Request for Proposal (RFP) for Development of Day Program Services
Fiscal Year 2024-2025
Project ID: WRC-2425-3

What: **RFP Orientation for Day Program Services for individuals residing in ARFPSHN homes**

When: January 7th, 2025, at 3pm Pacific Time (US and Canada)

Where: https://westsiderc-org.zoom.us/meeting/register/tZ0pc-itqj8vE9Z2DSyXlEke_yEFo25CQABu

Please note that it is required to register and attend the public meeting to submit a proposal for the RFP.

Summary of Project
Westside Regional Center (WRC) is soliciting proposals for development of a Licensed Day Program for individuals that are currently residing in Adult Residential Facility for Persons with Special Health Care Needs (ARFPSHN) homes. This Licensed Day Program would support individuals with medical needs to access the community and increase community integration. This Day Program would support individuals that currently do not have a Day Program and are currently residing in one of WRC's 6 ARFPSHN homes.

Service Type: Day Program for individuals in ARFPSHN homes.

Posting Date: 12/16/2024

Start-up Funds Available: The start-up funds have been negotiated with the California Department of Developmental Services (DDS). DDS has authorized WRC to use up to $200,000 in FY 2024-25 CRDP provider start-up funds to support the development of Day Program for individuals in ARFPSHN homes. Start-up funds are intended for non-recurring costs associated with initially establishing the service, such as administrative components, location furnishings and supplies, personnel recruitment and training expenses, training related to communication styles (including ASL and SEE-Signs), general equipment, and other costs as described in the contract. Note that start-up funds are not intended to cover 100% of development costs. Start-up funds will be negotiated.

Location: Within the WRC's service area.

Development Timeline: Services should be ready to commence no later than Fall 2025 unless otherwise specified.

Service Description
WRC seeks proposals focusing on development of Day Program for individuals residing in ARFPSHN homes. Day programs are community-based programs for individuals served by a regional center. They are

available when those services are included in that person's Individual Program Plan (IPP). Day program services may be at a fixed location or out in the community.

The general Day Program services to be provided include but are not limited to:

- Developing and maintaining self-help and self-care skills.
- Developing the ability to interact with others, making one's needs known and responding to instructions.
- Developing self-advocacy and employment skills.
- Developing community integration skills such as accessing community services.
- Behavior management to help improve behaviors.
- Developing social and recreational skills.
- Assistance with personal care needs like bathing, dressing, eating
- Medication administration and monitoring
- Specialized therapies (physical, occupational, speech)
- Behavioral support and management
- Social and recreational activities
- Life skills development
- Community integration support

Client population includes adults with developmental disabilities who have complex medical conditions requiring ongoing nursing support.

The applicant agency (including individuals or organizations) responding to this RFP must be a current vendor or willing to be vendored with WRC to also Day Program services.

Day Program services will be provided to a diverse population of individuals with developmental disabilities receiving support from WRC. WRC will coordinate referrals for the Day Program services.

Potential providers providing mental health / psychiatry clinic services must have prior demonstratable experience. Qualified providers:

- Must be a current vendor or willing to be vendored with WRC to provide Day Program services.
- Must comply with WRC vendorization requirements
- Must have a business located within the WRC catchment/service area

Proposal Submission

Proposals must be received at the Westside Regional Center by **5pm on January 31, 2025**. This RFP does not commit WRC to procure or contract for services or supports. WRC may elect to fund all, part, or none of the project, depending on funding availability as approved by DDS and the quality of the proposals received.

Additional Requirements

- **Title 17 Compliance**: The applicant agency must meet all Title 17 requirements applicable to this service model as prescribed by DDS.
- **Plan for Recruitment and Training**: Provide a plan for recruitment, background checks (e.g., Live-scan), pre-service and ongoing training, and consultative support.
- **Emergency Plan**: Provide a plan for security and response to emergencies.
- **Evaluation Plan**: Develop a plan for evaluating service success and quality of life outcomes by an objective third party.
- **Commitment to Service Stability**: Adopt a creative and flexible approach to service, modifying supports to ensure stability without requesting additional funding from the regional center.
- **Monitoring and Evaluation**: Agree to a minimum of quarterly monitoring by WRC, with individuals/families being evaluated more frequently.
- **Financial Record Keeping**: Keep financial data, including receipts and canceled checks, for five (5) years from the date of the contract.
- **Service Continuity**: a contract for this project will require an agreement to provide a minimum of 120 months (ten years) of continuous services from the date of the first admission. Failure to meet this term will require the awardees to repay 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, etc.
- **Conflict of Interest Disclosure**: Disclose any potential conflicts of interest as per Title 17, §54500. Proposals will not be accepted from employees of the State of California, employees of the regional center system, or their immediate family members. Eligible applicants may be non-profit corporations (501-C3) or for-profit entities.
- **Development of Program/Service Design**: The selected applicant will be required to complete a service design withing thirty (30) days of aware of the contract.
- **Proof of Liability Insurance**: The selected applicant will be required to maintain general and professional liability insurance for all work performed on behalf of regional center clients and their families and to name the regional center as an additional insured on all such policies.

