



SAN ANDREAS REGIONAL CENTER
300 Orchard City Drive
Campbell, CA 95008
(408) 374-9960

TO: All Potential Request for Proposal Respondents

FROM: Jeffery Darling, Resource Manager, San Andreas Regional Center
Jim Elliott, Project Manager, San Andreas Regional Center

DATE: May 20, 2016

RE: Enhanced Behavioral Supports Home / Nursing - Request for
Proposals for Residential Services

San Andreas Regional Center

TYPE OF PROGRAM: Two (2) Enhanced Behavioral Supports Home /
Nursing (EBSH/Nursing)

GEOGRAPHIC LOCATION(S): Santa Clara, Santa Cruz, Monterey, or San
Benito County

CONTRACT AWARD: Startup funding of up to \$200,000 (for each home)

SERVICE DESCRIPTION: Enhanced Behavior Support Home / Nursing
(EBSH/Nursing) is a pilot program intended to serve a maximum of
four (4) residents each of whom require 24-hour supervision in a
homelike setting due to excessive behavioral impairments. The four
residents will also require nursing supports which may include such
medical conditions as;

- Inhalation-assistive devices; C-PAP, Bi-PAP, nebulizer, etc.
- Baclofen pump
- Management of insulin dependent diabetes, possibly insulin
pumps
- Vagal nerve stimulator

- Pacemaker
- Automatic implantable cardioverter-defibrillator (AICD)
- Emergency epinephrine administration
- Treatment of MRSA
- Treatment of wounds or pressure sores (stage I or II)
- Indwelling urinary catheter
- Renal dialysis

These homes exceed the minimum requirements of level 4I facilities. Such homes will have additional staffing, supervision, consultation, and shall employ enhanced characteristics to address challenging behaviors and nursing needs. Residents of these homes may be dually-diagnosed with mental illnesses, may currently or historically face forensic complications, and will primarily be transitioning to community placement from a developmental center, institute for mental disease, or acute crisis facility. Each resident of the home will have both an individual behavior supports plan documenting the individual's behavioral needs and the supports and services to be provided to address those needs as well as an individual healthcare plan to address nursing needs. The provider is required by law to have a board-certified behavior analyst or qualified behavior modification professional on-staff or contract for monthly observation and treatment recommendations of the residents. Residents will receive support from the regional center and the clients' rights advocate. The service provider will be required to obtain a license as an adult residential facility 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.

APPLICABLE OR RELEVANT STATUTES AND REGULATIONS: California Welfare & Institutions Code Chapter 6, Article 3.6 (§4684.80 through §4684.87) and Article 6 (§4695 - §4695.2); Title 17 California Code of Regulations §§56001 – 56067; and all other applicable federal and California statutes and regulations, including those not yet promulgated. Proposed emergency regulations for Enhanced Behavioral Supports Homes are located at <http://www.dds.ca.gov/ProposedRegs/EnhancedBehavioral.cfm>.

KEY OBJECTIVES:

1. Enter into a start-up and on-going services contract
2. Work collaboratively with non-profit housing corporation(s) to secure and renovate property.
3. Prepare the facility for service and licensure.
4. Submit a full program design for approval by San Andreas Regional Center and the Department of Developmental Services
5. Hire and train staff.
6. Contract with appropriate and approved licensed consultants.
7. Obtain licensure.
8. Be prepared for admission and operation by June 1, 2017

PREFERRED PROVIDER REQUIREMENTS:

1. Owner/operator of a level 4 adult residential facility or a comparable facility.
2. Previous experience working with mental health, the courts, and/or Community Placement Program.
3. Previous experience working with people with both I/DD and medical conditions.
4. Demonstrated ability to work collaboratively with multi-agency, multi-disciplinary teams in an environment under marked regulatory scrutiny.

