



**Children's Trust Fund
Application Packet
For Funding
Home Visitation Services
FY 2012
(October 1, 2011 – June 30, 2012)**

Applications must be received at the CTF office by Noon, Friday, September 23, 2011

Children's Trust Fund, PO Box 1641, Jefferson City, MO 65102
OR
Children's Trust Fund, 301 W. High Street, Room 860, Jefferson City, MO 65101

For Questions or Additional Information Contact:

Laura K. Malzner
CTF Program Coordinator
Phone: 573-751-6511
Email: laura.malzner@oa.mo.gov

CHILDREN'S TRUST FUND

GRANT APPLICATION

FISCAL YEAR 2012
(OCTOBER 1, 2011 THROUGH JUNE 30, 2012)

EXHIBIT A

APPLICATION DEADLINE:

**TO BE CONSIDERED FOR CTF FUNDING, APPLICATIONS MUST BE RECEIVED IN THE CTF OFFICE BY
NOON ON FRIDAY, SEPTEMBER 23, 2011**

Children's Trust Fund, PO Box 1641, Jefferson City, MO 65102
OR
Children's Trust Fund, 301 W. High Street, Room 860, Jefferson City, MO 65101

Children's Trust Fund Application for Home Visitation Services

State of Missouri
Children's Trust Fund
P.O. Box 1641
301 W. High Street, Room 860
Jefferson City, MO 65102-1641

Date: August 26, 2011
Contact: Laura K. Malzner, Program Coordinator
Phone: (573) 751-6511
Email: laura.malzner@oa.mo.gov

Return Application No Later Than
Date: September 23, 2011
Time: NOON
Attn: Laura K. Malzner, Program Coordinator
Children's Trust Fund
301 W. High St., Rm 860, Jefferson City, MO 65101
or
PO Box 1641, Jefferson City, MO 65102-1641

The Applicant hereby declares understanding, agreement, and certification of compliance to provide the items and services, at the funding level quoted, in accordance with all terms, conditions, requirements, and specifications contained herein and further agrees that the language of this document shall govern in the event of a conflict with his/her Application/Grant contract. The Applicant further agrees that upon receipt of an authorized grant award from the Children's Trust Fund Board of Directors or when this document is countersigned by an authorized official of the Children's Trust Fund of the State of Missouri, a binding grant/contract shall exist between the Applicant and the Children's Trust Fund/State of Missouri.

Print Name:	Title:	
Organization:		
Mailing Address:		
City:	State:	Zip:
Phone No:	Fax No:	E-Mail Address:
State Vendor Number:	Federal Tax ID:	
Notice of Award (State Use Only):	Contract No:	
Applicant's Authorized Official's Signature :	Date:	
Accepted by Children's Trust Fund as Follows:		
CTF Executive Director:	Date:	

Exhibit A, Page 2
Pricing Page Form
(FY 2012)

Applicant Organization/Agency: _____

The applicant shall provide the following prices for providing home visitation services outlined and in accordance with the requirements specified in Exhibit B. The applicant shall provide a firm, fixed price per unit of service (not to exceed \$92) for home visits for the initial contract period and shall provide a maximum price for each contract renewal period not to exceed two percent (2%) per renewal period of the maximum price for the applicable renewable period. A unit of service is defined as one hour (sixty (60) minutes) of service delivery or a quarter fraction thereof (15 minutes = 0.25 units, 30 minutes = 0.5 units, etc.). All costs associated with providing the required services shall be included in the stated prices. Renewal periods are contingent upon available funds and successful completion of contract objectives in previous year.

Initial Contract - FY12	First Renewal – FY13	Second Renewal – FY14	Third Renewal - FY15
Units:	Units:	Units:	Units:
Cost/Unit:	Cost/Unit:	Cost/Unit:	Cost/Unit:
Total:	Total:	Total:	Total:

In the space below, the applicant must identify the counties in which home visitation services are proposed and the corresponding number of units of service for each. Services must be provided in all of the listed counties. Services to other counties will be considered on an individual basis.

