

SDRC/ CPP Project #1

Request for Proposals (RFP)
Therapeutic Day Program
**San Diego Regional Center
Community Placement Plan
For Fiscal Year 2017-2018**

AUTHORITY

San Diego Regional Center (SDRC) supporting individuals with Intellectual Disabilities/Developmental Disabilities has identified a need for a resources throughout San Diego and Imperial counties for individuals who will be leaving a developmental center and returning to the community as well as those individuals who have challenging service needs. **SDRC may elect to fund all, part or none of the projects, depending on funding availability as approved by the Department of Developmental Services (DDS), and the quality of proposals received. SDRC reserves the right to withdraw this RFP and/or disqualify any proposal that does not adhere to the RFP guidelines.** Applications that propose innovative, person-centered service delivery models, as alternatives to the traditional resources described will be favorably considered. **Please note: Proposals submitted after the indicated timelines will not be considered.**

APPLICANT ELIGIBILITY

Proposals can be submitted by service provider entities that are authorized to conduct business within the state of California. Board members of San Diego-Imperial Counties Developmental Services Inc. and employees of San Diego Regional Center are prohibited from submitting proposals.

SUBMISSION OF PROPOSALS

Please send all proposals **by e-mail:**

Lori Blair, Resource Development Manager

lori.blair@sdrc.org

or

mail hard copy to:

Lori Blair

Community Services

4355 Ruffin Road

San Diego, CA 92123

858-576-2872

Copies of the proposals must be *received* at the above addresses **no later than 4:00 p.m. on January 18, 2018**. Proposals received after this deadline will not be considered. Faxed copies will not be **accepted**. You will receive an email reply confirming receipt of your proposal. **If you do not receive an e-mail confirmation, your proposal was not received by SDRC**. Please follow up by phone with Lori Blair if you do not receive a confirmation.

Project Description

San Diego Regional Center (SDRC) seeks to develop a site based therapeutic day program to support individuals with challenging service needs. The program will address complex challenges such as severe behavior problems, psychiatric issues and/or health care needs. The curriculum offerings will include; community integration, sensory integration, vocational development (paid internship if appropriate), mobility training, socialization training, independent living skills, communication skills, leisure skill development, and self advocacy. The program will offer behavior consultation, assisting individuals in accessing mental health services as well as nursing services. The program will operate for 5 hours per day with additional time to address transportation. The site based program will offer services to individuals living in a variety of neighborhoods through out San Diego County

In addition to the site based program, there will be a mobile unit which will provide services such as physical therapy, occupational therapy and speech to individuals who are confined to bed and are unable to be transported due to their fragile health conditions. The mobile unit will provide services to three Adult Residential Facilities for Persons with Special Health Care Needs (ARFPSHN). Two of the homes are located in Escondido and one will be located in South Bay or East County. In addition, the unit may also provide services to individuals living in the community. The mobile unit can support individuals 2 hours per day up or up to 10 hours per week. The services are not intended to be delivered 5 days per week. The proposed service design will address transportation as a component of the program.

This therapeutic day program is intended to meet the needs of those individuals who have transitioned from a developmental center or who are in the community but under served due to their complex needs. The program is expected to develop state of the art services for these highly vulnerable clients. It is anticipated that this program will support up to 50 individuals at the site and 20 with the mobile unit.

Start-up Funding Available: \$125,000.

FORMAT AND APPLICATION REQUIREMENTS

Proposals must comply with the instructions, format, and time lines described in this request. Proposals should be written in 12-point font, Times New Roman or Arial preferred. All pages in the proposal must be numbered consecutively and include an identifying footer with the applicant name and project number. The proposal, *including* the required forms and documents,

may not be more than (21) pages long. **Each applicant must submit an original proposal in PDF format via email. Hardcopies will not be accepted.**

PROPOSAL CONTENT

Each Proposal will contain the following:

1. **Service Description Summary (14 pages maximum)**: Please include all headings and information requested below and provide in the same order in your document.

