including qualifications, clinical credentials, Number of years delivering the services:
4. Staffing Pattern:
5. Educational Services:
6. Service Components:
7. Description of trauma informed treatment model, if required by the CPM

Description of access to licensed clinical and nursing staff as required by the CPM | **15** | Add Score |
| **Attachment D** | Provide a brief overview of the Responder’s clinical programming including the names of the clinical staff and their credentials. | **10** | Add Score |
| **Attachment E** | Providea narrative that illustrates the Applicant’s understanding of the State’s requirements and project schedule. | **5** | Add Score |
| **Attachment F** | Providea narrative that illustrates how the Applicant will complete the delivery of goods or scope of services, accomplish required objectives, and meet the State’s project schedule. | **10** | Add Score |
| **Attachment G** | Providea narrative that illustrates how the Applicant will manage the project, ensure delivery of specified goods or completion of the scope of services, and accomplish required objectives within the State’s project schedule. | **5** | Add Score |
| **Attachment H** | Provide a statement of whether there is any material, pending litigation against the Applicant that the Applicant should reasonably believe could adversely affect its ability to meet contract requirements pursuant to this application or is likely to have a material adverse effect on the Respondent’s financial condition. If such exists, list each separately, explain the relevant details, and attach the opinion of counsel addressing whether and to what extent it would impair the Applicant’s performance in a contract pursuant to this application.NOTE: All persons, agencies, firms, or other entities that provide legal opinions regarding the Respondent must be properly licensed to render such opinions. The State may require the Applicant to submit proof of such licensure detailing the state of licensure and licensure number for each person or entity that renders such opinions. | **5** | Add Score |
| **Attachment I** | Provide documentation of the Respondent’s commitment to diversity as represented by the following:(a) Business Strategy. Provide a description of the Respondent’s existing programs and procedures designed to encourage and foster commerce with business enterprises owned by minorities, women, Tennessee service-disabled veterans, and small business enterprises. Please also include a list of the Respondent’s certifications as a diversity business, if applicable.(b) Business Relationships. Provide a listing of the Respondent’s current contracts with business enterprises owned by minorities, women, Tennessee service-disabled veterans and small business enterprises. Please include the following information:(i) contract description;(ii) contractor name and ownership characteristics (*i.e.*, ethnicity, gender, Tennessee service-disabled); and(iii) contractor contact name and telephone number.(c) Estimated Participation. Provide an estimated level of participation by business enterprises owned by minorities, women, Tennessee service-disabled veterans, and small business enterprises if a contract is awarded to the Respondent pursuant to this RFP. Please include the following information:(i) a percentage (%) indicating the participation estimate. (Express the estimated participation number as a percentage of the total estimated contract value that will be dedicated to business with subcontractors and supply contractors having such ownership characteristics only and **DO NOT INCLUDE DOLLAR AMOUNTS**);(ii) anticipated goods or services contract descriptions;(iii) names and ownership characteristics (i.e., ethnicity, gender, Tennessee service-disabled veterans) of anticipated subcontractors and supply contractors.NOTE: In order to claim status as a Diversity Business Enterprise under this contract, businesses must be certified by the Governor’s Office of Diversity Business Enterprise (Go-DBE). Please visit the Go-DBE website at <https://tn.diversitysoftware.com/FrontEnd/StartCertification.asp?TN=tn&XID=9810>  for more information. (d) Workforce. Provide the percentage of the Respondent’s total current employees by ethnicity and gender.**NOTE:** Respondents that demonstrate a commitment to diversity will advance State efforts to expand opportunity to do business with the State as contractors and subcontractors. Response evaluations will recognize the positive qualifications and experience of a Respondent that does business with enterprises owned by minorities, women, Tennessee service-disabled veterans and small business enterprises and who offer a diverse workforce. | **5** | Add Score |
| **Attachment J** | Provide a statement of whether or not the Respondent has any current contracts with the State of Tennessee or has completed any contracts with the State of Tennessee within the previous five-year period. If so, provide the following information for all current and completed contracts: 1. the name, title, telephone number and e-mail address of the State contact responsible for the contract at issue;
2. the name of the procuring State agency;
3. a brief description of the contract’s specification for goods or scope of services;
4. the contract term; and
5. the contract number.

**NOTES:** * Current or prior contracts with the State are not a prerequisite and are not required for the maximum evaluation score, and the existence of such contracts with the State will not automatically result in the addition or deduction of evaluation points.

Each evaluator will generally consider the results of inquiries by the State regarding all contracts responsive to Attachment I of this application. | **5** | Add Score |
| **Attachment K** | Provide a statement and any relevant details addressing whether the Respondent is any of the following:  1. is presently debarred, suspended, proposed for debarment, or voluntarily excluded from covered transactions by any federal or state department or agency;
2. has within the past three (3) years, been convicted of, or had a civil judgment rendered against the contracting party from commission of fraud, or a criminal offence in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or grant under a public transaction; violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
3. is presently indicted or otherwise criminally or civilly charged by a government entity (federal, state, or local) with commission of any of the offenses detailed above; and

has within a three (3) year period preceding the contract had one or more public transactions (federal, state, or local) terminated for cause or default. | **5** | Add Score |
| **Attachment L** | Provide a statement detailing the services that will be provided to children/youth that enter your program with a High School Diploma, GED or HiSET® that will ensure independence and reintegration into the community | **5** | Add Score |
| **TOTAL SCORE** | **100** | Add Score |

***Passing score is 70. Scores 69 and below are deemed unqualified to be a part of the DCS Provider Network***

|  |  |  |  |
| --- | --- | --- | --- |
| **Respondent’s Name:** | Click or tap here to enter text. | **Date:** | Click or tap here to enter text. |
| **Signature:** | Click or tap here to enter text. |

|  |  |  |  |
| --- | --- | --- | --- |
| **DCS Evaluator Name:** | Click or tap here to enter text. | **Date:** | Click or tap here to enter text. |
| **Evaluator Signature:** | Click or tap here to enter text. |

|  |  |  |  |
| --- | --- | --- | --- |
| **DCS Evaluator Name:** | Click or tap here to enter text. | **Date:** | Click or tap here to enter text. |
| **Evaluator Signature:** | Click or tap here to enter text. |

|  |  |  |  |
| --- | --- | --- | --- |
| **DCS Evaluator Name:** | Click or tap here to enter text. | **Date:** | Click or tap here to enter text. |
| **Evaluator Signature:** | Click or tap here to enter text. |

|  |  |  |  |
| --- | --- | --- | --- |
| **DCS Evaluator Name:** | Click or tap here to enter text. | **Date:** | Click or tap here to enter text. |
| **Evaluator Signature:** | Click or tap here to enter text. |

List of templates associated with the application.

1. Exhibit 1 – Service Types, Rates & Licenses
2. Exhibit 2 – Conflict of Interest – Owners & Board Members
3. Exhibit 3 – Training Template
4. Exhibit 4 – Evidence-Based Programming (ERB)
5. Exhibit 5 – Contract
6. Exhibit 6 - Capacity Grid