

REQUEST FOR PROPOSAL

Traumatic Brain Injury Community Residential Rehabilitation & Integration Program

Issued By:

Delaware County Office of Behavioral Health

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PROJECT OFFICERS

Donna Holiday, Deputy Mental Health Administrator
Delaware County Office of Behavioral Health
HolidayD@DelcoHsa.org

Kisha Brown, MSW, LSW Quality Improvement Director
Delaware County Office of Behavioral Health
BrownKr@DelcoHsa.org

Contact: 610-713-2365

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Delaware County Human Services and the Office of Behavioral Health are seeking a provider to develop and implement a Full Care Community Residential Rehabilitative (CRR) Program that serves 4-6 adults who have experienced Moderate to Severe Traumatic Brain Injury. Services will be provided using a Community Integration/Trauma Informed model as individuals prepare for integration into the Community. The program will encompass a highly trained multi-disciplinary staff that will be able to meet the complex clinical, behavioral, physical, medical, and developmental needs of the individuals accepted into the program.

It is the mission of Delaware County to provide a homelike environment that instills values, knowledge, shared goals and mutual respect in the light of the recovery journey. As individuals make the recovery journey, the provider will encourage growth, foster empowerment and support goals set by the individual. They will promote strong, active family and community opportunities that include employment at various levels.

The individuals who will participate in this program will benefit from a wide array of treatment options to include case management, 24/7 nursing and residential services, psycho-social rehabilitation, life skills training, physician services, physical/occupational therapy, psychiatric services, employment/vocational support, group and individual therapy. All services will be offered predominantly on site, and outpatient or by referral as necessary. The chosen provider will be expected to create a full continuum to meet the needs of accepted individuals and a seamless process for individuals to begin/continue services during participation and post transition.

Delaware County Office of Behavioral Health and are interested in receiving proposals that can achieve the following goals:

- Develop Community Residential Model that will meet the full care needs of 4-6 individuals who live with moderate to severe TBI.
- Create a warm, safe and friendly living environment that is Trauma Informed and Recovery Oriented.
- Provide fully trained and qualified individuals that are present 24-hours a day, seven days a week. To include Certified Brain Injury Specialist (CBIS)
- Provide person-centered treatment plans that support individuals with a wide range of needs and goals including but not limited to long-term medical care, building skills in activities of daily living, vocational rehabilitation, and making the transition into independent, supported or assisted living.
- Promote increased independence to allow the individual to live in the least restrictive environment and by helping each individual reach his or her highest level of independence.
- Provide meaningful data using evidenced based tools during admission, participation and at discharge.

III. PROPOSAL TIMEFRAMES

ACTION	DATE
RFP Released:	Monday, December 3, 2018
Applicant Questions Due: Address questions to: Kisha Brown, MSW, LSW brownkr@delcohsa.org	Questions must be received via email by the close of business on: Monday, December 17, 2018
RFP Responses Due:	All responses must be received by the close of business on: Monday, January 10, 2019
Proposal Review Dates	Monday January 17, 2019 to Monday January 24, 2019
Applicant Selection Date:	On or before Friday, February 1, 2019

IV. INSTRUCTIONS

1. Applicants must respond to all components of this RFP and work within the page limits where indicated. Failure to comply may result in disqualification. A proposal must address everything outlined.

2. All responses to the RFP are due by close of business on Monday, January 10, 2019, as follows:

Respondents will provide their proposals in both formats:

1. One paper copy of each, the “Technical Proposal”, the “Financial Proposal”, and the “Transmittal Letter”
2. One e-mail, containing all electronic documents

a. Submission of All Electronic documents by E-mail to:

Donna Holiday holidayd@delcohsa.org
 Kisha Brown MSW, LSW brownkr@delcohsa.org

b. Documents submitted via regular mail should be sent to:

Delaware County Office of Behavioral Health
 Attention: Kisha Brown, MSW, LSW
 20 S 69th Street

The Delaware County Office of Behavioral Health reserve the right to disqualify any and all proposals received after this date and time.

The submission must contain the following: and be in 3 separate documents.

