

Request for Proposals (RFP)

San Diego Regional Center Community Placement Plan For Fiscal Year 2013-2014

AUTHORITY

The San Diego Regional Center (SDRC) for the Developmentally Disabled, in collaboration with the Southern California Integrated Health and Living Project (SCIHLP) and ten other regional centers have identified a need for a training series which will compliment the development of a 14 bed Mental Health Transitional Residential Treatment Center. The individuals targeted for the 14 bed facility are exiting State Developmental Centers (DC), Mental Health Rehabilitation Centers (MHRC) and Institutions for Mental Disease (IMD). **SDRC may elect to fund all, part, or none of the projects, depending on funding availability as approved by the Department of Developmental Services (DDS), and the quality of proposals received. SDRC reserves the right to withdraw this RFP and/or disqualify any proposal that does not adhere to the RFP guidelines. Please Note: Proposals submitted after the indicated timelines will not be considered.**

PROJECT DESCRIPTION

The desired outcome for this project is to educate community professionals and build interagency collaboration in providing treatment and support to individuals with intellectual disabilities and a co-occurring mental health diagnosis who may have committed crimes. The successful project applicant will develop a series of trainings to enhance the knowledge of our community partners. The trainings will educate community professionals about best practices in evidence-based services designed to support the identified target population while insuring the health and safety of the individuals, staff and the community. A related project objective is to enhance the knowledge, skill and commitment of community criminal justice professionals, mental health providers, regional center staff and substance abuse professionals to provide treatment, support and service to individuals with intellectual disability and mental health needs.

SERVICE NEEDS

The training series will provide education to professionals and the community on intellectual disabilities, mental health diagnoses and the best practices to support these individuals and prevent recidivism. The training curriculum will target audiences with diverse needs and interests. Curriculum topics may include **but are not limited to**; evidence based treatments such as trauma focused therapies, cognitive behavioral therapies, applied behavior analysis, as well as risk assessment, community outreach and competency restoration training. A minimum of eight trainings will be conducted throughout Southern California. The series of seminars will be recorded for future use by SDRC and SCIHLP.

Key Objectives:

- 1) Develop curriculum content.
- 2) Submit training series to SDCR and SCIHLP for review and approval.
- 3) Identify speakers.
- 4) Identify and solicit participation from targeted audiences.
- 4) Arrange for training locations.
- 5) Set dates of trainings.
- 6) Complete training series including evaluation of trainings by participants.

The one-time funding for this project: \$150,000

APPLICANT ELIGIBILITY

Proposals can be submitted by for-profit, non-profit, governmental agencies, educational institutions, or individuals. The applicant must have experience in providing community training and services to persons with intellectual disabilities. Board members of San Diego-Imperial Counties Developmental Services Inc. and employees of San Diego Regional Center or SCIHLP are prohibited from submitting proposals.

SUBMISSION OF PROPOSALS

Please direct all proposals to:

San Diego Regional Center - Community Services
Lori Blair, Resource Coordinator
sdrc.lblair@gmail.com

Electronic copies (PDFs) of the proposals must be *received* at the above email address **no later than 4:00 p.m. on Friday March 28, 2014**. Proposals received after this deadline will not be considered. Faxed or hardcopy proposals will not be accepted. You will receive an email reply confirming receipt of your proposal. **If you do not receive email confirmation, your proposal may not have been received by SDRC.** Please follow up by phone with Ms. Blair if you **do not** receive email confirmation of receipt of your proposal.

FORMAT AND APPLICATION REQUIREMENTS

Proposals must comply with the instructions, format, and time lines described in this request. Proposals should be written in 12-point font, Times New Roman or Arial preferred. All pages in the proposal must be numbered consecutively and include an identifying footer with the applicant name and project number. The proposal, *including* the required forms and documents, may not be more than (13) pages long.

PROPOSAL CONTENT

Each proposal will contain four parts as follows:

1. Applicant/Agency Information Form

The Applicant/Agency Information Form, Appendix A, included with this RFP, *must* be used to provide the pertinent information about the applicant. The number of the project that the proposal is intended to address should be included on this form. The information provided should highlight the applicant's ability to implement the proposed project. **The form should contain the original signature of an individual with authority to submit the proposal (dated) and enter into a binding contract with the San Diego Regional Center.**

2. Project Description

In *no more than six (6) pages*, the applicant should provide information about the proposed project, which should include the following:

