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## OREGON YOUTH AUTHORITY Treatment Services

### **RENEWAL APPLICATION**

SECTION I: Application Process and Instructions

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Revised: 7/23/09

# STATE OF OREGON OREGON YOUTH AUTHORITY (OYA)

## SECTION I: CONTRACT RENEWAL APPLICATION PROCESS AND INSTRUCTIONS

All providers requesting to renew a current contract to provide therapy and/or sex offender treatment and/or alcohol and drug treatment services will be required to complete a Treatment Services Renewal Application. Once a complete application is received in the Contracts Office, a contract amendment will be developed and sent to you for signature.

**If a renewal application is not received by the Contracts Unit in sufficient time to write an amendment and obtain all necessary signatures prior to the expiration date of your current contract, the contract will expire and services will be terminated. If your contract is allowed to expire, you will need to submit a full application packet to request a new contract.**

This renewal application is to renew services you are currently providing. If you would like to provide additional services, you will need to complete a new Treatment Services Application packet. When the solicitation is open, the application packet can be found at the Oregon Procurement Information Network (ORPIN) website at: <http://orpin.oregon.gov/open.dll/welcome> and the OYA website at : <http://www.oregon.gov/OYA/contracts.shtml>

It is the OYA's intent to continue contracting with each applicant who meets the minimum qualifications and requirements as stated in this Application. **The OYA cannot predict the caseload for the future and does not represent any particular volume of business will be offered to any applicant who contracts to provide services.**

Please submit a completed original and one photocopy of this application and all required information on plain white paper and staple the entire application in the upper left-hand corner. Please do not use any kind of folder or binding.

The following forms as indicated must be completed for all contract renewal applications:

- Application Cover Sheet (Form A)
- Form B – Not required for renewal
- Form C – Not required for renewal
- Fee-for-Service Rates (Form D)
- Consent for Criminal Records Check (Form E)

**All Contractors MUST submit:**

- **Criminal Records Check**

An approved criminal records check for all providers, including employees, who have direct contact with youth will be completed prior to the issuance of a contract amendment. You MUST submit Form E, Consent for Criminal Records Check, for yourself and all employees with your renewal application.

- **Copy of Current Professional License e.g. LCSW, LPC, Clinical Psychologist, etc. (if applicable)**

- **Continuing Education Documentation**

Continuing education is a critical part of maintaining professional standards in the practice of professional behavioral health treatment. If you have attended workshops/trainings, earned continuing education credits during the previous two years, please provide documentation of the workshop content and copies of your CEU certificates, if applicable, with your renewal application.

- **Staff Documentation**

Please provide a list of all staff that will be providing the services in your contract. Please provide the following documentation for each new therapist that has not been previously approved by OYA through the Treatment Services Application:

- Copy of professional license (if applicable)
- Copy of degree
- Current curriculum vitae
- Consent for Criminal Records Check

**Processing of Incomplete Applications**

The provider is responsible for all information contained in this packet. Please read all information carefully before submitting your proposal. Incomplete applications will be delayed or may be disqualified.

**Contractor Performance and Financial Responsibility**

The OYA reserves the right to investigate previous performance and financial stability as these areas relate to the performance of the duties under any contract resulting from this application.

**Submit renewal application packet to:** Oregon Youth Authority  
Attn: Contracts Unit  
530 Center St. NE, Suite 200  
Salem, Oregon 97301-3765

**Direct questions to:** Laura Hince, Contract Specialist  
(503) 373-7333

Gloria Andersen, Administrative Specialist  
(503) 373-7371

## SERVICE DESCRIPTION

**Therapy services** shall be provided to male and/or female youth offenders ages twelve (12) through twenty-four (24) years, referred by the Agency who are on parole from a youth correctional facility or on probation and at risk of being placed in a more restrictive setting. These services may include, but are not limited to, individual, group, and/or family therapy; evaluations; and special assessments.

