



REQUEST FOR PROPOSAL (RFP) ANNOUNCEMENT

April 11, 2023

Community Resource Development Plan

**KERN REGIONAL CENTER (KRC)
FOR FISCAL YEAR 2022-2023**

KRC is a private non-profit agency under contract to the State Department of Developmental Services to provide services to persons with developmental disabilities in Kern, Inyo and Mono Counties. Developmental disabilities include mental retardation, cerebral palsy, autism, epilepsy, and other neurological conditions.

Consistent with the Lanterman Developmental Disabilities Services Act and the promotion of community-based services for all people with Developmental Disabilities, Kern Regional Center is currently accepting proposals and invites the community at large to develop a resource in Kern County in the category specified in the attached [PROJECT I.D. #: KRC-2223-6 ADULT RESIDENTIAL CRISIS](#) and [PROJECT I.D. #:KRC-2223-4 CHILDREN'S RESIDENTIAL-RIDGECREST](#), which briefly describes the service program. All applications, including those that propose innovative approaches to the resource needed will be considered. Proposals submitted after the indicated timelines and/or are not complete per this RFP will not be considered.

Visit www.kernrc.org to view and download complete RFP. Hard copies of the RFP can be available for in-person pick up at KRC's main office in Bakersfield upon request. **For further information on obtaining an RFP, you may contact, Rome Quiton, Community Services Specialist at, (661) 852-3339 or RQuiton@Kernrc.org.**

There will be an **RFP Orientation on Friday, April 21, 2023, at 10:00am via ZOOM** to provide applicants with an opportunity to ask questions specifically in reference to the RFP and RFP process. ***This is voluntary and not required in order to submit a proposal.*** To register please submit a request to participate to RQuiton@Kernrc.org.

RECEIPT OF PROPOSAL DEADLINE

Documentation: Five (5) copies of the application, proposal and all applicable attachments must be received by **Friday, May 5, 2023 no later than 5pm** at:

**Kern Regional Center
Attn: Rome Quiton, CSS
3200 N. Sillect Ave.
Bakersfield, California 93308**

Proposals received after the above stated date and time will not be considered.

SUBMITTING AND REVIEWING OF THE PROPOSAL

All proposals must be completed and organized in accordance with Exhibit B, Exhibit C, Exhibit D, Exhibit E, Exhibit F, Exhibit G, and Exhibit H. Proposals that do not follow any of these above-referenced attachments are considered by the committee to be incomplete and will not be considered.

All proposals will be scored for the written and oral presentations in accordance with Exhibit B. **If after review of the written proposal, it is noted by the committee that the applicant cannot meet licensing or other minimum professional criteria specific to the project applied for, the proposal will be rejected at that time.** KRC will appoint a five-member committee to score each proposal and conduct interviews with each applicant. The decision made by the review committee is final. Interviews for all applicants are anticipated to take place on **Friday May 26, 2023, and Tuesday May 30, 2023 (if necessary)** beginning at 9:00am.

RESERVATION OF RIGHTS

Kern Regional Center 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 may, at its sole and absolute discretion, select no provider for these services if, in its determination, no applicant is sufficiently responsive to the need.

Kern Regional Center reserves the right to withdraw this Request for Proposal (RFP) and/or any item within the RFP at any time without notice. Kern Regional Center reserves the right to disqualify any proposal which does not adhere to the RFP guidelines. This Request for Proposal is being offered at the discretion of KRC. It does not commit KRC to award any grant.

