

REQUEST FOR PROPOSAL

- DATE:** April 19, 2019
- RE:** Development of a specialized service to provide representative payee services and maintain Social Security benefits.
- TO:** All interested parties
- SUMMARY:** Primary goal is to develop a Vendored service to provide representative payee services, advocacy, support, and assistance to persons served. Applicants will be responsible to gather documentation, respond to written inquiries, prepare necessary materials, and submit materials/response in a timely manner as directed by Social Security. Applicants must have a history of interacting directly with Social Security, a detailed understanding of Social Security regulations, and effective communication skills with both Social Security Administration staff and the identified consumers and/or service provider.

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

The Regional Center of Orange County (RCOC) appreciates your interest in responding to the Request for Proposal (RFP) # **PAYEESERVICESOCIALSECURITYFY1819**. 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 to serve persons with disabilities, along side of the Regional Center of Orange County.

CONSUMER PROFILES/TARGETED POPULATION

Applicants responding to this RFP must expect to review and accept the following person served profiles: Individuals with Intellectual Disabilities who may have a diagnosis between borderline to severe/profound intellectual disability; cerebral palsy; seizures; autism; mental health diagnoses. Individuals who receive social security benefits.

ELIGIBLE APPLICANTS

Applicants must:

- Possess documented experience interacting with Social Security in resolving difficult and complex issues.
- Have a proven history demonstrating the ability to deal with consumers who present challenges within the community
- Have received no substantial citations resulting in a Corrective Action Plan (CAP) from RCOC or within the last two (2) years of operation if applicable

- Demonstrate ongoing knowledge of services to be delivered to the community

All other participants are subject to approval by RCOC, pursuant to California Code of Regulations, Title 17.

RATE OF REIMBURSEMENT

The rate of reimbursement is set by RCOC and agreed upon by vendor. The applicable service codes under which this service will be reimbursed is through Service Code 034 Money Management and Service Code 100 Professional, Copying, Reporting, and Technical Services. Vendor will be paid based upon direct services to consumers per the established rates. RCOC will determine the rate based upon comparable programs within the community and not to exceed \$42.11 per month and \$35.83 per hour. Referrals for service may only come through RCOC's Accounting Department when applicable situations arise.

APPLICATION PROCESS

- Step 1: RFP applications submitted to the Regional Center of Orange County (RCOC) no later than **4:00 p.m. on Tuesday, April 30, 2019.**
- Step 2: Applications will first be screened for acceptability based upon RFP requirements. It is anticipated that this process will take place within two (2) weeks following the application due date.
- Step 3: Applications accepted will be reviewed by an RFP Review Team responsible for determining the applicant's qualifications. This step is anticipated to take two 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 vendor application.
- Step 7: Following submittal of a complete vendor application, a vendor number will be assigned.

APPLICATION AND CONTENT REQUIREMENTS

All applicants must follow the formatting requirements listed below. Evaluation of the information submitted will be on the basis of a pre-determined Evaluation format.

FORMATTING REQUIREMENTS:

- **Proposals shall not exceed ten (10) pages**
- Standard size (8 ½ x 11) white paper
- Typed, using a standard font (12), single-spaced pages with one (1) inch margins
- Each page must be numbered in consecutive order for each Section and Attachment
- Clearly label each Section
- Clearly label each Attachment
- DO NOT place in ring binders or folders; but, rather use binder clips or compressor clips

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.

A complete RFP response must contain the items following:

- Applicant Information
- Section I: Experience and Background Information
- Section II: Service Description
- Section III: Organization Structure
- Section IV: Consultants & Qualifications
- Attachment: Applicant/Vendor Disclosure Statement Form DS 1891

See Proposal Requirements at the end of the RFP for a detailed description of each item. A copy of the Applicant/Vendor Disclosure Statement is also attached.

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.
- Individuals presenting proposals in response to this request **MUST** submit an ORIGINAL and ONE (1) copy of all required information to RCOC.

