



## REQUEST FOR QUALIFICATIONS (RFQ) CERTIFIED PROVIDER

FOR

### SHORT-TERM RESIDENTIAL RESPITE SERVICES FOR THE WOOD COUNTY BOARD OF DEVELOPMENTAL DISABILITIES

The Wood County Board of Developmental Disabilities is soliciting applications from qualified certified providers interested in providing Short-Term Residential Respite Services for the Wood County Board of Developmental Disabilities. Provider(s) with relevant experience and qualifications are encouraged to submit an application. The purpose of the RFQ process is to identify the most qualified provider(s) for each location. The Board reserves the right to make the selection based solely on the qualifications submitted without conducting a formal interview process. This application process is not subject to public bidding under O.R.C. 307.86(D). The provider(s) ultimately selected by the Board will provide full Short-Term Residential respite services for individuals, as directed by the Board.

A complete package of this RFQ including the required application can be obtained from the Wood County Board of Developmental Disabilities website [www.woodcountydd.org](http://www.woodcountydd.org) or by contacting Rhonda Kendall Wood County Board of Developmental Disabilities at [rkendall@woodcountydd.org](mailto:rkendall@woodcountydd.org), or by calling 419-352-5115. Copies will also be available for pick up Administrative Offices, Entrance A, located at 1921 East Gypsy Lane Road, Bowling Green, Ohio.

#### 1. RESPONSES:

- a. Questions and responses must be submitted in writing and addressed to the Board in care of Rhonda Kendall, [rkendall@woodcountydd.org](mailto:rkendall@woodcountydd.org)
- b. All questions must be submitted in writing by October 8<sup>th</sup>, 2019 by 4:30 p.m. All questions will receive a response within two (2) business days. No questions will be accepted verbally and beyond the time listed.

#### 2. SCOPE OF SERVICES:

##### Required Provider Deliverables:

Maintain services in the residential respite setting in accordance with the ISP.  
Transport to all medical and psychological appointments, if needed.  
Coordinate delegated nursing services for medication administration, if needed.  
Within 4-6 hours of referral, provider will plan to transition individual to the home.  
Provide and prepare healthy food options for duration of stay.  
Serve any individuals three years of age and older.  
Maintain a safe & clean home environment.  
Respite staff should be available 24 hours per day / 7 days a week.  
Provide awake overnight staff if deemed necessary by ISP.  
Provide daytime staff if school/day services are not available or appropriate.  
Ability to manage spending money for individual as identified per ISP.  
Maintain DODD certification in Residential Respite.

### **3. REVIEW AND PROVIDER SELECTION SCHEDULE:**

The schedule is as follows:

Issuance of RFQ – **September 20, 2019 at**

Provider Forum – **September 30, 2019 at 10:00 a.m.**

Final date to submit questions – **October 8, 2019**

Application due – **October 15, 2019**

Selection of providers for interviews – **October 16, 2019**

Interviews of Selected Providers – **October 28, 2019 through October 31, 2019**

Proposed Provider notification (board action required) – **On or around November 1, 2019**

Board action - **November 18, 2019 or December 16, 2019**

Contract Commencement – **January 1, 2020**

### **4. LOCATIONS:**

The Wood County Board of Developmental Disabilities desires to expand respite services throughout the county. In doing so, the county will make available three (3) properties in Wood County. The county will own and maintain the property. Each location will be judged as a separate entity. Certified Provider(s) may submit an application for one, two, or three locations.

**Option A:** 3 bed accessible home in Portage, Ohio

**Option B:** 3 bed home for children in Rossford, Ohio

**Option C:** 4 bed duplex: 2 bed adult female, 2 bed adult male in Perrysburg, Ohio

Tours available upon request.

### **5. REQUIREMENTS:**

Minimum: Certified Provider(s) by Ohio Department of Developmental Disabilities in Homemaker Personal Care, Residential Respite or ability to obtain by January 1, 2020

Preferred: Certified Provider(s) by Ohio Department of Developmental Disabilities Non-Medical Transportation or ability/willingness to obtain by January 1, 2020

### **6. SELECTION PROCESS:**

From a review of the applications received, the Wood County Board of Developmental Disabilities intends to evaluate and possibly invite one or more provider(s) to be interviewed before making a final selection for services. The Board will notify selected provider(s) of the date and times of any interview. The Board reserves the right to select provider(s) based solely on application received.

The provider(s) selected based on qualifications will then enter into a contract with the Wood County Board of Developmental Disabilities. Provider(s) should identify their requested annual cost per bed in the application process. All applications requiring contract limits exceeding \$50,000 per bed will be automatically disqualified. The annual cost per bed will be paid in monthly installments. For individuals on an HCBS Waiver, the selected provider(s) will have the opportunity to bill Residential Respite. For individuals not on an HCBS Waiver, the provider(s) will be able to bill the County Board at a rate of \$150.00 for each overnight stay.

