



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

TO: All Potential Request for Qualifications Respondents

FROM: Jeffery Darling, Associate Director of Community Services, Ann Sieber, CPP Housing Coordinator

DATE: April 23, 2019

RE: Request for Qualifications – Enhanced Behavioral Support Home (EBSH) for Adults with Intellectual/Developmental Disabilities (I/DD)

San Andreas Regional Center

San Andreas Regional Center (SARC) will contract with an experienced provider of residential services to take over operation of three Enhanced Behavioral Support Homes (EBSH) (a Community Care Licensed [CCL] home) that serve four (4) adults in each home with intellectual / developmental disabilities (I/DD). Each individual has his/her own bedroom. The homes provide services to adults requiring significant behavioral supports, crisis support services, and who may be hospitalized or at risk of hospitalization as a danger to self or others, and who may be coming from a locked setting or who's current vendor or families may be struggling to maintain them in their homes. The homes offer or arrange comprehensive person-centered services, including psychiatry and behavioral interventions. These adults need support in some or all of the following areas: emotional self-regulation, anger management, developing coping skills, forming and maintaining healthy attachments (including safe/appropriate sexual behavior and boundaries), compliance with probation/diversion plans and/or substance abuse prevention, medication management, health care, and access to mental health services.

The homes are owned by a Non-Profit Housing Organization (NPO). The residential provider awarded this contract will lease the properties from the NPO, with the cost of the lease included in the facility rate. Provider will

initially take over the operations of the homes through a management agreement with the existing provider. The provider will pursue certification of the homes by DDS, licensure of the homes by CCL and vendorization of the homes by SARC as soon as possible.

Potential providers must have prior demonstrable experience including:

- Supporting people with I/DD, who may exhibit severely challenging behaviors, including assaultive behavior.
- Working with people with I/DD, who are; in crisis, requiring hospitalization, or at risk of frequent hospitalization;
- Working with and arranging services for people with I/DD. Services include; day programs, employment, families, mental health systems and providers, behavioral supports, and potentially the criminal justice system;
- Successfully providing 24/7 care, support and supervision.
- Owning or operating a Level 4 Adult Residential Facility (ARF), Specialized Residential Facility (SRF), Enhanced Behavioral Support Home (EBSH) or providing supported living services;
- Working with social service community based agencies and resources;

A provider must be able to work collaboratively with others in a multi-agency, interdisciplinary configuration (e.g. other regional centers, mental health systems, other vendors, etc.) for the successful support of the individual.

GENERAL REQUIREMENTS

- New provider will immediately apply for certification of the EBSH by DDS as well as licensure by Community Care Licensing (CCL) prior to vendorization by San Andreas Regional Center; (until new certification and license can be obtained, provider will work under a Management Agreement executed with the current service provider).
- Each Facility supports 4 permanent adult residents;
- Program must meet all applicable Title 17 and Title 22 regulations.
- Facility must meet applicable Americans with Disabilities Acts (ADA) standards.
- Administrator must have a minimum of 2 years full-time experience in a licensed residential facility and be one of the following;
 - Registered Behavior Technician
 - Licensed Psychiatric Technician

- Qualified Behavior Modification Professional (i.e. BCBA, licensed Psychologist with experience writing behavior modification plans, LMFT/LCSW with experience writing behavior modification plans.
- Administrator and Licensee must both possess a current ARF Administrator Certificate.
- Administrator must have completed DSP I and DSP II.
- Direct Support Professionals (DSP) must speak the language of the people they support.
- Perspective provider must hire direct care staff who will then be trained in non-violent crisis prevention/intervention in accordance with Title 17 regulations.
- Applicants must identify all types of consultants they propose to utilize and must include a BCBA
- Applicants must demonstrate fiscal responsibility by submitting one complete fiscal year and current year to date financial statements that detail all current and fixed assets and current and long-term liabilities. In addition, the applicant must document available credit line and provide necessary information for verification.

The successful applicant will work with San Andreas Regional Center to develop a rate which will include all or some of the items listed below;

- (1) A preset salary range for Direct Support Professional (DSPs);
- (2) Direct Support Professionals who have completed DSP I and DSP II as well as the Registered Behavior Technician (RBT) Credential (<http://info.bacb.com/index.php?page=101118>).
- (3) Services include 24-hour-a-day onsite support;
- (4) Administrator or designee on-call 24/7;
- (5) Administrator working a minimum of 20 hours per week, preferably 30 hours a week;

Preferred providers will;

1. Have experience as an 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. Demonstrated ability to work collaboratively with multi-agency, multi-disciplinary teams in an environment under marked regulatory scrutiny.
4. Has a an Administrator with current CCL Administrator Certification;
5. Has completed or completes a SARC (or other RC, upon SARC approval) residential services orientation;

Qualifications may be submitted by for-profit or non-profit corporations, but preference will be given to non-profit.

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

Requirements for Response with Qualifications

1. Appendix A – San Andreas RFQ Service Description (from above)
2. Appendix B – Qualifications Title Page
3. Appendix C – Financial Statement (Previous fiscal year and current year to date with details of all fixed assets, current and long-term liabilities. Credit line information is also requested.)
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 – Estimated Cost Worksheet.
6. Appendix F - Description of how provider will take over the three existing homes under a management agreement including timelines for all steps, and description of how and when provider proposes to get the homes certified by DDS, licensed by CCL and vendored by SARC.