DUE DATE:

Completed proposals for this RFP are due by 4:00 p.m. Tuesday, April 30, 2019

Proposals received after 4:00 p.m. on the due date will be returned unopened. Proposals may be sent via U.S. mail to the following address:

Marta Vasquez, Associate Finance Director
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:

Marta Vasquez, Associate Finance Director
Regional Center of Orange County
1525 N. Tustin Ave
Santa Ana, CA 92705

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

PROPOSAL REQUIREMENTS

THE PROPOSAL MUST INCLUDE ALL OF THE INFORMATION NOTED BELOW

RFP#: PAYEESERVICESOCIALSECURITYFY18/19

RFP Due Date: 4:00 pm, Tuesday, April 30, 2019

Applicant Information

Applicant/Agency Name:

Contact Person:

Phone Number:

Site Address:

(Must be in Orange County)

Mailing Address:

List names of individuals and/or consultants involved in writing 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.

Name: Consultant: Yes / No (circle one)

Name: Consultant: Yes / No (circle one)

Name: Consultant: Yes / No (circle one)

Add lines if needed.

Are you currently vendored with a regional center: No / Yes (circle one)

If you answered yes, list the service description and the vendoring regional center.

Service Description: Regional Center:

Service Description: Regional Center:

Service Description: Regional Center:

Add lines if needed.

Section I: Experience and Background Information

A. Provide your/your agency's experience in the following areas:

- 1. History providing representative payeeship services.
2. History navigating payeeship issues related to advocacy.
3. History working with Social Security through difficult and complex issues.

B. Qualifications:

- 1. Describe your/your agency's education, knowledge, training and experience providing services to persons with developmental disabilities.

2. Describe how the documented education, knowledge, training and experiences are seen as a good fit in developing this service.

Section II: Service Description

- A. Describe the organizations philosophy regarding services to persons with disabilities.
- B. Provide a general description of the services to be provided to consumers.

Section III: Organization Chart

Provide an organizational chart that identifies the **full names** of the owners, directors and supervisory staff.

Section IV: Consultants & Qualifications

Applicants that will engage consultants must provide the information listed below for each consultant.

- A. Consultant name
- B. Consultant qualification/credentials
- C. Consultant function/role/purpose

If consultants will not be engaged, please state that in this section.

Attachment: Applicant/Vendor Disclosure Statement Form DS 1891

Applicants must complete the attached Applicant/Vendor Disclosure Statement Form DS 1891.

APPLICANT/VENDOR DISCLOSURE STATEMENT

GENERAL INSTRUCTIONS

Every applicant or vendor must complete and submit a current Applicant/Vendor Disclosure Statement, DS 1891 (disclosure statement) as part of a complete application packet for vendorization or upon request of the vendoring regional center. The following instructions are designed to clarify certain questions on the form. Instructions are listed in order of question for easy reference. See 42 CFR 455.101 for additional definitions.

Overall Authority: Code of Federal Regulations (CFR), Title 42, Part 455; California Code of Regulations, Title 17, Section 54311. Welfare and Institutions Code, Section 4648.12.

Important:

- **IT IS ESSENTIAL THAT ALL APPLICABLE QUESTIONS BE ANSWERED ACCURATELY AND THAT ALL INFORMATION BE CURRENT.**
- **Parents and consumers of Vouchers, Participant-Directed Services, or Purchase Reimbursements:** Complete Part 1 on page 2 and Part 3 on page 3, then proceed to **Applicant/Vendor Signature** on page 4 to sign and date.
- Failure to disclose complete and accurate information will result in a denial of enrollment and/or may be cause for termination of vendorization.
- Read **ALL** instructions when completing the disclosure statement.
- Type or print clearly in ink.
- If applicant or vendor must make corrections, please line through, date, and initial in ink. Do not use correction fluid.
- Answer all questions as of the current date.
- If additional space is needed, attach a sheet referencing the part and question being completed.
- Return this completed statement with the complete application package to the regional center to which you are applying.

Part 1: Identifying Information

- A. Specify name of the applicant or vendor, agency, facility or organization, vendor number and service code, business address, and telephone number of applicant or vendor submitting the vendor application.
- B. Specify in what capacity the applicant or vendor is doing business. For example: The name of the corporation under which they are doing business. This name must match the license name, if applicable.
- C. List the National Provider Identifier, of the applicant or vendor, if any.
- D. List the Social Security Number, Date of Birth, and/or the Federal Employer Identification Number (EIN) of the applicant or vendor, if any. Enter Vendor's nine-digit EIN assigned by the IRS in the following format: XX-XXXXXXX.
 - An EIN is used to identify the accounts of employers and certain others who have no employees.
 - For more information about an EIN, please check <http://www.irs.gov> for "Employer Identification Numbers" or "EIN". Whenever this Disclosure Statement requests an EIN about an individual or entity, it has the same meaning.
- E. Check the entity type that best describes the structure of your organization.

