

State of Louisiana  
Department of Health and Hospitals  
Office for Citizens with Developmental Disabilities

Request For Information (RFI)  
For  
Privatization of Acadiana Region Supports and Services Center

February 7, 2011

1.	GENERAL INFORMATION .....	3
1.1	Purpose.....	3
1.2	Background.....	3
1.3	Guiding Principles .....	3
1.4	Scope of Services .....	4
1.5	PROGRAM REQUIREMENTS.....	4
1.6	Operational Requirements .....	6
1.7	Insurance Requirements.....	7
2.	ADMINISTRATIVE INFORMATION .....	7
2.1	RFI Coordinator.....	7
2.2	Responder Inquiries.....	8
2.3	Site Visit and Document Review.....	8
2.4	Calendar of Events.....	8
3.	RESPONSE INFORMATION .....	9
3.1	Response Content.....	9
3.2	Response Location.....	11
3.3	Ownership of Response.....	11
3.4	Proprietary Information .....	11
3.5	Cost of Preparing Response.....	12
3.6	Errors and Omissions in Response .....	12
3.7	CEA Award and Execution .....	12
3.8	Code of Ethics .....	12
4.	RESPONSE INSTRUCTIONS .....	12
4.1	Response Submission .....	12
4.2	Cover Letter .....	12
4.3	Response Format.....	13
4.4	Certification Statement .....	13
5.0	REVIEW AND FOLLOW-UP .....	13
5.1	Review Team .....	13
5.2	Evaluation of Statements of Capability .....	13
5.3	Follow-Up .....	14

# **1. GENERAL INFORMATION**

## **1.1 Purpose**

The Louisiana Department of Health and Hospitals (herein referred to as the “Department”), Office for Citizens with Developmental Disabilities (OCDD) issues this Request for Information (RFI) with the intent to determine the interest and capabilities of provider organizations to provide a privately-operated Intermediate Care Facility/Developmental Disabilities (ICF/DD) living opportunity to former residents of the Acadiana Region Supports and Services Center (ARSSC) through a partnership between the OCDD and a qualified private provider. The OCDD proposes to authorize the use of seventy (70) of its existing licensed funded beds to a private provider through a Cooperative Endeavor Agreement (CEA) for the establishment of a privately-operated large ICF/DD on the site of the Acadiana Region Supports and Services Center in Iota, Louisiana. The OCDD/private provider partnership will allow for ongoing oversight, data collection and technical assistance to promote continued health, safety, quality of life and desired outcomes for former residents of the ARSSC.

The Department welcomes all responses to this RFI from qualified providers. This RFI is intended to learn of potential provider interest and capabilities if, in fact, the Department chooses to enter into a Cooperative Endeavor Agreement. This is not a Request for Proposals although responses to the RFI may be used to assist the Department in selecting providers to offer participation in a CEA using the evaluation process and criteria in section 5 below. The process uses specialized criteria to provide an objective determination of capacity based upon the needs of the people supported

The Department will not pay for the preparation of any information or response submitted in response to this RFI. Nor will the Department award a contract or pay for any use of response information.

## **1.2 Background**

Act 11 of the 2010 Regular Session of the legislature provided for the privatization of the ARSSC and the Department has determined that services to persons living in the ARSSC can be provided more cost-effectively through a private ICF/DD provider than through the existing state-operated facility. The effort to reduce costs while continuing essential supports and services to people is consistent with OCDD’s Strategic Plan. The Department determined that since services to persons living in ICFs/DD can be provided more cost-effectively through a private ICF/DD provider than through the existing state-operated facility people currently supported in the ARSSC would transition to services with a private provider through this process.

The transition is expected to be completed on a date agreed upon by the provider and OCDD.

## **1.3 Guiding Principles**

Any CEA for operation of the proposed private facility shall be consistent with the following principles agreed upon by OCDD and ARSSC Family Association.

1. The facility will neither close nor reduce its licensed beds for the term of the CEA.
2. The provider will remain committed to the large ICF/DD model for the facility for the term of the CEA.
3. Services, quality, safety, and stability will continue at no less than the current level for the term of the CEA.
  - a. The OCDD Quality Review Framework will be used to assess and guide quality improvement.
  - b. OCDD will retain at least one on-site employee to act as liaison with the provider and act as contract monitor for the CEA.
4. The facility will be operated at the current address of the ARSSC.
5. The provisions of the CEA and provider responsibilities will be consistent with the June 18, 2010 Memorandum of Understanding between the Department and the ARSSC Family Association.

