



KERN REGIONAL CENTER

*Striving to Achieve Equality,
Independence and Empowerment*

ATTACHMENT B

SUBMISSION REQUIREMENTS

FOR PROJECT# 1920-1 (IP-1819-7)

SERVICE PROVIDER(S) FOR EBSH – ADOLESCENTS

***12/10/2019: Second Posting/Release with New
Timelines***

PROVIDER(S): Project# 1920-1 (IP-1819-7) ENHANCED BEHAVIOR SUPPORT HOMES (EBSH) FOR CHILDREN/ADOLESCENTS. HOME OWNED BY HDO.

Kern Regional Center and the Southern California Integrated Health and Living Project (SCIHLP) are seeking a provider to develop an Enhanced Behavior Supports Home (EBSH) intended to serve a maximum of **four (4) adolescents between the ages of 12 and 17 years**. Each adolescent require 24-hour non-medical care in a home like setting due to excessive behavioral impairments. These homes exceed the minimum requirements of level 4I facilities. Such homes will have additional staffing, supervision, enhanced staff training, a variety of consultations, and shall employ enhanced characteristics, such as delayed egress devices to address certain types of challenging behaviors.

Each resident will have their own bedroom. The home will provide services to **adolescent young adults between the ages of 12 and 17 years old** with significant behavioral challenges, severe self-care deficits, risk of elopement, and/or SIB with possible dual-diagnosed with mental health diagnosis or substance abuse issues, may currently have or historically face forensic complications, and/or will primarily be transitioning to community placement from an institute for mental disease, acute crisis facility, another licensed setting or from their family home. Each resident of the home will have an Individual Behavior Supports Plan (IBSP) documenting the individual's behavioral needs and the supports and services to be provided to address those needs. The provider is required by law to have a Board Certified Behavior Analyst (BCBA) or qualified behavior modification professional on-staff or contract for monthly observation and treatment recommendations of the residents. At least four (4) of the visits per year are to be unannounced. Residents of the home will also receive support from the regional center and the clients' rights advocate.

The chosen service provider will be required to obtain a license as a **Children's Residential Facility (CRF)** from the California Department of Social Services' Community Care Licensing division and will be answerable to all applicable statutes and regulations, including those currently under development upon their publishing.

The home will be owned and renovated by a Housing Development Organization (HDO) that will develop the property, under a separate grant process, to the specifications of this regional center. The successful applicant for this EBSH will lease the property from the HDO. The start-up funds identified in this RFP are solely for the use of the service provider to provide integral related activities to the establishment of the licensed home, e.g. licensing, household furnishings and supplies, and personnel recruitment, development, training, transition planning, meetings, travel related to consumer visits (including preplacement), etc.

Provider Start-up Available: *Funding pending DDS approval.* Start-up funds can only be used for non-recurring costs associated with initially establishing a service, which may include administrative components, licensing, household furnishings and supplies, personnel recruitment and training expenses, general equipment, pre-placement visits, and other costs as described per contract. Start-up funds are not intended to cover 100% of the development costs.

Geographic Location: KERN COUNTY

Development Timeline: The home should be ready to provide services no later than **March 2020**.

SERVICE DESCRIPTION

An Enhanced Behavioral Supports Home (EBSH) is a Community Care Licensed Home that is certified by the Department of Developmental Services (DDS) which provides intensive behavioral support to adolescent residents 12 to 17 years old. Individuals in the home may have developmental disabilities with co-occurring mental health diagnoses. The chosen provider must be able to work collaboratively with others in a multi-agency, interdisciplinary configuration (e.g. other regional centers, mental health systems, school districts, etc.) for the successful support of the individual. This includes working with school districts on IEP development and coordination of services and supports for the Individual.

Potential providers must have prior demonstrable experience including:

- Supporting **young adults** with developmental disabilities with co-occurring mental health diagnoses (Individuals with significant behavioral challenges such as; severe self-care deficits, risk of elopement and/or self-injurious behavior (SIB) with possible mental/dual-diagnosis, substance abuse issues, may currently have or historically faced forensic complications and/or will primarily be transitioning to community placement from an institute for mental disease, acute crisis facility, another licensed setting or from their family home);
- Owning or operating a **Children's** Residential Facility, Small Residential Facility (SRF),
- Working with social service community based agencies and resources;
- Working with school districts on IEP development and coordination of services and supports
- Working with **young adults** in crisis, requiring hospitalization, or at risk of frequent hospitalization;
- Working with and arranging services for **young adults** including with families, mental health systems and providers, behavioral supports, and potentially the criminal justice system;
- Successfully providing 24/7 care, support and supervision.

A provider must be able to work collaboratively with others in a multi-agency, interdisciplinary configuration (e.g. other regional centers, mental health systems, school districts, etc.) for the successful support of the individual.

APPLICANT INELIGIBILITY

The following agencies or individuals are not eligible for this development award:

1. The State of California, its officers or its employees;
2. A regional center, its employees, and their immediate family members;
3. Area Board members, their employees or their immediate family members;
4. Any HDO with a conflict of interest in either board members or employees

SUBMISSION INFORMATION

Response to the Request for Proposals must be received by KRC, **February 3rd 2020 no later than 4pm** for both hard copies and E-file. No exceptions.

