



**DATE: May 24, 2011**

**RE: Request for Proposals (RFP) –  
START UP FUNDS AVAILABLE**

**Letter of Intent deadline 5:00PM June 10, 2011**

The Westside Regional Center is requesting letters of intent for the development of 1 specialized living arrangement for individuals moving from Lanterman Developmental Center. The home will provide supports to 3-4 individuals with each person having their own bedroom. The homes are required to be renovated to meet Universal Design standards. The successful candidate will lease from a Non-profit Housing Organization to develop a Community Care Licensed home for not more than four individuals with developmental disabilities.

**Start-up funding will be negotiated.** Start-up funds have been negotiated with the Department of Development Services and identified to support specific individuals in their home. Start-up funds will be used to renovate the home to meet Universal Design requirements. The actual amount of each award will be calculated in relation to reasonable and appropriate start-up costs that will create and sustain effective assessment, transition activities and long-term supports in a person's home.

A negotiated rate that exceeds the typical Level 4-I ARM rate will be *considered* in order to meet the actual costs of providing a individual bedroom, staff qualifications, salaries, staff ratio and consultant hours that exceed a Level 4-I ARM rate. The successful applicant will work with WRC to develop a rate which will include a;

- (1) A preset salary range for Direct Support Professionals from \$13.00 to \$16.00 per hour.
- (2) 2-3 Direct Support Professionals 24/7 including supporting individuals in their workplace and use of public transportation to and from work..
- (3) Administrator or designee on-call 24/7
- (4) Administrator working a minimum of 20 hours per week at the home providing In Place –Just in Time coaching 5-10 hours per week

Preference will be given to applicants, licensee who have or identify an administrator who has;

- (1) the ability to access and work with the Department of Social Services, Community Care Licensing Division, and the Department of Mental Health and the state developmental center.
- (2) A minimum of 2 years full time prior experience in a licensed ARF and/or RCFE providing specialized residential or Level 4I services as an administrator, and/or consultant.
- (3) has a current Administrator Certification
- (4) has successfully completed DSP I and DSP II certification
- (5) is or will be a CPI Certified instructor
- (6) has completed or completes regional center residential orientation
- (7) has completed or will complete Dr. Tom Pomeranz's Universal Enhancement Course

Consultant approval and direct support professional qualifications must be met prior to start-up. Successful applicants to this RFP project must adhere to the RFP writing guidelines outlined in this letter and complete each attachment enclosed in this letter.

The contracts for the project will require an agreement that the grantee will provide, at minimum, 120 months (ten years) of continuous residential care services, based upon the date of the first admission. Failure to meet this term of service will require the awardee to re-pay a portion of the original start-up grant. i.e., 12 months re-pay 95% of original start-up grant; 24 months re-pay 85% of original start-up grant.....

**It** is required to keep financial data for 3 years from date of contract. It is required to keep receipts and cancelled checks for 3 years from date of contract.

**Applicants responding to this RFP** must be able to demonstrate the ability and commitment to;

- (1) Implement Supported routines,
- (2) Implement Positive Behavior Supports,
- (3) To support people whose needs have not been met, and have there fore prevented them from living in their own home and working.
- (4) The persons unmet needs may have be expressed by hitting, grabbing, pinching, kicking, biting themselves or others; constant movement; ingestion of foreign objects that may require medical intervention; ingestion of inedible objects.
- (5) To participate in several months of weekly visits at the Developmental Centers to develop a bond with each person and insure you can meet the persons support needs.
- (6) Providing two DSP 24/7 and meeting potential need for 1:1 when needed.
- (7) Provide a team of consultants that may include a Nurse, Psychologist, Physical Therapist etc., depending on individuals support needs.
- (8) Excellent interpersonal and communication skills to support the individuals and their families through the transition process.
- (9) Lanterman Act, Title 17 and Title 22.

The Regional Center will identify a house to be leased. The home will have 3-4 bedrooms with two baths. If awarded the grant:

- (1) the home is to be licensed to provide supports to three people who may use a wheelchair.
- (2) the recipient will submit monthly summaries to WRC QA describing progress made toward meeting project objectives to WRC by the 3<sup>rd</sup> of each month.

