



REQUEST FOR PROPOSALS

Date: October 11, 2011
To: Interested Individuals and Organizations
From: Regional Center of the East Bay
RE: Request for Proposals- Financial Management Services (FMS)

Regional Center of the East Bay (RCEB) is a private non-profit organization under contract with the California Department of Developmental Services. RCEB is part of a statewide network of 21 Regional Centers responsible for the coordination and development of services to meet the needs of people with developmental disabilities in Alameda and Contra Costa Counties.

Emergency regulations from the State of California require that voucher recipients must utilize a Financial Management Services (FMS) provider. As a result, RCEB is requesting Letters of Intent from qualified applicants to provide Financial Management Services (FMS) to consumers and/or families who receive vouchered services.

All interested applicants must demonstrate that they possess the necessary relevant professional experience and organizational capacity to create and sustain high quality, effective, services that is responsive to the support needs of consumers and/or families. The largest service impacted will be daycare but nursing and transportation services will also be impacted.

Proposal Instructions and Submission Format: ***Deliver Letter of Intent to the Regional Center of the East Bay, Attn: Marc Sugars at 500 Davis St., Suite 100, San Leandro, CA 94577 by 5 PM no later on Friday October 21, 2011 .*** Documentation: Five (5) copies of your proposal, fastened with a binder clip. **NO RING BINDERS, FOLDERS, OR STAPLES PLEASE.** Proposals must be written in 12-point font, Times New Roman or Arial, double-spaced on white 8 ½ x 11 inch paper, single-sided. All pages should include an identifying footer with agency name, project type, and numbered pages.

We look forward to receiving your proposals. All additional inquiries regarding the application or requesting technical assistance should be directed to Marc Sugars, Senior Resource Specialist (510) 618-6485 or you may e-mail him at msugars@rceb.org. **Please do not call for application status.**

Typical Service Requirements (including, but not limited to the following):

1. Assist the family member or adult consumer in verifying worker eligibility for employment
2. Recruit workers

3. Verifies worker qualifications
4. Specifies additional worker qualifications based on consumer needs and preferences
5. Determines worker's duties
6. Schedule workers
7. Evaluates worker performance
8. Verifies time worked by employees and approves time sheets
9. Collect and process timesheets of workers.
10. Process payroll, withholdings, filing and payment of applicable federal, state and local employment related taxes and insurance
11. Track, prepare, and distribute monthly expenditure reports to the Employer or Co-Employer and Regional Center
12. Ensure payments do not exceed the amounts and rates authorized by the regional center
13. Maintaining all source documentation related to the authorized services
14. Maintain financial records which consistently use a single method of accounting (Title 17 Section 50604) Functions as the adult consumer's agent or family member's agent.
15. Process payments for reimbursements to entities providing goods and services in accordance with applicable IRS regulations
16. Submit billings/invoices to the regional center for reimbursement
17. Maintain individual file for each consumer
 - a. File should include, but is not limited to: consumer name and/or family member; UCI; dates for program entrance and exit as authorized; the date, the start and end times of services; place/street address/city or county where service was provided; the number of miles driven or trips provided; daily or hourly units of service provided; the date of the purchase; name of the entity/individual from whom the equipment, supplies, and/or merchandise is purchased; the item(s) purchased; the cost of each item(s); and any documentation substantiating all billing/invoicing for each consumer in the program.
 - b. Maintain all consumer records for a minimum of 5 years per Title 17 Section 50605.
18. Develop administrative oversight
 - a. Establish detailed written procedures for all processes listed above
 - b. Respond to all audits performed by RCEB and other benefit agencies
 - c. Implement and follow conscientious internal controls
19. Maintain appropriate insurance
 - a. Commercial General Liability, Workers' Compensation, Property, and Fidelity/Crime.

Qualifications

1. For the purposes of processing payroll, apply for and obtain authorization under Section 3504 of the Internal Revenue Code to be an agent for each adult consumer or family member that the FMS F/EA represents.
2. Verifiable experience working with individuals who have developmental

disabilities.