<u>County</u>	<u>Units of Service and Pricing</u>
Jefferson County:	_____
St. Charles County:	_____
Franklin County:	_____
St. Louis County:	_____
St. Louis City:	_____
Other *	_____
<u>Total:</u>	_____

*Please specify other counties:

<u>County</u>	<u>Units of Service and Pricing</u>
_____	_____
_____	_____
_____	_____
_____	_____

Expertise of Personnel Form

Home Visitation services shall be provided by a Registered Nurse or by a qualified paraprofessional under the supervision of a Registered Nurse.

Please describe the qualifications of the personnel proposed by the applicant to perform the requirements of this application, whether from the applicant's organization or from a proposed subcontractor, including detailed information related to the experience and qualifications, including education and training of proposed personnel:

Method of Performance/Work Plan

Applications will be subjectively evaluated based upon the applicant's distinctive work plan for performing the specifications in the scope of work. Therefore, the applicant should present a written narrative that demonstrates the method or manner in which the bidder proposes to satisfy these requirements. The language of the narrative should be straightforward and limited to facts, solutions to problems, and plans of action.

The method by which the proposed method of performance is written is left to the discretion of the applicant. However, the following method is recommended:

The applicant will address each of the Specifications listed in the scope of work (Exhibit B). The narrative should include each specification with a written description of how, when, by whom, with what, to what degree, and where each specification will be satisfactorily completed. *The applicant may use additional pages as needed to effectively address the listed specifications.*

The applicant should provide an organizational chart showing the staffing and lines of authority for the key personnel to be used. The relationship of service personnel to management and to support personnel should be clearly illustrated.

**CHILDREN'S TRUST FUND
ASSURANCE/CERTIFICATION SIGNATURE PAGE**

I, the undersigned, certify that the statements in this grant application are true and complete to the best of my knowledge and accept, as to any grant awarded, the obligations to comply with any Children's Trust Fund special conditions specified in the grant award and contract.

I, the undersigned, certify that I have reviewed and understand all information contained in Exhibit A and Exhibit B and understand that both Exhibit A and Exhibit B will be considered a part of any contractual agreement resulting from this application.

I, the undersigned, certify that in addition to the conditions mentioned before, will maintain accepted accounting procedures to provide for accurate and timely recording or receipt of funds (by source), expenditures (by items made from such funds) and of unexpended balances. I will establish controls that are adequate to ensure that expenditures charged to grant activities are for allowable purposes, and that documentation is readily available to verify that such charges/expenses are accurate.

I, the undersigned, certify that the employment and service practices of this agency do not discriminate on the basis of race, color, national origin, age, sex, disability or religious belief.

I, the undersigned, certify that only personnel authorized to work in the United States in accordance with applicable federal and state laws, including the Illegal Immigration Reform and Immigrant Responsibility Act (IIRIRA) and INA Section 274A.

I, the undersigned, certify that this agency is in compliance with the provisions outlined in the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Print or Type Name: _____
Authorized Official **Title**

Signature: _____
Authorized Official **Date**

Signature: _____
CTF Executive Director **Date**

NOTICE OF CURRENT AVAILABILITY OF NURSE HOME VISITATION FUNDS & INSTRUCTIONS

FISCAL YEAR 2012
(OCTOBER 1, 2011 THROUGH JUNE 30, 2012)

EXHIBIT B

APPLICATION DEADLINE:

**TO BE CONSIDERED FOR CTF FUNDING, APPLICATIONS MUST BE RECEIVED AT THE
CTF OFFICE BY NOON, FRIDAY, SEPTEMBER 23, 2011**

Children's Trust Fund, PO Box 1641, Jefferson City, MO 65102
OR
Children's Trust Fund, 301 W. High Street, Room 860, Jefferson City, MO 65101

Children's Trust Fund Home Visitation Services – Scope of Work

Children's Trust Fund – Background Information

The Children's Trust Fund (CTF) was established in 1983 by the Missouri General Assembly to ensure efforts to prevent and alleviate the leading causes of child abuse and neglect. CTF, dedicated solely to support child abuse/neglect prevention programs throughout the state, is authorized to enter into contracts with public or private agencies, schools, or qualified individuals to establish community-based educational and service programs focused on the prevention and/or alleviation of child abuse and neglect.

