



AUGUST 2011 REQUEST FOR PROPOSALS Independent Assessor – Supported Living Services

Tri-Counties Regional Center is soliciting proposals for the following Purchase of Service (POS) contracted service:

- Date:** August 1, 2011
- Service Type:** Independent Assessor - Supported Living Services (SLS)
- Service Code(s):** Service Code TBD
- Reimbursement:** DDS-Set Rate TBD (Less current State-mandated discount).
No start-up funding is associated with this RFP.
- Location:** Ventura, Santa Barbara, and San Luis Obispo Counties

Service Description:

Pursuant to recent legislation, this service is intended to ensure that individuals in supported living arrangements receive the appropriate amount and type of supports. To accomplish this goal, an independent assessment will be required for individuals currently receiving, or initially entering, supporting living arrangements whose current or recommended service costs exceed 125% of the annual statewide average cost of such services as published by the Department of Developmental Services (DDS).

The Independent Assessor - SLS will be responsible for assessing whether the current or recommended supported living services are appropriate, sufficient, or cost-effective to meet the person's choices and needs. The independent assessment must include a summary of the potential impact as a result of the assessment, including a change in level of support or residential situation.

The independent assessment will not replace or repeat the service provider's comprehensive assessment but is intended as an additional consideration of the services in place. Individuals will not be excluded from supported living services based on an independent assessment.

Assessments will be conducted using a standardized assessment tool, possibly the Supports Intensity Scale (SIS - developed by the American Association on Intellectual Disabilities), to be approved by TCRC. The assessment report is to be a "whole person" assessment that includes interpretation of the scores from the tool and also takes into account the following:

- Possible impacts on the person-served of recommended changes in or reduction of services
- Maximization of natural and generic services and supports alternatives, including In Home Support Services (IHSS)
- Technology that may provide support otherwise provided through direct staffing hours;
- Review of the possibility for and appropriateness of shared housing;
- Exploration of support through interpersonal and community relationships; and
- Allowance for exposure to normal risks commensurate with ability ("dignity of risk")

Tri-Counties Regional Center
AUGUST 2011 REQUEST FOR PROPOSALS
Page 2 of 6

- Design of the assessment process to meet the requirements of section 4689 of the Welfare and Institutions Code, as amended by Assembly Bill 104, and applicable sections of Title 17. See links below.

<http://www.legisweb.com/app/pkgs/calm/Retrieve.asp?ref=urn:calm:2011:ab0104:doc.html>

<http://www.dds.ca.gov/Title17/T17SectionTOC.cfm?SubchapterID=34>

General Requirements / Qualifications:

The agency(s) or individual(s) selected to provide the independent assessments must meet the following requirements:

- QMRP qualifications which includes possession of a bachelors degree or higher.
- Demonstrated understanding of the foundation of supported living services in California.
- Demonstrated understanding of the IPP process and the legal rights of people with developmental disabilities in California.
- A minimum of two (2) years experience as direct care staff providing supported living services or five (5) years experience as a service coordinator or case manager for a regional center or for a public or private agency serving individuals accessing supported living services in California
- Comprehensive knowledge of natural, generic, and regional center services and supports typically available in the community in which assessments are provided
- Department of Justice fingerprint clearance
- No actual or appearance of conflict of interest, i.e.:
 - ➔ Shall not be an employee of TCRC or any other regional center or an employee of the State of California.
 - ➔ Shall not be a member of the Tri-Counties Association for the Developmentally Disabled (TCADD) Board or a member of Area Board 9.
 - ➔ Shall not be a supported living service provider currently vendored by TCRC and shall have no financial involvement in, affiliation with, or be an employee of or consultant to any supported living service provider currently vendored by TCRC at the time services are provided.
 - ➔ Shall not be a service provider (SLS or any other service/support) for any individual being assessed.
 - ➔ Shall not provide direct services to any individual assessed for at least one year following the assessment.

Proposal Submission Requirements:

NOTE: Proposals not conforming to the following formatting, content, and submission requirements will not be considered. Omission of requested information from the Statement of Obligation will result in disqualification.