PROGRAM DESIGN GENERAL REQUIREMENTS:

1. Licensed as adult residential facility;
2. Certified by the Department of Developmental Services as an EBSH;
3. Maximum of 4 clients;
4. 24-hour care, including possible medical conditions listed above;
5. Shall exceed minimum requirements for level 4I facility as defined by law;
6. Individual and facility rates:
 - a. Individual rates shall include staffing, consultants, and food costs and incidentals incurred on a per-resident basis;
 - b. Facility rates shall include the lease and constant operation;
7. Behavior supports plan within one week of admission;
8. Monitoring required by regional center qualified behavior modification professional at least monthly, four monthly visits are unannounced;

9. Vendors of regional center and each client's regional center shall have joint responsibility for monitoring and evaluating the services provided;
10. Monthly case management and quarterly quality assurance visits, at minimum, is required;
11. Certified by DDS and licensed by DSS. Must be certified by DDS prior to licensure;
12. DDS and regional centers to provide documentation to DSS;
13. If DDS decertifies a home, DSS shall revoke the license;
14. Must be eligible for federal funding;
15. Possible delayed egress system in homes
16. Adherence to forthcoming DSS regulations to address, at minimum, staffing structure, staff qualifications, and training;
17. Health and Safety 1567.64: Requires a minimum of 16 hours of emergency intervention training, including positive behavioral supports and techniques for all staff;
18. Health and Safety 1567.65: If DSS determines that urgent action is necessary to protect a consumer 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 a consumer from the home or obtaining additional services.

Proposals may be submitted by for-profit or non-profit corporations. Contracts may be awarded separately, one for each home, or together for both homes.

Board members and employees of regional centers are prohibited from submitting proposals. Refer to Title 17 regulations, Section 54314 for a complete list of ineligible applicants.

Proposal Requirements

1. Appendix A – San Andreas RFP Service Description (from above)
2. Appendix B – Proposal Title Page
3. Appendix C – Financial Statement (please submit in Excel format as well)
4. Resumes, Statement of Qualifications and References including Appendix D – Statement of Obligations.
Should include
 - a. Evidence that the applicant possesses the organizational skills, education and/or experience necessary to complete a project of the scope for which they are applying.

- b. List of professional references with name, address, and phone number of at least one person/agency to verify fiscal stability and at least one person/agency to verify program/administrative experience.
 - c. Statement with evidence of ability to work interactively and cooperatively with San Andreas and the diverse population of families within the San Andreas catchment area.
 - d. Statement of evidence of ability to work within the scope of Title 17 regulations governing vendorization and SARC policies and procedures.
5. Appendix E –
- a. Estimated Cost Worksheet for per person, per month residential services rate
 - b. Proposed Start-Up Budget not to exceed \$200,000
 - c. Proposed Timeline for development of residential services
6. Appendix F - Description of residential services.

Estimated Service Duration

House to be ready by May 1, 2017. Residential Services will begin by June 1, 2017.

Assumptions and Agreements

Proposals will not be returned to the submitter. SARC reserves the right to dismiss any proposal if it does not meet the criteria established in this RFP.

Submission Information

Proposals must be received via email (sadarling@sarc.org) or post marked by **5:00PM on June 6, 2016**. Please mail proposals to:

Jeffery Darling
Manager, Resource Department
San Andreas Regional Center
P.O. Box 50002
San Jose, CA 95150-0002

Proposals that are late or FAXED, will not be accepted.

Please use Times New Roman font in 12 point.

Contact Persons For Additional Information or Clarification, including Word and Excel copies of RFP document templates

Jeffery Darling - sadarling@sarc.org

Jim Elliott - saelliott@sarc.org

Steve Osterling – sasteve@sarc.org

Basis for Award of Contract

Criteria	Percentage	Score
Agency Experience and Background (including Attachment D – Statement of Obligations)	25%	
Fiscal Responsibility (including Attachment C – Financial Statement)	15%	
Budgets (including Attachment E – Estimated Cost Worksheet)	25%	
Proposal Narrative (including Attachment F - Program Design Checklist)	25%	
Interview	10%	

