



NOTICE OF REQUEST FOR PROPOSAL (RFP)

COMMUNITY RESOURCE DEVELOPMENT PLAN (CRDP)

FOR FISCAL YEAR 2024-2025

Summary of Project

Service Need: Provider Start Up of one single family home developed as a Children Crisis Services Residential Facility (CSR) with Delayed Egress for individuals, 18 years and under, who reside in the community but need a supportive environment to stabilize.

Project Number: KRC 2425-4 CSR 090

Posting date: **January 15, 2025**

Placement Profile: Individuals whose identified level of care needs meet Level 4I/Level 6 ARM Criteria.

Service Area: Kern County

No. Consumers: Three (18 years and under)

Funding: Per current DDS established Community Care Facility rate for a Level 4I/Level 6 Four Beds and Under.

Startup Funds: \$170,000 in Provider Startup

Proposed Deadline: **Friday March 28, 2025 (no later than 5pm)**

Project Description

Kern Regional Center (KRC) is a private non-profit agency under contract to the State Department of Developmental Services to provide services to persons with developmental disabilities in Kern, Inyo and Mono Counties. Developmental disabilities include mental retardation, cerebral palsy, autism, epilepsy, and other neurological conditions. Consistent with the Lanterman Developmental Disabilities Services Act and the promotion of community-based services for all people with developmental disabilities, KRC is accepting proposals for provider startup of one (1) single family home, to serve as a 3-bed Crisis Service Residential Facility Level 4I/Level 6 for children (18 years and under) with developmental disabilities within Kern County (service code 090).

General Requirements

The facility must be licensed by Community Care Licensing Division of the State Department of Social Services for 3 non-ambulatory beds, be willing to accept individuals in wheelchairs, and not exceed licensed capacity.

The facility must meet all Level 4I/Level 6 criteria, that includes individual private rooms, and serve individuals who are diagnosed with developmental disabilities and meet Level 4I/Level 6 criteria, which include but are not limited to, deficits with extreme self-help, and/or severe impairments in physical coordination and mobility, and/or emotional, or behavior challenges, severely disruptive, and self-injurious behavior. The facility will provide 24-hour non-medical residential care, supervision, and training, for individuals with developmental disabilities who need personal services, supervision, and or/assistance essential for self-protection or sustaining activities for daily living.

Staffing Requirements

All staff must have six months prior experience working with consumers with developmental disabilities and be DSP 1 certified within their first year of employment and DSP 2 certified within their second year of employment. Administrators must have twelve months prior experience working with consumers with developmental disabilities and have met all DSP certification requirements as stated above. All staff must be First Aid and CPR certified. The proposal should include the identification of all clinical professionals that are to be used to ensure that consumer placements are successful as well as the provision of at least a minimum of 16 consultant hours per consumer during each consecutive six-month period. Required Hours of Staffing per week shall be based on the staffing levels referenced below in ATTACHMENT A of this RFP.

Contractor represents and warrants that it shall hire adequate direct care staff for the Facility and will maintain such ***staff at no less than one staff to one client ratio at all times for each consumer who resides in the facility.*** The facility administrator shall not be included in the direct care staffing hours. In connection with such staffing, Contractor shall abide by Title 17, Sections 56002 through 56060 (Residential Services and Quality Assurance Regulations) as they pertain to a Service Level 4I/Level 6 residential facility.

Contractor shall provide consultant services at levels that meet or exceed the requirements of a Service Level 4I/Level 6 residential facility, and as set forth in the Program Design. The staffing levels in the Program Design constitute the minimum acceptable staffing levels for the Facility. If KRC believes such levels should be increased to meet the needs of the Consumers residing in the Facility, Contractor shall do so at no additional cost to KRC (unless mutually agreed).