- A document entitled “Technical Proposal” which will not contain any references to pricing or cost. This will be the detailed response or description of services being proposed.
 - A document entitled “Financial Proposal” which will contain the detailed business plan of financing the technical proposal, staffing, operations, general and administrative expenses, and all related capital expenses. Included in the financial proposal, respondents will address their plan’s financial sustainability.
 - A document entitled “Transmittal Letter” which shall be signed by an official who has the legal authority to bind the company to the terms of the proposal.
3. Proposals shall be submitted with the following expressed understanding:
 - This Request for Proposal is not subject to the competitive bidding process and any contract entered into as a result of any proposal will not be based on the concept of the “lowest responsible applicant.”
 - The County may procure any service by any other means.
 - The County may modify the selection process or the scope of the project or the required responses.
 4. All costs of developing proposals and any subsequent expenses related to contract negotiations are entirely the responsibility of the applicant.
 5. The County will select finalists, if highest ranking scores are 1-10 points within the same range for total score. Finalist will participate in the interview and selection process prior to contract negotiations.
 6. Best and final negotiations may occur.
 7. Please describe how you would coordinate with Community Providers to develop a full continuum of care for the program.
 8. Consideration will be given to those proposals that identify staff training initiatives and Continuous Quality Improvement as part of the technical proposal.

V. ADDITIONAL INFORMATION FOR APPLICANTS

A. ISSUING OFFICE

The Project Officer listed below is the sole point of contact for this RFP. Contact with any other officials from the Delaware County concerning this RFP, unless authorized by the Project Officer, is grounds for disqualification. Note that, following the release of this RFP, all questions should be submitted to the Project Officer in writing, via email.

Written questions shall be forwarded via e-mail with the subject heading "Traumatic Brain Injury Community Residential Rehabilitation RFP" to the following:

Kisha Brown MSW, LSW Brownkr@delcohsa.org

B. CONTRACT

Successful bidders will be expected to enter into a contract with Delaware County Office of Behavioral Health.

C. REJECTION OF PROPOSALS

The County may reject any and all proposals received as a result of this RFP and may negotiate separately with competing applicants. If all proposals are unacceptable, the County reserves the right to reject the proposals and to issue a new RFP, if indicated. The County reserves the right to reject a proposal at any time during the process.

D. INCURRING COSTS

All costs of developing proposals and any subsequent expenses relating to contract negotiation are entirely the responsibility of the applicant.

E. AMENDMENTS TO RFP

If it becomes necessary to revise any part of this RFP, the County will issue an amendment to all applicants who responded to the original RFP.

VI. INFORMATION REQUIRED FROM APPLICANTS

A. GENERAL INFORMATION

This section includes instructions for preparing the Technical, as well as the Cost Proposals. Applicants should review the instructions carefully. Failure to comply with these instructions in full may result in disqualification. To be considered, the proposals must include responses to all requirements in each respective part of the proposal(s). Any other information thought to be relevant, but not applicable to the enumerated categories, should be provided as appendices to the

proposals. If an applicant supplies or quotes publications in response to a requirement, there must be a reference to the document number and page number. This will afford a quick reference for the evaluators. Proposals not furnishing this reference will be considered to have not utilized supplemental material.

The proposal must consist of:

- Transmittal letter, one for each proposal;
- Technical Proposal, so identified; and
- Cost Proposal, so identified and separate from the Technical Proposal.

Applicants must strictly adhere to the page limits indicated for each section.

B. TRANSMITTAL LETTER

The transmittal letter must be on official letterhead and signed by an individual with legal authority to bind the applicant. The transmittal letter must include the name and title of the Chief Executive Officer or other individual authorized to legally bind the applicant. The transmittal letter must also include the identification of a primary contact and that person's title, address, telephone and telefax numbers and e-mail address. The letter must state that the applicant accepts the terms, conditions, criteria and requirements set forth in the RFP.

VII. TECHNICAL PROPOSAL

For each question below, respond by restating the question and providing a description. Each question and its description should be on a separate page. All appendices must be referenced in the body of the description.

- 1) In one (2) pages or less provide a brief history/overview of your organization, including ownership, current officers, the number of years you have been providing services related to your proposal, and your experience with Delaware County, Health Choices Behavioral Health Managed Care and individuals who have experienced a Traumatic Brain Injury and/or Serious Mental Illness (SMI).
- 2) In two (2) pages or less, describe why your organization decided to submit this proposal and how you see it addressing the needs of the individuals living with TBI and SMI in Delaware County. Describe your experience working with individuals who have TBI and SMI.
- 3) In no more than seven (7) pages, provide a program and services description that addresses how your agency will implement a Full CRR that includes a continuum for adults living with TBI from intake to discharge. Describe in detail how your agency will incorporate a Community

Integrated Residential model inclusive of Trauma Informed Care as well as Recovery Oriented Best Practices.

