



2017 Request for Proposals

Project #4: Physical Therapist

Release Date: April 3, 2017

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

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 Physical Therapists to support individuals who have been diagnosed with a developmental disability, as well as delay or impairment of gross motor function warranting physical therapy services. The majority of referrals will be children under the age of three; therefore, pediatric experience is highly preferred. All Physical Therapists must meet regulatory requirements for vendorization under Service Code 772, Physical Therapy (Title 17, §54342(a)(61)). Physical therapy services will be delivered in the home of the individual being served. Reimbursement for mileage is not included.

Individuals to be Served

This service will be provided to individuals diagnosed with a developmental disability, who also demonstrate deficits in motor function that may be improved through participation in physical therapy, as indicated by assessment.

Proposed Models of Service

Physical therapy services will be delivered at a 1:1 therapist to participant ratio in the home of the individual being served. NLACRC requires that the proposal include a description of the services to be provided and treatment modalities to be utilized.

Rate of Reimbursement

This service is funded at a Schedule of Maximum Allowances (SMA) rate, as established by Medi-Cal. Currently, the rate is \$62.67 per hour.

ADMISSION CRITERIA

The policy of NLACRC is to assure that needed physical therapy services are provided when the following conditions exist:

- Physical therapy services are prescribed by a physician
- Significant deficits exist in gross motor skills or self-help skills
- Physical therapy is both necessary and likely to produce measurable improvement in the individual's capabilities, or to prevent deterioration of function or health

MINIMUM QUALIFICATIONS FOR APPLICANTS

All applicants must meet regulatory requirement for vendorization under Service Code 772, Physical Therapy. Title 17, §54342(a)(61) states:



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"A regional center shall classify a vendor as a provider of physical therapy services if the vendor is:

- (A) A physical therapist who is validly licensed by the Physical Therapy Examining Committee of the Medical Board of California and who, under medical supervision, treats individuals to relieve pain, develop or restore motor function, and maintain performance by using a variety of physical means"

In addition to Title 17 requirements, it is highly preferred that applicants have pediatric experience and a desire to provide services to young children, as the majority of individuals referred will be under the age of three.



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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. 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.



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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@nlacrc.org

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

Project

Location

- | | |
|---|---|
| <input type="checkbox"/> #1: Residential Facility Complex and Challenging Support Needs | <input type="checkbox"/> San Fernando Valley |
| <input type="checkbox"/> #2: Speech and Language Pathologist | <input type="checkbox"/> Santa Clarita Valley |
| <input type="checkbox"/> #3: Occupational Therapist | <input type="checkbox"/> Antelope Valley |
| <input type="checkbox"/> #4: Physical Therapist | |
| <input type="checkbox"/> #5: Infant Development Program | |
| <input type="checkbox"/> #6: Residential Facility – Mild to Moderate Support Needs | |

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

ADDRESS	CITY	STATE	ZIP
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TELEPHONE NUMBER	FAX NUMBER	e-mail address
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CONTACT PERSON FOR PROJECT <i>(please print)</i>	TELEPHONE NUMBER
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NAME OF PARENT CORPORATION, if applicable please indicate: Non-profit For-profit

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.

Applicant Signature/Signature of Person Authorized to Bind Organization

DATE



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STATEMENT OF OBLIGATION

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.*

Signature of Applicant or Authorized Representative

Date