3. Payroll processing experience for greater than 50 employees
4. Accounting knowledge requiring a Certified Public Accountant degree or Master's Degree in Business Administration.
5. Provide a copy of prior year fiscal review or audit statement
6. Must have a local presence in Alameda and/or Contra Costa counties.
7. Ability to pass background check and require that all staff pass background check
8. Appropriate computerized accounting, scheduling, payroll system and the ability to track authorizations, generate monthly expenditure reports and account for funds used and authorized for each consumer and/or family members.

In addition to these qualifications, it is necessary that all applicants demonstrate familiarity with Title 17 general provisions, knowledge of WIC Section 4648.12, Title 17 Section 50604 and 58887-58888, and be eligible for vendorization by RCEB.

Rates

1) FMS F/EA

- a. A rate not to exceed a maximum of \$45.00 per consumer per month for one (1) participant-directed service.
- b. A rate not to exceed a maximum of \$70.00 per consumer per month for two (2) or three (3) participant-direct services.
- c. A rate not to exceed a maximum of \$95.00 per consumer per month for four (4) or more participant-direct services.

2) FMS Co-Employer

- a. A rate not to exceed a maximum of \$95.00 per consumer per month for one (1) to four (4) Co-employer services.

All vendored rates are subject to a mandatory 4.25% payment reduction. If mandated by law, rates may be subject to change.

Please note that there are no start-up funds for this program.

Please submit five (5) single-sided copies of the following (in the order listed below):

Letters of Intent must include the following information (Maximum of 5 pages total):

- 1) Attachment A- Application form and statement of obligation
- 2) Evidence of Organization's related experience
- 3) A brief narrative describing your ability to provide this service
- 4) A proposed cost statement.

THE APPLICATION PACKET MUST BE COMPLETE (i.e. INCLUDE PARTS 1-4 LISTED ABOVE) FOR CONSIDERATION AND MUST CONFORM TO PAGE RESTRICTIONS. PROPOSALS THAT EXCEED THE 5 PAGE SINGLE-SIDE LIMIT WILL NOT BE CONSIDERED.

GENERAL LIMITATIONS:

This Request for Proposals does not commit Regional Center of the East Bay to award a contract, to pay any cost incurred in the preparation of the proposal, to contract in response to this request, or to procure or contract for services or supplies. To be considered, proposals must be received at the Regional Center of the East Bay by the closing date and time indicated.

EVALUATION PROCESS:

- A. A Contact Person is identified with this project and will provide limited technical assistance with the RFP process as appropriate.
- B. Applicants must submit five (5) single-sided copies of their proposal.
- C. The Contact Person reviews proposals for level of completion and notifies all applicants in writing if their proposals were complete and accepted or if their proposals were incomplete or failed to meet minimum requirements.
- D. All proposals will be evaluated through an Evaluation Committee review process, which will be comprised of RCEB staff.
- E. Contact Person notifies each applicant in writing of the Evaluation Committee's decision. In the event that no proposal is selected, Regional Center of the East Bay may complete the RFP process without assigning an applicant to the project. The final decision made by the Evaluation Committee is not subject to appeal. Materials submitted by applicants will be held on file for a period of one year at the Regional Center of the East Bay.

RCEB Timeline

- 1. Tuesday, October 11, 2011: RFP is announced and disbursed
- 2. Friday October 21, 2011, 5 PM, **no later:** Proposals are due at RCEB
- 3. Monday, October 24, 2011 – Monday October 31, 2011: Evaluation Committee Process
- 4. Tuesday, November 1, 2011: Written correspondence is sent to all applicants informing them of the decisions.

ATTACHMENT A
REGIONAL CENTER OF THE EAST BAY
REQUEST FOR PROPOSAL
APPLICATION FORM

Date: _____

APPLICANT INFORMATION

Applicant's or
Agency Name: _____

Contact Person: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone # _____ FAX #: _____

Email _____

Please include 5 copies of proposal (including this form) with your submission

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 the same program support program? ☐ No ☐ Yes If yes, indicate name, location, type and capacity of service(s).

3. 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.

4. 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.

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

Signature: _____ Date: _____