- a. The applicant's philosophy and values related to the proposed project and related to how services to persons with intellectual disabilities should be delivered. .
- b. The outcome objectives that will be achieved at the completion of the proposed project, and the methods by which those outcomes will be documented. This should include the applicant's work plan for the proposed project with corresponding timelines identifying how and when each outcome objective will be met.
- c. The applicants proposed use of personnel, including the selection, management, and training of staff, as well as minimum qualifications. The types of licensed consultants who will have on-going contracts with the service provider must be clearly identified. **If the applicant's mailing address is outside of the San Diego/Imperial County area, the name and qualifications of the person who will be physically located in the San Diego/Imperial County area and responsible for managing the proposed project must be included.** The names and qualifications of any additional consulting/professional staff (if known) associated with the project should be included.
- d. Identification of the geographic area where services will be provided.
- e. A description of where services will be delivered.
- f. A description of how each training presentation will be evaluated by participants including samples of the evaluation forms to be used.
- g. Timeline for accomplishing this project.

3. Budget and Financial Information

The Budget and Financial Information Form Appendix C (two pages) must be used to provide information concerning the applicant's finances and the proposed start-up budget for this project.

Appendix A (Applicant/Agency Information) and Appendix B (Applicant/Vendor Disclosure Statement-4 pages) must be included with the proposal. Appendix C (Budget and Financial Information Form) two pages must be used to provide information concerning the applicant's finances and the proposed start-up budget for this project.

For reference, Appendix D (Proposal Review/Selection Criteria) will be used to evaluate the proposal. **This does not need to be submitted with your proposal.**

REPORTING REQUIREMENTS

Each selected project contractor will be required to submit monthly summaries describing progress made toward meeting project objectives to the San Diego Regional Center by the third of each month. In addition, summaries of the participant evaluations of the trainings will be provided to SDRC and SCIHLP within 2 weeks following each training provided. These summaries will be attached to any monthly invoices submitted by the contractor. The contractor will submit a final report upon completion of the project. The format for the monthly summaries and invoices will be included in each awardee's contract.

Contracts between SDRC and the selected service provider will include the following:

- a) Holding the vendor accountable for the expenditure of funds consistent with the contract terms and for program outcomes;
- b) In the event a project cannot be completed within the approved timeframe, the start-up funds must be returned to the State;
- c) Upon completion of the project and the reconciliation of the contract funds, if SDRC determines that the contract amount has not been fully expended, the unexpended contracted funds will be recouped by SDRC and returned to the State; and
- d) The Department of Developmental Services may request the RC to provide a copy of the fully executed RC/Vendor Start-up contracts.

PROPOSAL SELECTION PROCESS

Any proposal may be rejected if it is incomplete or deviates from the specifications in this RFP. **The San Diego Regional Center reserves the right to reject any or all proposals and to cancel the RFP process at its discretion.** Each proposal will be evaluated by an RFP Selection Committee which is an interdisciplinary team of at least 3 members, who will score each proposal individually before coming together as a team to thoroughly review and discuss each proposal and interview applicants, if applicable, and agreeing on a final score for each proposal. A minimum score of 70% is required for the proposal in order to be considered. Proposals will be evaluated in five areas: Agency Description (including history), Project Description, Work Plan/Timelines, Budget/Finances, and Proposal Responsiveness. The evaluation will be scored on the following elements; responsiveness, innovation, previous experience of applicant, and demonstrated applicant financial responsibility. The proposal review/selection criteria worksheet is included with this RFP. Additional information may be required from selected applicants with

regard to the proposal submitted prior to the awarding of a contract. References will be contacted and interviews may be conducted, particularly if two or more proposals are closely scored and/or more information is needed. The interview panel will include at least two individuals from the RFP selection committee, using the same questions, and each interviewer will score the responses using the same scoring scale for each interview.

RFP TIMELINE:

RFP Posted.....March 3
RFP Responses Due.....March 28
Applicant interviews (if any).....April 7
Proposal Selection / notification.....April 11
Negotiation and Completion of Contract.....June 30

FUNDS

Funding for this project is \$150,000. Actual amount awarded will be based upon the budget submitted by the applicant and is contingent on funding by the Department of Developmental Services (DDS). Any project contractor who fails to develop the services specified will be required to return to the San Diego Regional Center any compensation received for start-up expenses. All funds must be expended and invoiced to SDRC by April, 2016.