All interested Applicants **must submit eight (8) hard copies AND an e-file of proposal for each development** to:

a. Hand Deliver:

ATTN: **Andrew Ante**, Resource Developer/Quality Assurance
Community Services Unit
3300 No. Sillect Avenue, Bakersfield, CA 93308
E-file to: aante@kernrc.org

b. Mail to:

ATTN: **Andrew Ante**, Resource Developer/Quality Assurance
Community Services Unit
3200 No. Sillect Avenue, Bakersfield, CA 93308
E-file to: aante@kernrc.org

GENERAL REQUIREMENTS

- Facility will be licensed as a CRF by Community Care Licensing (CCL) prior to vendorization by KRC;
 - Facility will support 4 adolescent residents;
 - 24-hour non-medical care;
 - Program must meet all applicable Title 17 and Title 22 regulations;
 - Provider must follow DDS guidelines: Guidelines for the use of restraints or containment in EBSH. WIC 4684.81(i)(2) that these guidelines be incorporated into the facility plan and plan of operation for all EBSH's.
 - Facility must meet applicable Americans with Disabilities Acts (ADA) standards;
 - Must have at a minimum Full to Queen size beds.
 - Shall exceed minimum requirements for level 4I facility as defined by law;
 - Individual rates shall include staffing, consultants, food costs and incidentals incurred on a per resident basis;
 - Facility rates shall include the lease and constant operation;
 - A Board Certified Behavior Analyst (BCBA) support plan must be completed within one (1) week of admission for resident;
 - Monitoring required; to be conducted by regional center qualified behavior modification professional at least monthly, four (4) of which are unannounced;
 - Each individual regional center and vendoring regional center shall have joint responsibility for monitoring and evaluating the services provided;
 - Monthly Case management and quarterly quality assurance visits, are to be conducted at minimum;
 - Administrator must have a minimum of 2 years full-time experience in a licensed residential facility (preferably CRF) for persons with developmental disabilities, mental health, and forensic backgrounds and be one of the following: A Registered Behavior Technician, a licensed psychiatric technician or a Qualified Behavior Modification Professional. Administrator and Licensee must both possess a current CRF Administrator Certificate;
 - Administrator must have completed DSP I and DSP II;
 - Direct Support Professionals (DSP) must speak the language of the people they support;
 - Perspective provider must hire (in accordance with Title 17 regulations, section 59061) and retain direct care staff trained in non-violent crisis prevention/intervention.
 - Applicants must identify all types of consultants they propose to utilize and must include a BCBA;
 - Applicants must demonstrate fiscal responsibility by submitting 2 complete fiscal years and current year to date financial statements that detail all current and fixed assets and current and long-term liabilities; The applicant must document available credit line and provide necessary information for verification;
 - Adherence to forthcoming DSS regulations to address, at minimum, staffing structure, staff qualification, and training;
 - Health and Safety §1667.64 requires a minimum of 16 hours of emergency intervention training, including positive behavioral supports and safety techniques for all staff;
 - Health and Safety §1567.65 (f) DSS determines that urgent action is necessary to protect an individual residing in an EBSH, it shall notify DDS. DDS may request that the regional center or centers take action within 24 hours, which may include, as appropriate, the removal of an individual from the home or obtaining additional services.
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APPLICANT QUALIFICATIONS

The following qualifications will be sought in a potential provider and will be assessed by evaluating an applicant's proposal, and responses to interview questions, if applicable. For finalists, assessment of these qualifications will also include the collection and evaluation of additional information utilizing, but not limited to, the evaluation procedures listed below:

Qualifications Sought in a Provider

Applicant has a proven history of financial responsibility, and sustainability.

Applicant has a proven history demonstrating the ability to provide direct supervision or services/supports to individuals with developmental disabilities or special needs.

Applicant has proven credentials, licenses, training and/or skills required and/or preferred for the proposed project or service.

Applicant has a proven history of positive working relationships with the community and applicable government agencies. If applicant is a current vendor, applicant must be in good standing with the regional center and licensing agencies.

Applicant has a proven history in the area of project development, including the ability to complete projects, meet project timelines and manage a project of this size and scope.

Applicant has the administrative capacity to complete the project and/or implement the service in a timely fashion.

Evaluation Procedures

- All *finalists* will be required to submit a Financial Statement Form and attach business and financial records to substantiate the finalist's adequate working capital. For finalists without business records, two years of tax returns will be requested and reviewed.
- Confer with Accounting Department and Fiscal Monitor at KRC and the Community Services and Accounting Departments at other regional centers as applicable.
- Confer with Client Services and Community Services staff at KRC, and other regional centers as applicable.
- Complete unannounced visit(s) to existing programs, homes or services owned/operated by the applicant.
- Complete reference check to substantiate submitted resume(s) including applicable degrees, credentials, licenses or certificates, and descriptions of staff qualifications including specialized training and skills.
- Confer with Client Services and Community Services staff at KRC, and other regional centers as applicable.
- Confer with licensing agencies (e.g., Dept. of Public Health or Community Care Licensing), as applicable.
- Confer with Community Services staff at KRC and other regional centers as applicable, regarding applicant's track record on managing and completing projects and meeting project timelines.
- Confirm the number of programs/projects applicant currently operates and/or has in development, and ensure that the applicant's administrative capacity is not over stretched or that the applicant has competing or conflicting responsibilities with services vendored or in development with other regional centers.

Both not-for-profit and proprietary organizations are eligible to apply. Employees of regional centers are not eligible to apply. Applicants must disclose any potential conflicts of interest per Title 17, Section 54500. Applicants, including members of governing boards, must be in good standing in regards to all services vendored with any regional center.

