## REQUEST FOR PROPOSAL

**DATE:** November 7, 2013

**RE:** Request for applicants to develop a Family Home Agency (FHA) to

provide supports and services to adults within Orange County.

**TO:** All interested parties

**SUMMARY:** Primary goal is to develop one (1) or more high quality Family Home

Agency(ies) for adults ages 18 and above with varying levels of needs related to self-care, medical, behavioral, and/or any combination thereof. A Family Home Agency is a private, not-for-profit agency vendored to recruit, approve, train, and monitor certified family home providers, provide services and supports to family home providers, and assist adults

moving into or relocating from other living arrangements.

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) #FHA1314. 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 intellectual disabilities.

#### PROGRAM NEED

The program to be vendored must qualify as a <u>Family Home Agency</u> as defined by California Code of Regulations (CCR) Title 17 Section 56076(e) (6). The program design for this program must detail demonstrated knowledge of FHA regulations pursuant to Title 17 section 56084, demonstrated knowledge and understanding of the principles and operational requirements of FHA services and supports, knowledge of the regional center system, Individual Program Plan (IPP) process, and the rights of individuals in California with Intellectual Disabilities to make choices regarding their services.

#### 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 profound Intellectual Disability, and/or other qualifying regional center diagnoses. In addition, consumers may display incidents of mild to severe behavioral concerns, medical needs requiring routine follow up and maintenance, medication monitoring, mental health disorders, require minimal to complete assistance to complete daily living tasks, and may have moderate to severe limitations with ambulation and/or mobility.

#### **ELIGIBLE APPLICANTS**

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

#### Applicants must:

- Demonstrate the ability to provide cost-effective quality services and supports as referenced in the program design pursuant to T17 sec. 56084;
- Demonstrate a knowledge of individual choice for consumers and the ability to insure this choice within the delivery of service;
- Demonstrated experience of the FHA or key agency personnel working with individuals with intellectual disabilities;
- If vendored under an alternative service code with a regional center, demonstrate that there are no current Corrective Action Plans (CAP) or other sanctions in place; and
- Demonstrate knowledge of the process to recruit, hire, train and match prospective Family Home Providers (FHP).
- Consideration will be given to applicants who meet the definition of FHA, private, not-for-profit agencies. Other applicants will be considered through a process of public discussion and approval.

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 FHA services to adults is based upon the established Adult Residential Model (ARM) rate structure for Level 2 through Level 4i as determined by individual level of care needs.

#### APPLICATION PROCESS

#### Step 1:

RFP applications submitted to the Regional Center of Orange County (RCOC) no later than 5 pm on the due date Friday December 6, 2013.

#### 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 Committee based upon the criteria specified above and the overall content of the individual submission. This step is anticipated to take two to three 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 and approval of program design, 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:
- Program design statement:
- Attachments:

All applications <u>must follow</u> the attached formatting requirements.

\*Proposals exceeding 10 pages will not be reviewed past the 10th page\* (The 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, if applicable. 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: community services, prior FHA experience, collaborative efforts and behavioral support services.
- B. Qualifications of leadership staff which details education, knowledge and experience providing services to persons with intellectual disabilities. Describe how the documented experience, education and knowledge are seen as a good fit for developing this program.

## 3. Proposal Section II

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 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 FHA's plan for consumer's Assessment, Entrance, and Exit Criteria.
- E. General description of the services to be provided to consumers placed:
  - 1. Access to and involvement in community resources and leisure time activities.
  - 2. Linkage to school, vocational skills training, day and work programs.
  - 3. Access to and utilization of transportation resources.
  - 4. Access to emergency and on-going medical care.
  - 5. Identification of how the unique religious preference and cultural uniqueness of individuals with disabilities will be addressed..
- F. Staff Development, in terms of:
  - 1. Orientation of new employees;
  - 2. On-going staff training.

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

Please do not submit a completed program design.

#### 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 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 <u>disqualified</u> from consideration for <u>failure</u> to: follow instructions, complete documents, submit required documents, or meet the deadline. <u>No Exceptions will be made</u>.

- Standard size (8 ½ x 11) white paper
- Typed, using a standard font (12), <u>single-spaced</u> 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 standard.
- 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 December 6, 2013, no later than 5 pm. 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 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#:	RFP Due Date:	
FHA1314	5:00 pm, Friday December 6, 2013	
Applicant (Agency) Name (If the applicant is a co	orporation, list the principle members of the corporation.)	
Contact Person:		
Contact Ferson.		
Contact Phone Number:		
Mailing Address:		
Site Address		
	red in writing the program design: writer must demonstrate a commitment by the writer to e implementation stage, which should be reflected in the	
If you are currently a vendor, list any and all vendor number(s) and the vendoring regional center:		
Vendor number:	Vendor Number:	
Regional Center	Regional Center:	
Vendor number:	Vendor Number:	
Regional Center	Regional Center:	

# ATTACHMENT A

#### SAMPLE START UP BUDGET FORM

<u>ITEM</u>	PROJECTED COST
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)	
Insurance (vehicle, fire, household, etc.)	
Program Supplies/Recreational and Adaptive	
Equipment	
Vehicle Lease	
Vehicle Maintenance (gasoline, etc.)	
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.