Anticipated Selection Schedule

1. RFP Orientation for Potential Respondents: Monday, May 23, 2016, 4:00-5:00pm
San Andreas Regional Center
300 Orchard City Drive, Suite 170
Campbell, CA 95008
Or by phone conference: 888-636-3807
access code: 6778458
2. Initial review period: June 7 to June 15, 2016
3. Announcement of those proposals moving to interview phase: June 15, 2016.
4. RFP Review Committee interview: June 20, 2016 starting at 12:00pm and June 21, 2016, starting at 1:00pm at
San Andreas Regional Center
300 Orchard City Drive, Suite 170
Campbell, CA 95008
5. Notification of selected service provider: June 23, 2016
6. Award of contract: June 27, 2016.
7. Residential Services will begin by June 1, 2017.

Appendix A

Service Description

Enhanced Behavior Support Home / Nursing (EBSH/Nursing) is a pilot program intended to serve a maximum of four (4) residents each of whom require 24-hour supervision in a homelike setting due to excessive behavioral impairments. The four residents will also require nursing supports which may include such medical conditions as;

- Inhalation-assistive devices; C-PAP, Bi-PAP, nebulizer, etc.
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- Management of insulin dependent diabetes, possibly insulin pumps
- Vagal nerve stimulator
- Pacemaker
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PROGRAM DESIGN GENERAL REQUIREMENTS:

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3. Maximum of 4 clients;
4. 24-hour care, including possible medical conditions listed above;

5. Shall exceed minimum requirements for level 4I facility as defined by law;
6. Individual and facility rates:
 - a. Individual rates shall include staffing, consultants, and food costs and incidentals incurred on a per-resident basis;
 - b. Facility rates shall include the lease and constant operation;
7. Behavior supports plan within one week of admission;
8. Monitoring required by regional center qualified behavior modification professional at least monthly, four monthly visits are unannounced;
9. Vending regional center and each client's regional center shall have joint responsibility for monitoring and evaluating the services provided;
10. Monthly case management and quarterly quality assurance visits, at minimum, is required;
11. Certified by DDS and licensed by DSS. Must be certified by DDS prior to licensure;
12. DDS and regional centers to provide documentation to DSS;
13. If DDS decertifies a home, DSS shall revoke the license;
14. Must be eligible for federal funding;
15. Possible delayed egress system in homes
16. Adherence to forthcoming DSS regulations to address, at minimum, staffing structure, staff qualifications, and training;
17. Health and Safety 1567.64: Requires a minimum of 16 hours of emergency intervention training, including positive behavioral supports and techniques for all staff;
18. Health and Safety 1567.65: If DSS determines that urgent action is necessary to protect a consumer 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 a consumer from the home or obtaining additional services.

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Appendix B

RFP TITLE PAGE **Request for Proposal – Fiscal Year 2015 – 2016**

TO: Selection Committee

Jeffery Darling
San Andreas Regional Center
300 Orchard City Drive
Campbell, CA. 95008

Program Title (Please Print)

Name of Individual or Organization Submitting Proposal (Please Print)

Address of Individual or Organization Submitting Proposal (Please Print)

Signature of Person Authorized to Bind Organization

Contact Person for Project (Please Print)

Telephone Number of Contact Person	Fax Number of Contact
Person	

Email Address of Contact Person

Name of Parent Corporations (If Applicable) (Please Print)

Applicant or Organization Contact Person:

Author of Proposal if Different from Individual Submitting Proposal

Appendix C	
FINANCIAL STATEMENT	
All respondents must complete this statement for last complete fiscal year <u>and</u> 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	
TOTAL CURRENT ASSETS =	
FIXED ASSETS	
Buildings and /or Structures	
Long Term Investments	
Potential Judgements and Liens	
TOTAL FIXED ASSETS =	
TOTAL CURRENT AND FIXED ASSETS =	
CURRENT LIABILITIES	
Accounts Payable	
Notes Payable	
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	
(Specify)	
LINE OF CREDIT	
Amount Available	

Appendix D

STATEMENT OF OBLIGATIONS

All applicants must complete this statement.