****Basic is defined as 168 hours (24 hrs/day x7 days/week).** The facility may reduce total weekly hours required to account for when consumers are at school/day program and not in the facility. All overnight staff shall be awake. If there is one consumer in the home during any shift, or a consumer is home from a school / day program, there shall be a minimum of one staff. Up to 7 hours of program preparation functions per consumer per week can be included in the above schedule if addressed as such in the final approved program design. The Administrator or House Manager shall be identified and documented in records as performing program

preparation such as training, coordination between programs, scheduling, quality improvement and assurance, activity schedules, etc., during no specified shift.

Applicant Eligibility and Submission

There will be an **Orientation** on **Thursday, March 13, 2025** (beginning at 10:30am) via ZOOM to provide applicants with an opportunity to ask questions specifically in reference to the RFP and RFP process. This is voluntary and not required in order to submit a proposal. To register please submit a request to participate to susan.gottardi@kernrc.org

Please submit five (5) hard copies of the Applicant Packet, hand delivered, or mailed to the address below, (faxed copies will not be accepted) and submit one electronic copy to susan.gottardi@kernrc.org by **Friday, March 28, 2025 (no later than 5pm)**.

Susan Gottardi, Community Services Specialist
Kern Regional Center
3200 N. Sillect Ave.
Bakersfield, California 93308

Any proposals not complete, or received after this date and time, will NOT be considered.

Applicants responding to this RFP shall bear the costs associated with the development and submission of a proposal.

All submitted proposals must be organized and include the following attachments to be considered a complete application packet: ATTACHMENT A, ATTACHMENT B, ATTACHMENT C, ATTACHMENT D, ATTACHMENT E, ATTACHMENT F, ATTACHMENT G, and ATTACHMENT H.

All proposals will be scored for the written and oral presentations in accordance with **Attachment C**. If after review of the written proposal, it is noted by the panel that the applicant cannot meet licensing or other minimum professional criteria specific to the project applied for, the proposal will be rejected at that time. KRC will appoint a five member panel to score each proposal and conduct interviews with each applicant. The final decision of the panel is not subject to appeal. All applicants will receive notification of KRC's decision regarding their proposal. **Interviews for all applicants are anticipated to take place on Monday April 14, 2025, and Tuesday April 15, 2025 (if necessary)** beginning at 9:00am.

Reservation of Rights

Kern Regional Center reserves the right to request or negotiate changes in a proposal, to accept all or part of a proposal, or to reject any or all proposals. KRC may, at its sole and absolute discretion, select no provider for these services if, in its determination, no applicant is sufficiently responsive to the need.

Kern Regional Center reserves the right to withdraw this Request for Proposal (RFP) and/or any item within the RFP at any time without notice. Kern Regional Center reserves the right to disqualify any proposal which does not adhere to the RFP guidelines. This Request for Proposal is being offered at the discretion of KRC. It does not commit KRC to award any grant.

RFP TIMELINES

Request for Proposal: Announcement Release & Posting	January 15, 2025
General briefing meeting on RFP Process, timeline, and Q&A session.	March 13, 2025 *Orientation will be held by Kern Regional Center via Zoom at 10:30am. To register please submit a request to participate to Susan Gottardi at: <u>susan.gottardi@kernrc.org</u>
Deadline for receipt of Proposals (6 copies of each proposal)	March 28, 2025, no later than 5pm. Proposals received after said date and time <u>will not</u> be considered.
Interviews and oral presentations	If your proposal is selected, you will be contacted and invited to an in-person interview at Kern Regional Center (Malibu Room) on April 14, 2025, and if necessary, on April 15, 2025, beginning at 9am.
Notice of Selection sent	April 25, 2025

For further information please contact Susan Gottardi, Community Services Specialist at, (661) 852-3202 or susan.gottardi@kernrc.org.

