

## REQUEST FOR PROPOSAL

- DATE:** July 13, 2012
- RE:** **One** (1) Level 4E Community Care Facility for up to Six (6) Developmentally Disabled adult males with moderate to severe behavioral challenges and/or moderate to severe self-care deficits.
- TO:** All interested parties
- SUMMARY:** Primary goal is to develop a high quality staff operated residential facility for adults ages 18-59 with moderate to severe behavioral needs and moderate to severe self-care deficits. This development would allow for these consumers to live and relate to their peer group and work on goals appropriate to their individual needs. This residence may serve up to six individuals depending upon licensure. Each consumer must have the ability to have a single bedroom available for their use. Regional Center of Orange County (RCOC) is requesting the availability to serve up to 2 non-ambulatory consumers within this residential program.

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)

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The Regional Center of Orange County (RCOC) appreciates your interest in responding to the Request for Proposal (RFP) **#1213L4E072012**. 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) (68) 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 4E Level of Care under the Alternative Residential Model (ARM).

### CONSUMER PROFILES/TARGETED POPULATION

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

The consumers' disabilities can include a diagnosis of mild to severe mental retardation and/or other qualifying regional center diagnoses. In addition, **these consumers may have moderate to severe behaviors including self-injury, physical aggression to others (hitting, biting, kicking, and threatening with objects), tantrums, property destruction, inappropriate social and sexual behaviors, and other maladaptive behaviors.** Consumers may also have

**an additional mental health diagnosis; take multiple psychotropic medications, moderate to severe deficits in self help skills, and moderate to severe impairment in physical condition and mobility.**

## **ELIGIBLE APPLICANTS**

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

Applicants must:

- Possess a minimum of two (2) years paid experience providing direct care services.
- Demonstrate a minimum of one year experience as a certified Administrator or equivalent experience in a managerial or administrative role within a residential services program.
- Have a proven history demonstrating the ability to deal with consumers with moderate to severe behavioral challenges and severe self-care deficits.
- Currently vendored with a regional center for the provision of a Community Care Facility (CCF) or Intermediate Care Facility (ICF).
- Have received satisfactory Annual Reviews (as applicable for CCF) for the last two (2) years of operation.
- Have received no substantial citations resulting in a Corrective Action Plan (CAP) from RCOC or CCL/DHS within the last two (2) years 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 L4E residential facilities.

## **APPLICATION PROCESS**

- Step 1: RFP applications submitted to the Regional Center of Orange County (RCOC) no later than **5:00 PM (5) on Friday August 17, 2012.**
- Step 2: Applications will first be screened for acceptability based upon RFP requirements. It is anticipated that this process will take place within three (3) weeks 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 between thirty (30) to forty-five (45) days.

- 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 through the Department of Developmental Services.

### 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 shall not exceed fifteen (15) pages in length (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 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 – 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. Identification of the consumers 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.
- D. Description of facility's plan for consumer's Assessment, Entrance, and Exit Criteria.
- E. 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.
- F. 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.
- G. 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 – 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 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 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.

**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 5:00 PM Friday August 17, 2012. Proposals received after 5 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 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)**

|  |   |
|--|---|
| <b>RFP#:</b><br><b><u>#1213L4C072012</u></b>   | <b>RFP Due Date:</b><br><b><u>5:00 pm, Friday August 17, 2012</u></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:<br>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:<br>Regional Center  | Vendor Number:<br>Regional Center:                                    |
| Vendor number:<br>Regional Center  | Vendor Number:<br>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.