The successful applicant will work with KRC to develop a rate which will include all or some of the items listed below;

- (1) A preset salary range for Direct Support Professional (DSPs), Lead DSP, and [Registered Behavior Technician \(RBTs\)](#);
 - (2) Direct Support Professionals who have completed DSP I and DSP II, [with time frames for becoming an RBT.](#)
 - (3) Services include 24-hour-a-day onsite support [\[one \(1\) Lead DSP and one \(1\) direct care staff on duty at all times when a consumer is under the supervision of the facility staff \(see section 59062\);](#)
 - (4) [1,2, or more awake night staff; determined by each person's IPP and rate sheet , but at minimum one \(1\) lead and one \(1\) direct care at all times\)](#)
 - (5) Administrator or designee on-call 24/7;
 - (6) Administrator working a minimum of 20 hours per week;
- Preference will be given to applicants who have or identify an administrator who has:
- a) Bachelor degree or higher in a related field
 - b) At least two years of work history as an administrator in a home that provided mental health treatment and/or support, substance abuse prevention and/or treatment, behavioral support, and court or forensic support [to children and adolescents](#) with developmental disabilities who have resided in a state developmental center, or are at risk of such placement and already meets the requirements listed in section 59060 of the Title 17 regulations for EBSH.
 - c) Demonstrated understanding of the IPP process and the legal rights of people with developmental disabilities in California;
 - d) Demonstrated the ability to work with the Department of Social Services, Community Care Licensing Division and knowledge of all Title 22 and 17 regulations;
 - e) Has a current Administrator Certification;
 - f) Has successfully completed DSP I and DSP II certification;
 - g) Is, or will be, a CPI Certified instructor;
 - h) Has completed or completes a KRC (or other RC, upon KRC approval) residential orientation;
 - i) Completion or will complete Dr. Tom Pomeranz's Universal Enhancement Course, not required but desirable.
 - j) Familiarity and/or willingness to obtain training in Person Centered Thinking.

Successful applicants to this RFP project must adhere to the RFP writing guidelines outlined in this RFP and complete each attachment enclosed in this RFP.

The contracts for the project will require an agreement that the grantee will provide, at minimum, 120 months (ten years) of continuous residential care services, based upon the date of the first admission. Failure to meet this term of service will require the awardee to repay a portion of the original start-up grant, i.e., 12 months repay 90% of original start-up grant; 24 months repay 80% of original start-up grant; 36 months repay at 70% of original start-up grant; 48 months repay at 60% of original start-up grant; 60 months repay at 50% of original start-up grant; 72 months repay at 40% of original start-up grant; 84 months repay at 30% of original start-up grant; 96 months repay at 20% of original start-up grant; and 108 months repay at 10% of original start up grant.

The provider is required to keep receipts, cancelled checks, and financial data for 3 years from date of contract.

Applicants must adopt a *"no-reject"/no failure* policy toward [adolescents](#) being supported and a commitment to modifying supports to ensure continued stability. Provider is responsible for submitting the DS6024 prior to the person's admission and will be reviewed within 60 days of initial placement , and at least annually thereafter, and submit an updated completed DS6024 to the regional center within 30 days , for review and written approval. Responses to this RFP must communicate a vision dedicated to providing long-term supports that adapt to the needs of the individual. Regional Center will provide at a minimum quarterly monitoring of Community Resource Development Plan (CRDP) homes.

APPLICANT ELIGIBILITY AND RESTRICTIONS

Eligibility

Any individual, partnership, corporation, association or private-for-profit or not-for-profit agency may submit a proposal.

- For partnership submissions, all partners should have full knowledge of the contents of the proposal submitted and must demonstrate commitment to the project during start-up as well as ongoing operations.
- Applicants, including members of the governing board, must be in good standing in regards to all services vendored with any regional center.

Ineligibility

Under the following conditions, an individual or entity is ineligible to be a regional center vendor, and therefore may not submit a proposal.

1. **Conflict-of-Interest:** Any individual or entity that has a conflict-of-interest as established in DDS Regulations, Title 17, Sections 54314 and 54500 et seq., unless a waiver is permitted and obtained, including: Regional center employees, board members, and their family members.

SELECTION PROCESS

All proposals received by the deadline will undergo a preliminary screening. Late or incomplete applications will not be accepted for review and rating. The Proposal Review Committee will be selected by KRC. Proposals will be reviewed for completeness, applicant experience and fiscal stability, resources of applicant, reasonableness of costs, and the ability of applicant to identify and achieve outcomes of property also to address the acquisition and renovation. The final decision of the Proposal Review Committee shall be approved by the Executive Director, and is not subject to appeal. All applicants will receive notification of KRC's decision regarding their proposal.

Proposal Review Committee will review, score, rank and prioritize the proposals. Applicant's proposals may be rejected for inconsistency with state and federal guidelines, failure to follow RFP instructions, incomplete documents, or failure to submit required documents. In addition to evaluation on the merit of the proposal, applicants will be evaluated and selected based on previous performance (including the timely completion of projects, a history of cooperative work with the regional center or other funders, and a track record consistent with established timelines for development).

All proposals received by the deadline will undergo a preliminary screening. Late or incomplete applications will not be accepted for review and rating. Any proposal may be disqualified if it deviates from the submission instructions in the RFP.

SELECTION PROCEDURES

KRC and the SCIHLP will seat the RFP Selection Committee. The evaluation process will include individual committee member evaluation and rating of each proposal, followed by committee discussion and ranking of proposals.