ADDITIONAL DIRECT CARE STAFF HOURS BY SERVICE LEVEL

Service Level	Number of Additional Weekly Hours for Each Additional Consumer						
	1*	2*	3*	4*	5*	6*	7 or more *
2							12
3	Basic Staffing Level (168 hrs.)			4	19	19	19
4A				12	21	21	21
4B				24	24	24	24
4C				9		27	27
4D	18	30	30			30	
4E	30	34	34			34	34
4F		4	38	38	38	38	38
4G		12	42	42	42	42	42
4H		22	47	47	47	47	47
4I		36	54	54	54	54	54

PROPOSAL AFFIRMATION

I affirm that the information presented in this proposal is true and that this proposal was developed and authored by the person(s) indicated. I understand that any falsification of information or failure to disclose any history of deficiencies or abuse will be cause for immediate disqualification. I also understand that failure to meet minimum qualifications as stated in the RFP, late proposal submissions, facsimile proposal submissions, any missing information (e.g., sections), and any proposals in excess of the maximum page allowance will also be cause for disqualification. I also understand that in the event that my proposal is selected for development, further discussion for final agreement may be required.

SIGNATURE

DATE

SIGNATURE

DATE

PROPOSAL FORMAT AND PROPOSAL SCORING CRITERIA**A. Content of Proposal**

APPLICANT INFORMATION: Applicant(s) must complete and attach ATTACHMENT D (Proposal Coversheet) with each proposal submitted.

- 1) **Education and Experience:** The proposal should clearly provide evidence that the applicant(s) possesses the education and/or experience necessary to complete a project of this scope. The applicant should clearly demonstrate an ability to manage programs successfully. Applicant should include letters of reference and resumes.
- 2) **Proposes Resource(s):** The proposal should describe the location of the proposed services (include facility location and community resources near facility). Such description should clearly document that the program will provide a normalizing, integrated, accessible experience (meets Section 504 standards) and that the size and design of any proposed facility is adequate to accommodate the proposed program(s) and residents.
- 3) **Program Description:** The proposal should clearly demonstrate that the program description is appropriate for the population to be served. Such description should clearly identify client capabilities and deficits, which are the basis for admitting or exiting clients from the facility. The proposal must specify which client characteristics you are unwilling to work with in the facility. The proposal should describe the expected client service outcomes, the training techniques used to meet the service outcomes and the methodology used to collect the data to measure client service outcomes. The proposal should demonstrate a clear understanding and utilization of Person-Centered Planning.
- 4) **Staffing:** The proposal should clearly document the type and number of staff with job descriptions for all positions. The proposal should clearly demonstrate that staffing patterns and staff qualifications are consistent with the regulations and guidelines noted in the RFP, and are realistic when compared to similar program/services for all positions.
- 5) **Staff Schedule Included:** The proposal should include a staff schedule, which is in accordance with the RFP guidelines and identifies direct care personnel. (Please use the form provided in ATTACHMENT H).
- 6) **Program Development:** The proposal should clearly describe proposed timelines for development and completion of the proposed project. The applicant(s) should clearly document an understanding of program requirements.
- 7) **Budget and Finance:** The program budget should clearly display all costs associated with the proposal. The applicant(s) must demonstrate the ability to keep adequate fiscal records in accordance with all State and local requirements. Applicant must include ATTACHMENT F.

B. Oral Presentation Scoring Criteria

The administrator/licensee (applicant) must be the primary presenter during the oral presentation as they are ultimately responsible for all services provided.

- 1) Service Quality: Applicant clearly demonstrates an understanding and working knowledge of the principles of integration and normalization. Applicant clearly demonstrates through their presentation an understanding of client choices as related to services provided and service quality.
- 2) Program Description: Applicant clearly demonstrates a working knowledge of their program plan and the ways in which they will implement the program description as related to the needs of the clients.
- 3) Client Needs: Applicant demonstrates knowledge of client's needs as related to current Request For Proposal and client life quality outcomes.
- 4) Budget and Finance: Applicant demonstrates an understanding of operating the service requested in the most cost-effective manner and demonstrated clear knowledge of facility requirements to operate the facility in accordance with Title 17 and Title 22 regulations.
- 5) Experience: Applicant clearly articulates pertinent experience for themselves, staff and consultants pursuant to this RFP as well as Title 17 and Title 22 Regulations.
- 6) Training Issues: Applicant demonstrates an understanding of the need for training staff per Title 17 & Title 22 Regulations and the requirements noted in the RFP as well as to ensure client safety and success. Applicant also demonstrates an understanding of training needs in relation to different staffing levels.
- 7) Proposed Resources: Applicant successfully identifies a variety of community contacts and resources that will ensure implementation of the program plan.
- 8) Overview Summary: Applicant is able to field questions from the panel about the program in a concise and articulate manner.