Vision: The Children's Trust Fund envisions children and families free to grow and reach their full potential in a nurturing and healthy environment free from child abuse and neglect.

Mission: The Children's Trust Fund will prevent or alleviate child abuse and neglect for the State of Missouri's children and families by: 1) planning and policy development; 2) ensuring funding of results-oriented programs, training programs for prevention professionals, and research; 3) promoting public awareness and education; and 4) assisting in the integration of statewide prevention efforts.

The Children's Trust Fund has funded both broad-based educational campaigns and local creative approaches to prevent and alleviate child abuse/neglect.

The following application requests home visitation services to be conducted by Registered Nurses or qualified paraprofessionals under the supervision of a Registered Nurse. Home visitation is an effective, evidence-supported model in the prevention of child abuse and neglect along with other positive outcomes. Therefore, the Children's Trust Fund, in collaboration with the Department of Social Services, issues this application for nurse home visitation services.

Introduction

The job of parenting is one of the most important and challenging responsibilities adults can assume. Yet many new parents come to this role without the information, personal resources, and support needed to successfully nurture their children. Home visiting for parents and their children, beginning prenatal or at birth, has been shown through extensive national research and experience to be an important and effective strategy to prevent a range of poor childhood health and developmental outcomes, including child abuse and neglect. Very young parents and their children are at particular risk for poor health, social, educational, and economic outcomes. Reaching these young parents upon the birth of their first child, before ineffective parenting practices have been established and repeated pregnancies have occurred, provides the opportunity to have a greater impact on strengthening young families and preventing these poor outcomes.

The Children's Trust Fund of Missouri requests proposals from qualified vendors to develop and provide prevention-oriented home visiting services to include, but are not limited to, the following:

- a) Pregnant women, including young adults/teens and mentally and /or physically challenged women, to discuss prenatal care and postnatal care, child development and infant care;
- b) Teach mothers of newborns infant healthcare, signs of illness, infant CPR, parenting skills, and home safety focused on infants and toddlers;
- c) Provide information on community resources to new mothers and help arrange resources as requested;
- d) Provide a minimum of one home visit after a child is born. Additional visits may be indicated and provided based on need. Visits shall be provided for a maximum of twenty (24) months.

The service area for home visitation services shall include Franklin County, Jefferson County, St. Charles County, St. Louis County and St. Louis City. Proposed services to other counties may be included; however, services to all five listed counties must be provided.

Available Funding

Total available funding for services for this contract period is estimated at \$641,000. The contract period shall begin on October 1, 2011 and end on June 30, 2012.

CTF is seeking applications from proposed contractors who are able to provide a sufficient number of units to the targeted population to use the available funds. **NOTE: *The per unit cost is capped at \$92.00 for services provided under this application. For the purpose of this application, a unit of service is defined as one sixty-minute hour of service delivery (face-to-face contact) or a quarter fraction thereof.***

CTF reserves the right to make single or multiple awards. Each vendor is required to provide services to the entire geographic area as described above.

Payment will be consistent with policy and guidelines accepted by the Children's Trust Fund and on a reimbursement basis after the CTF office has received the required documentation.

Description of Services

For the purpose of this application, home visitation shall be defined as a comprehensive, prevention oriented service provided by a Registered Nurse or qualified paraprofessional under the supervision of a Registered Nurse; and also incorporates the use of standardized assessment tool(s) to systematically identify parents who are most in need of services; initiates services prenatal or at birth up until the child reaches the age of two; offers services intensely with well-defined criteria for increasing or decreasing the intensity of service during the overall time period; is culturally sensitive; and offers services voluntarily using positive, persistent, outreach efforts to build family trust in accepting services.

The contractor's home visitation services shall assist parents/expecting parents in: (1) developing effective parenting skills to ensure the optimal health and development of their children; (2) preventing repeat teen pregnancies; (3) attaining maximum educational achievement; (4) developing the capability to support themselves and their children; (5) having healthy birth outcomes; and (6) ensuring the safety and overall well-being of children;

and (7) enable parents to better address problems of everyday family living, improve their self-esteem, increase role competency, and improve their overall social functioning.

