Form 6 – Technical Criteria

DHHS91266
Residential Small Group Home

Applicant Name: _____
Date: _____

Applicant Instructions: Where prompted below, provide your narrative in the space below the question. Submit this form along with any required documentation.

1. Submit documentation to support how the Applicant's program meets the SOW requirements for its treatment model, type and structure of treatment and interventions, including behavioral interventions. Include program completion and transition planning. (See Scope of Work *Section 4.4 Direct Services and Coordination.*). In the box below, list the documentation the Applicant is submitting.

Type response for question #1 in this space.

2. Type an "X" next to the populations the Applicant will be serving:

   - Behavioral and Emotional Needs (DBX): _____
   - Disability Needs (DDX): _____

   If serving both populations, describe in the box below how the Applicant will adhere to the mixing population portions of the SOW, *Section 4.3 Placement Requirements.*

Type response for question #2 in this space.

3. Submit a sample treatment plan. The treatment plan must incorporate the following as defined in the SOW, *Section 4.1 Program Model*: identifiable goals, incorporate the family, family visitation, transition planning.

4. Submit the Applicant's training and onboarding process for families involved in placement of clients per the SOW, *Section 3.3 Staffing Requirements for Clinical Oversight*.

5. Submit the Applicant's program manual. The program manual must identify how the Applicant will maintain fidelity to its identified program model(s)/treatment model(s), including but not limited to staff training, certifications, and outcome measures; including specific examples per the SOW *Section 4.1 Program Model.*