

SERVICE PROPOSAL FOR COMMUNITY BASED DEVELOPMENTAL DISABILITIES SERVICES

PROVIDER PROPOSING SERVICES: _____ DATE: _____

PERSON PROVIDER IS PROPOSING TO SERVE: _____

1. Describe experience in the delivery of services to persons with intellectual/developmental disabilities and/or behaviorally intensive needs. Include number of years of experience, description of the services provided, and a description of the community in which services will be provided.
2. Describe in detail how the health and safety needs of the person will be met. Include how considerations will be made for medical, dental, nutrition, OT/PT, psychiatric, counseling, adaptive, supervision, and other needs specific to the person. Identify professionals that will provide these services and if services will be provided within one month of the person moving to the community.
3. Describe in detail how the person's residential needs will be met. Include what services will be provided, who will provide them, and how they will be provided. Were the person and MDC staff interviewed by the provider to determine residential interests and needs? Are the proposed services available in the individual's documented choice of community and preferred living environment?
4. Provide in detail how the person's vocational needs will be met. Were the person and MDC staff interviewed by the provider to determine vocational interests and needs? Are the proposed vocational services available in the person's documented choice of community? Will vocational services start within 30 days of moving to the new community? Will a provider other than the proposer will be providing the service, and are any modifications necessary to meet the person's needs?
5. Describe in detail how the person will be actively engaged in the community? Include recreational activities as well as leisure activities available. Were the person and MDC staff interviewed by the provider to determine interests? Are the proposed activities available in the person's documented choice of community? Describe how supports will be provided to assist people to spend time with those who are not paid to be a part of their lives.
6. Provide a proposed cost plan amount. Please specify hours per week, cost per hour, and annual amount for each service proposed, including transportation, and the total annual cost plan amount. It is expected the cost plans submitted will be reflective of the MONA.

Specify if a transition grant will be requested and the projected amount of the grant request. The transition grant request cannot exceed \$10,000.

7. Describe the availability of staff for providing support for the proposed service arrangements by the placement date. Include if staff are hired and trained or if the staff people need to be hired and/or trained, qualifications of staff, amount of supervision in the setting(s) proposed, staff ratios, shifts, and emergency staffing plan.
8. How many days following the date of notice of department approval will the proposed placement occur? Preference is placement within 60 days or less from the date of the notice of approval of the proposal.

Additional comments: