

# SAN GABRIEL/POMONA REGIONAL CENTER

## NOTICE OF REQUEST FOR PROPOSAL (RFP) – UNFUNDED REGISTRY FOR DIRECT SUPPORT PROFESSIONALS COVID<sub>19</sub> SURGE CAPACITY

San Gabriel/Pomona Regional Center is soliciting proposals for the following contracted service:

<b>Posting Date:</b>	April 8, 2020
<b>Submission Deadline:</b>	April 17, 2020 3:00 pm (Email to <a href="mailto:commsrvs@sgprc.org">commsrvs@sgprc.org</a> )
	<b>Note: SG/PRC will accept proposals ongoing and approve proposals prior to the submission deadline date.</b>
<b>Service Type:</b>	Service Code 100
<b>Start-up available:</b>	No start-up funds are available for this RFP
<b>Reimbursement:</b>	Rate is negotiated with consideration for a base salary to DSPs of at least \$30 an hour
<b>Location:</b>	Within the SG/PRC service area

### **Service Description:**

San Gabriel/Pomona Regional Center (SG/PRC) has developed a surge capacity plan. A staffing registry is needed to address the sudden influx of individuals who may need care and / or supervision due to COVID<sub>19</sub>. This plan will include utilizing residential and day program sites, as well as other alternative living arrangements to provide housing for individuals served by SG/PRC. The staffing registry of DSPs will provide care and supervision for individuals with developmental disabilities that have been exposed or have tested positive for COVID<sub>19</sub>. SG/PRC is seeking proposals for an organization which will create a registry. This RFP is intended to meet this need.

**Rate of Reimbursement:** The rate of reimbursement will be negotiated with consideration for a base salary to DSPs of at least \$30 an hour

### **Eligible Applicants:**

Applicants must:

- Have a proven record of financial responsibility and stability
- Demonstrate knowledge and understanding of the residential care or care to persons who require care and supervision
- Demonstrate knowledge of the process to recruit, hire and train DSPs
- A proven history of positive working relationships with the community and/or governmental agencies. If applicant is a current vendor, applicant must be in good standing with the regional center and licensing agency, if applicable

## **Ineligibility**

Under the following conditions, an individual or entity is ineligible to be a regional center vendor, and therefore may not submit a proposal.

1. **Conflict-of-Interest:** Any individual or entity that has a conflict-of-interest as established in DDS Regulations, Title 17, Sections 54314 and 54500 et seq., unless a waiver is permitted and obtained, including:
  - Regional center employees, board members, and their family members.

## **General Requirements:**

- Program must meet all applicable Title 17 regulations.
- Applicants responding to this RFP who are currently vendored providers for SG/PRC or any other regional center must have services in good standing.
- Applicants must demonstrate fiscal responsibility by submitting the most recent financial statement that details all current and fixed assets and current and long-term liabilities. In addition, the applicant must document available credit line and provide the necessary information for verification.
- Possess insurance coverage as identified by SG/PRC for General Liability, Professional Liability, and Sexual Abuse and Molestation, and list SG/PRC as Additional Insured. May also need to enter into an agreement with Surge Sites and name them as "additional insured."

## **Service Proposal Content Guidelines:**

Provide a brief overview of the following:

1. Detail the experience in the hiring and recruitment of staff or in developing a staff registry.
2. Please include all information requested below :
  - Budget and Finance: Discuss what financial resources you bring to the project (e.g. line of credit, cash or fluid capital reserves, etc.).
  - Provide a proposed budget which details on-going operational costs of the service being proposed by applicant. The budget should be concise with all expenses sufficiently defined. The budget should be realistic in terms of the type of services to be offered in relation to income. The budget must demonstrate the financial viability of the proposal.
  - Complete the DS1891 Applicant Disclosure Form – Attachment
3. **Organizational Structure:** Provide an organizational chart.

## **SELECTION PROCEDURES**

SG/PRC will seat the RFP Selection Committee. The evaluation process will include individual committee member evaluation and rating for each proposal, followed by committee discussion and ranking of proposals.

Proposals will be reviewed and evaluated for:

- Completeness and responsiveness of the proposal;
- Relevant experience and qualifications of the applicant;
- Reasonableness of timeline to initiate registry
- Demonstrated financial responsibility, stability and soundness of the applicant.

Proposals may be eliminated from further consideration due to failure to follow RFP instructions, incomplete documents, or failure to submit required documents.

In addition to evaluating the merit of the proposal, applicants will be evaluated and selected based on previous performance, including timely completion of projects and a history of cooperative work with the regional center

The final selection of the RFP Selection Committee is not subject to appeal. All applicants will receive written notification of SG/PRC's decision regarding their proposal and an announcement of the applicant awarded the project will be posted on the Center's web site: [www.sgprc.org](http://www.sgprc.org). All applicants will receive notification of SG/PRC's decision regarding their proposal.

## **RESERVATION OF RIGHTS**

SG/PRC 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. SG/PRC may, at our sole and absolute discretion, select no provider for these services if, in its determination, no applicant is sufficiently responsive to the need. SG/PRC reserves the right to withdraw this Request for Proposal (RFP) and/or any item within the RFP at any time without notice. SG/PRC reserves the right to disqualify any proposal which does not adhere to the RFP guidelines. This RFP is being offered at the discretion of SG/PRC. It does not commit SG/PRC to award any project.

## **COSTS FOR PROPOSAL SUBMISSION**

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

**Deadline of Submission:** Although SG/PRC will be accepting proposals ongoing, the deadline for initial consideration must be emailed to SG/PRC by 3:00 p.m. on Friday, April 17, 2020 to [commsrvs@sgprc.org](mailto:commsrvs@sgprc.org) Please include on the subject line "RFP Registry COVID19"

## ATTACHMENT

### DS1891 – APPLICANT DISCLOSURE STATEMENT

State of California—Health and Human Services Agency  
DS 1891 (7/2011)

Department of Developmental Services

### APPLICANT/VENDOR DISCLOSURE STATEMENT

#### GENERAL INSTRUCTIONS

Every applicant or vendor must complete and submit a current Applicant/Vendor Disclosure Statement, DS 1891 (disclosure statement) as part of a complete application packet for vendorization or upon request of the vendoring regional center. The following instructions are designed to clarify certain questions on the form. Instructions are listed in order of question for easy reference. See 42 CFR 455.101 for additional definitions.

*Overall Authority: Code of Federal Regulations (CFR), Title 42, Part 455; California Code of Regulations, Title 17, Section 54311. Welfare and Institutions Code, Section 4648.12.*

#### Important:

• **IT IS ESSENTIAL THAT ALL APPLICABLE QUESTIONS BE ANSWERED ACCURATELY AND THAT ALL INFORMATION BE CURRENT.**

- **Parents and consumers of Vouchers, Participant-Directed Services, or Purchase Reimbursements:** Complete Part 1 on page 2 and Part 3 on page 3, then proceed to **Applicant/Vendor Signature** on page 4 to sign and date.
- Failure to disclose complete and accurate information will result in a denial of enrollment and/or may be cause for termination of vendorization.
  - Read **ALL** instructions when completing the disclosure statement.
- Type or print clearly in ink.
- If applicant or vendor must make corrections, please line through, date, and initial in ink. Do not use correction fluid.
- Answer all questions as of the current date.
- If additional space is needed, attach a sheet referencing the part and question being completed.
- Return this completed statement with the complete application package to the regional center to which you are applying.

#### Part 1: Identifying Information

- A. Specify name of the applicant or vendor, agency, facility or organization, vendor number and service code, business address, and telephone number of applicant or vendor submitting the vendor application.
- B. Specify in what capacity the applicant or vendor is doing business. For example: The name of the corporation under which they are doing business. This name must match the license name, if applicable.
- C. List the National Provider Identifier, of the applicant or vendor, if any.
- D. List the Social Security Number, Date of Birth, and/or the Federal Employer Identification Number (EIN) of the applicant or vendor, if any. Enter Vendor's nine-digit EIN assigned by the IRS in the following format: XX-XXXXXXX.
  - An EIN is used to identify the accounts of employers and certain others who have no employees.
  - For more information about an EIN, please check <http://www.irs.gov> for "Employer Identification Numbers" or "EIN". Whenever this Disclosure Statement requests an EIN about an individual or entity, it has the same meaning.
- E. Check the entity type that best describes the structure of your organization.

**Part 2: Ownership and Control Interests. Use the following definitions to identify the individuals you should enter in A, B and C of this section. See 42 CFR 455.101 for additional definitions.**

- "Indirect Ownership Interest" means an ownership interest in an entity that has an ownership interest in the applicant or vendor. This term includes an ownership interest in any entity that has an indirect ownership interest in the applicant or vendor;
- "Managing Employee" means a general manager, business manager, administrator, director, or other individual who exercises operational or managerial control over, or who directly or indirectly conducts the day-to-day operation of an institution, organization, agency or business entity;
- "Ownership Interest" means the possession of equity in the capital, the stock, or the profits of the applicant or vendor.
- "Person with an Ownership or Control Interest" means a person or corporation that:
  - A) Has an ownership interest totaling 5 percent or more in an applicant or vendor;
  - B) Has an indirect ownership interest equal to 5 percent or more of an applicant or vendor;

- C) Has a combination of direct or indirect ownership interests equal to 5 percent or more in an applicant or vendor;
- D) Owns an interest of 5 percent or more in any mortgage, deed of trust, note, or other obligation secured by the applicant or vendor if that interest equals at least 5 percent of the value of the property or assets of the applicant or vendor;
- E) Is an officer or director of an applicant or vendor that is organized as a corporation; or
- F) Is a partner in an applicant or vendor that is organized as a partnership.

• "Significant Business Transaction" means any business transaction or series of transactions that, during any one fiscal year, exceed the lesser of \$25,000 and 5 percent of an applicant or vendor's total operating expenses.

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- "Subcontractor" means an individual, agency, or organization to which an applicant or vendor has contracted or delegated some of the management functions or responsibilities of providing services.
- "Wholly Owned Supplier" means a supplier whose total ownership interest is held by an applicant or vendor or by a person, persons, or other entity with an ownership or control interest in an applicant or vendor.

**Part 3: Excluded Individuals or Entities. (See page 3. Must be disclosed if applicable.)**

"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).

**Title 17, California Code of Regulations, Section 54311(a)(6)  
(Criteria for Excluded Individuals or Entities)**

The name, title and address of any person(s) who, as applicant or vendor, or who has ownership or control interest in the applicant or vendor, or is an agent, director, members of the board of directors, officer, or managing employee of the applicant or vendor, has within the previous ten years:

- (A) Been convicted of any felony or misdemeanor involving fraud or abuse in any government program, or related to neglect or abuse of an elder or dependent adult or child, or in any connection with the interference with, or obstruction of, any investigation into health care related fraud or abuse; or
- (B) Been found liable any civil proceeding for fraud or abuse involving any government program; or
- (C) Entered into a settlement in lieu of conviction fraud or abuse in any government program.

**PLEASE FILL OUT**

**Part 1. Applicant/Vendor Information**

A. Name of applicant or vendor, entity, agency, facility, or organization as reported to IRS:

Vendor Number and Service Code:

Business Address:

Telephone number (with area code):

B. Name registered with California Secretary of State, if any:

C. National Provider Identifier (NPI), if any:

D. Social Security Number (SSN), Date of Birth (DOB), and/or Federal Employer Identification Number (EIN), if any:

E. Check the entity type that best describes the structure of the applicant or vendor individual, business entity, agency, facility or organization: Check **only one** box:

**Parent or Consumer for Vouchers, Participant-Directed Services, or Purchase Reimbursements** (Complete Part

1 above and Part 3 on page 3, then proceed to **Applicant/Vendor Signature** on page 4 to sign and date).

- Sole Proprietor (Unincorporated)**
- General Partnership**  **Limited Partnership**  **Limited Liability Partnership**
- Limited Liability Company: State of formation:** \_\_\_\_\_
- Governmental**
- Corporation:** **Corporate number:** \_\_\_\_\_ **State incorporated:** \_\_\_\_\_
- Nonprofit – Check One:**
  - Unincorporated Association**
  - Religious/Charitable**
  - Corporation**
  - Other (specify):** \_\_\_\_\_

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**Part 2. Ownership, indirect ownership, and managing employee interests (If not applicable, please indicate.)**

A. List the name(s), title(s), address(es), SSNs, and DOBs of individuals for organizations having direct or indirect ownership interests, and/or managing employees in the applicant/vendor (see instructions for definitions). Also list all members of a group practice. Attach additional pages as necessary to list all officers, owners, management and ownership individuals and entities.

Name	Title	Address	SSN	DofB

B. List those persons named in ‘A’ above or ‘Part 4. A’ below, that are related to each other as spouse, parent, child, or sibling.

Name	Relationship	Address

C. List the name, address, vendor number and service code, SSN, NPI and/or EIN of any other applicant or vendor in which a person with an ownership or controlling interest in the applicant or vendor also has an ownership or control interest of at least 5 percent or more. For example: Are any owners of the applicant or vendor also owners of Medicare or Medicaid facilities? (Example: sole proprietor, partnership or members of Board of Directors.)

Name	Address	Vendor Number and Service Code	SSN, NPU and/or EIN

**Part 3. Excluded Individuals or Entities (If not applicable, please indicate.)**

List the name, title, and address of any person, as applicant or vendor, or entity with an ownership or control interest, any agent, director, officer, or managing employee of the applicant or vendor who is an excluded individual or entity, as defined on page 2.

Name	Title	Address

**Part 4. Subcontractor (If not applicable, please indicate.)**

A. List the name, title, address, SSN, NPI and/or EIN of each person or entity with an ownership or control interest in any subcontractor in which the applicant or vendor has direct or indirect ownership of 5 percent or more. State percentage.

Name	Title	Address	Percentage	SSN, NPU and/or EIN

**B.** List the name, title, address, SSN, NPI and/or EIN of each **subcontractor or wholly owned supplier** in which the applicant or vendor has had any significant business transactions within 5 years of the application or request.

Name	Title	Address	Percentage	SSN, NPU and/or EIN

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**APPLICANT/VENDOR SIGNATURE**

Knowingly and willfully failing to fully and accurately disclose the information requested may result in denial of a request to become vendored, or if the service provider already is vendored, a termination of its vendorization. By signing this disclosure statement, you hereby certify and swear under penalty of perjury that (a) you have knowledge concerning the information above, and (b) the information above is true and accurate. You agree to inform the vendoring Regional Center, in writing, within 30 days of any changes or if additional information becomes available

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**Name of Applicant/Vendor or Authorized Representative** **Title**

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**Signature** **Title**

**Recordkeeping and Access to Records**

California Code of Regulations, Section 54311 and Code of Federal Regulations, Title 42, Part 455.105, an applicant or vendored provider agrees to provide access for the review of any and all ownership disclosure information and/or documentation upon written request by the vendoring regional center, the Department of Developmental Services, the State Medicaid Agency, Department of Health Care Services, any State survey team, the Secretary of the United States Department of Health and Human Services, or any duly authorized representatives of the above named entities.

**Privacy Statement**

All information requested on the application and the disclosure statement is mandatory with the exception of the social security number for any person other than the person or entity for whom an IRS Form 1099 must be provided by the Department of Developmental Services pursuant to 26 USC 6041. This information is required by the authority of Welfare and Institutions Code, Section 4648.12 and Title 17, California Code of Regulations, Section 54311. The consequences of not supplying the mandatory information requested are denial of vendorization as a regional center vendor or termination of vendorization. Any information may also be provided to the State Controller's Office, the California Department of Justice, the Department of Consumer Affairs, other state or local agencies as appropriate, fiscal intermediaries, managed care plans, the Federal Bureau of Investigation, the Internal Revenue Service, Medicare Fiscal Intermediaries, Centers for Medicare and Medicaid Services, Office of the Inspector General, Medicaid, or licensing programs in other states.