Proposals will be reviewed and evaluated for:

- Completeness and responsiveness of the proposal;
- Relevant experience and qualifications of the applicant;
- Reasonableness of timeline and cost to complete each project;

- Demonstrated financial responsibility, stability and soundness of the applicant.

Proposals may be eliminated from further consideration due to inconsistency with state and federal guidelines, failure to follow RFP instructions, incomplete documents, or failure to submit required documents.

In addition to evaluating the merit of the proposal, applicants will be evaluated and selected based on previous performance, including timely completion of projects and a history of cooperative work with the regional center. (Please refer to the section titled *Applicant Qualifications* for details)

After preliminary rating and ranking of proposals, visits will be arranged at any existing programs already in operation by the applicant and then interviews may be scheduled with finalists, particularly if two or more proposals are closely rated and/or more information is needed. References will be contacted for all finalists. All finalists will be required to complete and submit a budget and financial statement(s). (Please see section titled *Applicant Qualifications* for details).

The final recommendation of the RFP Selection Committee will be submitted for approval by the KRC Executive Director and is not subject to appeal. All applicants will receive written notification of KRC's decision regarding their proposal and an announcement of the applicant awarded the project will be posted on the KRC's web site: www.kernrc.org. All applicants will receive notification of KRC's decision regarding their proposal.

Additional information may be required from the selected applicant prior to the awarding of the project. KRC also implements a strict zero tolerance client abuse policy. Any information withheld or omitted, or failure to disclose any history of deficiencies or client abuse shall disqualify the applicant from award of the project and/or contract.

KRC and the SCIHLP reserves the right not to select an applicant for project implementation if, in its determination, no qualified applicant has applied or is sufficiently responsive to the service need.

In the event that no proposal is selected, KRC and the SCIHLP may elect to either not develop the service pending further analysis of alternatives to meet the expressed need, or to issue a new RFP to attempt to expand the pool of potential respondents.

Additional Requirements

- Development of Program Plan and Facility Cost (DS6023): The selected applicant will be required to complete a Program Plan and Facility Cost (DS6023) within thirty (30) days of award of the contract.
- Proof of Liability Insurance: The selected applicant will be required to maintain general and professional liability insurance for all work performed on behalf of regional center individuals and their families and to name the regional center as an additional insured on all such policies.

RESERVATION OF RIGHTS

KRC and the SCIHLP 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. KRC and the SCIHLP may, at our sole and absolute discretion, select no provider for these services if, in its determination, no applicant is sufficiently responsive to the need. KRC and the SCIHLP reserves the right to withdraw this Request for Proposal (RFP) and/or any item within the RFP at any time without notice. KRC and the SCIHLP reserves the right to disqualify any proposal which does not adhere to the RFP guidelines. This RFP is being offered at the discretion of KRC and the SCIHLP. It does not commit KRC and the SCIHLP to award any grant.

CONTENT OF PROPOSAL

Proposals must be typed on standard white paper using standard **size font (12)** and include a table of contents and page numbering. For items that request conditional information, provide a statement whether or not it applies to the applicant in order to verify that it has been addressed.

Applications and Proposals that are submitted after the deadline or that are incomplete, or proposals that do not meet the basic requirements will be disqualified. No applications or proposals will be returned.

This RFP does not commit KRC and SCIHLP to procure or contract for services or supports. KRC and SCIHLP may elect to fund all, part, or none of the project, depending on funding availability as approved by the Department of Developmental Services and the quality of the proposals received.

It is anticipated that a negotiated rate that exceeds the typical Level 4-I ARM rate will be required in order to meet the actual costs of providing individual bedrooms, other specialized consultant and staff, salaries, staff ratios and consultant hours that are needed to provide quality support services for people with complex mental health and behavior challenges. The Home Facility Rate (Service Code 900) shall be developed by the provider using form DS6023 and submitted with the program plan to the regional center and upon agreement it will then be submitted to the Department of Developmental Services for final approval.

COSTS FOR PROPOSAL SUBMISSION

Applicants responding to the RFP shall bear all costs associated with the development and submission of the proposal.

SUBMISSION INSTRUCTIONS

Proposal Content and Service Summary Content Guidelines

Please include all information requested below and submit in the same order in your documentation. For additional guidance in writing your service summary, please refer to Title 17 and Title 22 regulations. Each proposal and development being applied for must be comprised of **eight (8) hard copies AND an e-file proposal** with the following components:

Request for Proposal Affirmation

Professional Resumes and References

Table of Contents

Statement of Obligation

Financial Statement

Budget Summary

Mission, Vision and Value Statements: Provide any agency MVV statements and how these were developed for your agency.

Background and Experience: Summarize education, experience, and knowledge of key personnel in providing services to the target populations. Describe how the documented education, knowledge, and experience will be a good fit for developing this program.

Equity & Diversity Statement: Please see list below. Applicants will describe how they will:

- Provide a statement outlining applicant's services and supports plan to serve diverse populations, including but not limited to culturally and linguistically diverse populations. Promoting equity and diversity and according to NPOs program design. W&I code 4648.11
- Provide examples of applicant's commitment to addressing the needs of those diverse populations.
- Provide any additional information that the applicant deems relevant to issues of equity and diversity.

Development Experience: Briefly summarize your current and previous development of services and programs. Highlight similarities between current or previous program(s) developed and your proposed program for this RFP.

Agency Outcomes: Describe anticipated outcomes of proposed service for individuals residing in the home and how achievement of outcomes will be measured.

Assessment and Person-Centered Planning: Briefly describe your agency's approach to the person-centered planning process. Discuss how individual goals and objectives will be determined and progress measured.