Part 2: Ownership and Control Interests. Use the following definitions to identify the individuals you should enter in A, B and C of this section. See 42 CFR 455.101 for additional definitions.

- "Indirect Ownership Interest" means an ownership interest in an entity that has an ownership interest in the applicant or vendor. This term includes an ownership interest in any entity that has an indirect ownership interest in the applicant or vendor;
- "Managing Employee" means a general manager, business manager, administrator, director, or other individual who exercises operational or managerial control over, or who directly or indirectly conducts the day-to-day operation of an institution, organization, agency or business entity;
- "Ownership Interest" means the possession of equity in the capital, the stock, or the profits of the applicant or vendor.
- "Person with an Ownership or Control Interest" means a person or corporation that:
 - A) Has an ownership interest totaling 5 percent or more in an applicant or vendor;
 - B) Has an indirect ownership interest equal to 5 percent or more of an applicant or vendor;
 - C) Has a combination of direct or indirect ownership interests equal to 5 percent or more in an applicant or vendor;
 - D) Owns an interest of 5 percent or more in any mortgage, deed of trust, note, or other obligation secured by the applicant or vendor if that interest equals at least 5 percent of the value of the property or assets of the applicant or vendor;
 - E) Is an officer or director of an applicant or vendor that is organized as a corporation; or
 - F) Is a partner in an applicant or vendor that is organized as a partnership.
- "Significant Business Transaction" means any business transaction or series of transactions that, during any one fiscal year, exceed the lesser of \$25,000 and 5 percent of an applicant or vendor's total operating expenses.

- “Subcontractor” means an individual, agency, or organization to which an applicant or vendor has contracted or delegated some of the management functions or responsibilities of providing services.
- “Wholly Owned Supplier” means a supplier whose total ownership interest is held by an applicant or vendor or by a person, persons, or other entity with an ownership or control interest in an applicant or vendor.

Part 3: Excluded Individuals or Entities. (See page 3. Must be disclosed if applicable.)

“Excluded Individuals or Entities” means those individuals and entities that have been placed on either the U.S. Department of Health and Human Services Office of Inspectors’ General (OIG) List of Excluded Individuals/Entities or the Department of Health Care Services (DHCS) Medi-Cal Suspended and Ineligible Provider List of persons, or individuals and entities that have been convicted of a criminal offense related to involvement in any program under Medicare, Medicaid or the Title XX services program, or those individuals and entities that meet the criteria included in Title 17, Section 54311(a)(6).

**Title 17, California Code of Regulations, Section 54311(a)(6)
(Criteria for Excluded Individuals or Entities)**

The name, title and address of any person(s) who, as applicant or vendor, or who has ownership or control interest in the applicant or vendor, or is an agent, director, members of the board of directors, officer, or managing employee of the applicant or vendor, has within the previous ten years:

- (A) Been convicted of any felony or misdemeanor involving fraud or abuse in any government program, or related to neglect or abuse of an elder or dependent adult or child, or in any connection with the interference with, or obstruction of, any investigation into health care related fraud or abuse; or
- (B) Been found liable any civil proceeding for fraud or abuse involving any government program; or
- (C) Entered into a settlement in lieu of conviction involving fraud or abuse in any government program.

If a section is not applicable, please indicate by writing not applicable.

PLEASE FILL OUT

Part 1. Applicant/Vendor Information

A. Name of applicant or vendor, entity, agency, facility, or organization as reported to IRS:

Vendor Number and Service Code:

Business Address:

Telephone number (with area code):

B. Name registered with California Secretary of State, if any:

C. National Provider Identifier (NPI), if any:

D. Social Security Number (SSN), Date of Birth (DOB), and/or Federal Employer Identification Number (EIN), if any:

E. Check the entity type that best describes the structure of the applicant or vendor individual, business entity, agency, facility or organization: Check **only one** box:

- Parent or Consumer for Vouchers, Participant-Directed Services, or Purchase Reimbursements** (Complete Part 1 above and Part 3 on page 3, then proceed to **Applicant/Vendor Signature** on page 4 to sign and date).
- Sole Proprietor (Unincorporated)**
- General Partnership** **Limited Partnership** **Limited Liability Partnership**
- Limited Liability Company:** State of formation: _____
- Governmental**
- Corporation:** Corporate number: _____ State incorporated: _____
- Nonprofit – Check One:** **Unincorporated Association** **Religious/Charitable**
 Corporation **Other (specify):** _____

If a section is not applicable, please indicate by writing not applicable.