Home visitation services shall include visits to: (1) discuss and monitor prenatal and postnatal care, child development and infant care; (2) teach parents of newborns infant health care, signs of illness, infant CPR, parenting skills, and home safety focused on infants and toddlers; (3) explain possible community resources to parents and link parents with those resources as requested; (4) provide at least one home visit after the child is born and provide additional home visits as needed and as indicated by a home risk assessment/screening, and/or the needs of the family and/or child(ren); (5) provide health education, social support, counseling, educational/vocational services, and information on home management.

Home visiting frequency and duration vary according to family needs and choice, consistent with program specifications listed in this document.

All services provided within the scope of this contract shall be completely voluntary on the part of the participant(s) receiving services.

Programs must actively collaborate with other home visiting, family support, and other services for parents to ensure services are coordinated and non-duplicative.

Identification of Population to Be Served

High-risk parents should be targeted. For purposes of this application, high-risk parents shall include expectant and young parents age twenty-one years or younger and parents exceeding this age who are mentally and/or physically challenged or who are substance abusers. Other high risk factors include parents who have multiple children in their household, parents without economic or other means of support, single parents without a support system, and/or parents who have special needs or medically fragile babies.

Home visitation services should be offered beginning in pregnancy and should be available until the child reaches 2 years of age.

The level of home visiting services offered is based upon individual screening and assessment of participants' strengths, needs, and wishes.

Program Specifications

Program Specification 1: Home Visitors must be Registered Nurses licensed within the State of Missouri.

- 1.1 Because of the many health issues of the proposed population to be served, the contractor must employ nurses as home visitors. The contractor shall assign or recruit bachelor degreed nurses who are licensed within the State of Missouri who have community health and maternal and child health home visiting experience.

Program Specification 2: Nurse home visits may be initiated during pregnancy or at birth, with services continuing for a maximum of twenty-four (24) months.

2.1 Prenatal Overview/Objectives

Nurses will need to remain flexible as home visits vary considerably among families based on need, knowledge, and circumstance. Women will enroll in the program at various stages of gestation. Their knowledge, motivation, and ability to assimilate material varies greatly, thus affecting the time nurses spend on any one topic.

The contractor shall provide services to meet the following major behavioral objectives during pregnancy:

- (a) Educate women about nutrition, proper diets, and how to monitor weight gain;
- (b) Helping women prevent or eliminate their use of tobacco, alcohol, and drugs;
- (c) Teaching parents to identify the signs of pregnancy complications and to use the health care system to address these problems before they become more serious;
- (d) Encourage regular rest, appropriate exercise, and good personal hygiene related to obstetrical health;
- (e) Prepare parents for labor and delivery;
- (f) Prepare parents for appropriate care of their newborn;
- (g) Encourage appropriate use of the health care system; and
- (h) Encourage mothers to plan regarding subsequent pregnancies, returning to school, and finding employment.

2.2 Infancy/Early Childhood Overview and Objectives

During home visits following the birth of the child, the nurse shall address issues of common concern to many young parents while simultaneously responding to individual needs and differences.

The contractor shall provide services to meet the following objectives:

- (a) Increase the parent's understanding of the infant's temperament;
- (b) Promote the physical care of the child;
- (c) Promote the behavioral and emotional well being of the child;
- (d) Improve the safety of the home environment;
- (e) Help mothers adapt to changing roles;
- (f) Encourage mothers to further clarify their plans and follow through with such plans for returning to school and completing their education, finding and maintaining employment; and family planning;
- (g) Identify safe and reliable child care.

Program Specification 3: A common standardized assessment/screening method shall be used to measure program effectiveness.

- 3.1 The contractor shall conduct standardized (i.e., consistent for all participants) screenings and assessments, as approved by CTF, with all new participants to determine the initial level of needed service and eligibility for intensive services. The contractor shall conduct follow-up 6 months after the initial assessment, as well as upon termination of services, using the same standardized assessment method/instrument to chart effectiveness of services. Among the factors to be assessed shall be family strengths, family stress, the psychosocial functioning and emotional well being of the parent, physical health, social and physical environment, financial status and eligibility for entitlements, and the availability and use of formal and informal systems.

Program Specification 4: All home visitation services must be voluntary.

