

Request for Proposals (RFP) 3rd Notice

Community Placement Plan (CPP) & Community Resource Development Plan (CRDP) For Fiscal Year 2023-2024

Alta California Regional Center (ACRC), serving individuals with developmental disabilities, has identified a need to develop an Out-of-Home Respite Service and an Outpatient Substance Use Disorder (SUD) Treatment Service.

Proposals may be submitted by an individual, a group of individuals, or an agency. The applicant must have relevant experience, including providing care and supervision, as applicable, for persons with developmental disabilities. The applicant should have and demonstrate the knowledge and understanding to effectively deliver the service for which you are applying for. Any person(s) who are employees of another Regional Center or the State of California may apply but would have to cease their employment upon being selected for the project.

SUBMISSION OF PROPOSALS

Email proposal to: rfp@altaregional.org

Your proposal must include all required sections outlined in Part III ("Proposal Guidelines") below and **must be received no later than 3:00 pm on Friday, May 31, 2024.** Proposals received after this deadline will not be considered. <u>ACRC will send an email confirming the proposal has been received.</u>

ACRC will not accept any hard-copy proposals. Please direct any questions to rfp@altaregional.org.

Part I Project Description

Project Type: Out of Home Respite

Project #: ACRC-2324-9

Service area: ACRC catchment area

Number served: 10 Service Code: 868 Provider Start-up funding: \$150,000

Reimbursement rate: Negotiated Rate

Minimum direct service hours: Administrator plus one direct support professional (DSP)

per three children.

Description of project

After hours, center-based, out-of-home respite primarily for children from Spanish and/or Russian speaking communities.

Target Population

Clients identified for this Out of Home Center-Based Respite may have or require the following.

- Ages 5-12
- Russian or Spanish speaking participants, or those who are part of the Russian or Hispanic community.
- I/DD, ambulatory or non-ambulatory, incontinence accepted but not total care at this time, mild behaviors accepted.

Scope of Service for Service Provider

This provider will ensure full staff engagement with the children they are serving, including the enrichment activities they provide. The enrichment activities will be educational and may include, but are not limited to, social skills training, cultural education and expression, literacy, art and crafts, music, social recreation, meal prep and cooking classes among other activities to enhance the development of children in the program.

Eligibility of Applicant

Must demonstrate understanding of the target client population.

Must have the ability to speak English and either be able to speak Russian or Spanish or be able to access language translation technology or have an interpreter.

Must have experience as an owner or administrator of an In-Home Respite agency, a child day care agency, day program owner, or a personal assistant agency.

Must have knowledge of Title 17 regulations regarding respite.

Must be available to supervise out-of-home respite program during operating hours (flexible)

Expectation of the Service Provider

Applicant must be able to speak English and be able to speak either Spanish or Russian, or be able to use language translation technology effectively, or access to an interpreter. Applicant should have direct involvement within the Spanish or the Russian community. Direct service hours that must meet the following criteria: (1) Administrator on site during program hours; (2) staff should be able to speak English and also speak either Spanish or Russian or be able to communicate effectively via a translation device or interpreter; (3) have experience working with children and be trained in childhood education practices; (4) experience serving I/DD population; (5) practical knowledge of health and safety practices; (6) CPR and First Aid certified; (7) be fingerprinted and back ground checked; (8) create and maintain systems to ensure quality of the program; and (9) ability to adhere to all Title 17, Title 22, and DDS directives.

Project Type: Outpatient Substance Use Disorder Treatment

Project #: ACRC-2324-12 Service area: ACRC catchment area

Provider Start-up funding: \$50,000

Reimbursement rate: SMA/Usual & Customary

Description of project

ACRC has a need for a Department of Health Care Services (DHCS) licensed outpatient substance use disorder (SUD) treatment service for individuals with developmental disabilities. These services must utilize evidence-based practices. Services to be performed are to include but not be limited to relapse prevention, treatment, and recovery. This program would also be serving consumers who do not have primary substance abuse issues upon exiting a state developmental center, but who may have a history suggestive of such a propensity when stressed.

