

REQUEST FOR PROPOSAL

DATE: September 1, 2015

TO: All Interested Parties

RE: Development of **Intermediate Care Facility Developmentally Disabled Nursing (ICFDD/N)** facility to serve eligible consumers through the Regional Center of Orange County.

SUMMARY: Primary goal is to develop ONE (1) high quality staff operated intermediate care facility for adults ages 18-59 with a combination of severe medical, severe self-care deficits, and behavioral challenges. The home may serve up to six (6) residents who may be either ambulatory or non-ambulatory.

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
Access California Department of Public Health (CDPH) via www.dds.ca.gov

The Regional Center of Orange County (RCOC) appreciates your interest in responding to the Request for Proposal (RFP) **ICFDDN1516**. The specific information that is required in the submission of this request is detailed below. Please read all of the material and follow the guidelines accordingly. RCOC reserves the right to eliminate proposals which do not meet the minimum standards described in the proposal or those which deviate from the requested format.

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 an Intermediate Care Facility Developmentally Disabled – Nursing (ICFDD-N) pursuant to the regulations identified within the California Department of Public Health (CDPH) Licensing and Certification Programs and the US Department of Health and Human Services Centers for Medicare and Medicaid Services (CMS). Additionally, an approved Program Plan as described within Title 22 California Code of Regulations will be submitted to DDS for review and approval prior to CDPH issuing a license to operate. The Program Plan will address the components listed in Title 17 CCR Sec. 56100 through 56610 and corresponding sections of the Welfare and Institutions Code (WIC).

The facility will serve a maximum of six (6) residents. A maximum of two (2) residents may share a single bedroom. The Facility will be located within Orange County.

CONSUMER PROFILES/TARGETED POPULATION

Applicants responding to this RFP must expect to receive referral information of residents who have been identified through RCOC and meet the eligibility criteria for an ICF-DD/N level of care. Consumers who have been identified for placement through RCOC will be given priority. Residents will be between the ages of 18-59, male or female, ambulatory or non-ambulatory, and may have resided within an institutional setting for a number of years.

The provider selected must be able to demonstrate a commitment to maintain a long term and stable environment for residents, as well as a commitment to maintaining ongoing communication with family members and others in support of the residents who will be transitioning to the community.

Residents being referred may have a combination of intensive medical needs and/or behavioral needs. Other resident characteristics may include but are not limited to the following:

- Nutritional/Dietary Restrictions
- Visual or Hearing Deficits
- Medical needs requiring routine Nursing care
- Injections
- Insulin Dependent Diabetes
- Acute or Active Mental Health needs, including suicidal ideation, schizophrenia, or Bi-polar disorders
- May have a Traumatic Brain Injury (TBI)
- May require total physical assistance with all daily living needs
- Bowel and Bladder Incontinence
- Self-abuse
- PICA
- Verbal Aggression
- Smearing
- Impulse Control Disorders
- May be unable to participate in a structured program outside of the residential setting

ELIGIBLE APPLICANTS

Applicants who will be considered will demonstrate experience providing services within the Intermediate Care Facility Developmentally Disabled Habilitation or Nursing levels, Adult Residential Facility People with Special Health Needs, Adult Residential Facilities all levels, or within a Specialized Residential Facility (SRF) for a minimum of one (1) year. Additionally, applicants must:

- Be currently Vendored with a regional center for the provision of a Community Care Facility (CCF) or Intermediate Care Facility (ICF).
- Have a proven history demonstrating the ability to deal with consumers with multiple health needs, moderate to severe behavioral challenges, and severe self-care deficits.
- Have received satisfactory Annual Reviews (as applicable for Community Care Facilities) for the last two (2) years of operation.

- Have received no substantial citations resulting in a Corrective Action Plan (CAP) from a Regional Center or CCL/DHS within the last two (2) years of operation.
- Establish a team consultation approach which may include the use of a psychologist, primary medical physician, nurse, psychiatric technician, physical therapist, etc. dependent upon the unique needs of the proposed residents.
- Provider must be willing to be 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 agency based on nature and severity of the violation.