Applicant's Experience & Background

- a. Provide a 1 page summary of the applicant's qualifications which details education, knowledge and experience providing service to persons with developmental disabilities/intellectual disabilities. Include a brief description of applicant's experience in developing and operating the type of project for which you are submitting a proposal.
 - b. Describe any experience you have had with serving consumers from a State Developmental Center or individuals with difficult service needs. Include a description of the level of functioning and service needs (self-care, behavioral challenges and health care needs) of individuals you served.
2. **Applicant's Organization & Program Staffing**
 - a. Attach an organizational chart.
 - b. Provide job descriptions and qualifications for the primary staff and consultant positions necessary for this project.
 - c. Provide a staffing schedule and staffing patterns with staff to client ratio's.
 - d. Staff recruitment and retention. Please describe your plan to recruit and retain quality staff.
 3. Transportation. Describe how the individuals will be transported to the site.
 4. The services must be mobile in order to support individuals based on their geographical area of residence. Describe how this would be achieved.
 5. The service may use paid internship program (for those individuals who can be employed) and is essential to the program. Please include this component in the RFP.
 6. Include Program Evaluation Procedures.
 7. **Proposed Rate Structure**: Include a budget with a proposed on-going monthly rate per individual. The program will be licensed (CCL) and vendored with a combination of service codes such as:
055 (Community Integration Training Program): \$139.27 per 5 hour day (1:2 ratio),

Ancillary supports may include:

117 (Specialized Therapeutic Services): licensed professional staff (up to \$115.46 hourly).

062 (Personal Assistance) \$15.27 per hour

605 (adaptive skills trainer): \$45.26 per hour

8. **Applicant/Agency Information Form:** Provide a completed and signed Applicant/Agency Information form (**Appendix A**). The information provided should highlight the applicant's ability to implement the proposed project. **The form should contain the original signature of an individual with authority to submit the proposal (dated) and enter into a binding contract with San Diego Regional Center.** (1 page)
9. **Applicant Disclosure Statement:** A completed and signed Applicant/Vendor Disclosure Statement (**Appendix B**). (4 pages).
10. **Start-up Budget:** A proposed Start-up Project Budget. (**Appendix C**). Start-up funds are intended to assist in the development of new community resources. Start-up funds are not intended to cover 100 percent of the development costs. It is expected that the applicant will identify funds that their agency will provide, along with CPP funds, in order demonstrate financial capacity to complete the project. DDS may request an estimated and/or final "Sources and Uses" budget, outlining the project cost and funding sources of RC approved project. Include Budget and Financial Information. (2 Pages)
11. **Community Placement Plan** For reference, (**Appendix D**) Proposal Review/Selection Criteria will be used to evaluate the proposal. **This does not need to be submitted with your proposal.**
12. **Equity and Diversity:** Each proposal will include a section on issues of equity and diversity. The plan will address diverse population, including, but not limited to culturally and linguistically diverse populations. You must also include examples of your commitment in addressing the needs of those diverse populations, and include any relevant issues you deem relevant to equity and diversity. Projects developed specifically for identified clients will only require plans to provide culturally and linguistically competent services and supports to those specific clients.

REPORTING REQUIREMENTS

Each selected project contractor will be required to submit monthly summaries describing progress made toward meeting project objectives to San Diego Regional Center by the third of each month. These summaries will be attached to any monthly invoices submitted by the contractor. The contractor will submit a final report upon completion of the project. The format for the monthly summaries and invoices will be included in each awardee's contract.

Contracts between SDRC and the selected service provider will include the following:

- a) Holding the vendor accountable for the expenditure of funds consistent with the contract terms and for program outcomes;
- b) In the event a project cannot be completed within the approved timeframe, the start-up funds must be returned to the State;
- c) Upon completion of the project and the reconciliation of the contract funds, if SDRC determines that the contract amount has not been fully expended, the unexpended contracted funds will be recouped by SDRC and returned to the State; and
- d) The Department of Developmental Services may request the RC to provide a copy of the fully executed RC/Vendor Start-up contracts.

PROPOSAL SELECTION PROCESS

Any proposal may be rejected if it is incomplete or deviates from the specifications in this RFP. **San Diego Regional Center reserves the right to reject any or all proposals and to cancel the RFP process at its discretion.** Each proposal will be evaluated by an RFP Selection Committee which is an interdisciplinary team of at least 3 members, who will score each proposal individually before coming together as a team to thoroughly review and discuss each proposal and interview applicants, if applicable, and agreeing on a final score for each proposal. A minimum score of 70% is required for the proposal in order to be considered. Proposals will be evaluated in five areas: Agency Description (including history), Project Description, Work Plan/Timelines, Budget/Finances, and Proposal responsiveness. The specific criteria and weighting are detailed in Appendix E, Rating Criteria. Additional information may be required from selected applicants with regard to the proposal submitted prior to the awarding of a contract. References will be contacted and interviews may be conducted, particularly if two or more proposals are closely scored and/or more information is needed. The interview panel will include at least two individuals from the RFP selection committee, using the same questions, and each interviewer will score the responses using the same scoring scale for each interview.