C. Scoring

Submitted proposals will be scored per the following scoring guidelines by each of the members of the Review Panel in each of the areas above. Applicant's oral presentation will also be scored using the same criteria.

- 0 (Zero) Criteria not addressed at all
- 1 Minimal Response: Subject area is mentioned; however, applicant has not included any narrative or any supporting documentation that demonstrates an understanding of this particular proposal requirement.
- 2 Some supporting documentation and/or narrative discussion; however, the responses are not clearly articulated.
- 3 Good supporting documentation and/or narrative discussion; responses are more clearly articulated.
- 4 Maximum Response: Full supporting documentation and/or narrative discussion with exceptionally clear articulation making it readily apparent that applicant understands all aspects of the program development process.

The written proposal and presentation can achieve a maximum score of 60 points per member. (Written proposal= 28 points; Oral presentation= 32 points)

KRC RFP 2024-25 PROPOSAL COVERSHEET

Must be submitted by **March 28, 2025**, by 5pm, with all required attachments

DATE: ___ / ___ / ___

APPLICANT / AGENCY NAME: _____

CONTACT PERSON: _____

BUSINESS ADDRESS: _____

BUSINESS PHONE: _____ FAX: _____

EMAIL ADDRESS: _____

WEBSITE ADDRESS: _____

If the applicant is a corporation, please attach a separate sheet of paper listing all principal members of the corporation.

Please indicate the identification number and description of the project(s) in which you are submitting. Five copies of each proposal you are applying for must be submitted.

I.D.# _____ Project Description: _____

I.D.# _____ Project Description: _____

Name of person authorized to sign a binding contract with Kern Regional Center:

NAME: _____

TITLE: _____

I am able to meet licensing, administrator and other qualifications per Title 17 and Title 22 regulations for the proposal(s) I am submitting.

X _____
Signature / Date

CONFLICT OF INTEREST AND EXCLUSION VERIFICATION

CONFLICT OF INTEREST

According to Title 17 Regulations, Section 54314, the following individuals and entities shall not be vended:

1. Any officer or employee of the state of California;
2. Any applicant in which an officer or employee of the State of California has a financial interest, as defined in the Government Code, Section 87103, except as permitted by Public Contract Code, Section 10430 (g), effective January 1, 1992;
3. Employees and board members of any regional center with a conflict of interest pursuant to Title 17, Sections 54500 through 54525, unless the conflict is eliminated or a waiver is obtained pursuant to Title 17, Sections 54522 through 54525;
4. Any applicant in which the regional center employee or board member has a relationship which creates a conflict of interest pursuant to Title 17, Section 54500 through 54525, unless the conflict is eliminated or a waiver is obtained pursuant to Title 17, Sections 54522 through 54525;
5. Regional Center Clients to provide services for, or to, themselves except to provide transportation or serve as their own Supported Living Services Vendor;
6. Except as specified in Section 54318 of these regulations, any applicant located outside the state;
7. Any applicant that has been determined to be an excluded individual or entity as defined in Section 54302 (b)(1). **I have read the above information and declare:**

No present or potential barriers to becoming a vendor exist.

A current or potential barrier to becoming a vendor exists.

EXCLUSION VERIFICATION

“Excluded Individuals or Entities means those individuals and entities that have been placed on either the U.S. Department of Health and Human Services Office of Inspectors’ General (OIG) List of Excluded Individuals/Entities or the Department of Health Care Services (DHCS) Medi-Cal Suspended and Ineligible Provider List of persons, or individuals and entities that have been convicted of a criminal offense related to involvement in any program under Medicare, Medicaid or the Title XX services program, or those individuals and entities that meet the criteria included in Title 17, Section 54311 (a)(6).

