

REQUEST FOR PROPOSAL

DATE: June 9, 2017

RE: Multiple Level 3 Community Care Facilities for up to Four (4) Intellectually Disabled adult residents with mild to moderate self-care needs and minimal behavioral issues.

TO: All interested parties

SUMMARY: Primary goal is to develop several high quality staff operated residential facility for adults ages 18-59 with mild to moderate self-care needs and possible behavioral issues. This development would allow for residents to live and relate to their peer group and work on goals appropriate to their individual needs. This residence may serve up to four individuals depending upon licensure. Preference will be given towards single bedroom occupancy.

Access California Code of Regulations (CCR), Title 17 via www.dds.ca.gov
Access California Code of Regulations (CCR), Title 22 via www.dds.ca.gov

The Regional Center of Orange County (RCOC) appreciates your interest in responding to the Request for Proposal (RFP) **#1718L3CCF**. We are including specifics regarding this proposal in order to help you in the application process. Please read all material and follow the guidelines presented within this document. Thank you in advance for your effort in helping serve persons with disabilities, along side of the Regional Center of Orange County.

FACILITY NEED/ FACILITY CAPACITY

The facility to be vendored, must qualify as a Staff Operated Residential Facility Serving Adults as defined by California Code of Regulations (CCR) Title 17 Section 54342(a)(69) and CCF Title 22, Division 6, Chapter 6. The program design for this facility must detail staffing ratios, staff qualifications and program design features that meet or exceed the specifications for a Level 3 Community Care Facility under the Alternative Residential Model (ARM).

CONSUMER PROFILES/TARGETED POPULATION

Applicants responding to this RFP must expect to review and accept the following individual profiles:

The individuals' disabilities can include a diagnosis of mild to moderate intellectual disability and/or other qualifying regional center diagnoses.

ELIGIBLE APPLICANTS

Refer to CCR, Title 17 Section 54314 for applicants who are **not** eligible;

Applicants must:

- Possess a minimum of one (1) year experience as a certified Administrator or equivalent experience in a managerial or administrative role within a residential services program.
- Ability to meet all the requirements to be licensed by the department of social services and vendored through the regional center
- If currently a vendor, must have received satisfactory Annual Reviews (as applicable for CCF) for the last one (1) year of operation.
- If currently a licensee, must have received no substantial citations resulting in a Corrective Action Plan (CAP) from RCOC or CCL/DHS within the last one (1) year of operation.
- Provider must be willing to be representative payee for all consumers in their care.

All other participants are subject to approval by RCOC, pursuant to Title 17 Regulations. Eligibility of respondents will also be contingent upon evaluations and any citations received within the last two years from a regional center or licensing based on nature and severity of the violation.

RATE OF REIMBURSEMENT

The rate of reimbursement for on-going services to adults is based upon CCR, Title 17, and established rates for L3 staff operated residential facilities.

APPLICATION PROCESS

- Step 1: RFP applications submitted to the Regional Center of Orange County (RCOC).
- Step 2: Applications will first be screened for acceptability based upon RFP requirements.
- Step 3: Applicant(s) that have been selected for further consideration will meet with RCOC staff to determine the next steps, including identifying a suitable property and development of a program design.
- Step 4: Following submittal of the vendor application, approval of program design and licensure, a vendor number will be assigned through the Department of Developmental Services.

APPLICATION AND CONTENT REQUIREMENTS

Each proposal must include the following statements in the order listed below.

• Agency/Individual experience and background:
• Brief program design statement:
• Attachments:

All applications must follow the attached formatting requirements.

Proposals shall not exceed ten (10) pages in length (cover page, table of contents, letter of reference(s), and index should be separate from the 10 pages).

1. Face Sheet (Must serve as the Face Sheet of Proposal):

Name, address, and telephone number of the applicant. If the applicant is a corporation, list the principle members of the corporation and include verification of incorporation in California. Vendor number(s), vendoring regional center(s), and facility license. Name the author(s) of the proposal. List any parties who participated in writing all or part of the proposal. Any proposal written by a consultant or grant writer must demonstrate a commitment by the writer to provide ongoing technical assistance during the implementation stage, which should be reflected in the budget.

2. Proposal Section 1

Agency/Individual Experience and Background Information must be presented in the following manner:

- A. Qualifications of the agency. Provide information about current experience in each of the following areas: residential services, collaborative efforts and behavioral support services.
- B. Qualifications of leadership staff which details education, knowledge and experience providing services to persons with developmental disabilities. Describe how the documented experience, education and knowledge are seen as a good fit for developing this program.

3. Proposal Section II

Brief program design presentation in the following manner:

- A. Identification of the organization's philosophy regarding services to persons with disabilities.
- B. Identification of the residents to be served, including diagnoses, age range, gender, medical conditions, ambulatory status, ADL/self-help skills required, mental health diagnosis and/or behavior characteristics accepted and those not accepted.
- C. Description of facility's plan for resident's Assessment, Entrance, and Exit Criteria.
- D. General description of the services to be provided to individuals placed:

1. Integration into the facility, neighborhood, and community.
 2. Access to and involvement in community resources and leisure time activities.
 3. Linkage to school, vocational skills training, day and work programs.
 4. Access to and utilization of transportation resources.
 5. Access to emergency and on-going medical care.
 6. Identification of how the unique religious preference and cultural uniqueness of individuals with disabilities will be addressed.
 7. Anticipated service outcomes for the facility and for each individual placed.
- E. Staff Development, in terms of:
1. Orientation of new employees;
 2. On-going staff training; and
 3. The anticipated staffing pattern for the facility's operation.
- F. Statements regarding start-up activities (anticipated timeline with dates)
1. Steps to be taken to develop neighborhood and community acceptance.
 2. Steps to be taken to acquire an appropriated property to be utilized.
 3. Steps to be taken to purchase equipment and required furnishings.
 4. Steps to be taken in terms of licensure of the facility (including any anticipated remodeling, or fire and safety requirements).
 5. Steps to establish a plan so that the facility will be open within 6 (six) months (licensed & vendored).