Target Population

Clients identified as having a substance use disorder and require on-going outpatient treatment. Clients may be court ordered for SUD treatment through a diversion or restoration plan requiring SUD treatment.

Scope of Service for Service Provider

Services to be delivered include, but are not limited to, intake and assessment, individual treatment sessions, group sessions, treatment planning, discharge planning, home visits, and consultation services to regional center client's support team. Clients must first access services through Drug Medical before ACRC will fund support and services.

Eligibility of Applicant

Must have a SUD treatment program licensed through Department of Health Care Services (DHCS). Have the ability and the knowledge to support individuals with developmental disabilities who also have SUD concerns.

Expectation of the Service Provider

Maintain its license with the Department of Health Care Services (DHCS) and remain in good standing. Become vendored with ACRC and have knowledge or acquire the knowledge/training to serve and support individuals with developmental disabilities and recovery support needs.

Part II

Applicant Criterion and RFP Process

A. PURPOSE

The Community Placement Plan (CPP) and the Community Resource Development Plan (CRDP) are designed to assist in the development of the necessary community resources for clients who are ready to transition from a State Developmental Center (SDC), Institute of Mental Disease (IMD), or other highly restrictive settings, into the community, or to assist those who are at risk of moving into one of those placements. The CPP and CRDP are also designed to develop unmet and under met needs. ACRC solicits the community through a Request for Proposal (RFP) to seek out qualified providers who are able and willing to meet the specialized needs of this population.

B. EXPECTATIONS OF THE SELECTED APPLICANT

It is expected that the selected applicant; (1) work collaboratively and closely with the regional center, (2) provide careful and thorough planning in all aspects of the project, (3) work diligently to complete the project in a timely manner, (4) commit to providing quality services, (5) submit updates and summaries detailing progress made towards meeting the project objectives, and (6) report any major delays with the project immediately to ACRC. ACRC will communicate regularly with the selected applicant, licensing/certification agencies (i.e. Community Care Licensing, etc.), Department of Developmental Services (DDS), and other stakeholders who have an interest in the development of the project. Through this RFP process, an applicant must demonstrate strength in the areas of clinical, administrative, and financial responsibility.

Selected provider much complete a DS1891 and have no exclusions prior to being awarded a project.

C. REFERRALS

Client referrals are initiated through the Specialized Services and Support Unit (SSSU), appropriate interdisciplinary teams, and/or a client's planning team. For clients transitioning from a state developmental center or IMD, the respective agencies (Porterville Developmental Center (PDC), College Hospital, etc.), representatives from those agencies will be involved until the transition to the community is done.

D. WRITTEN PROPOSAL

Proposals submitted in response to this RFP are intended to be an overview of the applicant's expected delivery of service for the targeted client population. A more detailed description of the prospected service plan/program design will be developed during the vendorization process. Proposal must be written in a professional manner and clearly reflect the applicant's intended delivery of service.

E. SELECTION PROCESS

The selection committee will review and score all proposals using a 100-point scale. Top points are given to the various sections of your proposal that reflect the appropriate supports and services offered to the individuals you are planning to serve. The top three applicants with an average proposal score of 70% or above will be interviewed. ACRC reserves the right to interview other applicants who may not be in the top three or have a score below 70%.

F. RFP TIMELINE

Original RFP Orientation
Proposals Due
Read and Score Proposals
Applicant Interviews
ACRC Final Selection
Contract Signed
February 23, 2024
May 31, 2024, by 3pm
June 3, 2024
June 5-10, 2024
June 12, 2024
June 30, 2024

G. START-UP FUNDING

Start-up funding is available for these projects. Funds are meant to aid in the development of the project, but may not cover the entire cost. The selected applicant is responsible for costs that exceed the available start-up funds. The selected applicant will complete a start-up funds allocation detailing how the funds will be used. Prior to any disbursement of funds, the start-up funds allocation must be approved by ACRC.

H. LICENSURE/VENDORIZATION

Selected applicant must acquire and maintain all appropriate licenses and certifications for the program/service and/or the individuals operating and providing the services which are required to operate the program/service.

