



# INLAND REGIONAL CENTER

...valuing independence, inclusion and empowerment

## REQUEST FOR NEED

**TYPE OF PROGRAM:** Residential Care Facility for the Elderly (RCFE) Levels 3 and 4

**GEOGRAPHIC LOCATION:** Riverside County; San Bernardino County

**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 60 and older, who have a minimum of one or more Regional Center qualifying diagnosis. Individuals will require specialized services due to aging and increased medical issues. These individuals may be ambulatory or non-ambulatory, may have durable medical equipment needs, may have Restricted Health Conditions, may have moderate to severe self-care needs and may have the following behavioral challenges that may or may not be associated with dementia; aggression, self-injurious behaviors, elopement, and property destruction.

**FACILITY REQUIREMENTS:** The facility should provide a home-like environment with a maximum vendored capacity of four (4) individuals who may be ambulatory or non-ambulatory. Each individual shall have his or her own bedroom and a full-size bed or larger. The home must be in compliance with the Centers for Medicare and Medicaid Services issued Final Rule.

The home shall be licensed by the Department of Social Services, Community Care Licensing Division as a RCFE approved to accept or retain individuals diagnosed by a physician to be bedridden or have dementia, as specified in Title 22 Section 87606 and 87705. The home should also obtain a hospice care waiver from the Department, on behalf of any future resident who may request retention and hospice services in the home, as per Title 22 Section 87632.

**CRITERIA FOR RESIDENTIAL APPLICANTS:** Potential licensees/administrators for these homes must have a minimum of twelve (12) months prior experience providing direct supervision and special services to persons with developmental disabilities in a licensed and vendored regional center residential facility; Title 17, Ch. 3, SubCh. 4, Section 56037 (d)(1).

**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.

# Inland Regional Center

## 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	\$ _____