



**REQUEST FOR PROPOSAL (RFP) ANNOUNCEMENT**

**March 11, 2024  
Physical Therapy Services**

**KERN REGIONAL CENTER (KRC)  
FOR FISCAL YEAR 2023-2024**

KRC is a private non-profit agency under contract with the State Department of Developmental Services to provide services to persons with developmental disabilities in Kern, Inyo and Mono Counties. Developmental disabilities include intellectual disabilities, 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 resources in eastern Kern County in the category specified in the attached *PROJECT I.D. #: KRC- 2324-4 Physical Therapist* which briefly describes the service along with the startup funding that is available. KRC encourages all interested and qualified parties to submit a proposal in response to the items included in this RFP. KRC looks forward to a collaborative relationship with vendors who propose creative and innovative services.

For further information on this RFP, you may contact:

Sharown Summers, Community Services Specialist  
Kern Regional Center  
3200 N. Sillect Ave.  
Bakersfield, CA 93308  
Sharown.Summers@kernrc.org  
661-840-5381

**TIMELINE:**

Issue Request for Proposals	March 11, 2024
Orientation	March 20, 2024
Proposals Due	April 11, 2024
Oral Presentations	April 24 and 25, 2024 (Presentation Times TBD )
Award Letters Sent	May 1, 2024
	Startup contract to be signed by June 30, 2024

**A. Orientation**

A meeting will be held to answer questions from applicants on March 20, 2024, from 9:00am - 9:30am via zoom meeting. Contact Lynn Clark at [lclark@kernrc.org](mailto:lclark@kernrc.org) or 661-852-3324 for the zoom link.

**B. Submission of Proposal**

The proposal is due no later than 5 p.m. on April 11, 2024. Any proposal submitted after the closing date and time will not be considered. Proposals shall be submitted by email to Sharown Summers at [Sharown.Summers@kernrc.org](mailto:Sharown.Summers@kernrc.org)

**C. Proposal Selection Criteria**

The selection of the applicant will be based on the Scoring Criteria for Written Proposal and Scoring Criteria for Oral Presentation that are attached to this RFP.

**D. Evaluation Committee**

The Committee will be composed of three to five members.

**E. Contract Award Process**

The Evaluation Committee will:

- Review all proposals that meet the format and proposal submission requirements;
- Evaluate each proposal that meets the requirements;
- Select the successful applicant based upon the specific criteria stated in this RFP.

**F. Award of the Contract**

The award of a contract, if made by the Regional Center, will be to the qualified applicant whose proposal best complies with the requirements set forth in this RFP.

**G. Vendor Application**

The successful applicant will be required to complete a Vendor Application once the RFP has been awarded. The successful applicant will be required to acquire/have an office in KRC's catchment area. KRC requires vendors to carry a minimum of \$1,000,000 coverage in Professional Liability, General Liability, Auto Liability, Sexual Molestation and Workers Compensation. Vendorization does not guarantee utilization.

**RESERVATION OF RIGHTS**

KRC reserves the right to suspend or defer the development of these projects based on funding availability, suitability, or proposals received. KRC 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.

KRC reserves the right to withdraw this RFP and/or any item within the RFP at any time without notice. KRC reserves the right to disqualify any proposal which does not adhere to the RFP guidelines. This RFP does not commit KRC to award any grant.

**PROJECT I.D. #: KRC-2324-4 Physical Therapy Services**

Service Need:	Physical Therapy Services
Service Area:	Eastern Kern County (Ridgecrest, Trona, Inyokern, California City, Boron, Lake Isabella, North Edwards, Edwards Air Force Base, Mojave, Tehachapi, Keene, Rosamond)
Ages of individuals:	0-36 months
Ongoing Funding Options:	Usual and Customary (U&C) as defined (in part), to mean the rate which is regularly charged by a vendor for a service that is used by both regional center consumers and/or their families and where at least 30% of the recipients of the given service are not regional center consumers or their families. (See Title 17, Section 57210(19) for full definition)  Median rate set by DDS if U&C requirement is not met.
Start-up funding:	\$30,000

KRC is in need of pediatric physical therapy services for consumers ages 0-36 months in the rural areas of Eastern Kern County. These areas have little to no services available to our consumers, and families have to travel far distances to the nearest urban center.

Services may be clinic or site based but ideally, services will be provided in the consumer's home or natural environment. Natural environments are settings that are natural and typical for a same-aged infant or toddler without a disability.

A proposal may be submitted by a new or an established physical therapy provider.

A physical therapist must be 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 and restore motor function, and maintain performance by using a variety of physical means (per Title 17 Section 54342).

Infants and toddlers, from birth to 36 months of age, may qualify for early intervention services through the California Early Intervention Services Act if assessment and evaluation show they have a significant developmental delay in either cognitive, communication, social or emotional, adaptive or physical and motor development, or have an established risk condition of known etiology, with a high probability of resulting in delayed development (California Government Code, Section 95014(a)). As part of its services, KRC may purchase early intervention services. Based on an Individualized Family Service Plan (IFSP), early intervention services may include physical therapy.