- 4) In no more than seven (7) pages describe services as well as network of providers that will focus on specific areas to include but not limited to: initial & ongoing assessment, evaluation, neurorestorative needs, physical and emotional functioning, substance use needs, life skills and problem resolution, psychiatric and psychological needs, physical and occupational therapy and recreational needs.
- 5) In (two) 2 pages describe your plan, including the frequency and content of your plan for training staff in TBI as well as other trainings specific to working with this population.
- 6) In no more than two (2) pages, describe the following:
 - a) Discuss diversity and cultural competency issues as they affect the program and this specific population and geographic area. Discuss means to identify special skills or abilities to serve this particular population and community.
 - b) Please provide letters of support that describe any current formal linkages with community stakeholders, agencies, etc., as it relates to working with this population.
- 7) In no more than two (2) pages, describe the standards for monitoring service delivery and objectives you will measure for annual auditing of services. Describe the method for evaluating ongoing quality and continuity of services provided. Describe methods for monitoring standardized reporting and reporting fraud, waste, or abuse. Describe the process for evaluating and targeting program deficiencies and implementing a corrective action plan. A strong component of measuring individual and aggregate outcomes must be included.
- 8) Collaboration
In no more than two (2) pages, please outline how you propose to create linkages with the full continuum of service agencies that work with this population, including neurorestorative, physical, medical, behavioral, and psychiatric providers to build relationships and deliver individualized comprehensive services to the TBI population.
- 9) In no more than one (1) page please describe how you will integrate evidenced-based tools to assess and evaluate participant outcomes as well as ongoing progress with treatment.

VII. FINANCIAL PROPOSAL

The financial proposal must describe the provider's financial capability and plan for sustainability of providing the services described in the technical proposal. The responding provider is required to provide the following:

1. One-year operating budget and narrative showing all revenues and sources, expenses and uses, and anticipated balances.
2. Please provide supporting detail for the Personnel line item. Detailed support must indicate:

- individual positions;
 - annual salaries;
 - full-time equivalencies;
 - total annual cost.
3. Please provide supporting documentation or description of the composition of related Fringe Benefits. If fringe benefits are referenced as an applied percentage of salaries, an explanation of how the applied percentage was derived must be submitted.
 4. Please provide supporting detail of all Equipment Expenses and Capital Expenses by item and anticipated cost.
 5. Please provide supporting detail or description of Operating (General & Administrative) Expenses. Include reference to all amounts paid to parent companies as related parties to the services proposed.
 6. Please provide the most recently completed audited financial statements (balance sheet, income statement, cash flows, and corresponding notes).

NOTE: To be meaningful for the review of the provider's financial position, the County is requesting audited financials for the local site which will be providing the services proposed. If audited financials are not done on the local level, the provider may submit copies of their internal financial statements (balance sheet, income statement, and statement of cash flows) for their most recently completed fiscal year and quarter.

VIII. LEGAL ASSESSMENT REPORT

Please complete this Questionnaire as part of your response to the RFP.

Question #1: Organization Structure and Legal Standing

- A. Describe your organization's structure and formation, i.e., is it a corporation, partnership, joint venture, limited liability entity, etc.? Be very specific.
- B. Are you a for-profit or not-for-profit business? If a not-for-profit entity, under what section of the Internal Revenue Code do you operate?
- C. If a corporation, in what state are you incorporated?
- D. If a limited partnership or other limited liability entity, in what state are you registered?
- E. In what other states are you registered and qualified to do business?

Question # 2: Outstanding Litigation

- A. List all outstanding litigation in which you are a defendant and for which the amount of recovery being sought by plaintiff is in excess of \$25,000.

B. List all judgments and settlements in excess of \$25,000 in the last two (2) years.

Question # 3: Recent Developments and Miscellaneous Information

Please describe your existing compliance plan and program and provide us with a detailed history of your compliance experience, including any investigations, reviews, audits, notices, claims or communications from any federal or state agency or government, or a third-party payer regarding you, your parent and affiliated and related entities. Please include any action against any current license within the last three years and a brief explanation of your corrective action to address all opportunities.