FUNDS

Project descriptions indicate the total amount of funds available for each project. **Actual amount awarded will be contingent upon the budget submitted by the Department of Developmental Services (DDS). Any project contractor who fails to develop the services specified will be required to return to the San Diego Regional Center any compensation received for start-up expenses.** All funds must be expended by March 31, 2020.

Objectives of this project:

1. Collaborate with SDRC to ensure that the requirements of this RFP are met.
2. Develop a comprehensive service design that specifies evaluation and assessment procedures, career exploration, vocational training, job development and placement.
3. Execute a service contract with SDRC.
4. Recruit and hire staff.
5. Provide day services to 50 individuals at the site and 20 using the mobile unit.

ADDITIONAL INFORMATION

Any questions regarding the requirements of this RFP should be directed to:

San Diego Regional Center-Community Services
Lori Blair, Resource Coordinator
4355 Ruffin Rd., Suite 104
San Diego, CA 92123
(858)576-2872

APPLICANT/AGENCY INFORMATION

Applicant/Agency Name _____ CPP Project # _____

Address: _____ Phone: _____

- Non-Profit Corporation For-Profit Corporation
- Educational Institution
- Local Government Agency Individual
- Other(_____)

Contact Person's Name and Job Title: _____ Phone _____

E-Mail: _____

A. List up to four current or previous services implemented by the applicant/agency that provide evidence of experience related to your proposal. Include the service name, the dates that services started (and ended if not currently being provided), and a one sentence description of the type/purpose of the indicated service:

- 1. _____

- 2. _____

- 3. _____

- 4. _____

B. List two references that can be contacted in regards to applicant's experience, qualifications and ability to implement this proposal:

- 1. _____
Name and Title Agency Affiliation
_____ Address Phone
- 2. _____
Name and Title Agency Affiliation
_____ Address Phone

Application submitted by _____ Signature _____ Date _____

APPLICANT/VENDOR DISCLOSURE STATEMENT

GENERAL INSTRUCTIONS

Every applicant or vendor must complete and submit a current Applicant/Vendor Disclosure Statement, DS 1891 (disclosure statement) as part of a complete application packet for vendorization or upon request of the vendoring regional center. The following instructions are designed to clarify certain questions on the form. Instructions are listed in order of question for easy reference. See 42 CFR 455.101 for additional definitions.

Overall Authority: Code of Federal Regulations (CFR), Title 42, Part 455; California Code of Regulations, Title 17, Section 54311. Welfare and Institutions Code, Section 4648.12.

Important:

- **IT IS ESSENTIAL THAT ALL APPLICABLE QUESTIONS BE ANSWERED ACCURATELY AND THAT ALL INFORMATION BE CURRENT.**
- **Parents and consumers of Vouchers, Participant-Directed Services, or Purchase Reimbursements:** Complete Part 1 on page 2 and Part 3 on page 3, then proceed to **Applicant/Vendor Signature** on page 4 to sign and date.
- Failure to disclose complete and accurate information will result in a denial of enrollment and/or may be cause for termination of vendorization.
- Read **ALL** instructions when completing the disclosure statement.
- Type or print clearly in ink.
- If applicant or vendor must make corrections, please line through, date, and initial in ink. Do not use correction fluid.
- Answer all questions as of the current date.
- If additional space is needed, attach a sheet referencing the part and question being completed.
- Return this completed statement with the complete application package to the regional center to which you are applying.

Part 1: Identifying Information

- A. Specify name of the applicant or vendor, agency, facility or organization, vendor number and service code, business address, and telephone number of applicant or vendor submitting the vendor application.
- B. Specify in what capacity the applicant or vendor is doing business. For example: The name of the corporation under which they are doing business. This name must match the license name, if applicable.
- C. List the National Provider Identifier, of the applicant or vendor, if any.
- D. List the Social Security Number, Date of Birth, and/or the Federal Employer Identification Number (EIN) of the applicant or vendor, if any. Enter Vendor's nine-digit EIN assigned by the IRS in the following format: XX-XXXXXXX.
 - An EIN is used to identify the accounts of employers and certain others who have no employees.
 - For more information about an EIN, please check <http://www.irs.gov> for "Employer Identification Numbers" or "EIN". Whenever this Disclosure Statement requests an EIN about an individual or entity, it has the same meaning.
- E. Check the entity type that best describes the structure of your organization.