- 4.1 Participation in the program is voluntary. The contractor shall use a range of positive, persistent and creative outreach strategies to engage new families and maintain family involvement in the program.
- 4.2 The contractor shall accept referrals from the state Department of Social Service's Family Support and Children's Divisions (DSS), local health departments, clinics, and local health care providers to enroll parents in the program.
- 4.3 The contractor shall continue outreach efforts to each family for a minimum of three months before discontinuing services, except when a family has moved out of the service area.
- 4.4 The contractor shall measure and analyze retention rates of participants and develop on-going methods to address whether and/or how they will increase the retention rate among those who drop out of the program.

Program Specification 5: Varying levels and frequency of home visitation services shall be offered.

- 5.1 The contractor shall offer varying levels and frequency of home visitation using the following framework as a guide. This framework shall be used as the foundation for service planning. Actual frequency of visits may vary according to each family's individual strengths and needs. The contractor must be aware of and document the child's safety and general well being. Frequency of home visits both prenatal and post natal, shall be determined by the visiting nurse and family.
- 5.2 The contractor shall have clearly defined and measurable criteria for the frequency of visits that are consistently applied to all program participants and documented. Frequency of home visits should be based upon the medical expertise of the contractor/provider, the results of the assessments, risk factors, and service needs as determined by the family and visiting nurse. Criteria considered by the contractor shall, at a minimum, include:

- (a) the family's preference, participation in the home visitation program and/or other family support activities;
- (b) the health and development of the child;
- (c) the parent's knowledge of child development, parenting skills and parent-child interaction;
- (d) the stability of the parent's living arrangement;
- (e) level of social support;
- (f) level of other community support;
- (g) other individual risk factors as identified by the visiting nurse or as referenced in previous sections.

Program Specification 6: Home visitation services are culturally diverse.

- 6.1 The contractor shall ensure that all home visitation services are provided within a culturally, ethnic, and religious sensitive framework, which includes diversity and appropriateness of staff, materials, and approach. The contractor shall provide services that are tailored to meet the unique developmental needs of young parents and those mentally and physically challenged.

Program Specification 7: Program Protocol

- 7.1 The contractor shall follow a comprehensive program protocol that focuses on the areas as required in section 2.1 and 2.2 of this application.
- 7.2 In cooperation with the participant family and other service and educational agencies involved with the participant, the contractor's nurse shall develop and implement a family service plan for the participant. The contractor/nurse shall provide services in accordance with the plan. The plan should include family needs based upon comprehensive assessment, scope of services and who is to provide them, goals, and a schedule for service delivery.
- 7.3 The contractor shall routinely use parenting and child development curricula with participant families.
- 7.4 The contractor shall vary and change activities over time according to the developmental stage of the child. Family activities and parent/child groups for parents of infants will differ from those for parents of toddlers.
- 7.5 The contractor shall promote health education by providing information and support necessary for parents to make positive choices in terms of health behavior for themselves and their children. The contractor should establish relationships with individuals and families that promote self-respect and encourage independence.
- 7.6 The contractor shall conduct and/or work with Parents As Teachers (PAT) to conduct regular infant/child developmental screening of all participant children on a regular basis. The contractor shall refer children with questionable or abnormal screenings to PAT for assessment and follow-up.
- 7.7 The contractor shall encourage parents to be actively involved in all screenings.

- 7.8 The contractor shall share information gained through the screening process with parents in language they can readily understand and shall use such information as the basis for fostering parent-child interactions and activities that promote healthy child development.
- 7.9 The contractor shall work closely with PAT and other early intervention programs to coordinate services to families participating in both programs. Coordination may include joint service planning and case conferencing with the consent of the parents to ensure that services are consistent, complementary, and non-duplicative.

Program Specification 8: Primary Health Care Provider

- 8.1 The contractor shall assist each participant family to make and maintain a relationship with a primary health care/medical provider for regular preventive health care including assurance of all age-appropriate immunizations. The contractor shall assist with linkage to other services and resources as needed and desired by the family.
- 8.2 The contractor should pursue additional resources such as WIC and other nutritional support, economic support, emotional and physical support to help meet the mother’s basic needs, including education, employment, recreation, mental health services, substance abuse treatment, domestic violence or legal services, and other specialized programs as needed.
- 8.3 The contractor shall follow-up on referrals to determine if services are actually received and if they appropriately meet the needs of the family.