The proposal for Physical Therapy services shall include the following:

1. A description of the program curriculum including techniques/methods used to provide services and how parent involvement is incorporated
2. Location of the service
3. Days and hours of service
4. A statement of the geographic area served including options for serving consumers in surrounding areas

5. The purpose and goals of the service
6. Anticipated consumer outcomes from participation in the service
7. A description of the consumers served (including if the general public is also served or if services will be just for KRC individuals)
8. A description of the education, experience and license for the applicant (include a resume)
9. A description of the assessment process including the tools to be used
10. A description for staff providing services including education, experience, and license
11. A description of the organizational structure of the business (agency or individual)
12. A description of how the start up funds will be used including a completed Start Up Budget
13. A timeline for the start up phase including a proposed start date for services
14. A sample progress report

***KRC RFP 2023-2024 PROPOSAL COVERSHEET***

**Must be submitted by April 11, 2024 by 5pm, with all required attachments**

DATE: \_\_\_/\_\_\_/\_\_\_

APPLICANT / AGENCY NAME: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

WEBSITE ADDRESS: \_\_\_\_\_

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

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

I am able to meet qualifications per Title 17 regulations for the proposal 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	\$ _____
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**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):	_____

_____	\$ _____
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Real Estate Loans or Mortgages (balance due):	_____
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Other debts (describe):	_____
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_____	_____
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B. Total Liabilities	\$ _____
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**OWNERSHIP (Equity)**

C. Total Ownership (difference between A and B)	\$ _____
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I DECLARE UNDER PENALTY OF PERJURY THAT THE STTEMENTS 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><b>Allowable Items</b></u>	<b>Projected Cost</b>
<u>*Purchase of Real Property</u>	_____
<u>*Down Payment for Real Property</u>	_____
<u>*Significant Modifications to Property</u>	_____
<u>*Modifications to Property</u>	_____
<u>*Vehicle Modifications</u>	_____
<u>*Sensitive Equipment</u>	
Computers	_____
Printers	_____
Cell Phones	_____
Fax Machines	_____
Audio Video Equipment	_____
Photocopiers	_____
Camera Equipment	_____
Television Equipment	_____
Other (provide description on additional page)	_____
<u>Equipment/Non-expendable property</u>	
*Furniture	_____
*Other (provide description on additional page)	_____
<u>Other Allowable Expenses</u>	
Administrative Overhead	_____
Advertising	_____
* Consultant fees	_____
Fingerprints	_____
Insurance Liability/Malpractice	_____
Lease Payments	_____
Office Supplies	_____
Program Supplies	_____
Lease/Rent (first and last months)	_____
Staff Salaries (two weeks prior to service beginning)	_____
Staff Training	_____
Telephone	_____
*Travel	_____
Utilities	_____
Other (provide description on additional page)	_____
 <u><b>Total Requested Funds</b></u>	 _____
<u><b>(not to exceed contract award)</b></u>	



**CRITERIA FOR WRITTEN PROPOSAL**  
**Physical Therapy Services**

**Program Description:** Does the proposal clearly provide a description of the proposed service? Does the proposal clearly address the population to be served? Does the proposal clearly identify anticipated outcomes including how parent involvement will be incorporated? \_\_\_\_\_

**Education and Experience:** Does the proposal clearly provide evidence that the applicant possesses the education, experience, and license necessary to complete a project of this scope and to manage programs successfully? Does the proposal clearly provide information on the applicant’s knowledge of physical therapy practices/objectives and the ability to provide physical therapy? \_\_\_\_\_

**Organizational Structure/Staffing:** Does the proposal clearly describe how the business will be organized? Does the proposal clearly describe the proposed staffing as well as staff education, experience, and license? \_\_\_\_\_

**Assessment Process:** Does the proposal clearly describe the assessment process and the tools used? Does the proposal clearly describe the process for submitting progress reports? \_\_\_\_\_

**Location of Services:** Does the proposal clearly indicate where the service will be provided? Are services provided in the home or natural environment? Does the proposal clearly indicate what geographic locations in eastern Kern County can be served? \_\_\_\_\_

**Program Development:** Does the proposal clearly describe proposed timelines for development and completion of the proposed project? \_\_\_\_\_

**Budget and Finance:** Does the proposal clearly display all costs associated with the program? Does the proposal include a Startup Budget and Financial Statement? \_\_\_\_\_

Written Proposals will be scored per the following scoring guidelines by each member of the Review Committee in each of the areas below:

- |   |                                                                                                                                                                                                                                |
|---|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 0 | Criteria not addressed at all.                                                                                                                                                                                                 |
| 1 | <u>Minimal Response:</u> Subject area is mentioned; however, applicant has neither included any narrative nor any supporting documentation that demonstrates understanding of this particular proposal requirement.            |
| 2 | <u>Some</u> supporting documentation and/or narrative discussion; however, the responses are not clearly articulated.                                                                                                          |
| 3 | <u>Good</u> supporting documentation and/or narrative discussion; responses are more clearly articulated.                                                                                                                      |
| 4 | <u>Maximum Response:</u> 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 can receive a maximum score of 28 points per member.**

**CRITERIA FOR ORAL PRESENTATION**  
**Physical Therapy Services**

**Program Description:** Does applicant clearly communicate a working knowledge of their program plan and the ways in which they will implement services to meet the geographical needs of Kern Regional Center? \_\_\_\_\_

**Consumer Needs:** Does the applicant clearly communicate knowledge of the consumers to be served and the physical therapy needs of infants and toddlers who are 0-36 months? \_\_\_\_\_

**Experience:** Does applicant clearly articulate pertinent education and experience for developing this program? \_\_\_\_\_

**Overview Summary:** Does applicant clearly field questions from the team about the program in a concise and articulate manner including questions regarding proposed costs? \_\_\_\_\_

Oral Presentations will be scored per the following scoring guidelines by each member of the Review Committee in each of the areas below:

- 0 Criteria not addressed at all.
- 1 Minimal Response: Subject area is mentioned; however, applicant has neither included any narrative nor any supporting documentation that demonstrates 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 Oral Presentation can receive a maximum score of 16 points per member.**

**The written proposal and presentation can achieve a maximum score of 44 points per member. (Written proposal = 28 points. Oral presentation = 16 points.)**