



INLAND REGIONAL CENTER

...valuing independence, inclusion and empowerment

REQUEST FOR NEED

TYPE OF PROGRAM: Intermediate Care Facility Developmentally Disabled - Nursing (ICFDD/N)

GEOGRAPHIC LOCATION: Victorville (specifically Victorville); Southern Riverside County (specifically Temecula; Murrieta)

AVAILABILITY OF START-UP FUNDS: Start-up funds are **not available** to support the development of these homes. Applicants are responsible for all costs associated with licensure and start-up activities.

SERVICE DESCRIPTION: Individuals supported in these homes will be male and female adults, ages 18 and older, who have a minimum of one or more Regional Center qualifying diagnosis. Individuals will also have a combination of severe medical and severe self-care deficits and will require 24-hour personal care and nursing supervision.

FACILITY REQUIREMENTS: The home to be vendored, must qualify as an Intermediate Care Facility Developmentally Disabled – Nursing (ICFDD-N) pursuant to the regulations identified within the California Department of Public Health (CDPH) Licensing and Certification Programs. Additionally, an approved Program Plan as described within Title 22 California Code of Regulations must be submitted to DDS for review and approval prior to CDPH licensure.

The facility should provide a home-like environment with a maximum vendored capacity of six (6) individuals who may be either ambulatory or non-ambulatory.

CRITERIA FOR RESIDENTAL APPLICANTS: Eligible applicants will have experience providing services within the Intermediate Care Facility Developmentally Disabled Habilitation or Nursing levels and/or have a history of successfully dealing with individuals who have multiple health care needs and severe self-care deficits.

SUBMISSION INSTRUCTIONS: Interested parties shall submit the following:

1. Letter of interest
2. Professional resume(s)
3. Monthly Operational Costs: A line item description of anticipated ongoing monthly operational costs of the proposed program (See Attachment A).
4. Projected Start- Up Costs: A line item description of anticipated start- up costs of the proposed program (See Attachment B).
5. Schedule of Development: A step-by-step action plan which includes measurable, time-limited activities by which to develop the proposed home.

DELIVERY INSTRUCTIONS: Please mail letter of interest and supporting documentation to:

RDTU

Attention Nicole Sanchez

P.O. Box 19037

San Bernardino, CA 92423-9037

DEADLINE FOR SUBMISSION: This request for need will remain open until resources have been developed and the service need has been fulfilled. Successful completion of the vendorization process does not guarantee referrals or purchase of service.

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**Attachment A:
MONTHLY (Ongoing) OPERATIONAL COSTS**

Item	Projected Ongoing Cost
Administrator's Salary	_____
Auto Gas and Oil	_____
Auto Lease	_____
Auto License/Insurance	_____
Consumer Activities	_____
Employee Wages, Benefits, and Insurance	_____
Employee/Payroll Taxes (FICA/Unemployment)	_____
Electric/Gas	_____
Food	_____
Furniture/Equipment/Appliances	_____
Household Supplies/Linens	_____
Insurance (General and Professional)	_____
Lease or Mortgage Payments	_____
Licensing Fees	_____
Maintenance/Repairs	_____
Mileage (if paid to employees)	_____
Program Consultants	_____
Program Supplies	_____
Telephone	_____
Other (Specify)	_____
TOTAL PROJECTED MONTHLY COSTS	\$ _____

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Attachment B: PROJECTED START UP COSTS

Include a description of how each line item was constructed. Include only those items applicable to your proposed project. If not applicable, mark N/A.

Item	Projected Cost
Administrator's Salary or Overhead (Maximum 15% of contract amount)	_____
Advertising	_____
Auto Gas	_____
Auto Lease (First 3 months)	_____
Auto Insurance	_____
Electric/Gas	_____
Employee Wages and Benefits (For Training)	_____
Fingerprints	_____
Furniture and Major Equipment	_____
Household Supplies/Linens	_____
Insurance (General and Professional)	_____
Kitchen Equipment/Small Appliances	_____
Lease/Mortgage (Up to 3 Months)	_____
Licensing Fees	_____
Office Supplies	_____
Program Consultants (For Training)	_____
Program Supplies/Recreation Equipment	_____
Telephone/TV Cable	_____
Other (Specify)	_____
TOTAL PROJECTED START-UP COSTS	\$ _____