Part 2: Ownership and Control Interests. Use the following definitions to identify the individuals you should enter in A, B and C of this section. See 42 CFR 455.101 for additional definitions.

- "Indirect Ownership Interest" means an ownership interest in an entity that has an ownership interest in the applicant or vendor. This term includes an ownership interest in any entity that has an indirect ownership interest in the applicant or vendor;
- "Managing Employee" means a general manager, business manager, administrator, director, or other individual who exercises operational or managerial control over, or who directly or indirectly conducts the day-to-day operation of an institution, organization, agency or business entity;
- "Ownership Interest" means the possession of equity in the capital, the stock, or the profits of the applicant or vendor.
- "Person with an Ownership or Control Interest" means a person or corporation that:
 - A) Has an ownership interest totaling 5 percent or more in an applicant or vendor;
 - B) Has an indirect ownership interest equal to 5 percent or more of an applicant or vendor;
 - C) Has a combination of direct or indirect ownership interests equal to 5 percent or more in an applicant or vendor;
 - D) Owns an interest of 5 percent or more in any mortgage, deed of trust, note, or other obligation secured by the applicant or vendor if that interest equals at least 5 percent of the value of the property or assets of the applicant or vendor;
 - E) Is an officer or director of an applicant or vendor that is organized as a corporation; or
 - F) Is a partner in an applicant or vendor that is organized as a partnership.
- "Significant Business Transaction" means any business transaction or series of transactions that, during any one fiscal year, exceed the lesser of \$25,000 and 5 percent of an applicant or vendor's total operating expenses.

Part 2. Ownership, indirect ownership, and managing employee interests (If not applicable, please indicate.)

A. List the name(s), title(s), address(es), SSNs, and DOBs of individuals for organizations having direct or indirect ownership interests, and/or managing employees in the applicant/vendor (see instructions for definitions). Also list all members of a group practice. Attach additional pages as necessary to list all officers, owners, management and ownership individuals and entities.

Name	Title	Address	SSN	DOB

B. List those persons named in ‘A’ above or ‘Part 4. A’ below, that are related to each other as spouse, parent, child, or sibling.

Name	Relationship	Address

C. List the name, address, vendor number and service code, SSN, NPI and/or EIN of any other applicant or vendor in which a person with an ownership or controlling interest in the applicant or vendor also has an ownership or control interest of at least 5 percent or more. For example: Are any owners of the applicant or vendor also owners of Medicare or Medicaid facilities? (Example: sole proprietor, partnership or members of Board of Directors.)

Name	Address	Vendor Number and Service Code	SSN, NPI and/or EIN

Part 3. Excluded Individuals or Entities (If not applicable, please indicate.)

List the name, title, and address of any person, as applicant or vendor, or entity with an ownership or control interest, any agent, director, officer, or managing employee of the applicant or vendor who is an excluded individual or entity, as defined on page 2.

Name	Title	Address

Part 4. Subcontractor (If not applicable, please indicate.)

A. List the name, title, address, SSN, NPI and/or EIN of each person or entity with an ownership or control interest in any **subcontractor** in which the applicant or vendor has direct or indirect ownership of 5 percent or more. State percentage.

Name	Title	Address	Percentage	SSN, NPI and/or EIN

B. List the name, title, address, SSN, NPI and/or EIN of each **subcontractor or wholly owned supplier** in which the applicant or vendor has had any significant business transactions within 5 years of the application or request.

Name	Title	Address	SSN, NPI, and/or EIN

APPLICANT/VENDOR SIGNATURE

Knowingly and willfully failing to fully and accurately disclose the information requested may result in denial of a request to become vendored, or if the service provider already is vendored, a termination of its vendorization.

By signing this disclosure statement, you hereby certify and swear under penalty of perjury that (a) you have knowledge concerning the information above, and (b) the information above is true and accurate. You agree to inform the vendoring Regional Center, in writing, within 30 days of any changes or if additional information becomes available.