Administrative/Consultant Roles: Describe roles of Licensee, Administrator, additional staff, and proposed involved consultants. Provide qualifications of any certified or licensed staff or consultants, including a BCBA and a mental health professional. Attach resumes.

Methods and Procedures: Please see list below. Applicants will describe how they will:

- Involve and plan for activities leading to the transition of [adolescents](#) from the community that may otherwise be difficult to place.
- Address the psychiatric and mental health treatment needs of residents, as well as therapeutic approaches. Describe how [individuals](#) will be assisted to learn emotional self-regulation skills, how staff will be trained to recognize, document, and report symptoms of psychiatric conditions and medication effectiveness. Describe the evidence-based psychotherapeutic approaches that will be implemented.
- Address the development of positive behavioral support plans for each resident.
- Address the close supervision needs of proposed residents with an emphasis on mitigating risk to the individual, the community, and staff.
- Teach social skill development to assist [young adult](#) in learning pro-social behaviors as alternatives to self-injurious behavior, sexual/physically aggression and/or assaultive behaviors.
- Systemically address resident motivation issues through the use of incentive systems to promote cooperation and participation in the treatment and educational aspects of the services.

Staff Recruitment and Retention: Describe your plan to recruit and retain quality staff. Include the following:

- Desired characteristics for all staff positions.
- Health and criminal background screening procedures.
- Initial and ongoing training, including required certifications. Include any specialized training for providing behavior support and crisis intervention to [adolescents](#) who have potentially dangerous behaviors.
- Discuss what typical staff turnover is for your organization/agency.

- Provide information on salary levels and benefits. Direct care staff must be paid at a set minimum.
- Attach an organization chart that includes this project and maps the supervisory hierarchy.
- Provide job descriptions and qualifications for the primary staff (including lead direct care staff) and consultant positions.

Staffing Schedule: Provide a sample one-week staffing schedule including the administrative staff, direct support professionals, consultant(s), and program prep time.

Transportation: Describe how transportation will be provided for day/work services, therapy and medical appointments, court requirements, or recreation and other activities.

Financial Resources: Discuss what financial resources you bring to the project (e.g. line of credit, cash or fluid capital reserves, etc.).

Continuous Quality Improvement (CQI): Describe how the service agency will use data, such as agency outcomes, stakeholder satisfaction, or other existing data (e.g. incident reports, medication logs) to identify service problems pursuant to corrective changes such as revised staff training curriculums, staff training procedures (e.g. supervision, medication management, recruiting, etc.). Providers shall describe the feedback loop by which problem procedures will be identified, corrective through revised practices, and further monitored to measure the effectiveness of those changes in agency practice.

Development Team: Provide a list of members of the proposed Project Development Team including the name, address, telephone numbers, email addresses, and resumes for each the team members. At a minimum, the team should include the lead staff that will develop the response to the RFP, the program plan, and the individuals with the expertise to hire skilled consultants to assist the provider in developing the project.

Implementation Plan: A proposed implementation plan and timeline for development that includes sequenced activities necessary for overall project completion with identified realistic timeframes for the completion of each activity. The plan must specific a process that ensures compliance with all state and local licensing requirements.

DS 1891 Applicant/Vendor Disclosure Statement: Complete and include this document:

<http://www.dds.ca.gov/Forms/docs/DS1891.pdf>

Formatting Requirements

Applicants must adhere to the following formatting requirements when submitting proposals:

Proposals must be typed on standard white paper using standard **size font (12)** and include a table of contents and page numbering. For items that request conditional information, provide a statement whether or not it applies to the applicant in order to verify that it has been addressed.

Each proposal and development being applied for must be comprised **of eight (8) hard copies AND an e-file proposal.**

Electronic version sent to: aante@kernrc.org and stoothman@kernrc.org
Electronic submissions cannot exceed 10 megabytes per email. Multiple emails per RFP submission can and will be accepted. An email acknowledgement of each submission received will be sent to the applicant.

Attachments/Forms must be type written. Include additional pages as needed. All proposals must be complete, typewritten, collated, and page numbered.

The "Request for Proposal Affirmation" **must be the first page of the proposal.**

The proposal must include a Table of Contents.

As applicable, include appendices for documents, such as resumes, certificates, curricula, schedules, letters of recommendation, letters of support from agencies, consultants expected to provide program services, etc.

Fax copies will NOT be accepted.

Do NOT use hardcover binders. Submissions will NOT be returned.

No proposals will be accepted after the deadline

INQUIRIES/REQUEST FOR ASSISTANCE

All additional inquiries regarding the application or requesting technical assistance regarding this RFP should be directed to **Andrew Ante**. Technical assistance is limited to information on the requirements for preparation of the application packet. Applicants are expected to prepare the documentation themselves or retain someone to provide such assistance. If an applicant chooses to retain assistance from another party, the applicant must be able to thoroughly address all sections of the proposal during the interview process and/or demonstrate that the party assisting with the application will have a continuing role in the ongoing operation of the program.

