



## 2017 Request for Proposals

### **Project #1: Adult Residential Facility for Individuals with Mild to Moderate Support Needs**

**Release Date: April 3, 2017**

**Submission Period: April 3, 2017 – May 15, 2017**

#### **Project Eligibility Criteria**

To be eligible to submit a proposal in response to this RFP, an applicant should have:

- Completed Community Care Licensing (CCL) orientation
- Attained Residential Services Orientation (RSO) certificate
- Per Title 22, Article 3, 84018(b)(1), there shall be sufficient liquid assets in reserve to ensure facility operation, independent from reliance on prospective client fees, for the first three months. (See forms LIC 401, LIC 403, and LIC 420)
- Identified prospective properties for facility (to be reviewed with Community Services)
- Met qualifications for personnel requirements as indicated below

#### **Project Overview**

The Community Services Department of the North Los Angeles County Regional Center (NLACRC) is releasing this Request for Proposal (RFP) to seek **qualified and experienced** Residential Service Providers to support individuals who have mild to moderate support needs due to a combination of self-care deficits, social-communicative challenges, and some behavioral struggles. The purpose of this development is to provide a full array of services which will enable individuals to continue to live productive lives in the community of their choice. This Residential Home must be located within the NLACRC catchment area, and have no more than six (6) beds. Residents will be between the ages of 18-59, male or female, and ambulatory or non-ambulatory. The proposal should include the required staffing hours and program preparation hours necessary to support the characteristics described above. Please refer to Title 17, §56004.

#### **Individuals to be Served**

This residential home will be a resource for adult individuals and who have mild to moderate support needs. Residents may present with self-care deficits requiring strong use of tasks analysis and effective teaching strategies to assist them in gaining higher levels of independence. Residents may present with some behavioral challenges which include but are not limited to abusive behaviors towards others, abusive behaviors towards self, and elopement. Individuals may also present with social and communication deficits requiring support from staff navigating social environments, forming and maintaining relationships, and possibly using augmentative communication devices or methods. Individuals may be non-ambulatory.

#### **Proposed Models of Service**

Administrator, or consultants as applicable, will be responsible for conducting assessments, developing proactive plans, and providing extensive training to direct care staff. The proposal must also include



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identified medical supports and mental health services available in the community that the facility plans to use for supporting residents.

NLACRC requires that the proposal in response to this RFP include the description of the crisis intervention training curriculum, such as Pro-ACT® or Professional Crisis Management – PCMA, used to train its employees in how to maintain safety, dignity and respect for all persons during a crisis situation.

The facility must be licensed by the Department of Social Services, Community Care Licensing Division as an Adult Residential Facility with a maximum capacity of six (6) residents. The facility should provide some individual bedrooms and no more than one large shared bedroom, full size beds, and preferably one (1) or two (2) bedrooms should be approved to accommodate residents who are physically or cognitively non-ambulatory.

### Rate of Reimbursement

The rates set by the Department of Developmental Services (DDS) for Community Care Facilities can be found here: [http://www.dds.ca.gov/Rates/docs/CCF\\_rate\\_January2017.pdf](http://www.dds.ca.gov/Rates/docs/CCF_rate_January2017.pdf)

**If proposed project is scheduled for development, Regional Center reserves the right to assign the service level (Title 17 Section §56005), and accompanying rate.**

### ADMISSION CRITERIA

Applicants should design a program that is equipped to meet the specialized needs of consumers whose diagnoses are likely to include the following:

- Mild to moderate levels of cognitive deficit
- Difficulties in social environments
- Communication deficits
- Seizure disorders
- Mental Illness/Psychiatric Diagnosis
- Behaviors that may include, but are not limited to: non-compliance, impulse control issues, theft, property destruction, aggression towards others, tantrums, self-abuse, hyperactivity, elopement
- Need for assistance with some or all aspects of daily living, including hygiene, toileting, showering, dressing and eating
- Medical conditions that require Restricted Health Care Plans.
- Non-ambulatory with mild to severe mobility challenges



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### MINIMUM QUALIFICATIONS FOR APPLICANTS, ADMINISTRATOR & DIRECT CARE STAFF

It is mandatory that applicants have proven expertise and extensive experience in the successful operation of a program serving consumers whose service needs are similar to those for whom this service is being developed. NLACRC is looking for a provider who demonstrates strength in the areas of clinical, administrative, and fiscal responsibility. Additionally, an interview with Community Services staff may be required in order to examine the proposed service level, along with submitted documents.