## **1.4 Scope of Services**

This RFI is soliciting information about potential providers' interest and capacity in establishing, operating, and maintaining one (1) seventy (70) funded bed ICF/DD on the site of the ARSSC at 224 Gremillion Circle, Iota, Louisiana and a commuter day program for people from the surrounding area. The physical location of the facility may not be changed without prior approval from the OCDD. The grounds, buildings, equipment, and furnishings (excluding vehicles) will be available for exclusive use by the provider through the CEA except for those required for use by the OCDD on-site monitor. A listing and description of the buildings on the site is available at [http://www.gcr1.com/fpc/bldlist1.asp?SITE\\_CODE=4-01-008](http://www.gcr1.com/fpc/bldlist1.asp?SITE_CODE=4-01-008).

The people to be supported all have intellectual and developmental disabilities. Approximately half of the current census requires formal behavioral supports for concerns including self-injury, aggression, pica, property destruction, and elopement. A smaller group presents medical concerns including but not limited to, enteral meals, oxygen therapy and tracheotomy care. A significant number require mobility devices such as wheel chairs, walkers, and gait belts. Supporting the existing residents at the current location is required unless the State agrees as owner of the beds otherwise. A listing of specific characteristics of current residents is posted with the RFI in the news section of the OCDD home page, <http://new.dhh.louisiana.gov/index.cfm/subhome/11/n/8>.

If the Department elects to enter into a CEA for this purpose all requirements, conditions, and deliverables specified in the CEA must be met continuously for the term of the CEA (see Annex 11 ) or OCDD may terminate the CEA which allows for the use of the facility and the beds.

## **1.5 PROGRAM REQUIREMENTS**

1. All residents must be afforded a healthy and safe living environment within a setting that meets all licensing and regulatory requirements, free from deficiencies. Each resident must be afforded person-centered planning so that he/she has opportunities to achieve individual goals, activities which he/she enjoys and meaningful outcomes. Opportunities for community integration and community inclusion with non-handicapped peers must be provided along with vocational opportunities for

supported employment. The OCDD will assist the provider in achieving these outcomes with technical assistance and support to the extent OCDD determines feasible and practicable.

2. The provider will employ, provide through contract, or provide through other means sufficient professional and non-professional staffs to meet regulatory requirements and the needs of the people supported upon initiation and throughout the term of the CEA. Depending upon the unique needs and preferences of the people supported this includes, but is not limited to:
  - a. Physical Therapy
  - b. Occupational Therapy
  - c. Speech Therapy
  - d. Psychology
  - e. Social Services
  - f. Recreation Therapy and Activities
  - g. Training to improve self-help skills, increase responsiveness and awareness and other living skills
  - h. Doctors
  - i. Nurses
  - j. Dental Treatment
  - k. Audiological Services
  - l. Optometry Services
  - m. Neurological Services
  - n. Psychiatric Services
3. The provider will have policies and procedures for professional services.
4. The provider will use program planning and monitoring which incorporates principles of person-centered planning and quality outcome measures for the term of the CEA. Individual plans for people supported will be developed by the provider through a person-centered planning process.
5. The use of the OCDD Quality Review Framework is required but does not replace the requirement for person-centered planning and other outcome measures. In addition, the provider will work cooperatively with the OCDD to implement the quality assurance process outlined in the CEA and attachments. The quality assurance process will minimally include:

- a. monthly data collection and reporting;
  - b. quarterly reviews of trends and patterns;
  - c. interventions as appropriate; and
  - d. submission of copies of annual Health Standards' surveys and licensing reviews for the facility (within 30 days of receipt).
6. The provider must maintain adherence to all applicable federal and state regulations for residential programs operated and will meet all conditions of participation annually for the term of the CEA.
  7. The provider shall establish and maintain an adequate training program with qualified trainers for training direct support staff and other programmatic employees for the term of the CEA.
  8. Admissions and discharges shall only occur with prior authorization by the State consistent with the OCDD Procedures for Admission, Discharge & Monitoring. People supported by public Supports and Services Centers may transition to vacancies in the center if approved consistent with the procedures.
  9. The provider is strongly encouraged to formally include representation from the ARSSC Family Association in the governance of the facility.
  10. The provider will have policies and procedures on abuse/neglect and incident management that are equivalent to policies and procedures in effect as of 12/01/2010 at the ARSSC.
  11. The provider will maintain, at their expense, at least one apartment on the grounds for use by family members when visiting relatives at the facility.
  12. The provider is expected to participate in ARSSC Family Association meetings if requested and to allow use of space at the facility for Association meetings.

