

**REQUEST FOR PROPOSAL**

**DATE:** August 16, 2013

**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 Community Placement Plan.

**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. Start up funding is available with the award of this project. The home will serve four (4) residents who may be either ambulatory or non-ambulatory.

Access California Code of Regulations (CCR), Title 17 via [www.dds.ca.gov](http://www.dds.ca.gov)  
Access California Code of Regulations (CCR), Title 22 via [www.dds.ca.gov](http://www.dds.ca.gov)  
Access California Department of Public Health (CDPH) via [www.dds.ca.gov](http://www.dds.ca.gov)

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The Regional Center of Orange County (RCOC) appreciates your interest in responding to the Request for Proposal (RFP) **#ICFDDNHV CPP2013**. 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. Start up funding is available upon the award of the project and will be negotiated between the RCOC and the Applicant. **RCOC may elect to fund all, part, or none of the project, dependent upon funding availability as approved by Department of Developmental Services (DDS), and the quality of the proposals received.** 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.

The facility will serve a maximum of four (4) residents in single bedrooms. The Facility will be located within Orange County, in a site identified through RCOC and DDS, Department of General Services, within the area known as "Harbor Village" located in Costa Mesa, CA. The rental unit in question will be leased to the vendor no later than November 1, 2013.

## **CONSUMER PROFILES/TARGETED POPULATION**

Applicants responding to this RFP must expect to receive referral information of residents who have been identified through RCOC's Community Placement Plan (CPP), reside within a State Developmental Center, in a specialized program outside of the State of California, or who have been identified as requiring deflection from a State Developmental Center. 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 will have a combination of intensive medical needs and/or severe 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
- Physical and Verbal Aggression
- Biting
- Head Banging
- Property Destruction
- Smearing
- Stealing
- 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, Level 4-G, 4-H, or 4-I services, or within a Specialized Residential Facility (SRF) for a minimum of three consecutive years. 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.
- Provide a detailed plan to utilize the Community State Staff Program developed by DDS
- Administrator identified must have two (2) years of experience within the identified service levels.
- Be certified in non-violent crisis intervention techniques, including Crisis Prevention Institute (CPI) training, Professional Assault Crisis Training (Pro ACT), or other approved method.
- 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. A startup funding award will be available in order to secure the necessary property, insure renovations are completed, retain necessary staffing, and to support the program during the initial time frame required to reach licensed capacity. Prior to the acceptance of the Startup Award, Applicant must agree to enter into a contractual agreement with RCOC. This contract will detail the conditions under which funds may be utilized as well as a repayment penalty if the applicant fails to meet agreed upon timeframes for the completion of this project, including the ongoing delivery of services for a minimum period of five (5) years.

**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 September 13, 2013.

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: Upon selection of vendor, vendor will initiate lease agreement for previously identified property located in Costa Mesa in the Harbor Village housing tract. The rental property will be managed through the DDS Department of General Services. The lease rate and terms will be determined through this entity.

Step 8: 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 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 behavioral or medical 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 FOUR (4) copies of all required information to RCOC.**
- Completed proposals for this RFP are due by **Friday September 13, 2013, 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.**



The Regional Center of Orange County

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

<b>RFP#:</b> <b>#ICFDDNHVCPP2013</b>	<b>RFP Due Date:</b> <b>4:00 pm, Friday September 13, 2013</b>
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.