Name of Applicant/Vendor or Authorized Representative **Title**

Signature **Date**

Recordkeeping and Access to Records

Subject to the provisions of Title 17, California Code of Regulations, Section 54311 and Code of Federal Regulations, Title 42, Part 455.105, an applicant or vendored provider agrees to provide access for the review of any and all ownership disclosure information and/or documentation upon written request by the vendoring regional center, the Department of Developmental Services, the State Medicaid Agency, Department of Health Care Services, any State survey team, the Secretary of the United States Department of Health and Human Services, or any duly authorized representatives of the above named entities.

Privacy Statement

All information requested on the application and the disclosure statement is mandatory with the exception of the social security number for any person other than the person or entity for whom an IRS Form 1099 must be provided by the Department of Developmental Services pursuant to 26 USC 6041. This information is required by the authority of Welfare and Institutions Code, Section 4648.12 and Title 17, California Code of Regulations, Section 54311. The consequences of not supplying the mandatory information requested are denial of vendorization as a regional center vendor or termination of vendorization. Any information may also be provided to the State Controller's Office, the California Department of Justice, the Department of Consumer Affairs, other state or local agencies as appropriate, fiscal intermediaries, managed care plans, the Federal Bureau of Investigation, the Internal Revenue Service, Medicare Fiscal Intermediaries, Centers for Medicare and Medicaid Services, Office of the Inspector General, Medicaid, or licensing programs in other states.

BUDGET FOR PROJECT START-UP

PERSONNEL SERVICES (Staff and Consultants)

Job Title	Number (or %) FTE	FTE Monthly Salary with Fringe Benefit	Number of Months	TOTAL
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
Employee Fringe Benefits START-UP	(_____	% of Salaries)		
PERSONNEL SERVICES SUBTOTAL				_____

OPERATING EXPENSES

	Monthly Amount	Number of Months	TOTAL
Office and/or Facility Lease	_____	_____	_____
Insurance	_____	_____	_____
Utilities	_____	_____	_____
Travel	_____	_____	_____
Purchased Equipment and Supplies (list)			
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
Other-	_____	_____	_____
Administrative Overhead	_____	_____	_____
START-UP OPERATING EXPENSES SUB-TOTAL			_____

**TOTAL START-UP
BUDGET**

Submitted by

Name

Date

COMMUNITY PLACEMENT PLAN REQUEST FOR PROPOSAL
PROPOSAL REVIEW/SELECTION CRITERIA

(The minimum requirement will be 70% of the total possible points)

Project Number _____ Applicant /Agency _____

	Maximum Score	Initial Proposal Score	Final Score
A. Agency Description			
1. Proposal demonstrates applicant/agency's experience, skills, philosophy of service in the field of developmental disabilities and/or mental health.	10		
2. References provide reliable evidence of applicant/agency's qualifications, quality of services and ability to maintain positive working relationships.	5		
3. The applicant/agency's history indicates the capability of developing, managing, and operating the proposed project in San Diego County.	10		
B. Project Description			
1. Proposal describes the training techniques and instructional methods that the program will incorporate to achieve successful outcomes for the clients served.	5		
2. The proposed use of personnel (direct care staff and consultants), including the selection, management and training of staff should ensure quality outcomes in the project.	10		
3. Proposal includes sound program components and strategies that will be used to serve the clients highlighted in the RFP. The proposal includes a plan to ensure the health and safety of those served.	5		
C. Work Plan/Timelines			
1. The work plan indicates a thorough knowledge of the processes and procedures needed to complete the project.	10		
2. Applicant/agency included realistic objectives and timelines to achieve measurable objectives that will result in the completion of the project.	10		
D. Budget/Finances			
1. The applicant/agency's financial statement reflects sound fiscal practices. Assets are sufficient to undertake the proposed project.	10		
2. The start-up budget is reasonable and demonstrates a good appraisal of actual costs involved in completing the project.	5		
3. The estimate for on-going service rate is cost-effective and consistent with funding for similar programs.	5		
E. Proposal Responsiveness			
1. The overall proposal indicates an ability to follow directions and is an appropriate response to the RFP	10		
2. The proposal provides evidence of innovative practices in providing services.	5		
TOTAL	100		

Proposal review completed by: _____ Signature _____ Date _____