#### Facility Administrator:

##### **§56037. Administrator Qualifications and Continuing Education.**

(a) Administrators for Service Level 2, 3 and 4 facilities shall fulfill requirements for continuing education in one or more of the following areas, as they relate to the administration and management of residential services for persons with developmental disabilities:

- (1) Consumer services as described in the program design;
- (2) Promotion of consumers' rights, health, safety and social and physical integration; and
- (3) The ID Team process, including development and implementation of IPPs.

(b) An administrator of an adult residential facility may meet the requirements for continuing education specified in this section by meeting the requirements for continuing education specified in Health and Safety Code Section 1562.3(f)(1).

(f) Service Level 4 administrators shall:

(1) Have a minimum of 12 months of prior experience providing direct supervision and special services to persons with developmental disabilities;

(A) The regional center shall be permitted to waive the above requirement if the regional center determines that it is necessary to meet consumer needs.

(2) Complete a minimum of 12 hours of continuing education in the areas specified in subsection (a) above within each twelve-month period following the assumption of the duties of an administrator.

(g) Service Level 2, 3 and 4 administrators providing direct supervision and special services shall complete any additional training in a specific knowledge area(s) which has been identified as needing improvement in the written notification pursuant to Section 56033 (d)(2).

(h) Successful completion of the competency-based training and passage of the competency test required by Section 56033 (a)(1) or (2) shall satisfy the continuing education requirements specified in this section for an administrator for the year in which the training is satisfactorily completed.

(i) For administrators, passing the challenge test without attending the competency-based training required by Section 56033 (a)(1) or (2) shall not satisfy the continuing education requirements specified in this section.

#### Direct Care Staff:

##### **§56038. Direct Care Staff Qualifications and Continuing Education Requirements.**

(a) Service Level 2, 3 and 4 administrators shall ensure that each direct care staff person meets applicable requirements as follows:



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- (1) Within the first 40 hours of providing consumer services in the facility, all new direct care staff shall complete an on-site orientation which addresses the following:
  - (A) The facility's program design;
  - (B) Consumer IPPs;
  - (C) Consumers' rights regulations;
  - (D) Assistance to consumers with prescribed medications, if applicable;
  - (E) Health and emergency procedures, including fire safety;
  - (F) Identification and reporting of Special Incidents, as required by Title 17, California Code of Regulations, Section 54327(a) ; and
  - (G) Identification and reporting of consumer abuse.
- (2) Receive on-the-job training as necessary to implement consumer IPPs.
- (3) Receive continuing education in one or more of the following areas, as they relate to planning and implementation of residential services for persons with developmental disabilities:
  - (A) Consumer services as described in the program design;
  - (B) Promotion of consumers' rights, health, safety, and social and physical integration; and
  - (C) The ID Team process, including development and implementation of IPPs
- (d) Service Level 4 direct care staff shall:
  - (1) Have a minimum of six months of prior experience providing direct supervision and special services; or
  - (2) Within six months of beginning to provide direct supervision and special services in the facility, complete at least 12 additional hours of continuing education as specified in subsection (a)(3) above.
  - (3) Complete a minimum of 12 hours of continuing education which meets the requirements specified in subsection (a)(3) above within each twelve-month period following the assumption of the duties of direct care staff.
- (e) Direct care staff shall complete any additional training in a specific knowledge area(s) which has been identified as needing improvement in the written notification pursuant to Section 56033 (d)(2).
- (f) Successful completion of the competency-based training and passage of the competency test required by Section 56033 (a)(1) or (2) shall satisfy the direct care staff continuing education requirements specified in this section for a direct care staff for the year in which the training is satisfactorily completed.
- (g) For direct care staff, passing the challenge test without attending the competency-based training required by Section 56033 (a)(1) or (2) shall not satisfy the direct care staff continuing education requirements specified in this section.

