

Request for Proposals (RFP)

Adult Level 4 Residential Facilities

I. SUMMARY

Alta California Regional Center (ACRC), serving individuals with developmental disabilities, has identified a need for licensed adult residential facilities within the ACRC catchment area; with specific need in Sacramento, Placer and Yuba counties.

ACRC is looking to coordinate with interested parties in developing level 4 adult residential facilities, serving individuals with severe behavioral challenges and severe self-care deficits. This development would allow for individuals to reside in the least restrictive environment within their community and with an appropriate peer group.

ACRC appreciates your interest in developing residential living options for individuals with developmental disabilities. Please review this request in its entirety and follow all guidelines presented in this document. Failure to submit the appropriate documentation may unnecessarily delay or halt project development.

Please note there is **no start up funds attached to this RFP**. ACRC is looking to partner with its community to develop standard level 4 adult residential facilities.

II. ADDITIONAL INFORMATION

Prior to submitting a proposal, please review the following information, as regulatory understanding will be imperative to project completion.

1. Department of Developmental services www.dds.ca.gov
 - a. California Code of Regulations, Title 17
 - b. Residential Services and Quality Assurance Regulations (Sections 56001 to 56067)
 - c. Ineligibility for Vendorization Section 54314
 - d. Special Incident Reporting 54327
2. California Code of Regulations, Title 22 via www.cclld.ca.gov
 - a. General Regulations, Division 6, Chpt 1, Art1-6
 - b. Adult Residential Facilities, Division 6, Chpt 6
3. Lanterman Developmental Disabilities Act via www.dds.ca.gov
4. Alta California Regional Center via www.altaregional.org
5. Business Plan Development
 - a. www.sba.gov
 - b. www.score.org

III. FACILITY REQUIREMENTS

The standard for residential facilities is to provide quality care to all consumers residing in the home. It is to be a home-like environment that focuses on the needs and interests of the individual consumer. The residential facility is to provide the least restrictive environment that promotes independence while assuring the consumers' health and safety. Consideration will only be given to **single story homes** with a maximum licensed and regional center vendored **capacity for 4 residents**. Each consumer shall have **his or her own bedroom. One non-ambulatory bed is required**; wheelchair accessible preferred. All Level 4 facilities must be prepared to have 24 hour awake staff. ACRC will offer vendorization to those facilities willing to contract for exclusive services to regional center consumers.

IV. CONSUMER PROFILE/TARGETED POPULATION

Any applicant responding to this RFP must be willing to review, accept and retain consumers with the following service care needs:

The consumer's diagnosis can include any of ACRC's qualifying diagnosis of mental retardation, cerebral palsy, Autism, epilepsy and any condition requiring services and supports similar to an individual with mental retardation. **In addition, these consumers have moderate to severe behavioral challenges including physical aggression (hitting, biting, kicking, pushing), self injury, tantrums, property destruction, inappropriate social behaviors, and other maladaptive behaviors. Consumers may also have additional mental health diagnosis, take multiple psychotropic medications and require regular follow up with a mental health professional. Services to be provided may also include those to consumers with severe deficits in self help skills and activities of daily living including toileting, bathing, dressing, etc.**

Consumer profiles identified for these homes will be assessed by their individual planning teams as needing services and supports consistent with a Level 4 level of care under the Alternative Residential Model (ARM).

V. RATE OF REIMBURSEMENT

The rate of reimbursement for on-going services to adults based on this RFP will be based upon established rates for Level 4 facilities. Please refer to the Department of Developmental Services website for information on rate setting procedures. It is expected that providers shall have the ability to provide services at the level of care purchased without purchasing any additional support services. Supplemental staffing for these homes will not be provided in lieu of required Title 17 staffing hours, to provide basic care and supervision such as ADL assistance (toileting, bathing, etc), or for behaviors within approved program design.

VI. APPLICANT ELIGIBILITY

Proposals may be submitted by an individual, a group of individuals, or an agency. The applicant must have relevant experience. Experience includes providing care and supervision in a residential setting for persons with developmental disabilities, and knowledge and understanding of the issues relating to the needs of the home you are applying for. Applicant must provide verifying documentation to demonstrate the following experience:

1. Minimum of 12 months full-time paid experience in a level 4 care home that is the same level or higher as the applicant is submitting for.
2. Full time, paid experience is determined as 40 hours per week in a non volunteer position.
 - **Title 17 Section 56002 (1) (12) (14) (15) (17) (48) defines experience** as providing specialized training, treatment, direct care and supervision in a vendored residential care facility for persons with developmental disabilities.
3. Facility administrator **must** be facility licensee, on the facility license or member of the corporate board and act as facility administrator for the first 12 months of operation post vendorization.

Any exceptions to these requirements will be at the sole discretion of Alta California Regional Center (Title 17, Section 56037).

VII. LETTER OF INTENT REQUIREMENTS

The first step of the process is to submit a Letter of Intent for review by a Community Services Specialist. The letter is to contain the following information:

1. **Statement of Purpose**
 - a. Please describe your purpose/intention in operating a facility.
 - b. Please discuss your understanding and commitment to person centered planning, least restrictive environment and community integration.
2. **Experience and background**
 - a. Please provide information about current and previous experience and knowledge in the following areas: residential services, field of developmental disabilities, and behavior management
 - b. Describe how this knowledge and experience is a benefit to development of this project.

3. Philosophy

- c. Describe your philosophy regarding services to persons with developmental disabilities
- d. Describe your behavior management approach and treatment philosophy.

3. Population to be served

- a. Please provide a description of the consumers to be served. Please keep in mind the client profile described in section IV in this document. Please provide information as diagnoses, age range, gender, medical conditions (if any), ambulatory status, ADL/self care needs, mental health diagnoses and behaviors accepted.

4. Services to be provided

- a. Please provide brief, general description of the services to be provided to include but not be limited to: assistance with medical care services, transportation, integration into the community, transportation services, independent living skills training and access to and involvement in community resources and leisure time activities.
- b. Please provide discussion on the types of consultation the facility will provide.

VII. SUPPLEMENTAL INFORMATION

In addition to the Letter of Intent, the following is required to be submitted simultaneously:

1. Verification of experience

- a. Resume of the identified facility administrator
- b. Proof of requisite experience (pay stubs, W-2 Forms)
- c. A written statement from supervisor at the residential care facility including verification of experience with persons with developmental disabilities to include dates of employment, job duties, service level of the care home and a brief description of the client population served by the home.

2. Written Business Plan

- a. Please refer to the resources provided in section I of this RFP.
- b. Please include a cost statement. It is requested you utilize the LIC 403 form accessible through Community Care Licensing website identified in section I.

VII. ADDITIONAL PROVISIONS

Please review the following instructions when submitting for this RFP:

- a. Please submit the letter of intent **typed**, with a standard font
- b. Please submit the letter of intent in its entirety at one time
- c. Please paginate your entire letter of intent

- d. Please **do not** submit letter of intent in a binder, plastic page covers or any other bound or encased format.
- e. Please mail or hand deliver letter of intent to:

Community Services
Attention: Betty Rider
Alta California Regional Center
2241 Harvard Street, Suite 100
Sacramento, CA 95815