## **1.6 Operational Requirements**

1. The provider will be properly credentialed to do business in Louisiana and will maintain certification of good standing with the Secretary of State.
2. The provider will have and maintain the management and organizational capacity to operate the facility for the term of the CEA.
3. The provider shall have the financial resources and financial stability adequate to establish and operate this facility successfully for the term of the CEA
4. The provider will provide to State written quarterly progress reports outlining the provider's resources, initiatives, activities, services and performance consistent with the provisions, goals and objectives of this CEA.

5. The provider will make a good faith effort to offer employment to and hire former OCDD employees separated due to the transition to a private provider.
6. The provider will make a good faith effort to offer contracts for necessary professional services to contractors formerly used by the ARSSC.
7. The provider will at all times comply with rules and procedures for the Louisiana Direct Service Workers Registry (LAC 48: I. Chapter 92) or any subsequent rules and procedures promulgated by DHH.
8. The provider will assume responsibility for its personnel providing services hereunder and shall make all deductions for social security and withholding taxes, contributions for unemployment compensation funds.
9. The provider will have and maintain an Emergency Management and Continuity of Operations Plan providing for effective hurricane evacuation and other hazard responses, including documentation of relocation facility location(s) and adequacy, which is equivalent to or more effective than the plan(s) in place for the ARSSC as of 12/01/2010. The plan is available for review on the OCDD website and during the site visit to the facility. The current evacuation site at Pinecrest Supports and Services Center will continue to be available for the facility operated through a CEA.
10. The provider will participate in transition support, data collection and monitoring specified in the CEA. Any requested facility access, information, documents or employees will be made available to designated OCDD staff person(s) for determining compliance with CEA or for data collection specified in the CEA.
11. The OCDD will make available transition support, technical assistance, and consultation, including an on-site liaison, at OCDD's sole discretion.
12. The use of the ICF/DD beds and continuation of the CEA past the initial period is at the sole discretion of the Department.
13. The term of the CEA will be five (5) years unless the Department agrees to an extension.

## **1.7 Insurance Requirements**

The provider will meet all provisions of Article V in Annex 11 - Cooperative Endeavor Agreement. Potential responders should read that Article carefully and thoroughly.

## **2. ADMINISTRATIVE INFORMATION**

### **2.1 RFI Coordinator**

Requests for copies of the RFI and written questions must be directed to:

Name: Kindred E. Hodge  
 Title: Program Manager 4  
 Address: P.O. Box 3117  
 Baton Rouge, Louisiana 70821-3117  
 Phone: 225-342-0095  
 Fax: 225-342-8823  
 Email: kin.hodge@la.gov

Additional copies of this RFI are available in electronic form on OCDD website in the news section of the home page, or via email or in printed form by contacting the RFI Coordinator.

## 2.2 Responder Inquiries

The Department will review written inquiries regarding RFI requirements or Scope of Services on or before the date specified in the Calendar of Events. The State reserves the right to modify the RFI should a change be identified that is in the best interest of the State.

Written inquiries and requests for clarification of the content of this RFI should be submitted via email to Kindred E. Hodge at kin.hodge@la.gov. Responses to each of the questions presented will be sent by email to every potential responder who has scheduled or completed the mandatory site visit and posted with the RFI in the news section of the OCDD home page, <http://new.dhh.louisiana.gov/index.cfm/subhome/11/n/8>.

## 2.3 Site Visit and Document Review

Potential Responders must visit the facility prior to submitting a response. Responders who have not visited the site prior to submitting a response will not be considered for entering into a CEA for the use of the beds and the facility.

Documents either referenced directly in this RFI or useful for preparing a response are contained in Annexes 1 through 11 posted with the RFI in the news section of the OCDD home page, <http://new.dhh.louisiana.gov/index.cfm/subhome/11/n/8> or are available for review at the site visit.

## 2.4 Calendar of Events

<u>Event</u>	<u>Date</u>
Advertise RFI	March 7, 2011

Information Meetings for Potential Responders	March 11, 2011
Mandatory Site Visits by Potential Responders	March 14, 2011 – March 18, 2011
Deadline for receiving written questions	March 25, 2011
Deadline for written response to questions	March 29, 2011
Response submission deadline	April 13, 2011
Review of information and selection of participants	April 15, 2011

NOTE: The State of Louisiana reserves the right to amend and/or change this schedule of RFI activities, as it deems necessary.

### 3. RESPONSE INFORMATION

#### 3.1 Response Content

Providers interested in responding to this RFI must submit a capability statement of no more than 20 pages that details the ability to perform the aspects of this CEA described above. Detailed material such as organization charts, copies of original documents such as Secretary of State documents or copies of training materials, etc., may be attached to the 20 page statement. Specifically, the capability statement should describe/include the following.