TIMELINES:

Request for Proposal: Announcement Release & Posting	April 11, 2023
General briefing meeting on RFP Process, timeline, and Q&A session.	April 21, 2023 *Orientation will be held by Kern Regional Center via Zoom at 10:00am. To register please submit a request to participate to Rquiton@kernrc.org
Deadline for receipt of Proposals (5 copies of each proposal)	May 5, 2023 no later than 5pm. Proposals received after said date and time <u>will not</u> be considered.
Interviews and oral presentations	If your proposal is selected, you will be contacted and invited to an in-person interview at Kern Regional Center (Malibu room) on May 26, 2023, and if necessary, on May 30, 2023 beginning at 9am.
Notice of Selection sent	June 9, 2023

PROJECT I.D. #: KRC-2223-6 ADULT RESIDENTIAL CRISIS

Service Need: Adult Crisis Intervention Facility (ages 18 to 59) 090 Service Code

Service Area: Bakersfield

Number of Consumers: 3 (ages 18 to 59)

Placement Profile: Individuals who need crisis intervention and stabilization for certain Consumers who are in crisis and require 24-hour care and supervision, and whose needs cannot be appropriately met within the array of other community living options available.

Funding: **Negotiated rate**

Start-up funding: **\$150,000**

Proposal Deadline: **May 5, 2023 by 5:00 pm**

Consistent with the Lanterman Developmental Disabilities Services Act and the promotion of community based services for all people with Developmental Disabilities, Kern Regional Center is currently accepting proposals for an Adult Crisis intervention facility in order to provide intervention and stabilization for certain Consumers who are in crisis and require 24-hour care and supervision, and whose needs cannot be appropriately met within the array of other community living options available. Contractor shall provide a three (3) bed crisis intervention residential facility for adults ages 18 to 59 in a structured living environment. The Facility shall not exceed licensed capacity and shall provide single rooms. Consumers may be in acute crisis states of functioning and often exhibiting extreme and dangerous behavior to themselves and others. Challenging behaviors include physical aggression, verbal aggression, property destruction, resistiveness, tantrums, elopement, self-injurious behavior, and have forensic histories and require intensive personal care, supervision and constant visual monitoring. Contractor shall provide crisis intervention, stabilization assessment and treatment planning services by Contractor's behavioral consultant as defined in Title 17, within twenty-four (24) hours of Consumer's entry into the Facility. Both ambulatory and non-ambulatory Consumers shall be accepted. The Facility is a negotiated rate facility licensed by Community Care Licensing.

Contractor represents and warrants that it shall hire adequate direct care staff for the Facility, and will maintain such **staff at no less than one staff to one client ratio at all times for each consumer who resides in the facility**. The facility administrator shall not be included in the direct care staffing hours. All overnight staff shall be awake. In connection with such staffing, Contractor shall abide by Title 17, Sections 56002 through 56060 (Residential Services and Quality Assurance Regulations) as they pertain to a Service Level 41 residential facility. Contractor shall provide consultant services at levels that meet or exceed the requirements of a Service Level 41 residential facility, and as set forth in the Program Design. The staffing levels in the Program Design constitute the minimum acceptable staffing levels for the Facility; if KRC believes such levels should be increased to meet the needs of the Consumers residing in the Facility, Contractor shall do so at no additional cost to KRC (unless mutually agreed). Contractor shall assure that a designated lead staff on each shift shall be identified as a Psychiatric Technician or have documentation of at least 60 units of college education in psychology, sociology, criminology, or related humanities field or have documentation of a minimum of 5 years prior experience working in either a Level 41 or Specialized Residential Facility. All staff working in this Crisis Intervention Facility shall have at least one year experience working with developmentally disabled Consumers and be at least DSP 1 certified at the time of employment with this Facility. Additionally, all staff must be first aid, CPR, and PRO-Act or CPI certified, with current recertification. All certificates must be maintained in the facility staff's personnel files and made available for facility monitoring review inspections.

PROJECT I.D. #: KRC-2223-4 CHILDREN'S RESIDENTIAL-RIDGECREST

Service Need:	Children's Residential Facility (ages 18 and under)
Service Area:	Ridgecrest
Number of Consumers:	4 (ages 18 and under)
Placement Profile:	Individuals whose identified level of care needs meet Level 4I ARM criteria
Funding:	Per current DDS established Community Care Facility rate for a Level 4I Four beds and under
Startup funding:	\$150,000
Proposal Deadline:	May 5, 2023 by 5:00 pm

Consistent with the Lanterman Developmental Disabilities Services Act and the promotion of community-based services for all people with Developmental Disabilities, Kern Regional Center is currently accepting proposals for a Children's 4I Residential Facility to serve four female/male consumers ages 18 and under.