Costs for Proposal Submission

Applicants are responsible for all costs associated with the development and submission of their proposals.

Submission Instructions

Please include all the information requested and submit it in the same order listed below. For additional guidance in writing your service summary, please refer to Title 17 regulations. The "Application/Proposal Coversheet" (see Attachment – A) must be the first page of the proposal.

The proposal must include a Table of Contents.

As applicable, include appendices for documents, such as resumes, certificates, curricula, schedules, letters of recommendation, letters of support from agencies, consultants expected to provide program services, etc.

Fax copies will NOT be accepted.

Submissions will NOT be returned.

No proposals will be accepted after the deadline.

- **Application/Proposal Coversheet –** Attachment A
- Table of Contents
- **Professional Resumes and References –** Attachment B
- **Statement of Obligation –** Attachment C
- **Sample Financial Statement –** Attachment D
- **Budget Summary –** Attachment E
- **Mission, Vision, and Value Statements:** Provide any agency MVV statements and how these were developed for your agency.
- **Background and Experience:** Summarize education, experience, and knowledge of key personnel in providing services to the target populations. Describe how the documented education, knowledge, and experience will be a good fit for developing this program.
- **Development Experience:** Briefly summarize your current and previous development of services and programs. Highlight similarities between current or previous program(s) developed and your proposed program for this RFP.
- **Agency Outcomes:** Describe anticipated outcomes of proposed service for people receiving supported living services in their homes and how achievement of outcomes will be measured.
- **Assessment and Planning:** Briefly describe the planning process. Discuss how individual goals and objectives will be determined and progress measured.
- **Administrative/Consultant Roles:** Describe roles of Administrator, additional staff, and proposed involved consultants. Provide qualifications of any certified or licensed staff or consultants. Attach resumes.
- **Staff Recruitment and Retention:** Describe your plan to recruit and retain quality staff. Include the following:

    - Desired characteristics for all staff positions including bilingual or multilingual backgrounds
    - Health and criminal background screening procedures.
    - Initial and ongoing training, including required certifications. Include any specialized training for providing behavior support and crisis intervention to individuals who have potentially dangerous behaviors.
    - Discuss what typical staff turnover is for your organization/agency.
    - Provide information on salary levels and benefits. Direct care staff must be paid at a set minimum.
    - Attach an organization chart that includes this project and maps the supervisory hierarchy.
    - Provide job descriptions and qualifications for the primary staff and consultant positions.
- **Staffing Schedule:** Provide a sample one-week staffing schedule including the administrative staff, direct support professionals, consultant(s), and program prep time.
- **Transportation:** Describe how transportation will be provided for day/work services, therapy and medical appointments, court requirements, or recreation and other activities.
- **Financial Resources:** Discuss what financial resources you bring to the project (e.g. line of credit, cash or fluid capital reserves, etc.).
- **Continuous Quality Improvement (CQI):** Describe how the service agency will use data, such as agency outcomes, stakeholder satisfaction, or other existing data (e.g. incident reports, medication logs) to identify service problems pursuant to corrective changes such as revised staff training curriculums, staff training procedures (e.g. supervision, medication management, recruiting, etc.). Providers shall describe the feedback loop by which problem procedures will be identified, corrective through revised practices, and further monitored to measure the effectiveness of those changes in agency practice.
- **DS 1891 Applicant/Vendor Disclosure Statement: Complete and include this document:** http://www.dds.ca.gov/Forms/docs/DS1891.pdf

Formatting Instructions

Applicants must adhere to the following formatting requirements when submitting proposals: All submissions must be sent to**: RFP@westsiderc.org.** Electronic submissions cannot exceed 15 megabytes per email. Multiple emails per RFP submission can and will be accepted. An email acknowledgement of each submission received will be sent to the applicant.

Attachments/Forms must be type written. Include additional pages as needed, please note that **proposals should be no longer than 10 pages total (this does not include the attachments on the application).** All proposals must be complete, typewritten, collated, and page numbered.

Inquiries/Request for Assistance

Questions related to the application guidelines may be directed to Monica Jauregui, 310-258- 4134. Technical assistance is limited to information on the requirements for preparation of the application packet. Applicants are expected to prepare the documentation themselves or retain someone to provide such assistance. If an applicant chooses to retain assistance from another party, the applicant must be able to thoroughly address all sections of the proposal during the interview process and/or demonstrate that the party assisting with the application will have a continuing role in the ongoing operation of the program.