1. The name of the organization and the date it became operational.
2. Certification from Secretary of State that the company is in good standing.
3. Documentation of the responder’s fiscal capacity to operate the proposed program, including but not limited to:
  - a. A letter of credit from the company’s financial institution,
  - b. A statement of assets & liabilities, and
  - c. Audit results from CPA.
4. A statement of the responder’s involvement in litigation that could affect this work should be included. If no such litigation exists, responder should so state.
5. Evidence of any current licensure for residential services and a list of residential program settings. Include a copy of last two annual Health Standards Section (HSS) surveys, response (corrective actions) and clearance of deficiencies if licensed in Louisiana through the HSS. For providers licensed by the DHH Health Standards Section there must be no findings of failure to meet any conditions of participation for the last two years.

6. A business plan including all information required in Attachments A through E in the CEA template (Annex 11) that indicates how you would meet the requirements of the Scope of Services above and the attached CEA.
7. A description of all current business / services delivered by your organization, including any Medicaid services.
8. The total number of consumers served by this company/organization in fiscal year 2009-10(if applicable).
9. A description of the organization's experience and qualifications for person-centered planning.
10. A copy of your curriculum and procedures for training staff.
11. A description of the proposed staffing and organizational chart including:
  - a. Proposed staff ratios,
  - b. If similar facilities are operated by the responder staff ratios and organizational chart for similar facilities the organization operates,
  - c. Roster of contract professional staffs, including contractors such as physician, nurse, psychologist, behavior specialist, etc.,
  - d. A statement regarding the responder's intent and willingness to hire former employees of the ARSSC,
  - e. A statement regarding the responder's interest and willingness to use contractors currently working with the ARSSC,
  - f. A description of employee pay and benefits, including as appropriate,
    - i. Pay scales/rates, including any policies/procedures for longevity pay,
    - ii. Policies and procedures on recruitment and retention,
    - iii. Health insurance,
    - iv. Retirement, and
    - v. Leave policies.
  - g. Data on retention/turnover rates for similar programs operated by the responder, if any.
12. A description of the organization's experience with providing services to the population identified in the RFI including details on how the organization successfully supports this group.

13. A description of adequate experience, training and resources necessary to serve the special needs of the identified population referred for service for the term of the CEA; including but not limited to the following areas; aging, mental health and behavioral disorders; complex medical needs and therapeutic services; adaptive equipment; and individuals who are non-ambulatory.
14. A sample of an Individual Service Plan for someone responder is already serving, if applicable, including specialized support plans for individuals with behavior challenges, physical, nutritional or ambulatory needs, or other unique categories of the population.
15. A copy of the organization's policy for Quality Assurance/Quality Enhancement policy and procedures.
16. A copy of the responder's current or proposed policy and procedure on:
  - a. Abuse and Neglect , and
  - b. Critical Incident Reporting and Management.
17. A copy of the responder's current emergency preparedness and evacuation plan. The responder may also indicate the intent to adopt in whole or in part the existing ARSSC emergency plan.
18. A list and description of vehicles and transportation resources to be used for the facility. Provider will have vehicles of no less than the same number and types allocated exclusive for use by people supported by the ARSSC as of 12/01/2010. If the responder proposes to delay acquisition of the vehicles until after the RFI process then the response must include a description of the numbers and types of vehicles, plan for acquisition, and indication that the responder can have them in place prior to June, 2011 at a minimum.
19. A description of preventive and general maintenance plans and procedures.

### **3.2 Response Location**

The fully completed response must be received by the RFI Coordinator by the deadline date specified in the Calendar of Events. Fax or e-mail submissions are acceptable.

### **3.3 Ownership of Response**

All materials submitted in response to this RFI become the property of the State.

### **3.4 Proprietary Information**

Only information, which is in the nature of legitimate trade secrets or non-published financial data, may be deemed proprietary or confidential. Any material within a response identified as such must be clearly marked in the response and will be handled in accordance with the Louisiana Public Record Act, R.S. 44:1-44.

### **3.5 Cost of Preparing Response**

The State is not liable for any costs incurred by prospective responder submitting a response. Costs associated with developing the response and any other expenses incurred by the provider in responding to this RFI are entirely the responsibility of the responder, and shall not be reimbursed in any manner by the State of Louisiana.

### **3.6 Errors and Omissions in Response**

The State will not be liable for any errors in response. The State, at its option, has the right to request clarification or additional information from a responder.

### **3.7 CEA Award and Execution**

The submission of responses to this RFI does not obligate the State to execute an CEA.

### **3.8 Code of Ethics**

Responders are responsible for determining that there will be no conflict or violation of the Ethics Code in the process of responding to this RFI.