Program Specification 9: Caseload Management

- 9.1 The contractor shall have a caseload management system that permits home visiting nurses to have sufficient time to spend with each family. Caseload size per full time home visiting nurse shall not exceed **twenty-five** (25) families per home visiting nurse. The caseload size may be significantly lower in some instances depending upon specific needs of the individual family, travel time, and the experience and skill level of the home visiting nurse.

Program Specification 10: Staff Supervision

- 10.1 The contractor shall maintain a system to provide regular, on-going and effective supervision of all staff to support home visiting nurses in their work performance to ensure the provision of quality services to children and families, and to ensure that the family meets the goals and objectives of their IFSP.

Program Specification 11: Administrative Support

- 11.1 The contractor’s administrative structure shall have the capacity to support all aspects of the program operation, including quality assurance, fiscal responsibility and program and staff support.
- 11.2 The contractor shall maintain an advisory board that assists in the planning, implementation, and assessment of services.

- 11.3 The contractor shall, at a minimum, include the following training requirements for all home visiting nurses and supervisors: establishing an appropriate and meaningful relationship with the participating family, developing a family service plan, identification of at-risk families, gaining participation of families in the program, issues of confidentiality, mandated reporter status, determining home and child safety, observing parent/child interactions, building upon family strengths, teaching parent/child interactions, managing crisis situations, domestic violence, child abuse/neglect indicators, drug exposed infants/fetal alcohol syndrome, shaken baby syndrome, cultural competency, financial assistance eligibility, child development, and infant safe crib/sleep.

Program Specification 12: Unit of Service

- 12.1 The contractor shall be paid based upon the number of units of service provided. For the purpose of the application, one unit of service is defined as one sixty (60) minute hour of service delivery (face-to-face contact) or a quarter fraction thereof (15 minutes = .25 units, 30 minutes = .5 units, etc.)

Program Specification 13: Reimbursement Process

- 13.1 The contractor shall submit a monthly invoice for payment for the number of units of service provided in that contract month. Payment shall be based upon the firm fixed price for the specific unit of service as stated in the contract multiplied by the actual number of units or fraction of units provided. By the 15th of the month following the month for which services are being reimbursed, the contractor shall prepare a monthly invoice on a form developed by CTF and send it to the Children’s Trust Fund. Supporting documentation shall include but not be limited to, units of service provided, the date and time units of service were provided, unit cost, and the total monthly cost. All invoices and requested documentation should be sent to:

**Laura K. Malzner, Program Coordinator
Children’s Trust Fund
P.O. Box 1641
Jefferson City, MO 65102-1641**

Program Specification 14: Reporting, Record Maintenance, and Monitoring Requirements

- 14.1 Annual Program Report – Within 30 days following the end of each contract year, the contractor shall submit an annual report to the Children’s Trust Fund as outlined by CTF.
- 14.2 The Contractor shall keep adequate, legible, genuine, current and complete records of services provided and make all such records available, upon request, to CTF or its designated representative for a period of five (5) years following the expiration of any agreement resulting from this application. Contractor also agrees to allow reasonable and timely site visits from CTF staff to monitor project progress and to review contract-related documentation.

Program Results and Measures

Result 1: Enrolled infants and children are fully immunized according to age.

Measure 1: 90% of enrolled children are fully immunized according to age.

Result 2: Enrolled infants will live in a safe home environment.

Measure 2: Less than 5% of the infants and children in the program will be subjects of a probable cause child abuse and neglect report. (Reports handled through the family assessment track are not included in this measure.)

Result 3: Enrolled infants and children will receive developmental screenings using a consistent screening tool.

Measure 3a: 100% of enrolled infants and children will receive developmental screening.

Measure 3b: 100% of enrolled families will be referred to Parents As Teachers.

Measure 3c: All enrolled infants demonstrating at least a 50% developmental delay in any area will be referred to First Steps.

Result 4: Teen mothers are less likely to give birth to a second child while participating in the program.

Measure 4: Teen mothers participating in the program will have a less than 20% incidence of repeat pregnancies within two years after the birth of their first child.