Inquiries/Submittal Contact: Kern Regional Center
Attn: **Andrew Ante**, Resource Developer/Quality Assurance
Community Services Department
3200 No. Sillect Avenue
Bakersfield, CA 93308
661-852-3228
AAnte@kernrc.org



KERN REGIONAL CENTER

*Striving to Achieve Equality,
Independence and Empowerment*

Request for Proposal Affirmation

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

ADDRESS

CITY

STATE

ZIP

CONTACT PERSON FOR PROJECT (*please print*)

TELEPHONE NUMBER

FAX NUMBER

e-mail address

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

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

| <u>List all Regional Centers with which you have vendored programs or services (use additional paper if need more room)</u> | | | |
|---|-------------------------|-------------------------|---------------|
| Reg. Center | Name of Program/Service | Type of Program/Service | Vendor Number |
| | | | |
| | | | |
| | | | |

| <u>List all Regional Centers with which you have programs/services in development (use additional paper if need more room)</u> | | |
|--|--|--------------------|
| Reg. Center | Type of Program/Service in Development | Service Start Date |
| | | |
| | | |
| | | |

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. My signature below authorizes KRC to verify references and bank statements.

Applicant Signature/Signature of Person Authorized to Bind Organization

DATE

PROFESSIONAL RESUMES AND REFERENCES

Name of Applicant/Organization: _____

Submit a professional resume for all staff and consultants identified or referenced in application, including individuals who will be administrator, if known.

| List all staff and/or consultants for whom a resume is attached | |
|--|------------------------------|
| Name | Job Title/Type of Consultant |
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List three references, including job title and agency affiliation, who can be contacted in regard to applicant’s qualifications, experience and ability to implement this proposal. References must be professional in nature. References from members of the applicant’s governing board and/or applicant’s family members are excluded from consideration.

Name: _____ Phone: _____

Job Title: _____

Agency Affiliation: _____

Name: _____ Phone: _____

Job Title: _____

Agency Affiliation: _____

Name: _____ Phone: _____

Job Title: _____

Agency Affiliation: _____

STATEMENT OF OBLIGATION

All applicants must complete this statement

1. Is the applicant currently providing services to individuals with developmental disabilities?

No Yes

If yes, indicate the following:

Name: _____

Location: _____

Type of Service: _____

Capacity: _____

2. Is the applicant currently providing related services to individuals other than those with developmental disabilities?

No Yes

If yes, indicate the following:

Name: _____

Location: _____

Type of Service: _____

Capacity: _____

3. Is the applicant currently receiving grant(s)/funds from any source to develop services for people with developmental disabilities?

No Yes

If yes, indicate the following:

Funding Source: _____

Scope of Grant Project: _____

4. Is the applicant currently applying grant(s)/funds from any source to develop services for Fiscal Year 2018 – 2019?

No Yes

If yes, indicate the following:

Funding Source: _____

Scope of Grant Project: _____

5. Is the applicant planning to expand existing services (through a Letter of Intent and with or without grant funds) from a source other than Kern Regional Center during Fiscal Year 2017-2018 and/or fiscal year 2018 – 2019?

No Yes

If yes, provide details:

6. Has the applicant, any 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:

7. 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:

8. Describe other professional/business obligations held by the Licensee and Administrator. Do not include services you propose to provide through this proposal.

Include the following:

Name: _____

Location: _____

Type of Service: _____

Time of commitment: _____

Capacity: _____

Signature of Applicant or Authorized Representative

Date

| Financial Statement | |
|---|--|
| All respondents must complete this statement for last complete fiscal year and current fiscal year to date. | |
| CURRENT ASSETS | |
| Cash in Bank | |
| Accounts Receivable | |
| Notes Receivable | |
| Equipment / Vehicles | |
| Inventory | |
| Deposits/ Prepaid Expenses | |
| Life Insurance (Cash Value) | |
| Investment Securities (Stocks and Bonds) | |
| TOTAL CURRENT ASSETS = | |
| FIXED ASSETS | |
| Buildings and/or Structures | |
| Real Estate Holdings | |
| Long Term Investments | |
| Potential Judgements and Liens | |
| TOTAL FIXED ASSETS = | |
| TOTAL CURRENT AND FIXED ASSETS = | |
| CURRENT LIABILITIES | |
| Accounts Payable | |
| Notes Payable (Current Portion) | |
| Taxes Payable | |
| TOTAL CURRENT LIABILITIES = | |
| LONG TERM LIABILITIES | |
| Notes/Contracts | |
| Real Estate Mortgages | |
| TOTAL LONG TERM LIABILITIES = | |
| TOTAL CURRENT AND LONG TERM LIABILITIES = | |
| Equity = | |
| TOTAL LIABILITES AND EQUITY = | |
| OTHER INCOME - Revenue from other Sources | |
| Wages/Revenue or Other Sources (Specify) | |
| LINE OF CREDIT | |
| Amount Available (specify) | |

BUDGET SUMMARY

Name of Applicant Organization: _____

Date: _____

Submit budget projections using estimates that are both reasonable and realistic uses of funds.

| | | |
|-----|--|-------------------------|
| | Care and Services | Start-up Expense |
| 1. | Food | |
| 2. | Household Supplies | |
| 3. | Personal Supplies | |
| 4. | Program Equip/Recreation | |
| 5. | Total Board & Supply (add lines 1-4) | |
| | Physical Plant | Start-up Expense |
| 6. | Lease/Insurance (first 6 months or until the home is licensed) | |
| 7. | Utilities (gas, electric, water, phone/media) | |
| 8. | Vehicle Lease | |
| 9. | Vehicle Maintenance/Gas/Insurance | |
| 10. | Furnishings/Maintenance | |
| 11. | Total Physical Plant (add Lines 6-10) | |
| | General Administration | Start-up Expense |
| 12. | Admin Overhead | |
| 13. | Office Supplies/Equipment/phone | |
| 14. | Insurance(s) | |
| 15. | Other-CCL fees | |
| 16. | Staff recruitment | |
| 17. | Training & Staff Development | |
| 18. | Total Gen. Administration (add lines 12-17) | |
| | Staffing | Start-up Expense |
| 19. | Salary – Administrator | |
| 20. | Direct Staffing (first 6 months or until the 1 st person moves in) | |
| 21. | Program Consultants | |
| 22. | Employee Benefits (first 6 months or until the 1 st person moves in) | |
| 23. | Payroll Taxes | |
| 24. | Worker’s Compensation (first 6 months or until the 1 st person moves in.) | |
| 25. | Total Staffing Expenses (add lines 19-24) | |
| 26. | Total Start-up Expenses (add lines 5,11,18 & 25) | \$ |
| 27. | Total Mo. Rate Per Person (divide Line 26 by 3) | |