Selected provider will become vendored under service code 999 (start up funds) and then become vendored under the appropriate service code for the program. Selected applicant will complete all requirements to become vendored include completion of ACRC's vendor training applicable to the service (Vendor Orientation, Behavior Management Skill Training, program design workshop, medication training, P&I training, record keeping training, SIR training, and accounting (e-billing) training). Prior to vendorization, the selected applicant must have an approved program design and cost data worksheet, and have signed Service Program Agreement with ACRC.

I. NON-DISCRIMINATION

ACRC shall not discriminate in the selection of an applicant on the basis of race, color, creed, national origin, ancestry, sex, marital status, disability, religious or political affiliation, age, or sexual orientation.

J. ACRC CONTACTS

rfp@altaregional.org

OR

^{*}ACRC reserves the right to modify the above timeline.

Dan Kilmer, <u>dkilmer@altaregional.org</u>
DeDe Peters, <u>dpeters@altaregional.org</u>

Heather Hollingworth, hhollingworth@altaregional.org

Kristi Shaffer, <u>kshaffer@altaregional.org</u> Jordan Eller, jeller@altarejongal.org

Part III

Proposal Guidelines

When drafting your proposal, consider how you will effectively meet the unique needs of the targeted client population. Draw on your experience, education, and creativity when deciding what services and supports are necessary. Thoughtfully consider how services will be delivered and consider how your proposal will stand out from the others. Simple, generic responses or descriptions will hinder your chance of being considered for an interview.

This program summary is NOT meant to highlight every aspect of the program; a full description of the program will be developed in the program plan by the selected applicant.

Format. Double space, 12pt font, Times New Roman, and one-inch margins.

Out of Home Respite

An applicant's proposal must include all the following items:

- 1. Title Page (Attachment A)
- 2. Applicant/Agency Information (Maximum 2 Pages) (10 pts)
- 3. Program Summary (Maximum 15 Pages)
 - a. Describe the ideal layout/design of the home and property site. What amenities do you want for this home and explain how these amenities will be helpful in providing services? (10 pts)
 - b. Describe how you plan on finding qualified staff. List the different staff positions (title) and briefly describe their duties. (15 pts)
 - c. Discuss your plan to ensure quality of care for those that you serve (behavior, medical, and/or mental health). Describe your plan to ensure all client's plans (behavior plan, nursing care plan, restricted health care plan(s), and/or other treatment plans) are being implemented correctly by all staff and how you will ensure the data collection is accurate. (15 pts)
 - d. Identify activities that you plan to implement for the children served in this program including activities that are educational in nature. (10 pts)

- e. Describe how you plan to utilize any specialized, licensed/ clinical staff. Choose two <u>other</u> types of consultants that would be important in your program and explain why you choose them and how you plan to utilize them in the home. (15pts).
- f. Describe your staff training program, including topics, and explain how this staffing training program will ensure staff will be able to effectively serve the targeted client population. (10pts)
- g. What is your plan in serving diverse populations, included, but not limited to, culturally and linguistically? Provide an example. (15pts)

Outpatient Substance Use Disorder Treatment

An applicant's proposal must include all the following items:

- 1. <u>Title Page</u> (Attachment A)
- 2. Applicant/Agency Information (Maximum 2 Pages) (10 pts)
- 3. Description of service (maximum10 pages)
 - a. Describe the curriculum you would use for this service. (20pts)
 - b. Describe how the curriculum/material is used with individuals with an intellectual disability. (10pts)
 - c. List the credentials and describe the experience of the treatment provider. (15 pts)
 - d. Describe how you assess to determine if a client is making reasonable progress. (20 pts)
 - e. Describe, if any, barriers you may have with serving the targeted population. (20 pts)
 - f. What is your plan in serving diverse populations, included, but not limited to, culturally and linguistically? Provide an example. (5pts)

Attachments

The following attachments must be completed and received with your proposal:

- **1.** Sample Staff Schedule (Attachment B)
- **2.** Projected Ongoing Costs (Usual & Customary (fee schedule) or Cost Data Worksheet) (Attachment C)
- **3.** References (Attachment D)
- **4.** Statement of Disclosure (Attachment E)
- **5.** Resume(s)