Persons identified as members of the Community Placement Plan by Westside Regional Center have priority consideration over any other referrals.

Applicants must adopt a *no-reject/ no failure* policy toward consumers and a commitment for modifying supports to ensure continued stability without requesting additional funding from the regional center. Responses to this RFP must communicate a vision dedicated to providing long-term supports that adapt to the needs of the individual. People have the right to be accepted for their strengths and not rejected for the challenges encountered by their circle of support. Moving people to the State Developmental Center is no longer considered as viable alternatives for

operators of Community Care Facilities. The regional center will provide at a minimum quarterly monitoring of C.P.P. homes.

The letter of intent that includes responses to all items in the attachments and narrative addressing all of the sections as specified are **due to Westside Regional Center by 5:00 p.m. on May 14-17, 2010**. Letters of Intent may be mailed to Jill Hewes, Q.A. Specialist, Westside Regional Center, 5901 Green Valley Circle Suite 320, Culver City, CA 90230. FAX copies will NOT be accepted.

Award of these start-up funds is at the sole discretion of the selection committee at Westside Regional Center. If there is no appropriate applicant, the funds will not be awarded. The decision of the selection committee is final and not subject to appeal. Employees of regional centers and Area Boards are not eligible to apply. Current employees of State Developmental Centers may apply, but are subject to approval following AB 1106 guidelines provided by the Department of Developmental Services (DDS).

### TIMELINE

- ❖ **June 10**                      ~Letter of Intent submitted to WRC by 5:00 p.m.
- ❖ **June 17**                      ~Evaluation by Selection Committee
- ❖ **June 22**                      ~Interviews with the highest-ranking applicants
- ❖ **June 24**                      ~Notification of the grant award
- ❖ **June 30**                      ~Completion of a negotiated contract
- ❖ **January 1, 2012**            ~Home licensed

### INQUIRIES

All additional inquired regarding the application should be directed to Jill Hewes, Quality Assurance Specialist, (310) 258-4144. Technical assistance is limited to information on the requirements for the letter of intent.

### Letter of Intent

The applicant is required to submit a letter of intent that complies with the following instruction. An application may be disqualified from consideration for failure to: follow instructions, complete documents, submit required documents or meet the deadline.

- ❑ Standard size (8 ½ x 11) paper except for special charts or schedules that require larger paper.
- ❑ Typed using a standard font (12), double-spaced pages.
- ❑ **Every page numbered consecutively**
- ❑ **Do not place in ring binders or folders, but rather use binder clips or compressor clips**
- ❑ **Letter of intent not to exceed 7 pages including attachments**

**ATTACHMENT A**

**TITLE PAGE**  
**SPECIALIZED ADULT RESIDENTIAL FACILITY**  
**DEVELOPMENT FOR FISCAL YEAR 2006-2007**

TO: SELECTION COMMITTEE  
Westside Regional Center  
5901 Green Valley Circle #320  
Culver City, CA 90010  
ATTENTION: Jill Hewes

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PROGRAM TITLE **(please type)**

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NAME OF APPLICANT or ORGANIZATION SUBMITTING PROPOSAL **(please type)**

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SIGNATURE OF PERSON AUTHORIZED TO BIND ORGANIZATION      DATE

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CONTACT PERSON FOR PROJECT **(please type)**

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TELEPHONE NUMBER      /FAX NUMBER      /e-mail address

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NAME OF PARENT CORPORATION; if applicable **(please type)**

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ADDRESS **(please type)**

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AUTHOR OR PROPOSAL,      DATE  
*IF DIFFERENT FROM PERSON SUBMITTING PROPOSAL*

**ATTACHEMENT B**

**STATEMENT OF OBLIGATION**

1. The applicant is presently providing support to persons who have a developmental disability.  No  Yes

If yes, indicate name, location, and number of people you support.

2. The applicant is currently receiving or planning to apply for grants/funds from any source to develop social services program?

No  Yes

If yes, indicate name, location, type and number of people to be supported.

3. The applicant is planning to expand existing service (with or without grant funds) from a source other than Westside Regional Center during Fiscal Year 2009-10:

No  Yes

If yes, indicate funding source and scope of grant project.