[EBSH Regulations and DDS Guidelines for Certification \[PDF document\]](#) will be provided upon request.

RATE DEVELOPMENT - FACILITY COSTS
 DS 6023 (Rev 10/2016)

| | | |
|--|-----------------------|-------------|
| A. FACILITY TYPE | | |
| Enhanced Behavioral Supports Home | Community Crisis Home | Other _____ |
| B. CONTACT INFORMATION | | |
| Vendor Name: | | Vendor # |
| Address: | | |
| City: | State: | Zip: |
| C. CATEGORIES AND DESCRIPTIONS OF COSTS | | |
| | Total Monthly Cost | Notes |
| 1. Payroll Costs | | |
| a. Administrator Salary | | |
| b. Administrator Payroll Taxes | | |
| c. DSP Lead Salary (168 Hours/Week) | | |
| d. DSP Lead Payroll Taxes | | |
| e. Workers Compensation | | |
| f. Benefit Allowance: Medical, Dental, etc. | | |
| g. Other Costs: Describe in notes | | |
| Total Administrator Payroll Costs | \$ | |
| 2. Facility Related | | |
| a. Rental, Lease, or Mortgage, include Homeowner's Assoc. Dues | | |
| b. Property Taxes | | |
| c. Combined Utilities: Gas, Electric, Water, Garbage | | |
| d. Janitorial Service, Gardening | | |
| e. Transportation: Vehicle, Maintenance, Fuel (not DP/School) | | |
| f. Telephone: Long Distance, Cell Phones, Pagers | | |
| g. Office Supplies | | |
| h. Insurance: Business Liability, Auto | | |
| i. Fees for Licenses and Memberships | | |
| j. Other Costs: Repairs/Maintenance/Modifications | | |
| k. Other Costs: Cable and Internet | | |
| l. Other Costs: Describe in notes | | |
| Total Facility Related Costs | \$ | |
| TOTAL FACILITY COSTS | | \$ |
| D. SIGNATURES | | |
| Vendor Signature: | | Date: |
| Print Name: | | |
| Regional Center Representative Signature: | | Date: |
| Print Name: | | |

RATE DEVELOPMENT - INDIVIDUAL COSTS ASSOCIATED WITH RESIDENCY
 DS 6024 (REV 10/2016)

| A. FACILITY TYPE | | | |
|--|-----------------------|--------------------|----------|
| Enhanced Behavioral Supports Home | Community Crisis Home | Other _____ | |
| B. CONTACT INFORMATION | | | |
| Consumer Name: | | | UCI # |
| Vendor Name: | | | Vendor # |
| Vendor Address: | | | |
| City: | State: | Zip: | |
| C. CATEGORIES AND DESCRIPTIONS OF COSTS | | | |
| | Unit Cost | Total Monthly Cost | Notes |
| 1. Salaries and Wages | | | |
| a. Total Wages – Hourly Direct Care Staff | | | |
| 1) Direct Care Staff | | | |
| 2) Behaviorist | | | |
| 3) Relief Time/Staff | | | |
| 4) Other Costs: Describe in Notes | | | |
| Total Salaries and Wages Costs | | \$ | |
| 2. Payroll Taxes, Workers Compensation, and Fringe Benefits | | | |
| a. Payroll Taxes | | | |
| b. Workers Compensation | | | |
| c. Benefit Allowance: Medical, Dental, etc. | | | |
| d. Other Costs: Describe in Notes | | | |
| Total Taxes and Benefits Costs | | \$ | |
| Total Personnel Costs (Combine Totals from Section 1 and 2 above) | | \$ | |
| 3. Program Costs – Per Consumer | | | |
| a. Snacks/Food | | | |
| b. Combined Utilities - Additional | | | |
| c. Consultant (Non-Behaviorist) | | | |
| d. Training | | | |
| e. Transportation: Vehicle, Maintenance, Fuel (not DP/School) | | | |
| f. Other Costs: Repairs and Maintenance - Additional | | | |
| g. Office Supplies - Additional | | | |
| h. Other Costs: Outside Activities Expenses | | | |
| i. Other Costs: Activity Supplies | | | |
| j. Other Costs: Describe in Notes | | | |
| Total Program Costs | | \$ | |
| TOTAL INDIVIDUAL COSTS | | \$ | |
| D. SIGNATURES | | | |
| Vendor Signature: | | | Date: |
| Print Name: | | | |
| Regional Center Representative Signature: | | | Date: |
| Print Name: | | | |



KERN REGIONAL CENTER

*Striving to Achieve Equality,
Independence and Empowerment*

PROPOSAL FORMAT AND PROPOSAL SCORING CRITERIA FOR **WRITTEN** PROPOSAL

PROGRAM: _____

APPLICANT: _____

RATER: _____

A. Submitted proposals will be scored per the following scoring guidelines by each member of the Review Committee in each of the areas below.