Inquiries Contact:

Westside Regional Center
Attn: Monica Jaurequi
Westside Regional Center, Community Services
5901 Green Valley Circle, Ste. 320
Culver City, CA 90230
(310) 258-4134
monicaj@westsiderc.org

Timeline requirements:

December 16, 2024	Request for proposals release
January 7, 2025	RFP Orientation via Zoom
January 31, 2025	Deadline for receipt of proposals
February 17-21, 2025	Evaluation of proposals by selection committee
February 25, 2025	Interviews with highest-ranking applicants, if applicable
February 7, 2025	Notice of selection mailed to applicants
February 12, 2025	Notification of Project Award posted on WRC website
March 31, 2025	Start-up contract signed

Attachment – A

APPLICATION/PROPOSAL COVERSHEET

Name of Applicant or Organization Submitting Proposal
Name of parent corporation, if applicable
Applicant's mailing address
Contact person for project

Contact phone number	Contact fax number	Contact e-mail address

Author of proposal or consultant assisting with proposal	Author/consultant phone number

List all Regional Centers with which you have vendored programs or services

Reg. Center	Name of Program/Service	Type of Program/Service	Vendor Number

List all Regional Centers with which you have programs/services in development

Reg. Center	Type of Program/Service in Development	Service Start Date

Application submitted by:

Signature (person must be authorized to bind organization) _____ Date _____

Attachment – B

PROFESSIONAL RESUMES AND REFERENCES

Name of Applicant/Organization: _____

Submit a professional resume for all staff and consultants identified or referenced in application, including individuals who will be administrator, if known.

List all staff and/or consultants for whom a resume is **attached**	
Name	Job Title/Type of Consultant

List three references, including job title and agency affiliation, who can be contacted in regard to applicant's qualifications, experience and ability to implement this proposal. References must be professional in nature. References from members of the applicant's governing board and/or applicant's family members are excluded from consideration.

Name: _____ Phone: _____

Job Title: _____

Agency Affiliation: _____

Name: _____ Phone: _____

Job Title: _____

Agency Affiliation: _____

Name: _____ Phone: _____

Job Title: _____

Agency Affiliation: _____

STATEMENT OF OBLIGATION

1. The applicant is presently providing social services to regional center consumers or other members of the community.
   [ ] No [ ] Yes
   If yes, indicate name, location, type and capacity of service(s).

2. The applicant is currently receiving or planning to apply for grants/funds from any source to develop social service programs?
   [ ] No [ ] Yes
   If yes, indicate name, location, type and capacity of service(s).

3. The applicant is planning to expand existing services (with or without grant funds) from a source other than Westside Regional Center during Fiscal Year 2022-2023 and/or fiscal year 2022/2023.
   [ ] 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, explain in detail.

5. Has the applicant or any member of the applicant's organization received a Corrective Action Plan (CAP), sanction, 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 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.

_____

Signature of Applicant or Authorized Representative Date

Attachment – D

SAMPLE FINANCIAL STATEMENT

1. CURRENT ASSETS:
   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/revenues or other sources

6. LINE OF CREDIT
   Amount available (specify)

Attachment – E

BUDGET SUMMARY

Name of Applicant/Organization: _____

Submit budget projections using estimates that are both reasonable and realistic uses of funds.

	Care and Services	**Start-up Expense& 3**	**Ongoing Monthly**
1.	Food		
2.	Household Supplies		
3.	Personal Supplies		
4.	Program Equip/Recreation		
5.	Total Board & Supply (add lines 1-4)		
	Physical Plant	**Start-up Expense**	**Ongoing Monthly**
6.	Lease/Insurance (3 months lease)		
7.	Utilities (gas, electric, water, phone/media)		
8.	Vehicle Lease		
9.	Vehicle Maintenance/Gas/Insurance		
10.	Furnishings/Maintenance		
11.	Total Physical Plant (add Lines 6-10)		
	General Administration	**Start-up Expense**	**Ongoing Monthly**
12.	Admin Overhead		
13.	Office Supplies/Equipment/phone		
14.	Insurance(s)		
15.	Other-CCL fees		
16.	Staff recruitment		
17.	Training & Staff Development		
18.	Total Gen. Administration (add lines 12-17)		
	Staffing	**Start-up Expense**	**Ongoing Monthly**
19.	Salary – Administrator		
20.	Direct Staffing		
21.	Program Consultants		
22.	Employee Benefits		
23.	Payroll Taxes		
24.	Worker's Compensation		
25.	Total Staffing Expenses (add lines 19-24)		
26.	Total Start-up Expenses (add lines 5,11,18 & 25)	$	
27.	Total Mo. Rate Per Person (divide Line 26 by 4)		$