Service Timeline

Residential Provider will have EBSH leased from housing NPO and working under Management Agreement by May 5, 2019.

Assumptions and Agreements

Submissions will not be returned to the submitter. SARC reserves the right to dismiss any submission if it does not meet the criteria established in this RFQ.

Submission Information

Submissions must be post marked by **5:00PM on April 26, 2019**. Please email/mail/drop off submissions to:

Ann Sieber
CPP Housing Coordinator
San Andreas Regional Center
6203 San Ignacio Ave, Ste. 200
San Jose, CA 95119

Submissions 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 copies of RFQ document templates

Jeffery Darling - jdarling@sarc.org

Ann Sieber - asieber@sarc.org

Basis for Award of Contract

Criteria	Percentage	Score
Agency Experience and Background (including Attachment D – Statement of Obligations)	15%	
Fiscal Responsibility (including Attachment C – Financial Statement)	15%	
Budgets (including Attachment E – Estimated Cost Worksheet)	15%	
Plan and Timeline (including Attachment F)	35%	
Interview	30%	

Anticipated Selection Schedule

1. RFQ Orientation for Potential Respondents: will book 1:1 if needed.

Orientation regarding this unique situation readily offered, please contact asieber@sarc.org.

2. Initial review period: April 26, 2019
3. Announcement of those submissions moving to interview phase: April 26, 2019.

4. RFQ Review Committee interview: Monday, April 29, 2019 at
San Andreas Regional Center
6203 San Ignacio Avenue, Suite 200
San Jose, CA 95119
1:00 pm till t.b.d.
5. Notification of selected service provider and award of contract:
Tuesday, April 30, 2019
6. Assumption of residential Services to begin no later than May 5,
2019.

Appendix B

RFP TITLE PAGE Request for Qualifications – Fiscal Year 2018 – 2019

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
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 applicants must complete this statement.

Current Assets	
Cash in Banks	\$
Accounts Receivable	\$
Notes Receivable	\$
Equipment / Vehicles	\$
Inventories	\$
Deposits / Prepaid Expenses	\$
Life Insurance (Cash Value)	
Investment Securities (Stocks and Bonds)	
Fixed Assets	
Buildings and / or Structures	\$
Long Term Investments	\$
Potential Judgments and Liens	\$
Current Liabilities	
Accounts Payable	\$
Notes Payable (Current Portion)	\$
Taxes Payable	\$
Long-Term Liabilities	
Notes / Contracts	\$
Real Estate Mortgages	
Other Income, Wages or Revenues 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 2019 – 2020?
[] 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 2019 – 2020
 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

(please contact Ann Sieber for the PDF workbook version of this form at asieber@sarc.org)

State of California—Health and Human Services Agency

Department of Developmental Services

RATE DEVELOPMENT - FACILITY COSTS
DS 6023 (Rev 10/2018)

Reset Form

A. FACILITY TYPE		
<input type="checkbox"/> Enhanced Behavioral Supports Home <input type="checkbox"/> Community Crisis Home <input type="checkbox"/> Other _____		
B. CONTACT INFORMATION		
Vendor Name:	Vendor #	
Address:		
City:	State:	Zip:
C. CATEGORIES AND DESCRIPTIONS OF COSTS		
	Total Monthly Cost	Notes
1. Payroll Costs		
a. Administrator Salary		
b. Administrator Payroll Taxes		
c. DSP Lead Salary (168 Hours/Week)		
d. DSP Lead Payroll Taxes		
e. Workers Compensation		
f. Benefit Allowance: Medical, Dental, etc.		
g. Other Costs: Describe in notes		
Total Administrator Payroll Costs	\$ 0.00	
2. Facility Related		
a. Rental, Lease, or Mortgage, include Homeowner's Assoc. Dues		
b. Property Taxes		
c. Combined Utilities: Gas, Electric, Water, Garbage		
d. Janitorial Service, Gardening		
e. Transportation: Vehicle, Maintenance, Fuel (not DP/School)		
f. Telephone: Long Distance, Cell Phones, Pagers		
g. Office Supplies		
h. Insurance: Business Liability, Auto		
i. Fees for Licenses and Memberships		
j. Other Costs: Repairs/Maintenance/Modifications		
k. Other Costs: Cable and Internet		
l. Other Costs: Describe in notes		
Total Facility Related Costs	\$ 0.00	
TOTAL FACILITY COSTS	\$ 0.00	
D. SIGNATURES		
Vendor Signature:	Date:	
Print Name:		
Regional Center Representative Signature:	Date:	
Print Name:		

Appendix F

Description of Proposed Residential Services

In narrative form, please describe how the transition plan to take over the services for each of the Enhanced Behavioral Supports Homes (EBSH); discuss how your organization will step in to assist people with intense behavioral issues to continue to live and thrive in the community. Please include timelines for all activities and address the following topics;

1. How you will ensure services are not interrupted and there is continuity for the individuals living in the home.
2. The continuation of residential services provided in the EBSH to enhance the capabilities of the residents; behavior modification, ADL training, etc.
3. Continuation of day services internal and/or coordination with external day services.
4. Roles of consultants on contract to help with above. Identify key roles.
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. Continuation of training plans for staff including crisis intervention training such as Mandt, CPI, Ukeru, etc.
9. A full program design for EBSH will be submitted to SARC and DDS with a finalized DS6023 for certification within 2 months once a provider is awarded the contract.