Youth typically will present multiple treatment issues, which may include, but not be limited to:

Aggressive behaviors	Mental health disorders as described in DSM-IV
Criminal behavior	Multiple family losses
Criminal thinking errors	Prostitution
Drug or alcohol affected infant	Sexual offending (other than aftercare)
Drug and alcohol issues	Suicide
Fire setting	Victim of abuse
Grief and loss counseling	Victim of domestic violence
Immature coping skills/behaviors	

**Sex Offender Treatment Services** shall be provided to male and female youth offenders on parole from a state youth correctional facility or on probation and at risk of being placed in a more restrictive setting. These services are for paroled youth adjudicated of sex crimes and may include, but not limited to, individual, group and/or family therapy; evaluations; and assessments. Upon prior authorization by the contract administrator, services may be provided to youth transitioning from a close custody setting to a community placement. Services for youth in transition must be initiated through the youth's parole officer.

**Alcohol & Drug Treatment Services** shall be provided to male and/or female youth offenders referred by the Agency who are on parole from a youth correctional facility or on probation and at risk of being placed in a more restrictive setting. These services may include but are not limited to, individual, group, and/or family therapy; special assessments and evaluations; consultations; special reports; and UA's.

## FEES

The OYA shall pay the Contractor for the listed services at rates not to exceed those shown on the published OYA rate schedule (<http://www.oregon.gov/OYA/contracts.shtml>). When the rate schedule is revised, the Contractor will be notified of the new rates. **If the Contractor's standard fee is less than the OYA rate for the same service, it will be specified in the contract and services will be paid at Contractor's standard rate.**

- Comprehensive Psychiatric or Psychological Evaluation
- Neuro-psychological Testing
- Special Assessment
- Individual Therapy
- Family Therapy
- Individual/Family Therapy by a MD
- Group Therapy
- Multi-Family Treatment Group
- Consultation/Treatment Meetings
- Medication Management
- Special Reports
- UA

SECTION II: FORMS

STATE OF OREGON  
OREGON YOUTH AUTHORITY  
TREATMENT SERVICES RENEWAL APPLICATION  
COVER SHEET

The State of Oregon, acting by and through its Oregon Youth Authority (OYA), referred to herein as the Agency, issues this Renewal Application for Treatment Services to youth offenders.

1. **Applicant's Name (if applying as a business, use registered business name):**

\_\_\_\_\_

2. **Federal Tax I.D. # or Social Security # (for tax reporting purposes):**

\_\_\_\_\_

3. **Address where services will be provided:**

\_\_\_\_\_  
\_\_\_\_\_

4. **Mailing Address (If different from above):**

\_\_\_\_\_  
\_\_\_\_\_

5. **Telephone #:** \_\_\_\_\_ **Fax#:** \_\_\_\_\_

6. **E-mail Address:** \_\_\_\_\_

7. Currently providing the following services under Contract # \_\_\_\_\_:

- General Therapy
- Sex Offender Treatment
- Alcohol and Drug Treatment

8. Statement of acceptance of the terms and conditions contained in the Renewal Application:

**I hereby acknowledge and agree that I have read and understand all the terms and conditions contained in the Renewal Application.**

**I certify that the information I have provided is correct. I understand that any misrepresentations or incorrect information provided to OYA can result in disqualification of my application.**

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**FEE-FOR-SERVICE RATES**

The Agency shall not pay the Contractor for the listed services at rates higher than those identified on the published OYA rate schedule, Form YA 2021, which can be found at <http://www.oregon.gov/OYA/contracts.shtml>.

\*If your rates are the **same as or higher than** those listed on the rate schedule, the OYA will reimburse you at the rates listed on the published rate schedule.

\*\*If your normal and customary rates for the services listed below are **LOWER THAN** the published rates, please indicate those rates below. The Contractor agrees that the rates charged to the Agency for services to OYA youth shall not exceed the Contractor's normal and customary rates for comparable services to the public.