Format & Deadline for Submission of Proposals:

Format: Proposals must be written in 12 point font, Arial or Times New Roman preferred. All pages in the proposal must be numbered consecutively and include a table of contents and an identifying footer with the applicant's name. Proposals must be submitted electronically in Microsoft Word format (not PDF) to SLS-Eval@tri-counties.org. When submitting the proposal, please put "SLS Proposal" in the subject line of the e-mail. Questions regarding the RFP may also be submitted to this e-mail address. For questions, put "SLS Question" in the subject line.

Tri-Counties Regional Center
AUGUST 2011 REQUEST FOR PROPOSALS
Page 3 of 6

Cover Page and Statement of Obligation: These forms are provided at the end of this document. Complete all requested information electronically or manually and submit via e-mail with the proposal.

Deadline for Submission: Proposals must be received no later than 5:00 PM Wednesday, August 10, 2011. Late proposals will not be considered.

Content of Proposals:

Please provide comprehensive responses to all the information items below as selection of the independent assessor(s) will be based on this submission due to the compressed timeline. Please organize responses in the same order in your document as in the list. For additional guidance in writing your proposal, please refer to Title 17 regulations and to the TCRC website (www.tri-counties.org) for information on Universal Service Expectations and the Person-Centered Thinking Initiative.

- a) Describe your philosophy and values related to how services to persons with developmental disabilities should be delivered.
- b) Describe your education and experience working with persons with developmental disabilities. Please include:
 - Highest level of education, degrees received, and from what universities/institutions of learning
 - Current certifications and licensures (please provide copies)
 - All work experience involving persons with developmental disabilities including duration and employer contact information.
 - Detailed description of experience with supported living services in California. Include your experience assessing individual needs.
- c) Describe the tools and methods which will be used to complete assessments. Provide a step-by-step description of how you would develop an assessment. Include who would be interviewed, and why, and sample interview questions.
- d) Describe your process for determining appropriateness, sufficiency, and cost effectiveness of services.
- e) Explain how you will determine and report potential impacts of changes in or reduction of services recommended as a result of the assessment.
- f) Describe your training and experience, if any, with the Supports Intensity Scale (SIS).
- g) Describe the types of resources outside the traditional service system that might be recommended to replace or supplement regional center-provided services and supports.
- h) Describe how you will track the assessment process from referral through submission of results and recommendations.
- i) Describe qualifications, experience, management, and training of any staff who will participate in completing assessments, including but not limited to:
 - Desired characteristics for all staff positions
 - Health and criminal background screening procedures
 - Training to be provided prior to staff having contact with individuals to be assessed
 - Languages other than English spoken by staff



**AUGUST 2011 REQUEST FOR PROPOSALS
Independent Assessor – Supported Living Services**

COVER PAGE

County(s) to be served: San Luis Obispo Santa Barbara Ventura

Proposed Service Name: _____

Name of person or organization submitting proposal: _____

Business physical address: _____

Mailing address (if different from above): _____

Telephone number: _____

Cell phone number (optional): _____

Fax number: _____

E-mail address: _____

Contact person: _____

Author of proposal: _____

Date submitted: _____

Signature of Person Authorized for Agency Contract Approval

Signature

Printed Name & Title

Date



AUGUST 2011 REQUEST FOR PROPOSALS
Independent Assessor – Supported Living Services

STATEMENT OF OBLIGATION

1. Are you now, or have you ever been a vendor of Tri-Counties Regional Center? No Yes

If yes, list all vendored services. For each service, indicate name of the business, location and number of people served. (Use back of this page or additional page if needed.)

2. Are you planning to develop the proposed service using a funding source other than Tri-Counties Regional Center during Fiscal Year 2011-2012? No Yes

If yes, indicate funding source. Describe scope and duration of grant programs.

3. Do you have any other professional/business operations that provide services to developmentally disabled persons and/or their families? No Yes

If yes, provide details of each service including business name, location, type, and time commitment of each obligation. (Use back of this page or additional page if needed.)

4. Have you ever been an employee of or associated with any organization or business that serves persons with a Developmental Disability? No Yes

If yes, provide name of agency(s), location, position(s) held and dates of service. (Use back of this page or additional page if needed.)

