



## Request for Proposals (RFP) Applicant Packet

### Alta California Regional Center

Alta California Regional Center (ACRC), serving individuals with developmental disabilities, has identified a need for development of an array of services within the ACRC catchment area to address identified service capacity need. This need is detailed in Part I of this Request for Proposal (RFP).

#### APPLICANT ELIGIBILITY

Proposals may be submitted by an individual, a group of individuals, or an agency. The applicant must have relevant experience providing services to individuals in the capacity of the project applied for, as well as the knowledge and understanding of the issues relating to service delivery in the targeted area. Any person(s) who are employees of a regional center or the State of California may apply, but would have to cease their employment upon being selected for the project.

Applicant must provide verifying documentation to demonstrate the minimum experience as required by applicable regulation for the services to be developed. Experience requirements will vary by proposal, as referenced within the individual Requests for Proposal.

#### SUBMISSION OF PROPOSALS

Please email your proposal to: [cssrfp@altaregional.org](mailto:cssrfp@altaregional.org).

Your proposal must include all required sections outlined in Part III of this RFP, and **must be received via email no later than 11:59 pm on Monday April 30, 2020**. Proposals received after this deadline will not be included in this review cycle. ACRC will not accept any hard-copy proposals. Please direct any questions to Denise Hopkins, [dhopkins@altaregional.org](mailto:dhopkins@altaregional.org) or Martha Castillo, [mcastillo@altaregional.org](mailto:mcastillo@altaregional.org).

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## **Part I: Description of Proposed Needs**

ACRC is seeking to coordinate with interested parties in development of a series of Adult Day, Employment, Residential, Respite, Early Intervention, Behavior Intervention, and Psychologist services to address system capacity need within the ACRC geographic region. An objective for this development would be to allow for service recipients to obtain increased access to services necessary to support IPP identified need.

### **CLIENT PROFILE/TARGET POPULATION**

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

The client diagnosis can include any of ACRC's qualifying diagnoses of intellectual disability, cerebral palsy, autism, epilepsy, and any condition requiring services and supports similar to an individual with an intellectual disability.

Needs assessment data for identification of the targeted population was compiled through review of information submitted by clients, families, and/or support personnel on behalf of those served through the Individual Program Plan development process.

ACRC is interested in partnering with community resources to develop resources to meet the identified needs as outlined in the Requests for Proposal (RFP) notices in the following service needs:

- Adult Day and Work Programs
- Behavior Intervention Services
- Early Intervention Services
- In Home Respite Services
- Person Centered Planning Facilitation
- Residential and Out of Home Respite –El Dorado County
- Residential and Out of Home Respite- ACRC Catchment Area.
- Respite Agency Incidental Medical Services (IMS)

## **Part II: Applicant Criterion and RFP Process**

### **E. VENDORIZATION**

Selected applicants are required to follow ACRC's vendorization process which includes, but is not limited to, attending ACRC's Vendor Orientation, Special Incident Report (SIR) Training, Accounting Training, etc.

### **F. REFERRALS**

All client referrals are initiated and generated through their assigned ACRC Service Coordinator.

### **G. WRITTEN PROPOSAL**

Proposals submitted in response to this RFP are intended to be a brief overview of the applicant's intended delivery of service for the specified client profile and ACRC's identified need. A more detailed description of the intended service plan 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.

### **H. SELECTION PROCESS**

All proposals received by the deadline will be reviewed by ACRC Community Services Specialists. When reviewing proposals, the specialists will take note of the applicant's experience, strength of proposed service delivery, quality of references, and documented ability to develop and operate the program. Additional information may be requested from the applicant with regard to their proposal anytime during the review process. Proposals may not be moved forward through this process if incomplete or found to deviate from the specifications in this RFP.

Once all proposals have been reviewed, a vendor criteria committee will schedule interviews with the applicants that meet all pertinent criteria applicable to the service being developed. At the completion of all interviews, the committee will identify projects that are to be moved forward. Applicants with projects not being advanced will be notified.

### **I. REFERENCE CHECKS**

During the RFP process, the ACRC selection committee may contact the licensing agencies, or other entities with public information about the applicant, in addition to the references provided by the applicant. Note, the strongest references are those with relevant professional experience.