- A. 1. Is the applicant currently providing services to people 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 people other than those with developmental disabilities?
[] No [] Yes
If **Yes**, indicate the following:
Name: _____
Location: _____
Type of Service _____
Capacity _____
- B. 1. 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 _____
2. Is the applicant currently applying for grant(s)/funds from any source to develop services for Fiscal Year 2014 – 2015?
[] No [] Yes
If **Yes**, indicate the following:
Funding Source _____
Scope of Grant Project _____
- C. Is the applicant planning to expand existing services (through a Letter of Intent and with or without grant funds) from a source other than San Andreas Regional Center during Fiscal Year 2014 – 2015?
[] No [] Yes

If **Yes**, provide details:

- D. Describe other professional / business obligations. Include the following:

Name:

Location:

Type of Service

Capacity

- E. Has the applicant, or any member of the applicant's organization, received a Corrective Action Plan (CAP), Sanction, a Notice of Immediate Danger, an A or B Citations or any other citation from a Regional Center or state licensing agency?

☐ No ☐ Yes

If **Yes**, explain in detail:

- F. Has the applicant, or any member or staff of the applicant's organization, ever received a citation from any agency for abuse?

☐ No ☐ Yes

If **Yes**, explain in detail:

Signature of Applicant or Authorized Representative

Date

Appendix E

1. ESTIMATED MONTHLY COST WORKSHEET

All applicants must complete this worksheet.

Monthly Staff and Administrative Costs	
Staff Salaries and Wages: Specify details- attach details if needed	\$
Staff Benefits including Workman's Compensation: Specify details- attach details if needed	\$
Administrative Overhead	\$
Program Consultant Fees	\$
Staff Training Costs	\$
Travel Expenses	\$
Monthly Business/ Office Related Costs	
Communication Costs	\$
Office Supplies	\$
Office Equipment/ Rental & Maintenance Costs and Supplies	\$
Monthly Building and Facility Program Related Costs*	
Space Costs-Rental or lease	\$
Utilities Costs	\$
Insurance Costs	\$
Fire Safety Costs/Maintenance	\$
Facility Maintenance	\$
Specific Training Costs: Specify	\$
Other Costs: Specify	\$
TOTAL MONTHLY COSTS	\$

If necessary, adjust the above schedule to your program needs but address requested line items. If the cost is not applicable to your program, please state N/A and provide reasons for its being not applicable.

In addition to the projected cost for each line item, be sure to include a detailed breakdown/description of how each line item total was arrived at. Additional schedules may be submitted for this purpose.

This information is being requested for the purposes of ensuring that potential vendors have fully considered estimates on all possible costs that might arise in the development and/or operation of this program. It may also be used by the RFP Review Committee to determine reasonable reimbursement amounts for the service(s).

2. PROPOSED START-UP BUDGET NOT TO EXCEED \$200,000
3. PROPOSED TIMELINE FOR DEVELOPMENT OF RESIDENTIAL SERVICES

Appendix F

Description of Proposed Residential Services

In narrative form, please describe how residential services will be provided in this Enhanced Behavioral Supports Home/Nursing (EBSH/Nursing); mainly how the home will assist people with intense behavioral issues to live and thrive in the community. Please address the following topics;

1. Reception of person into the EBSH/Nursing.
2. Residential services to be provided in the EBSH/Nursing to enhance the capabilities of the residents; behavior modification, ADL training, etc.
3. Day services internal and/or coordination with external day services.
4. Roles of consultants on contract to help with above.
5. Organizational chart for agency and for the home.
6. Community resources to be utilized.
7. Minimum qualifications for Administrator and Direct Support Staff.
8. Training plans for staff including crisis intervention training such as Mandt, CPI, etc.
9. Etc.