The facility must be licensed for 4 non-ambulatory beds as well as being willing to accept consumers in wheelchairs. The facility must have individual rooms and serve consumers who are diagnosed with Intellectual Disabilities and meet level of care 4I criteria, which include but are not limited to, serving consumers with extreme self-care or emotional or behavioral challenges.

All staff must have six months prior experience working with consumers with developmental disabilities and be DSP 1 certified within their first year of employment and DSP 2 certified within their second year of employment. Administrators must have twelve months prior experience working with consumers with developmental disabilities and have met all DSP certification requirements as stated above. All staff must be First Aid and CPR certified. The proposal should include the identification of all clinical professionals that are to be used to ensure that consumer placements are successful as well as the provision of at least a minimum of 16 consultant hours per consumer during each consecutive six-month period. Required Hours of Staffing per week shall be based on the staffing levels referenced below in EXHIBIT A of this RFP.

**Basic is defined as 168 hours (24 hrs/day x 7 days/week). The facility may reduce total weekly hours required to account for when consumers are at school/day program and not in the facility. All overnight staff shall be awake. If there is one consumer in the home during any shift, or a consumer is home from a school / day program, there shall be a minimum of one staff. Up to 7 hours of program preparation functions per consumer per week can be included in the above schedule if addressed as such in the final approved program design. The Administrator or House Manager shall be identified and documented in records as performing program preparation such as; training, coordination between programs, scheduling, quality improvement and assurance, activity schedules, etc., during no specified shift.

ADDITIONAL DIRECT CARE STAFF HOURS BY SERVICE LEVEL

Service Level	Number of Additional Weekly Hours for Each Additional Consumer						
	1*	2*	3*	4*	5*	6*	7 or more *
2							12
3	Basic Staffing Level (168 hrs.)			4	19	19	19
4A				12	21	21	21
4B				24	24	24	24
4C						9	27
4D	18	30	30			30	
4E	30	34	34			34	
4F			4	38	38	38	38
4G			12	42	42	42	42
4H			22	47	47	47	47
4I			36	54	54	54	54

PROPOSAL AFFIRMATION

I affirm that the information presented in this 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 submissions, any missing information (e.g., sections), and any proposals in excess of the maximum page allowance will also be cause for disqualification. I also understand that in the event that my proposal is selected for development, further discussion for final agreement may be required.

SIGNATURE

DATE

SIGNATURE

DATE

PROPOSAL FORMAT AND PROPOSAL SCORING CRITERIA**A. Content of Proposal**

APPLICANT INFORMATION: Applicant(s) must complete and attach EXHIBIT D (Proposal Coversheet) with each proposal submitted.

- 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 programs successfully. Applicant should include letters of reference and resumes.
- 2) Proposes Resource(s): The proposal should describe the location of the proposed services (include facility location and community resources near facility). 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 is adequate to accommodate the proposed program(s) and residents.
- 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 client capabilities and deficits, which are the basis for admitting or exiting clients from the facility. The proposal must specify which client characteristics you are unwilling to work with in the facility. The proposal should describe the expected client service outcomes, the training techniques used to meet the service outcomes and the methodology used to collect the data to measure client 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 for all positions. 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 EXHIBIT G).
- 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. Applicant must include Exhibit F.