NOTE: The summary program plan may serve as the basis for the complete program design.

Please do not submit a completed program design.

1. Attachments

Attachment #1: References and/or letters of recommendation

The proposal must include at least two (2) letters of reference with addresses and telephone numbers. Applicants should be aware that the selection committee might contact references.

Attachment #2: Organizational Structure

An organizational chart for the project must be included (full names), and identification of the governing or advisory board, administrative and supervisory hierarchy and the anticipated staffing pattern, etc. Identification of the private or corporate ownership must be identified on an attached page. If the company is under corporate ownership, the owners and/or board of directors must also be identified by name, address, and telephone number.

Attachment #3 Consultants & Qualifications

If the applicant agency is anticipating engaging consultants, such consultants, their name address and telephone number must be identified. The qualifications/credentials must be identified with each consultant's function(s), role, and/or purpose articulated in the brief program design. The proposal must include information regarding the instructional strategies that will be used to assist residents in developing and/or maintaining daily living skills, community skills, behavioral skills, severe in self care deficits, and other skills identified in his/her IPP.

Attachment #4: Financial Statement

Applicants must demonstrate fiscal responsibility by submitting a current verified financial statement that details all current and fixed assets, and current and long-term liabilities. In addition, the applicant should document an available line of credit (by authorizing institution), and provide the necessary information for verification.

Attachment #5: Start-up Budget

Utilizing the attached budget format, applicants must identify the anticipated start-up budget on a monthly and annualized basis.

FORMATTING REQUIREMENTS

Proposals will be disqualified from consideration for failure to: follow instructions, complete documents, submit required documents.

- Standard size (8 ½ x 11) white paper
- Typed, using a standard font (12), single-spaced pages with one (1) inch margins
- Table of Contents indicating each of the Sections and Attachments to be evaluated
- Each page must be numbered in consecutive order for each Section and Attachments
- Clearly label each Section
- Clearly label each Attachment
- Do NOT place in ring binders or folders; but, rather use binder clips or compressor clips

A complete RFP response must contain the following:

Face Sheet

Proposal

- Section I
- Section II

Attachments:

- #1 References and/or Letters of Recommendation
- #2 Organizational Structure
- #3 Consultants and Qualifications
- #4 Financial Statement
- #5 Start-up Budget
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ADDITIONAL PROVISIONS:

- **RCOC reserves the right to retract the RFP at any time throughout the application process. In addition, RCOC reserves the right not to select an applicant for program implementation if, in its opinion, no qualified applicants have responded.**

- Completed proposals for this RFP will be accepted and reviewed on an ongoing basis until current need has been met. Proposals may be sent U.S. mail to the following address:

Jack Stanton, Manager, Consumer and Community Resources
Regional Center of Orange County
P.O. Box 22010
Santa Ana, CA 92702-2010

The proposal may also be **hand delivered** to the following address:

Jack Stanton, Manager, Consumer and Community Resources
Regional Center of Orange County
1525 N. Tustin Ave
Santa Ana, CA 92705

- **Proposals will be stamped with the date and time of receipt.**

FACE SHEET (Must be used as the cover page for the proposal)

RFP#: <u>#1718L3CCF</u>	RFP Due Date: <u>Ongoing</u>
Applicant (Agency) Name (If the applicant is a corporation, list the principle members of the corporation.)	
Contact Person:	
Contact Phone Number:	
Mailing Address:	
Site Address	
List name of consultant and/or individuals involved in writing the program design: Any proposal written by a consultant or grant writer must demonstrate a commitment by the writer to provide ongoing technical assistance during the implementation stage, which should be reflected in the budget.	
If you are currently a vendor, list any and all vendor number(s) and the vendoring regional center:	
Vendor number: Regional Center	Vendor Number: Regional Center:
Vendor number: Regional Center	Vendor Number: Regional Center:

ATTACHMENT A

SAMPLE START UP BUDGET FORM

<u>ITEM</u>		<u>PROJECTED COST</u>
Staff Salaries (specify details)		
Staff Benefits (specify details)		
Administrative Overhead		
Office Supplies		
Office Equipment/Supplies		
Communication		
Program Consultants		
Travel Expenses		
Staff Recruitment Costs (advertising, fingerprinting)		
Residential Lease		
Licensing Fees		
Household Supplies		
Furniture		
Kitchen Equipment		
Kitchen Appliances		
Linens		
Food		
Utilities		
Insurance (vehicle, fire, household, etc.)		
Program Supplies/Recreational and Adaptive Equipment		
Vehicle Lease		
Vehicle Maintenance (gasoline, etc.)		
Fire and Safety Costs (sprinkler, alarms, etc.)		
Maintenance of facility		
Ongoing Training Expenses		
Other General Expenses (Specify)		
TOTAL:		

In addition to the projected cost for each item, be sure to include a detailed breakdown/ description of how each line item was constructed. (If necessary, adjust outline to your program needs, but address requested line items.) Please attach additional sheets as necessary.