Please see the Proposal Writing Guidelines for additional information.



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North Los Angeles County Regional Center (NLACRC) appreciates your interest in responding to the Fiscal Year (FY) 2017-2018 Request for Proposals.

### **SUBMISSION OF PROPOSALS**

All proposals must conform to the attached Proposal Writing Guidelines and Content Requirements. The applicant must submit the completed proposal as one electronic copy to [resourcedevelopment@nlacrc.org](mailto:resourcedevelopment@nlacrc.org). No fax copies will be accepted. The proposals must be complete, typewritten, collated, and page numbered. No proposals will be accepted after the deadline.

### **DEADLINE FOR SUBMISSION OF PROPOSALS**

May 15, 2017

### **RESERVATION OF RIGHTS:**

NLACRC reserves the right to request or negotiate changes in a proposal, to accept all or part of a proposal, or to reject any or all proposals. NLACRC reserves the right to withdraw this Request for Proposal (RFP) and/or any item within the RFP at any time without notice. NLACRC reserves the right to disqualify any proposal which does not adhere to the RFP guidelines. This RFP is being offered at the discretion of NLACRC. There are no start-up funds associated with these RFP's.

### **NLACRC PROPOSAL WRITING GUIDELINES**

The applicant is required to submit an electronic copy in a word compatible document. An application will be disqualified from consideration for failure to follow instructions, complete documents, submit required documents or meet the submission deadline. All proposals submitted must adhere to the following requirements:

- Use Standard size format so proposal will print out on a standard 8 ½ x 11 paper
- Proposal must be typed using a standard font (12).
- Complete submission must not exceed a total of 30 pages, excluding cost statement and DS1891.
- Every page must be numbered consecutively.
- The "Proposal Title Page" must be the first page of the proposal. The project to be developed must be indicated by checking one of the boxes.
- The proposal must include a Table of Contents that corresponds to Content Requirements.
- All sections of the Content Requirements must be addressed in the proposal.



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### CONTENT REQUIREMENTS

1. [PROPOSAL TITLE PAGE](#)  
Provide the name, address and telephone number of the applicant. If the applicant is a corporation, list the principal members of the corporation and include verification of incorporation in California. Identify the author(s) of the proposal. List any parties who participated in writing all or part of the proposal.
2. TABLE OF CONTENTS
3. [STATEMENT OF OBLIGATION](#)
4. APPLICANT'S EXPERIENCE & BACKGROUND INFORMATION
  - a. Provide a 1-2 page summary of the applicant's qualifications which details education, knowledge and experience providing services to persons with developmental disabilities, and which includes a brief description of applicant's experience in developing and operating the type of project for which you are submitting a proposal.
  - b. Provide a copy of your resume with at least two (2) references with addresses and telephone numbers, and a statement permitting that references may be verified by NLACRC. Applicants should be aware that the selection committee will contact references or other sources to corroborate any information provided in the proposal.
5. EXECUTIVE SUMMARY  
**BRIEFLY** address the following elements:
  - a. Philosophy and Statement of Purpose in regards to specific service/development/project you are applying for
  - b. The programs instructional strategies, techniques and intervention methods to be utilized.
  - c. Anticipated individual's outcomes
  - d. Staffing
    1. Management oversight
    2. Employee qualifications
    3. Contingency plans
    4. Staff training and development approaches
    5. Consultants qualifications (if applicable)
  - e. If applicable describe how your program will seek out and access ancillary/generic resources to insure ongoing health, safety and growth of the individuals the program would support. (ex. Mental health services, dentist, probation, public transportation,...)
  - f. Operations/Location