## J. DEVELOPMENT TIMELINE

Date	Item	Location
<b>April 30, 2020 By 11:59 pm</b>	<b>RFP Applicant Packet Due</b>	<a href="mailto:cssrfp@altaregional.org">cssrfp@altaregional.org</a>
<b>May 2, 2020</b>	<b>Begin applicant interviews through Vendor Criteria Committee (VCC)</b>	<b>Due to Covid-19, VCCs will be held via WebEx or telephone conference.</b>
<b>June 25, 2020</b>	<b>Non-residential Vendor Orientation &amp; Program design meeting</b>	<b>2241 Harvard Street, Suite 100 Sacramento, CA 95815</b>
<b>June 25 &amp; 26, 2020</b>	<b>Residential Vendor Orientation</b>	<b>2241 Harvard Street, Suite 100 Sacramento, CA 95815</b>
<b>July 2,9,16,23, 2020</b>	<b>Behavior Management Skills Training (BMST) for all level 4 facilities</b>	<b>2241 Harvard Street, Suite 100 Sacramento, CA 95815</b>
<b>July 16, 2020</b>	<b>Residential Program Design Workshop</b>	<b>2241 Harvard Street, Suite 100 Sacramento, CA 95815</b>
<b>September 30, 2020</b>	<b>Program Designs due for review</b>	<b>Submit to assigned Community Services Specialist</b>

## K. FUNDING

Start-up funds are not available for this project. The rate of reimbursement for on-going services to be developed in response to this RFP and will be based upon established rate setting policy applicable to the service codes used. This may include rates established directly by the Department of Developmental Services, rates set through review of cost data subject to the applicable median rate requirements ([WIC 4691.9](#)), or possibly Medi-Cal Schedule of Maximum Allowances. It is expected that providers shall have the ability to provide services at the established unit cost purchased without the necessity of purchasing any additional supplemental services.

## L. 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.

## Part III: Proposal Guidelines

The following details how the proposal is to be written. **Please read this entire section before writing your proposal.** Please note, if your submitted proposal does not adhere to the following guidelines, it will not be considered for selection.

### FORMAT

All proposals must be written in 12 point font, Times New Roman, double spaced with 1 inch margins. Each page must be numbered, with the number appearing on the lower right hand corner. All headings should be bolded. Heading must correspond with this RFP. Please proof for grammar and spelling.

While ACRC requires specific components to be addressed in the proposal, we invite you to draw from your experience, education, and creativity.

**Proposal must include the following 9 sections:**

**NOTE: Must follow the order below:**

- A. Title page (Attachment A)
- B. Applicant/Agency Information
- C. Program Summary
- D. Project Development Costs (Attachment B)
- E. Projected On-Going Monthly Cost (Attachment C)
- F. Available Financial Resources (Attachment D)
- G. List of References (Attachment E)
- H. Resume(s)
- I. Application for Intent

### A. TITLE PAGE

Complete Attachment A.

### B. APPLICANT/AGENCY INFORMATION (limit 3 pages)

The applicant/agency must provide detailed information about your relevant experience and background regarding current and prior work history. As applicable, emphasize employment and experience that relate to specialized treatment services, behavior management, and working with persons with developmental disabilities. Describe current and previous development projects, and information highlighting your ability to successfully implement the proposed project being applied for.

### C. PROGRAM SUMMARY (limit 15 pages)

When writing the program summary, please keep it relevant to the specific project you are applying for and targeted population, as outlined in Part I. The program summary must include all of the following:

- 1. Statement of Purpose**
  - a. Describe your purpose, intention, or interest for wanting to operate a program as outlined in Part I. Demonstrate your skill set to provide the necessary services and supports to address the identified service needs that pertain to the project you are applying for.
- 2. Applicant's Philosophy and Values**
  - a. Describe your philosophy and values as they relate to serving the identified clients outlined in Part I.
- 3. Entrance/Exit Criteria**
  - a. Describe the entrance criteria used for admitting clients into your program.
  - b. Describe the exit criteria for which a client would have to leave the program.
- 4. Summary of Client Services and Planning Strategies**
  - a. Provide a summary of services offered by your program.
  - b. Describe how your program will develop individual service plans.
  - c. Describe training and support services your program will provide.
  - d. List and describe any curriculum to be utilized.
- 5. Expected Outcomes**
  - a. How will clients benefit from being in your program?
  - b. What specific outcomes should clients anticipate?
  - c. What methodology would you use for measurement of client progress?
- 6. Staff Hiring and Training Plan**
  - a. Describe how you will recruit, hire, and retain staff.
  - b. Briefly list staff qualifications and duties.
  - c. Provide a staff training plan, including amount, by who, type, subject, and frequency of training.
- 7. Structure of Organization**
  - a. List organizational hierarchy of your program.