4. The applicant or member of the applicant's organization or staff has received a citation from any agency for abuse (verbal, physical, sexual, fiduciary, neglect)?:

No  Yes

If yes, indicate agency, type of citation and outcome of investigation.

5. Has the applicant or any member of the applicant's organization received a Corrective Action Plan (CAP), Sanction, a notice of Immediate Danger, or an "A" or "B" citation, or any other citation from a regional center or State Licensing agency?

No  Yes

If yes, explain in detail.

6. Describe all other professional/business obligations held by the Licensee and Administrator, including name, location, type, and capacity (time commitment) of each obligation.

*Do not include services you propose to provide through this proposal.*

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Signature of Applicant or Authorized Representative

Date

**ATTACHMENT C**

**SAMPLE FINANCIAL STATEMENT**

1. CURRENT ASSETS: (Please provide type written financial statement)

Cash in Banks  
Accounts Receivable  
Notes Receivable  
Equipment/Vehicles  
Inventories  
Deposits/Prepaid Expenses  
Life Insurance (Cash Value)  
Investment Securities (Stocks and Bonds)

2. FIXED ASSETS:

Buildings and/or Structures  
Real Estate Holdings  
Long Term Investments  
Potential Judgments and Liens

3. CURRENT LIABILITIES:

Accounts Payable  
Notes Payable (Current Portion)  
Taxes Payable

4. LONG-TERM LIABILITIES:

Notes/Contracts  
Real Estate Mortgages

5. OTHER INCOME, wages, or revenues from other sources  
(specify)

6. LINE OF CREDIT  
Amount available (specify)

**ATTACHMENT D**  
**BUDGET FORM FOR START-UP COSTS**

Specialized Home

<u>ITEM</u>	<u>PROJECTED COST</u>
Administrative Overhead (include description)	_____
Office Equipment/Supplies (include description)	_____
Communication (include description)	_____
Program Consultants (include description)	_____
Travel Expenses (include description)	_____
Staff Recruitment Costs (advertising, fingerprint) (include description)	_____
Residential Lease	_____
Licensing Fees	_____
Household Supplies (including description)	_____
Furniture (including description)	_____
Kitchen Equipment (including description)	_____
Kitchen Appliances (including description)	_____
Linens (including description)	_____
Food (including description)	_____
Utilities (including description)	_____
Insurance (vehicle, fire, household, etc.)	_____
Program Supplies/Recreational Adaptive	_____
Vehicle Lease	_____
Vehicle Maintenance (gasoline, etc.)	_____
Fire and Safety Costs (sprinkler, alarms, etc).	_____
Modifications of facility	_____
Other General expenses (Specify)	_____
(Maintainance/Repairs)	_____
<b>TOTAL PROJECTED START-UP COSTS</b>	_____

**In addition to the projected cost for each item, be sure to include a detailed breakdown or the calculation used to arrive at your figures. Please provide type written response**

**ATTACHMENT E**  
 Ongoing BUDGET FORM – Home

<u>ITEM</u>	<u>PROJECTED COST</u>
Staff Salaries (specify details)	_____
Staff Benefits (specify details)	_____
Administrative Overhead	_____
Office Supplies	_____
Office Equipment/Supplies	_____
Communication	_____
Ongoing Training Expenses	_____
Program Consultants	_____
Travel Expenses	_____
Staff recruitment Costs(advertising,fingerprinting)	_____
Residential Mortgage/Lease	_____
Licensing Fees	_____
Household Supplies	_____
Furniture	_____
Kitchen Equipment	_____
Kitchen Appliances	_____
Food	_____
Utilities	_____
Insurance (vehicle, fire, household, etc.)	_____
Program Supplies/Recreational Adaptive Equipment	_____
Vehicle Lease	_____
Vehicle Maintenance (gasoline, etc.)	_____
Fire and Safety Costs (sprinkler, alarms, etc.)	_____
Maintenance of facility	_____
Other General Expenses (Specify)	_____
<b>TOTAL PROJECTED ONGOING MONTHLY COSTS</b>	_____

***Please provide type written responses on budget form***