### **7. APPLICATION PACKET REQUIREMENTS:**

**A. Application Content:** Each Submittal shall be organized in the following order:

**1. Cover Letter:**

The cover letter shall include:

- Summary why the Provider believes they are the most qualified;
- The statement that, to the best of the Provider's abilities, all information contained in a complete and accurate application;
- A statement granting the Board and its representatives' authorization to contact any references; and
- At least one copy of the cover letter must have the original signature of the CEO or Authorized Representative of the provider agency.

**2. Completed Application**

**3. Supporting Documentation including:**

- a. Letters of Reference from multiple stakeholders, minimum of three (3)
- b. Evidence of Current DODD Provider Certification

**B. Submittal Documents – Format**

Application and supporting documents can be submitted electronically to Rhonda Kendall at [rkendall@woodcountydd.org](mailto:rkendall@woodcountydd.org) or in total, two (2) hard copies of the completed application and supporting documents are to be submitted to the Wood County Board of Developmental Disabilities in a sealed envelope labeled with Provider(s) name.

The sealed envelope in which the applications are delivered must be clearly labeled on the outside with the Respondent's name and the project identification, "WCBDD Short-Term Residential Respite Provider Qualifications Packet".

Upon submission of the electronic application, you will receive an e-mail confirmation of receipt. If you do not receive an e-mail confirmation within one business day, please call Rhonda Kendall at 419-352-5115.

It is preferred that the application be typed.

**Applications shall be delivered electronically, mailed/delivered to the following addressee on or before 4:30 p.m. local time on Tuesday, October 15, 2019.**

ATTN: Rhonda Kendall  
Wood County Board of Developmental Disabilities  
1921 East Gypsy Lane Road  
Bowling Green, Ohio 43402

**Late applications will not be accepted.**

**C. Modifications and withdrawal:** Provider(s) may modify their application by submitting a new application at any time prior to the scheduled closing time for receipt of application. The revised application must state it supersedes and replaces the previous statement of interest. Applications may be withdrawn by written request if received from the Provider prior to the scheduled closing time for receipt of application.

**8. RESERVATION OF RIGHTS:**

- A.** The Board reserves the right to reject all providers, decline to proceed with selection of any candidates, to request additional qualifications, and to make inquiries as may be necessary to verify qualifications.
- B.** Nothing in this document shall require the Board to proceed with a contract for services.

**9. ADDITIONAL INSTRUCTIONS, NOTIFICATIONS and INFORMATION:**

- A.** The Board reserves the sole right to (1) evaluate the applications submitted; (2) waive any irregularities therein; (3) reject any or all applicants submitting applications, should it be deemed in the Board's best interest to do so; (4) to make selection based solely on qualifications without an interview process; (5) to negotiate a contract with the provider(s) it believes can best meet the needs of the program.

END DOCUMENT



## Application for Short-Term Residential Respite

1. Identify which Short-Term Residential Respite Options you are applying for? Please select all that apply.

Option A: 3 bed accessible home in Portage, Ohio

Option B: 3 bed home for children in Rossford, Ohio

Option C: 4 bed duplex: 2 bed adult female, 2 bed adult male in Perrysburg, Ohio

2. Provide a brief narrative regarding your agency's history & mission.

3. Describe any experience in providing short-term Residential Respite.

4. Name of the CEO and/or Authorized Representative of the agency

5. Location of main and branch offices

6. Identify size of agency by DODD standards:

Small - serves 50 or less

Large - serves 51 or more

7. Provide a brief narrative describing your staffing plan to meet the deliverables and timelines identified within this RFQ. Include hiring, retention and back up plans.

8. Describe your capacity for transportation.

9. Describe your process for delegated nursing when it is needed.

10. If Option B is being considered, provide a brief narrative of your experience working with children.

11. Describe your agency's crisis intervention processes.

12. Identify your requested annual cost per bed.

#### Supporting Documentation

- a. Letters of Reference from multiple stakeholders, minimum of three (3)
- b. Evidence of Current DODD Provider Certification
- c. Supporting information for the questions if you wish to provide it.

## Directions

Please send completed application and supporting documentation to [rkendall@woodcountydd.org](mailto:rkendall@woodcountydd.org) by **October 15, 2019**. If you wish to submit a paper copy, please include 2 copies of the application and supporting documentation and send via mail post dated no later than October 9, 2019 to:

*Wood County Board of Developmental Disabilities  
C/O Rhonda Kendall  
1921 East Gypsy Lane Road  
Bowling Green, OH 43402*

Paper copies may also be submitted in person at the above address, entrance "A" by October 15, 2019.