#### **D. PROJECT DEVELOPMENT COSTS**

Complete Attachment B to provide a preliminary estimate of the total cost of developing the program.

#### **E. PROJECTED ON-GOING MONTHLY COST**

Complete Attachment C to estimate the total monthly cost for operating the program.

#### **F. AVAILABLE FINANCIAL RESOURCES**

Complete Attachment D to describe how you will obtain sufficient financial resources to cover the cost of development.

## **G. LIST OF REFERENCES**

The proposal must include three (3) professional references including names, current addresses, and telephone number(s). The selection committee will contact references. Preferred references are those having experience working with the developmentally disabled and/or having experience with the issues detailed in Part I. (See Attachment E)

## **H. RESUME(S)**

Include a resume(s) of the applicant and others who have a direct interest in the development and ongoing operation of the project. Please include dates of employment history.

## **I. APPLICATION FOR INTENT**

Pre-vendorization questionnaire used by Alta to collect basic applicant information prior to completion of Vendor Criteria Committee review of proposals.

## **THANK YOU**

We at ACRC thank you for taking the time to review this RFP, and welcome your participation in the RFP process.



# **Attachments**

**Attachment A**

**Proposal Title Page**

To: CSS Unit

**Proposal must be e-  
mailed to**

Attention: CSS Resource Developers

**cssrfp@altaregional.org**

Alta California Regional Center  
Community Services & Supports Unit

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Project Description (*please print*)

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Name of Applicant or Organization Submitting Proposal (*please print*)

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Signature of Person Authorized to Bind Organization

Date

---

Contact Person for Project (*please print*)

(\_\_\_\_\_)\_\_\_\_\_

(\_\_\_\_\_)\_\_\_\_\_

Telephone Number/

Fax Number/

E-mail Address

---

Name of Parent Corporation (*if applicable*)

---

Mailing Address (*please print*)

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Author of Proposal,

Date Submitted

*If different from person submitting proposal*





## **Attachment D**

### **Available Financial Resources**

Describe how you will obtain sufficient financial resource to cover the cost of development (Attachment B). Please type your narrative on a separate page and insert here.

# Attachment E

## References

References for: (Applicant's Name) \_\_\_\_\_

### Reference 1:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Street Number

\_\_\_\_\_

City

State

Zip Code

Phone Number: \_\_\_\_\_

### Reference 2:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Street Number

\_\_\_\_\_

City

State

Zip Code

Phone Number: \_\_\_\_\_

### Reference 3:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Street Number

\_\_\_\_\_

City

State

Zip Code

Phone Number: \_\_\_\_\_

## Vendor Criteria Committee Questionnaire

It is highly recommended that responses are type-written to assure legibility.

1. **Are you currently or have you ever been vendored with Alta California Regional Center or any of the other Regional Centers? Please describe services provided.**
2. **What experience do you have providing services to individuals with developmental disabilities (ex: intellectual disability, cerebral palsy, epilepsy, autism)? Please include the following in your description: type(s) of disabilities, role/relationship, and length of time.**
3. **What is your educational background? Please list any degrees, licenses, credentials, or certificates, as applicable.**
4. **Describe your motivation in seeking vendorization.**
5. **What type of services are you proposing to become vendored for and why?**
6. **Demographic description of proposal, including specific diagnoses, age range to be served, number of clients to be served, geographical location, where services will be provided (ex: site based, community based, natural environment).**
7. **Does this proposal include staffing in addition to yourself? If so, do you plan to hire new staff or sub-contract any portion of your services?**
8. **Do you plan to utilize other funding sources to finance your proposal? If so, please explain. If there is a grant associated to fund your proposal/program, what are the terms of the grant?**
9. **Have you or your staff ever received a citation from any agency for abuse (verbal, physical, sexual, fiduciary, neglect) or fraud? Yes\_\_ No\_\_  
Explain:**
10. **Have you or any member of your staff received a Corrective Action Plan, Sanction, a notice of Immediate Danger, or have been subject to any other disciplinary action or citation from a Regional Center or State Licensing agency? Yes\_\_ No\_\_  
Explain:**
11. **Describe any other professional/business obligations you have, including name, location, type, capacity and time commitment of each obligation (Do not include services you propose to provide through this proposal).**