Part 2. Ownership, indirect ownership, and managing employee interests (If not applicable, please indicate.)

A. List the name(s), title(s), address(es), SSNs, and DOBs of individuals for organizations having direct or indirect ownership interests, and/or managing employees in the applicant/vendor (see instructions for definitions). Also list all members of a group practice. Attach additional pages as necessary to list all officers, owners, management and ownership individuals and entities.

Name	Title	Address	SSN	DOB

B. List those persons named in ‘A’ above or ‘Part 4. A’ below, that are related to each other as spouse, parent, child, or sibling.

Name	Relationship	Address

C. List the name, address, vendor number and service code, SSN, NPI and/or EIN of any other applicant or vendor in which a person with an ownership or controlling interest in the applicant or vendor also has an ownership or control interest of at least 5 percent or more. For example: Are any owners of the applicant or vendor also owners of Medicare or Medicaid facilities? (Example: sole proprietor, partnership or members of Board of Directors.)

Name	Address	Vendor Number and Service Code	SSN, NPI and/or EIN

Part 3. Excluded Individuals or Entities (If not applicable, please indicate.)

List the name, title, and address of any person, as applicant or vendor, or entity with an ownership or control interest, any agent, director, officer, or managing employee of the applicant or vendor who is an excluded individual or entity, as defined on page 2.

Name	Title	Address

Part 4. Subcontractor (If not applicable, please indicate.)

A. List the name, title, address, SSN, NPI and/or EIN of each person or entity with an ownership or control interest in any subcontractor in which the applicant or vendor has direct or indirect ownership of 5 percent or more. State percentage.

Name	Title	Address	Percentage	SSN, NPI and/or EIN

B. List the name, title, address, SSN, NPI and/or EIN of each subcontractor or wholly owned supplier in which the applicant or vendor has had any significant business transactions within 5 years of the application or request.

Name	Title	Address	SSN, NPI, and/or EIN

APPLICANT/VENDOR SIGNATURE

Knowingly and willfully failing to fully and accurately disclose the information requested may result in denial of a request to become vendored, or if the service provider already is vendored, a termination of its vendorization.

By signing this disclosure statement, you hereby certify and swear under penalty of perjury that (a) you have knowledge concerning the information above, and (b) the information above is true and accurate. You agree to inform the vendoring Regional Center, in writing, within 30 days of any changes or if additional information becomes available.

Name of Applicant/Vendor or Authorized Representative *Owner/Officer* **Title**

Signature *Owner/Officer* **Date**

The Owner/Officer signing the form must be listed on page 3, Part 2.

Recordkeeping and Access to Records

Subject to the provisions of Title 17, California Code of Regulations, Section 54311 and Code of Federal Regulations, Title 42, Part 455.105, an applicant or vendored provider agrees to provide access for the review of any and all ownership disclosure information and/or documentation upon written request by the vendoring regional center, the Department of Developmental Services, the State Medicaid Agency, Department of Health Care Services, any State survey team, the Secretary of the United States Department of Health and Human Services, or any duly authorized representatives of the above named entities.

Privacy Statement

All information requested on the application and the disclosure statement is mandatory with the exception of the social security number for any person other than the person or entity for whom an IRS Form 1099 must be provided by the Department of Developmental Services pursuant to 26 USC 6041. This information is required by the authority of Welfare and Institutions Code, Section 4648.12 and Title 17, California Code of Regulations, Section 54311. The consequences of not supplying the mandatory information requested are denial of vendorization as a regional center vendor or termination of vendorization. Any information may also be provided to the State Controller's Office, the California Department of Justice, the Department of Consumer Affairs, other state or local agencies as appropriate, fiscal intermediaries, managed care plans, the Federal Bureau of Investigation, the Internal Revenue Service, Medicare Fiscal Intermediaries, Centers for Medicare and Medicaid Services, Office of the Inspector General, Medicaid, or licensing programs in other states.