B. Oral Presentation Scoring Criteria

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

- 1) Service Quality: Applicant clearly demonstrates an understanding and working knowledge of the principles of integration and normalization. Applicant clearly demonstrates through their presentation an understanding of client 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 clients.
- 3) Client Needs: Applicant demonstrates knowledge of client's needs as related to current Request For Proposal and client life quality outcomes.
- 4) Budget and Finance: Applicant demonstrates an understanding of operating the service requested in the most cost-effective manner and demonstrated clear knowledge of facility requirements to operate the facility in accordance with Title 17 and Title 22 regulations.
- 5) Experience: Applicant clearly articulates pertinent experience for themselves, staff and consultants pursuant to this RFP as well as Title 17 and Title 22 Regulations.
- 6) Training Issues: Applicant demonstrates an understanding of the need for training staff per Title 17 & Title 22 Regulations and the requirements noted in the RFP as well as to ensure client safety and success. Applicant also demonstrates an understanding of training needs in relation to different staffing levels.
- 7) Proposed Resources: Applicant successfully identifies a variety of community contacts and resources that will ensure implementation of the program plan.
- 8) Overview Summary: Applicant is able to field questions from the panel about the program in a concise and articulate manner.

C. Scoring

Submitted proposals will be scored per the following scoring guidelines by each of the members of the Review Panel in each of the areas above. Applicant's oral presentation will also be scored using the same criteria.

- 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.

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

KRC RFP 2023 PROPOSAL COVERSHEET

Must be submitted by **May 5, 2023 by 5pm**, with all required attachments

DATE: ___/___/___

APPLICANT / AGENCY NAME: _____

CONTACT PERSON: _____

BUSINESS ADDRESS: _____

BUSINESS PHONE: _____ FAX: _____

EMAIL ADDRESS: _____

WEBSITE ADDRESS: _____

If the applicant is a corporation, please attach a separate sheet of paper listing all principal members of the corporation.

Please indicate the identification number and description of the project(s) in which you are submitting. Five copies of each proposal you are applying for must be submitted.

I.D.# _____ Project Description: _____

I.D.# _____ Project Description: _____

Name of person authorized to sign a binding contract with Kern Regional Center:

NAME: _____

TITLE: _____

I am able to meet licensing, administrator and other qualifications per Title 17 and Title 22 regulations for the proposal(s) I am submitting.

X _____
Signature / Date

CONFLICT OF INTEREST AND EXCLUSION VERIFICATION

CONFLICT OF INTEREST

According to Title 17 Regulations, Section 54314, the following individuals and entities shall not be vended:

1. Any officer or employee of the state of California;
2. Any applicant in which an officer or employee of the State of California has a financial interest, as defined in the Government Code, Section 87103, except as permitted by Public Contract Code, Section 10430 (g), effective January 1, 1992;
3. Employees and board members of any regional center with a conflict of interest pursuant to Title 17, Sections 54500 through 54525, unless the conflict is eliminated or a waiver is obtained pursuant to Title 17, Sections 54522 through 54525;
4. Any applicant in which the regional center employee or board member has a relationship which creates a conflict of interest pursuant to Title 17, Section 54500 through 54525, unless the conflict is eliminated or a waiver is obtained pursuant to Title 17, Sections 54522 through 54525;
5. Regional Center Clients to provide services for, or to, themselves except to provide transportation or serve as their own Supported Living Services Vendor;
6. Except as specified in Section 54318 of these regulations, any applicant located outside the state;
7. Any applicant that has been determined to be an excluded individual or entity as defined in Section 54302 (b)(1).

I have read the above information and declare:

No present or potential barriers to becoming a vendor exist.

A current or potential barrier to becoming a vendor exists.

EXCLUSION VERIFICATION

“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 Title 17, Section 54311 (a)(6).