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- Office location and hours
  - Area/location of services and hours
- g. Describe you agencies orientation to continuous quality improvement, learning and self-evaluation as it relates to this service.
6. [BUSINESS PLAN](#)  
Note: The rates of reimbursement available in California may or may not cover the cost of operating this service in this regional center's catchment area. Please examine the economic climate of your proposed service in your business plan.
7. [NLACRC COST STATEMENT](#)
8. [DS1890 VENDOR APPLICATION FORM \(COVER SHEET\)](#)
9. [DS 1891 APPLICANT/VENDOR DISCLOSURE STATEMENT](#)  
Every applicant or vendor must complete and submit a current Applicant/Vendor Disclosure Statement, DS 1891 (disclosure statement) which discloses information about each service provider's ownership and control interest. As part of the complete application packet for vendorization or upon request of the vendoring regional center. 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.
10. If applicable a copy of LLC paper/corporation documents/DBA documents.
11. STATEMENT OF EQUITY AND DIVERSITY
- a. Provide a statement outlining applicant's plan to serve diverse populations, including, but not limited to, culturally and linguistically diverse populations.
  - b. Provide examples of applicant's commitment to addressing the needs of those diverse populations.
  - c. Provide any additional information that the applicant deems relevant to issues of equity and diversity.



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### PROPOSAL TITLE PAGE

TO: North Los Angeles County Regional Center  
[resourcedevelopment@nlacc.org](mailto:resourcedevelopment@nlacc.org)

RE: Submission of Proposal in Response to RFP for the following project: **(check 1 box per column only)**

#### Project

- #1: Residential Facility - Complex and Challenging Support Needs
- #2: Speech and Language Pathologist
- #3: Occupational Therapist
- #4: Physical Therapist
- #5: Infant Development Program
- #6: Residential Facility – Mild to Moderate Support Needs

#### Location

- San Fernando Valley
- Santa Clarita Valley
- Antelope Valley

NAME OF APPLICANT or ORGANIZATION SUBMITTING PROPOSAL *(please print)*

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ADDRESS

CITY

STATE

ZIP

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TELEPHONE NUMBER

FAX NUMBER

e-mail address

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CONTACT PERSON FOR PROJECT *(please print)*

TELEPHONE NUMBER

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NAME OF PARENT CORPORATION, if applicable please indicate:  Non-profit  For-profit

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AUTHOR OF PROPOSAL *(if different from applicant identified above)*

I affirm that the information presented in this application and proposal is true and that this proposal was developed and authored by the person(s) indicated. I understand that any falsification of information or failure to disclose any history of deficiencies or abuse will be cause for immediate disqualification. I also understand that failure to meet minimum qualifications as stated in the RFP, late proposal submissions, facsimile proposal copies, and any missing information will also be cause for immediate disqualification. I further understand that, in the event that my proposal is selected for development, the proposal itself is not approved conclusively.

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Applicant Signature/Signature of Person Authorized to Bind Organization

DATE



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<b>STATEMENT OF OBLIGATION</b>
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1. The applicant is presently providing social services to regional center consumers or other members of the community.  
 No       Yes  
*If yes, indicate name, location, type and capacity of service(s).*
2. The applicant is currently receiving or planning to apply for grants/funds from any source to develop social service programs?  
 No       Yes  
*If yes, indicate name, location, type and capacity of service(s).*
3. The applicant or member of the applicant's organization or staff has received a citation from any agency for abuse (verbal, physical, sexual, fiduciary, neglect)?  
 No       Yes  
*If yes, explain in detail.*
4. Has the applicant or any member of the applicant's organization received a Corrective Action Plan (CAP), Sanction, notice of Immediate Danger, or an "A" or "B" citation, or any other citation from a regional center or State Licensing Agency?  
 No       Yes  
*If yes, explain in detail.*
5. Describe other professional/business obligations held by the Licensee and Administrator, including name, location, type, and capacity (time commitment) of each obligation. *Do not include services you propose to provide through this proposal.*

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Signature of Applicant or Authorized Representative

Date