ADDITIONAL INFORMATION

Any questions regarding the requirements of this RFP should be directed to:

San Diego Regional Center-Community Services
Lori Blair, Resource Coordinator
(858) 576-2872
Sdrc.lblair@gmail.com

APPLICANT/AGENCY INFORMATION

Applicant/Agency Name _____ CPP Project # _____

Address: _____ Phone: _____

- Non-Profit Corporation For-Profit Corporation
- Educational Institution
- Local Government Agency Individual
- Other(_____)

Contact Person's Name and Job Title: _____ Phone _____

A. List up to four current or previous services implemented by the applicant/agency that provide evidence of experience related to your proposal. Include the service name, the dates that services started (and ended if not currently being provided), and a one sentence description of the type/purpose of the indicated service:

1. _____

2. _____

3. _____

4. _____

B. List two references that can be contacted in regards to applicant's experience, qualifications and ability to implement this proposal:

1. _____
Name and Title Agency Affiliation
_____ Address Phone
2. _____
Name and Title Agency Affiliation
_____ Address Phone

Application submitted by _____
Signature Date

APPLICANT/VENDOR DISCLOSURE STATEMENT

DS 1891 (7/2011)

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.
- 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 Medi-Cal provider number, if any, of the applicant or vendor.
- D. List the Social Security Number 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 parts 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.

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- "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, part 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 Section 54311(a)(6).

PLEASE FILL OUT

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

C. Medi-Cal Provider Number, if any:

D. Social Security Number 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:

- 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
 - Corporation
 - Religious/Charitable
 - Other (specify): _____

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2. Ownership, indirect ownership, and managing employee interests

A. List the name(s), title(s) and address(es) 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

B. List those persons named in A above, 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, and Medi-Cal provider number 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	Medi-Cal Provider Number

3. Excluded Individuals or Entities

List the name, title, and address of any person 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

4. Subcontractor

A. List the name and address 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.

Name	Title	Address	Percentage

B. List the name and address 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

APPLICANT/VENDOR DISCLOSURE STATEMENT

DS 1891 (7/2011)

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 Authorized Representative (Type or Print) **Title**

Signature **Date**

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.

Title 17 California Code of Regulations, Section 54311(a)(6)
(Criteria for Excluded Individuals or Entities to be disclosed on Page 3, Part 3)

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.

BUDGET FOR PROJECT START-UP

PERSONNEL SERVICES (Staff and Consultants)

Job Title	Number (or %) FTE	FTE Monthly Salary with Fringe Benefit	Number of Months	TOTAL
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
Employee Fringe Benefits START-UP	(_____	% of Salaries)		
PERSONNEL SERVICES SUBTOTAL				_____

OPERATING EXPENSES

	Monthly Amount	Number of Months	TOTAL
Office and/or Facility Lease	_____	_____	_____
Insurance	_____	_____	_____
Utilities	_____	_____	_____
Travel	_____	_____	_____
Purchased Equipment and Supplies (list)			
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
Other-	_____	_____	_____
Administrative Overhead	_____	_____	_____
START-UP OPERATING EXPENSES SUB-TOTAL			_____

**TOTAL START-UP
BUDGET**

Submitted by

Name

Date

COMMUNITY PLACEMENT PLAN REQUEST FOR PROPOSAL

Appendix D

PROPOSAL REVIEW/SELECTION CRITERIA

(The minimum requirement will be 70% of the total possible points)

Project Number _____ Applicant /Agency _____

	Maximum Score	Initial Proposal Score	Final Score
A. Agency Description			
1. The applicant/agency has prior relevant experience and credentials in the developmental disabilities and/or mental health field.	10		
2. The applicant/agency's philosophy is positive, consumer oriented and appropriate to the goals of the proposed project.	5		
3. The applicant/agency's history indicates the capability of developing, managing, and operating the proposed project in San Diego County.	10		
B. Project Description			
1. The expected service outcomes are clear and consistent with the goals of the proposed project.	5		
2. The proposed use of personnel (direct care staff and consultants), including the selection, management and training of staff should ensure quality outcomes in the project.	15		
3. The plan for providing services, including the description of the needs of the consumers who will be served, is consistent with the goals of the project.	5		
C. Work Plan/Timelines			
1. The work plan indicates a thorough knowledge of the processes and procedures needed to complete the project.	10		
2. The timeline for project development is realistic and meets deadlines.	10		
D. Budget/Finances			
1. The applicant/agency's financial statement reflects sound fiscal practices. Assets are sufficient to undertake the proposed project.	5		
2. The start-up budget is reasonable and demonstrates a good appraisal of actual costs involved in completing the project.	5		
3. The estimate for on-going service rate is cost-effective and consistent with funding for similar programs.	5		
E. Proposal Responsiveness			
1. The overall proposal indicates an ability to follow directions and is an appropriate response to the RFP	10		
2. The proposal provides evidence of innovative practices in providing services.	5		
TOTAL	100		

Proposal review completed by: _____ Signature _____ Date _____