# Developmental Disabilities Administration (DDA)

# Request for Letters of Interest

# Adult Planned Respite Services

## Submission Deadline: Friday, November 13th 2015 at 5:00pm

Announcement

DDA is seeking letters of interest from parties interested in becoming contracted providers for one or more respite beds for adults with developmental disabilities. Adult Planned Respite Services are intended to provide families and caregivers with a break in caregiving at a in a community-based setting.While the people needing respite services may vary, the target population for this service is adults who live at home with their families and need up to 24 hour available supervision and can typically share staff time and attention with others. Respite bed utilization is expected to be 85%.

Summary of Project

In the 2015-2017 biennium budget, the state legislature provided funding to develop eight planned respite beds for individuals with developmental disabilities (adults) to provide short-term community-based planned respite services across the state as an alternative to using respite services in an institutional setting. DDA will consider models that will provide support for people with a varied level of care needs. DDA intends to contract with multiple providers to develop these respite bed resources across the State.

Requirements

In general, providers of adult planned respite are responsible to

* Provide a safe, comfortable environment which includes:
  + The following amenities: a bed, bathroom, clean linens, access to cooking facilities, 3 meals and 2 snacks per day
  + Compliance with any applicable licensing or certification requirements of the home (for example; if bed is within an AFH, must meet all AFH licensing requirements)
  + Fully ADA accessible
* Provide adequate supports to meet health and safety needs including:
  + 24 hour available staff
  + Individual staff attention for some portions of the day when needed to meet assessed needs
  + Staff who are trained in accordance with the requirements of the setting
  + Staff who can perform are nurse delegated tasks or are licensed to meetneeds when clients cannot self-medicate as defined in DDA Policy 6.19
* Provide access to local community resources, including transportation. Create and maintain plans and documentation including:
  + Completion of planned respite agreement prior to services
  + Completion of property inventory at beginning and completion of stay
  + Documentation of medications assisted with and / or administered during stay
  + Completion of Incident Report if needed in accordance with policy 6.12
  + Assistance with facilitating a client feedback survey regarding the respite stay

Evaluation Criteria

Each proposal will be evaluated based on but not limited to the following criteria:

* Services needed and letters of interest received for the geographical area
* Staff training and expertise to provide required services
* Provider history including populations served, statements of deficiency and licensing actions if applicable
* Financial feasibility of meeting requirements within allocated funds

Submission Process

All materials should be received by posted deadline. Submissions will be accepted via email to [millesj@dshs.wa.gov](mailto:millesj@dshs.wa.gov) or via US mail to DSHS / DDA, PO Box 45310 Olympia, WA 98504 Attn: Sandi Miller

Note: additional materials or clarification may be requested by review committee if needed for evaluation

Projected Timeline

11/13/15 Letters of interest due

11/30/15 Evaluation of letters complete; submitters contacted

12/15/15 Contracts ready for signature

12/28/15 Initial services begin

# Adult Planned Respite Services Application

Applicant / Agency Name: Click here to enter text.

Non-Profit Corporation  For Profit Corporation  Partnership  Other:

Name and Job Title of Contact Person: Click here to enter text.

Phone: Click here to enter text. Alternate Phone: Click here to enter text.

Email Address: Click here to enter text.

Number of Respite Bed(s) interested in contracting to provide:  1  2  3  4

Proposed Respite Bed(s) are:

Within an existing licensed facility  In an existing location which is not currently licensed

Address: Click here to enter text.

Type of License or Certification:  AFH  Supported Living Agency  Private Residence

DDA Group Home licensed as AFH  DDA Group Home licensed as AL  Other: Click here to enter text.

Number of people currently supported in this facility / cluster or household: Click here to enter text.

Would be developed if awarded a contract (please describe location and setting proposed to be developed): Click here to enter text.

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| Personnel:  Staffing would be shared with another service currently being provided (please describe): Click here to enter text.  Staffing for respite bed(s) would not be shared except with other persons using respite in same location  How many existing, trained staff do you already have who would work in this home? Click here to enter text.  Are you a licensed nurse or do you employ licensed nursing staff?  yes  no  Do you currently work with a contracted delegating nurse?  yes  no  Who would manage the respite home and what other management responsibilities would they have? Click here to enter text.  Signature of person submitting application: Date: .  Attach the following:   1. A monthly budget which includes:    1. Wage scale and expected hours for all staff associated with project    2. Describe benefits offered as a part of compensation for all staff associated with project    3. Detailed description of monthly operating costs for the respite home (including rent, utilities, food, administrative and overhead costs)    4. Proposed daily rate for respite bed (paid only when bed is utilized) 2. Brief narrative describing:    1. The proposed setting, mission and operation of the respite home / respite bed(s)    2. How you propose to manage food    3. What transportation will be available    4. How you would go about ensuring people are well-matched in a shared household    5. Any limitations to client needs you could accommodate    6. What other services, homes supported by the same agency or office space are in close proximity to the proposed respite bed / home    7. Whether and how you anticipate sharing staff with other contracted or licensed services, and how you will monitor the sharing of services    8. The number of bedrooms, bathrooms, and any other physical characteristics of home, and how many bedrooms are/will be wheelchair accessible 3. A proposed staff schedule 4. A timeline identifying the number of days from notification of intent to contract to provision of services |