Pursuant to the Applicant/Vendor Disclosure Statement, all applicants and co-applicants are required to provide verification that the applicant and/or co-applicants are not listed on the State of California or the Federal Office of Inspector General databases for Ineligible Providers and Excluded Providers. **As a requirement of this RFP, please screen all applicants/co-applicants using one the databases listed below. Please include a screen print of your results with your written proposal.**

The State of California Suspended and Ineligible Provider List can be found at: Medi-Cal: Publications

The Federal Office of Inspector General “exclusions database” can be found at: <http://exclusions.oig.hhs.gov>

Applicant Signature

Date

FINANCIAL STATEMENT
AS OF _____, 20____

NAME AND ADDRESS OF APPLICANT(S)

ASSETS

Table with 2 columns: Asset Description and Amount. Rows include Cash on hand, Cash in commercial accounts, Savings accounts, Time deposits, Notes and receivables, Inventory, Life Insurance (cash value), Stocks and Bonds (at market value), Land, Buildings and Improvements, Equipment, furniture and furnishings, Other Investments or Assets (describe), and A. Total Assets.

LIABILITIES

Table with 2 columns: Liability Description and Amount. Rows include Accounts Payable (include installment contracts) (balance due), Salaries and Wages Payable, Payroll Taxes Payable, Real Estate Taxes Payable, Notes Payable (include personal notes) (balance due), Real Estate Loans or Mortgages (balance due), Other debts (describe), and B. Total Liabilities.

OWNERSHIP (Equity)

Table with 2 columns: Description and Amount. Row: C. Total Ownership (difference between A and B)

I DECLARE UNDER PENALTY OF PERJURY THAT THE SETTEMENTS ON THIS FORM AND ANY ACCOMPANYING ATTACHMENTS ARE CORRECT TO THE BEST OF MY KNOWLEDGE.

Table with 3 columns: COMPLETED BY, TITLE, and DATE.

REVISED

START-UP BUDGET
Submitted to KRC for Approval

<u>Allowable Items</u>	<u>Projected Cost</u>
------------------------	-----------------------

*Purchase of Real Property *Down Payment for Real Property *Significant Modifications to Property *Modifications to Property *Vehicle Modifications *Sensitive Equipment

Computers	_____
Printers	_____
Cell Phones	_____
Fax Machines	_____
Audio Video Equipment	_____
Photocopiers	_____
Camera Equipment	_____
Television Equipment	_____

Equipment/Non-expendable property

*Furniture	_____
*Kitchen Equipment	_____

Other Allowable Expenses

Administrative Overhead	_____
Advertising	_____
* Consultant fees	_____
Fingerprints	_____
Food (2 weeks prior to placement)	_____
Household Supplies	_____
Insurance Liability/Malpractice	_____
Lease Payments	_____
License Application	_____
Linens/Blankets/Bathroom Supplies	_____
Office Supplies	_____
Program Supplies	_____
Lease/Rent (first and last months, plus security deposit)	_____
Staff Salaries (two weeks prior to placement)	_____
Staff Training (two weeks prior to placement)	_____
Telephone	_____
*Travel	_____
Utilities	_____

Total Requested Funds (not to exceed contract award)

*Additional responsibilities are associated with these items. Please review Contracts and Exhibits carefully.

DIRECT CARE STAFF SCHEDULE

ATTACHMENT H

FACILITY:

SIZE:

LEVEL:

HOURS	MON	TUES	WED	THUR	FRI	SAT	SUN
1:00 AM							
2:00 AM							
3:00 AM							
4:00 AM							
5:00 AM							
6:00 AM							
7:00 AM							
8:00 AM							
9:00 AM							
10:00 AM							
11:00 AM							
12:00 PM							
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4:00 PM							
5:00 PM							
6:00 PM							
7:00 PM							
8:00 PM							
9:00 PM							
10:00 PM							
11:00 PM							
12:00 AM							
TOTAL # of HRS							