## **4. RESPONSE INSTRUCTIONS**

### **4.1 Response Submission**

Responses must be received on or before the date specified in the Calendar of Events. Responders mailing their responses should allow sufficient mail delivery time to ensure receipt of their response by the time specified. The response package must be submitted to:

Name: Kindred E. Hodge  
Title: Program Manager 4  
Address: P.O. Box 3117  
Baton Rouge, Louisiana 70821-3117  
Phone: 225-342-0095  
Fax: 225-342-8823  
Email: kin.hodge@la.gov

The State requests that one original and one copy of the response be submitted to the RFI Coordinator. The original response must be signed by those company officials or agents duly authorized to sign legal documents on behalf of the organization.

### **4.2 Cover Letter**

A cover letter must be submitted on the responder's official business letterhead.

### **4.3 Response Format**

Responders should submit a written capability statement of no more than 20 pages of text that addresses by paragraph number each item in Section 3.1 above. Supporting documentation, such as manuals, curricula, survey reports and etc. may be referenced in the text and attached. The statement and attachments must include information to satisfy evaluators that the responder has the appropriate experience, and qualifications to perform the scope of services as described herein. Responder must respond to all areas requested.

### **4.4 Certification Statement**

The responder must sign and submit the Certification Statement. A downloadable copy is posted with the RFI in the news section of the OCDD home page.

## **5.0 Review and Follow-up**

### **5.1 Review Team**

Responses will be reviewed by a team to be designated by the Assistant Secretary. Members of the review team will be trained on their responsibilities prior to reviewing responses. At a minimum the team will be composed of:

- A representative from the OCDD Central office,
- A representative from the Supports and Services Center,
- A representative appointed by the ARSSC Family Association and
- A representative from the DHH Health Standards Section.

The Assistant Secretary may choose to add representatives to the review team if she determines a need to do so. All members appointed shall be free of conflicts of interest.

### **5.2 Evaluation of Statements of Capability**

The review team will review the copies of the response and make a recommendation to the Department.

In determining which Responder to recommend to the Department, the review team will first evaluate and rank the responses based on the required content. Then the team will apply the following priorities. For responses that satisfactorily indicate the needed capacity priority in selection will be given to responders according to the following criteria:

1. Provider agrees to interview and, if possible, offer employment to former public facility employees, in particular those who formerly worked with the individuals to be supported.
2. Provider agrees to interview and, if possible, offer contracts to former contract professionals used by the ARSSC.
3. Provider agrees to and has the capacity to continue the commuter day program.

4. Provider demonstrates staff training exceeding minimum requirements in both quantity and quality,
5. Provider demonstrates higher pay and greater retention of direct support professionals, and
6. Provider agrees to include family members in governance of its program and describes how participation will be accomplished.

If no responses meet the priority criteria then the original ranking will apply.

After receiving the review team recommendations the Department may take other factors into account at that point including, but not limited to, the provider's history in working with the Department, the ability to adequately supervise the facility given its location relative to other operations of the responder, and whether or not the responder currently provides services in the region(s) of the facility.

If there are no responses for this RFI the Department reserves the right to directly contact providers who may have the needed capacity in order to develop appropriate supports.

### **5.3 Follow-Up**

Responders will be notified of the Department receipt of their RFI response and whether or not after review the Department wishes to enter into a CEA with the Responder. The name of organization to be offered a CEA as part of this process will be made public.

## CERTIFICATION STATEMENT

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The undersigned hereby acknowledges she/he has read and understands all requirements and specifications of the Request for Information (RFI), including Annexes 1 through 9 and other posted documents referenced in the RFI, and has completed the site visit at the facility..

**OFFICIAL CONTACT:** The State requires that the responder designate one person to receive all documents and the method in which the documents are best delivered to that person. Identify the contact name and fill in the information below: (Print Clearly):

Official Contact Name: \_\_\_\_\_

A. E-mail Address: \_\_\_\_\_

B. Facsimile Number with area code: (\_\_\_\_) \_\_\_\_\_

C. US Mail Address:  
\_\_\_\_\_

D. Telephone Number: (\_\_\_\_) \_\_\_\_\_

Responder certifies that the above information is true and grants permission to the State or Agencies to contact the above named person to verify the information provided.

By its submission of this response and authorized signature below, responder certifies that:

- (1) The information contained in its response to this RFI is accurate;
- (2) Responder complies with each of the mandatory requirements listed in the RFI and will meet or exceed the functional and technical requirements specified therein.

Authorized Signature: \_\_\_\_\_

Typed or Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_

Name and Title

Date