**You must check the boxes below for the services you are willing to provide. Only the services you indicate below will be included in your contract:**

<b>SERVICE</b>	<b>Yes I will provide this service</b>	<b>No I will not provide this service</b>	<b>*Use the OYA published rate</b>	<b>**Use my rate listed below</b>	<b>UNIT</b>
Comprehensive Psychiatric or Psychological Evaluation With testing and written report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> \$569.25		Each
Neuropsychological Testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> \$155.25		Each
Special Assessments (e.g., psychosexual, fire setter, alcohol and drug, mental health evaluations)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> \$105.70		Hour (8 max)
Individual Therapy (QMHP, CADC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> \$105.70		Hour
Family Therapy (QMHP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> \$143.15		Hour
Individual/Family Therapy (MD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> \$140.94		Hour
Group Therapy (QMHP, CADC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> \$47.73		Hour
Multifamily Treatment Group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> \$47.73		Hour
Consultation/Treatment Meetings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> \$98.77		Hour
Medication Management by MD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> \$35.24		15 min
Special Reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> \$95.43		Hour
UA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> \$15.53		Each

The OYA reserves the right, in its sole discretion, to contract for additional services and the rates proposed by a provider based on the needs of the OYA and OYA youth. However, the OYA reserves the right to negotiate rates based on needs of the OYA.

**I agree to be paid at the rates I have indicated above, or at OYA rates, whichever is lower.**

**Authorized Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



OYA Youth Offender Treatment Providers – Consent for Criminal Records Check

The mission of the Oregon Youth Authority (OYA) is to protect the public by holding youth offenders accountable and providing opportunities for reformation. In answer to OYA's need for appropriate community-based treatment resources for youth offenders, you have expressed a desire to provide contracted services in support of OYA's mission. By your signature, you authorize OYA to obtain information about you from the Oregon State Police, the FBI and other law enforcement agencies, courts and record sources.

Please PRINT all information clearly

Name (last, first, middle):
Gender: [ ] M [ ] F Social Security Number: Date of Birth:
Business and Mailing Address: (including Office Number or Suite Number) City State Zip Code
List ALL other name(s) used (maiden, previous married name(s), aliases, legal name change, assumed names):

WARNING: Falsely responding to or omitting information in answer to the questions listed below, will disqualify your application.

- 1. Have you ever held residence (lived) in any state other than Oregon? [ ] Yes [ ] No
If yes, please list all other states, by their name:
2. Have you ever been arrested for, convicted of, or adjudicated on any crime(s)? [ ] Yes [ ] No
If yes, use a separate sheet of paper to list the crime(s) and describe the circumstances by which you were arrested, convicted, and/or adjudicated, and provide any information you have to help us understand why you believe your previous criminal activities will not adversely impact your ability to provide youth offender treatment services for OYA. The explanation sheet(s) must be attached to this consent form, or it will NOT be processed.

The Oregon Youth Authority requests that you voluntarily provide your social security number to this agency for use as an identification number for criminal records checks. Failure to provide your social security number will not be used as a basis to deny you any right, benefit, or privilege provided by law. If you provide your social security number and consent to its use, it will be used only for the purpose stated above and will not be given to the general public. By signing this consent to disclose social security number, you authorize OYA to disclose your social security number to others if such disclosure is necessary for the purpose stated above

Applicant's Signature authorizing OYA's Use and Disclosure of Social Security Number
\*\*\* APPLICANT'S SIGNATURE REQUIRED - Consent will not be processed without the applicant's signature:

"I have reviewed and completed this form as applicable to me. I give permission for OYA to verify any and all information I have provided. By my signature, I swear or affirm that all the information provided on this form, and any attachments thereto, is true and accurate."

Signature: Date:

For OYA Employee Services Use Only

CRIMINAL RECORD STATUS (Date/Initial)
[ ] REVIEWED
[ ] Approved
[ ] Denied
REASON FOR DENIAL:

Prepared by: Signature Date

## CHECKLIST

Form A: Application Cover Sheet

Form D: Fee-For-Service Rates

Form E: Consent for Criminal Records Check

**(Note: A separate consent form must be prepared and submitted for each person who will have contact with youth – e.g. provider, employee.)**

Copy of professional license (if applicable)

Continuing education documentation

List of staff (if applicable) and documentation required for new staff

One (1) original and one (1) photocopy of application and documentation