RATE OF REIMBURSEMENT

The rate of reimbursement will be established through the MediCal/CalOptima fee schedule as it relates to ICFDD/N programs. Additional supports may be provided through RCOC based upon individual residents needs on a time limited basis.

APPLICATION PROCESS

Step 1: RFP applications submitted to the Regional Center of Orange County (RCOC) no later than 4 pm on the due date Friday October 9th, 2015.

Step 2: Applications will first be screened for acceptability based upon RFP requirements. It is anticipated that this process will take place within one (1) week following the application due date.

Step 3: Applications accepted will be reviewed by an RFP Review Team utilizing a pre-determined Evaluation and Scoring document. This step is anticipated to take three (3) weeks. Dependent upon the number of applications received, it may extend the review process by an additional two to three weeks.

Step 4: Upon review of all applications, selected applicants and those not selected will be notified in writing.

Step 5: Applicant(s) that have been selected for further consideration may be asked to attend an interview with RCOC staff. Following the applicant interview, the applicant(s) will be notified in writing of the award notice.

Step 6: If awarded the proposal, the vendor will be required to submit a full program/service design and vendor application. RCOC will collaborate with the vendor to achieve an acceptable program to best meet the needs of the consumers.

Step 7: Following submittal of the vendor application, approval of program design and licensure, a vendor number will be assigned.

APPLICATION AND CONTENT REQUIREMENTS

Each proposal must include the following statements in the order listed below. Evaluation of the information submitted will be on the basis of a pre-determined Evaluation and Scoring format.

• Agency/Individual experience and background:	24 points
• Brief program design statement:	50 points
• Attachments:	26 points

All applications must follow the attached formatting requirements.

***Proposals exceeding 15 pages will not be reviewed past the 15th page* (The cover page, table of contents, letter of reference(s), and index should be separate from the 15 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 – total value of this section: 24 points

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

A. Qualifications of the agency.

- Provide a current resume detailing information about current experience in each of the following areas: residential services, collaborative efforts with partner agencies/services, and/or behavioral support services. Include the names and contact information for each of the facilities or programs identified.
- Summarize the education, experience, and knowledge of the Applicant and/or Administrator of the facility as it relates to managing residents with severe medical or behavioral needs in the community. Describe how this knowledge will apply to the resident's unique needs.

3. Proposal Section II – Total Value of this section: 50 Points

Brief program design presentation in the following manner:

- A. Identification of the organizations' philosophy regarding services to persons with disabilities.
- B. Identification of the organizations' treatment philosophy and behavior management approach involving the consumers to be served.
- C. Description of facility's plan for consumer's Assessment, Entrance, and Exit Criteria.
- D. General description of the services to be provided to consumers 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, including routine consultant in-service training, implementing an Individual Program Plan (IPP), data collection, special incident reporting, etc.
 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 appropriate 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 – Total value of this section: 26 Points

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 will contact references. References should be able to discuss the applicants' strengths within the context of the proposed services. References should not include current or former employees of RCOC.

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

Applicant is expected to hire and retain various consultants based upon the individual needs of the residents. 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 must document available line of credit (by authorizing institution), and provide the necessary information for verification by the Selection Committee.

Attachment #5: Start-up Budget

Utilizing the attached budget format, applicants must identify the anticipated start-up budget on a monthly and annualized basis. Please note that Administrative Costs are subject to a 15% maximum of the overall operation of the facility.

FORMATTING REQUIREMENTS

Proposals will be disqualified from consideration for failure to: follow instructions, complete documents, submit required documents, or meet the deadline. **No Exceptions will be made.**

- 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

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; or, if the respondent's program proposals do not meet a minimum evaluation score of 60 points.**
- **Individuals presenting proposals in response to this request MUST submit an ORIGINAL and TWO (2) copies of all required information to RCOC.**
- **Completed proposals for this RFP are due by Friday October 9th, 2015, no later than 4 pm. Proposals received after 4 pm on the due date will be returned unopened.** 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 North 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>ICFDDN1516</u>	RFP Due Date: <u>4:00 pm, Friday October 9th, 2015</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.