Attachment A

Proposal Title Page

CPP/CRDP Fiscal Year 2023/2024 February 2024 RFP

То:	Specialized S	ervices & Supports Unit	Proposal must be emailed to: rfp@altaregional.org
Attention:	Alta Californi	esource Developers a Regional Center ervice & Supports Departme	
Project Num	nber and Descrip	tion (please print)	
Name of Ap	plicant or Organ	ization Submitting Proposal	(please print)
Signature of	Person Authoriz	zed to Bind Organization	Date
Contact Pers	son for Project (p	please print)	
()		()	
Telephone N		Fax Number	E-mail Address
Name of Par	rent Corporation	(if applicable)	
Mailing Ado	dress (please prin	nt)	
Author of Pa	•	nitting proposal	Date Submitted

Attachment B

Sample Staff Schedule

Facility:	
Week of:	
	Number of clients: 4 or as identified

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
1:00am							
2:00am							
3:00am							
4:00am							
5:00am							
6:00am							
7:00am							
8:00am							
9:00am							
10:00am							
11:00am							
12:00pm							
1:00pm							
2:00pm							
3:00pm							
4:00pm							
5:00pm							
6:00pm							
7:00pm							
8:00pm							
9:00pm							
10:00pm							
11:00pm							
12:00am							
TOTAL							

		Weekly Total:
Direct Care Staff:		·
#1: (Admin)	#7: <u>_</u>	
#2:	#8:	
#3:	#9:	
" 4:	#10:	
#5:	#11:	
#6: 	#12:	

Instructions: Place each staff member's name on a number. Then use the assigned number to fill out the staff schedule.

Attachment C

Complete & Submit Cost Data Workbook (Electronic version will be emailed to each applicant.)

Complete the Cost Data Workbook to show the total estimated costs for operating the facility at full capacity. Provide details for each operating and administrative cost. When completing the Cost Data Workbook, consider the costs of the enhancements and specializations for the home (i.e. staff wage and training, consultation, programming, etc.).

NOTE: The Cost Data Workbook submitted with the proposal is reviewed and analyzed during the selection process only. Selection of an application shall not constitute ACRC's approval of any or all aspects of the Cost Data Workbook.

Attachment D

References

References for: (Applicant's N	Vame)		
List three references who we rewell as if they can attest to you professional capacity.			
	Reference No. 1	1	
Name of Reference:	Title:	Agency:	
Address:	City:	State:	Zip Code:
Phone:	Email:		
	1		
	Reference No. 2	2	
Name of Reference:	Title:	Agency:	
Address:	City:	State:	Zip Code:
Phone:	Email:		
	D.C. N. C.		
Name of Defenses	Reference No. 3		
Name of Reference:	Title:	Agency:	
Address:	City:	State:	Zip Code:
Phone:	Email:	1	1

Attachment E

Statement of Disclosure

Please circle the correct response, as applicable. Briefly explain any "yes" answers. If a corporation, "Applicant" for the purpose of this Statement of Obligation means any entity for which the "Person Authorized to Bind Organization" as identified on the cover page is affiliated.

1. The applicant	is currently providing	ng services to regional center clients.
Yes	No	
	is currently receiving op a social service p	ng or planning to apply for other grants/funds from any program(s)?
Yes	No	
3. The applicant	is vendored with an	other regional center.
Yes	No	If yes, which regional center(s):
		cant's organization, or staff has received a citation from any l, physical, sexual, fiduciary, neglect)?
Yes	No	
* *	a notice of Immedi	of the applicant's organization received a Corrective Action ate Danger, or other citation from a regional center or State
Yes	No	
6. Has the applic	ant had to file for b	ankruptcy for any reason?
Yes	No	
		icant been convicted of a crime that would prevent them require an exemption from a licensing agency?
Yes	No	
including name	e, location, type, cap	ess obligations held by the Licensee and Administrator, pacity and time commitment of each obligation (Do not ovide through this proposal).
Signature of App	olicant or Authorized	d Representative Date