Result 5: Enrolled families will be satisfied with services provided.

Measure 5: 95% of those surveyed will be satisfied with services provided as measured by a client satisfaction survey.

Result 6: The contractor shall accurately track/collect the cost for providing home visitation services.

Measure 6: The actual costs for providing home visitation services will be accurately tracked/collected including the average cost per family.

Result 7: Reduce emergency room visits and repeat hospitalizations for high-risk infants.

Measure 7: While enrolled in the program, less than 5% of the infants served will have emergency room visits or repeat hospitalizations.

Submission of Application

When submitting an application, the applicant should include two (2) additional copies along with the original for a total of three (3).

Exhibit A, completed in its entirety and exhibit B, initialed on each page, will serve as the completed application.

To facilitate the evaluation process, the applicant is encouraged to organize their application in the following manner/order:

- 1) Exhibit A (Application) should include:
 - a. The signed face sheet
 - b. Pricing page form
 - c. Expertise of personnel form
 - d. Method of performance/work plan form
 - e. Certification/Assurances page signed by Authorized Official

- 2) Exhibit B (Scope of Work) should be initialed at the bottom of each page and attached to Exhibit A.

Evaluation, Selection, and Award Process

After determining that an applicant satisfies the requirements stated in the application, the evaluator(s) shall use both objective analysis and subjective judgment in conducting assessments. The evaluation criteria to be used are as follows:

1. Cost	25 points
2. Experience and reliability	25 points
3. Expertise of personnel	25 points
4. Method of performance (work plan)	25 points

1) Evaluation of Cost

The objective evaluation of cost shall be based upon the firm fixed price per 60-minute (face-to-face) home visit as stated on the pricing page. The evaluation will include the original contract period plus the renewal option periods.

2) Evaluation of Experience and Reliability

Experience and reliability of the applicant's organization are considered subjectively in the evaluation process. Therefore, the applicant is advised to submit any information that documents successful and reliable experience in past performances, especially those performances related to the requirements of this application.

The applicant should provide the following information related to previous and current services/contracts performed by the applicant's organization and any proposed subcontractors who are similar to the requirements of this application.

- a. Name, address, and telephone number of client/contracting agency and a representative of that client/agency who may be contracted for verification of all information submitted;
- b. Dates of the service/contract; and
- c. A brief, written description of the specific prior services performed and requirements thereof.

3) Evaluation of Expertise of Personnel

The qualifications of the personnel proposed by the applicant to perform the requirements of this application, whether from the applicant's organization or from a proposed subcontractor, will be subjectively evaluated. Therefore, the applicant should submit detailed information related to the experience and qualifications, including education and training of proposed personnel.

If personnel are not yet hired, the applicant should provide:

- a. Detailed descriptions of the required employment qualifications; and
- b. Detailed job descriptions of the position to be filled, including the type of person proposed to be hired

The applicant may utilize the expertise of personnel form (in Exhibit A) to summarize the personnel information and should submit detailed resumes for each proposed key personnel.

The contractor should submit a copy of all licenses and/or certifications that may be required by state, federal, and/or local law, statute, or regulation in the course of performance of the applicant's profession. If not submitted with the application, the State of Missouri reserves the right to request and obtain a copy of any license or certification required to perform the defined services prior to the contract award.

4) Evaluation of Method of Performance (Work Plan)

Applications will be subjectively evaluated based upon the applicant's distinctive work plan for performing the specifications in the scope of work. Therefore, the applicant should present a written narrative that demonstrates the method or manner in which the bidder proposes to satisfy these requirements. The language of the narrative should be straightforward and limited to facts, solutions to problems, and plans of action.

The method by which the proposed method of performance is written is left to the discretion of the applicant. However, the following method is recommended:

On the work plan form found in Exhibit A, the applicant will address each of the specifications listed in the scope of work (Exhibit B). The narrative should include each specification with a written description of how, when, by whom, with what, to what degree, and where each specification will be satisfactorily completed. The applicant should use additional pages as needed to effectively address the listed specifications.

The applicant should provide an organizational chart showing the staffing and lines of authority for the key personnel to be used. The relationship of service personnel to management and to support personnel should be clearly illustrated.