Pursuant to the Applicant/Vendor Disclosure Statement, all applicants and co-applicants are required to provide verification that the applicant and/or co-applicants are not listed on the State of California or the Federal Office of Inspector General databases for Ineligible Providers and Excluded Providers. **As a requirement of this RFP, please screen all applicants/co-applicants using one the databases listed below. Please include a screen print of your results with your written proposal.**

The State of California Suspended and Ineligible Provider List can be found at:
Medi-Cal: Publications

The Federal Office of Inspector General “exclusions database” can be found at:
<http://exclusions.oig.hhs.gov>

Applicant Signature

Date

FINANCIAL STATEMENT

AS OF _____, 20____

NAME AND ADDRESS OF APPLICANT(S)

ASSETS

Cash on hand	\$ _____
Cash in commercial accounts	_____
Savings accounts	_____
Time deposits	_____
Notes and receivables	_____
Inventory	_____
Life Insurance (cash value)	_____
Stocks and Bonds (at market value)	_____
Land	_____
Buildings and Improvements	_____
Equipment, furniture and furnishings	_____
Other Investments or Assets (describe):	_____
_____	_____
_____	_____
A. Total Assets	\$ _____

LIABILITIES

Accounts Payable (include installment contracts) (balance due)	\$ _____
Salaries and Wages Payable	_____
Payroll Taxes Payable	_____
Real Estate Taxes Payable	_____
Notes Payable (include personal notes) (balance due):	_____
_____	\$ _____
_____	_____
Real Estate Loans or Mortgages (balance due):	_____
_____	_____
Other debts (describe):	_____
_____	_____
_____	_____
B. Total Liabilities	\$ _____

OWNERSHIP (Equity)

C. Total Ownership (difference between A and B) \$ _____

I DECLARE UNDER PENALTY OF PERJURY THAT THE STATEMENTS ON THIS FORM AND ANY ACCOMPANYING ATTACHMENTS ARE CORRECT TO THE BEST OF MY KNOWLEDGE.

COMPLETED BY	TITLE	DATE

REVISED

**START-UP BUDGET
Submitted to KRC for Approval**

<u>Allowable Items</u>	Projected Cost
*Purchase of Real Property	_____
*Down Payment for Real Property	_____
*Significant Modifications to Property	_____
*Modifications to Property	_____
*Vehicle Modifications	_____
*Sensitive Equipment	
Computers	_____
Printers	_____
Cell Phones	_____
Fax Machines	_____
Audio Video Equipment	_____
Photocopiers	_____
Camera Equipment	_____
Television Equipment	_____
<u>Equipment/Non-expendable property</u>	
*Furniture	_____
*Kitchen Equipment	_____
<u>Other Allowable Expenses</u>	
Administrative Overhead	_____
Advertising	_____
* Consultant fees	_____
Fingerprints	_____
Food (2 weeks prior to client placement)	_____
Household Supplies	_____
Insurance Liability/Malpractice	_____
Lease Payments	_____
License Application	_____
Linens/Blankets/Bathroom Supplies	_____
Office Supplies	_____
Program Supplies	_____
Lease/Rent (first and last months, plus security deposit)	_____
Staff Salaries (two weeks prior to client placement per Exhibit B-e)	_____
Staff Training (two weeks prior to client placement per Exhibit B-e)	_____
Telephone	_____
*Travel	_____
Utilities	_____
 <u>Total Requested Funds</u>	 _____
<u>(not to exceed contract award)</u>	

*Additional responsibilities are associated with these items. Please review Contracts and Exhibits carefully.

DIRECT CARE STAFF SCHEDULE

EXHIBIT H

FACILITY:

SIZE:

LEVEL:

HOURS	MON	TUES	WED	THUR	FRI	SAT	SUN
1:00 AM							
2:00 AM							
3:00 AM							
4:00 AM							
5:00 AM							
6:00 AM							
7:00 AM							
8:00 AM							
9:00 AM							
10:00 AM							
11:00 AM							
12:00 PM							
1:00 PM							
2:00 PM							
3:00 PM							
4:00 PM							
5:00 PM							
6:00 PM							
7:00 PM							
8:00 PM							
9:00 PM							
10:00 PM							
11:00 PM							
12:00 AM							
TOTAL #							
OF HRS							