- 0 (Zero) Criteria not addressed at all
- 1 Minimal Response: Subject area is mentioned; however, applicant has not included any narrative or any supporting documentation that demonstrates an understanding of this particular proposal requirement.
- 2 Some supporting documentation and/or narrative discussion; however, the responses are not clearly articulated.
- 3 Good supporting documentation and/or narrative discussion; responses are more clearly articulated.
- 4 Maximum Response: Full supporting documentation and/or narrative discussion with exceptionally clear articulation making it readily apparent that applicant understands all aspects of the program development process.

A proposal can receive a maximum score of 28 points per member

B. Content of Proposal

_____ 1 Education and Experience: The proposal should clearly provide evidence that the applicant(s) possesses the education and/or experience necessary to complete a project of this scope. The applicant should clearly demonstrate an ability to manage grants and/or programs successfully. Applicant should include letters of reference and resumes.

_____ 2 Proposed Resources: The proposal should describe the location of the proposed services (include all facility/program resources as well as all community resources). Such description should clearly document that the program will provide a normalizing, integrated, accessible experience (meets Section 504 standards) and that the size and design of any proposed facility or program is adequate to accommodate program and consumer needs, outcomes and choices.

_____ 3 Program Description: The proposal should clearly demonstrate that the program description is appropriate for the population to be served. Such description should clearly identify consumer

capabilities and needs or challenges, which are the basis for admitting or exiting consumers from the facility/program. The proposal must specify which consumer characteristics you are unwilling to work with in the facility/program. The proposal should describe the anticipated consumer service outcomes, the training techniques used to meet the service outcomes and the methodology used to collect the data to measure consumer service outcomes. The proposal should demonstrate a clear understanding and utilization of Person Centered Planning.

_____ 4 Staffing: The proposal should clearly document the type and number of staff with job descriptions (include qualifications and job duties) for all positions. The proposal should clearly document the type and level of initial and ongoing training for all staff. The proposal should clearly demonstrate that staffing patterns and staff qualifications are consistent with the regulations and guidelines noted in the RFP, and are realistic when compared to similar program/services for all positions.

_____ 5 Staff Schedule Included: The proposal should include a staff schedule, which is in accordance with the RFP guidelines and identifies direct care personnel. (Please use the form provided in Appendix F). You may attach additional staff schedule information more specific to your proposed program, if needed.

_____ 6 Program Development: The proposal should clearly describe proposed timelines for development and completion of the proposed project. The applicant(s) should clearly document an understanding of program requirements.

_____ 7 Budget and Finance: The program budget should clearly display all costs associated with the proposal. The applicant(s) must demonstrate the ability to keep adequate fiscal records in accordance with all State and local requirements. Ongoing and start-up budgets should be included. Please refer to and complete Appendices A, B and D.

_____ TOTAL SCORE



KERN REGIONAL CENTER

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Independence and Empowerment*

PROPOSAL FORMAT AND PROPOSAL SCORING CRITERIA FOR **ORAL** PRESENTATION

PROGRAM: _____

APPLICANT: _____

RATER: _____

- A. Oral presentations will be scored per the following scoring guidelines by each member of the Review Committee in each of the areas below.

The administrator/licensee (applicant) must be the primary presenter during the oral presentation as they are ultimately responsible for all services provided.

- 0 (Zero) Criteria not addressed at all
- 1 Minimal Response: Subject area is mentioned; however, applicant has not included any narrative or any supporting documentation that demonstrates an understanding of this particular proposal requirement.
- 2 Some: supporting documentation and/or narrative discussion; however, the responses are not clearly articulated.
- 3 Good: supporting documentation and/or narrative discussion; responses are more clearly articulated.
- 4 Maximum Response: Full supporting documentation and/or narrative discussion with exceptionally clear articulation making it readily apparent that applicant understands all aspects of the program development process.

A proposal can receive a maximum score of 32 points per member

B. Content of Presentation

___ 1 Service Quality: Applicant clearly demonstrates an understanding and working knowledge of the principles of integration and normalization and overall, demonstrates, through their presentation an understanding of consumer needs and choices as related to services provided and service quality

___ 2 Program Description: Applicant clearly demonstrates a working knowledge of their program plan and the ways in which they will implement the program description as related to the needs of the consumers.

___ 3 Consumer Needs: Applicant demonstrates knowledge of consumer's needs as related to current Request For Proposal and Individual Life Quality Outcomes. This includes experience that relates to current need.

___ 4 Budget and Finance: Applicant demonstrates an understanding of operating the service requested in the most cost effective manner and demonstrates clear knowledge of facility/program requirements to operate the facility/program in accordance with Title 17 and Title 22 regulations.

___ 5 Experience: Applicant clearly articulates pertinent experience for themselves, staff and consultants.

___ 6 Training Issues: Applicant demonstrates an understanding of the need for training staff per the requirements noted in the RFP and regulations as well as to ensure consumer safety and success. Demonstrates an understanding of staffing levels that meet the consumer's needs as outlined in the RFP.

___ 7 Proposed Resources: Applicant successfully identifies community contacts that will ensure implementation of program plan.

___ 8 Overview Summary: Applicant is able to field questions from the team about the program in a concise and articulate manner.

_____ TOTAL SCORE

The written proposal and oral presentation can achieve a maximum score of 60 points per member. (Written proposal= 28 points; Oral presentation= 32 points)