



Interior Health

***Home and Community Care
Residential Care and Assisted Living Campus
(In partnership with BC Housing)***

Part 1 of 2 Residential Care Component

This document outlines the criteria for Residential Care units and should be used with *Part 2 of 2, Assisted Living Component* during the preparation of a Proposal.

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1 - EXECUTIVE SUMMARY

In the past several years, the Ministry of Health (Ministry) and Health Authorities have reviewed the alternatives for accommodations of seniors within the province. The goal is to offer improved and additional choices of living arrangements for the growing and aging population within Interior Health (the Authority). The emphasis of this Proposal call is to provide complex care including specialized dementia care services that are designed to accommodate those residents with the highest and most complex needs.

The Authority's Plan (*Home & Community Care Service Plan, 2004-2007*) identifies the requirement for such facilities to replace existing facilities or to provide additional capacity. This Plan is an integral component of the Authority's strategy to provide a network of facilities, services and staff resources to meet the needs of the Authority's population. All projects within that Plan, including those units, which may be made available as a result of a successful Proposal call, proceed only on Board approval and funding availability.

This Request for Proposal (RFP) is for complex residential services. Proponents are encouraged to independently provide additional accommodations/programs with an alternate income source.

Proponents are encouraged to be innovative and to seek creative ways of meeting client needs. Proponents should include information that may be an additional benefit(s) for evaluation of the RFP.

This document is a guide for Proponents to prepare a Proposal that demonstrates experience, skill, and business preparedness in the provision of complex residential services and an understanding of the integration of operating philosophy, business management and building design.

The outcome of this process will be the selection of a Proponent with whom a Contract can be successfully negotiated for high quality residential care services to meet the changing needs of seniors and adults with disabilities in a dynamic, respectful, and responsive manner.

The evaluation criteria included in this RFP outline specific requirements and options that may add value to a complex residential care project within the Authority.

2 - GENERAL INFORMATION

2.1 OVERVIEW OF INTERIOR HEALTH

Interior Health is one of five health Authorities in British Columbia. It encompasses four Health Service Areas: Okanagan, Thompson-Cariboo-Shuswap, East Kootenay and Kootenay Boundary.

The Authority operates acute care, extended care and intermediate care facilities, and provides health care through major programs such as Community Care, Public and Mental Health. The Region provides a wide range of medical, ambulatory care and paramedical services at its acute care sites.

Community Health services include residential care, adult day programs, home nursing, home support, long-term care, rehabilitation and public health programs such as immunizations, public health nursing, maternity programs and mental health programs.

Please refer to our website www.interiorhealth.ca for additional details.

2.2 TERMINOLOGY

The following terms will apply to this RFP and to any subsequent Contract. Submission of a Proposal in response to this RFP indicates acceptance of all the following terms:

Authority – The Interior Health Authority;

Campus – Sites including a number of types of community living such as independent accommodations or apartments, supportive housing, assisted living, dementia care and residential care units;

Contract – The agreement resulting from this RFP executed by the Authority and the successful Proponent, and will consist of the RFP and any addenda and amendments, the Proponent's response, documents containing any additional terms or conditions clarified or mutually agreed to before awarding the Contract and written ratification of the Development and Operating Agreements by the Authority;

Development Agreement – An Agreement between the Authority and the Operator for the design and construction of the project, the proposed form of which is included as part of the RFP.

Direct Care Hours – Staff (RN, LPN, CA) hours associated with direct client care;

EOI – An Expression of Interest;

Evaluation Committee – A committee, comprised of members of the Authority and consultants that may be contracted at the sole and unfettered discretion of the Authority, assembled to complete the evaluation of the Proposals;

Must or Mandatory – A requirement that must be met in order for a Proposal to receive consideration;

Operating Agreement – An agreement between the Authority and the Operator for the full, long-term operation and management of services including maintenance, and life cycle renewal of the project, the proposed form of which is included as part of the RFP.

Operator – The successful Proponent to this RFP who enters into a written agreement with the Authority;

Pod – self-contained cluster of units with sole access to dining space, bathing space, recreation space and lounge area;

Proponent – An individual or a company that submits, or intends to submit, a Proposal in response to this RFP;

Proposal – The written submission by the Proponent in response to the RFP;

Provider – The successful Proponent to this Request for Proposal who enters into a written Contract with the Authority;

RFP – This Request for Proposal;

Should – A requirement having a significant degree of importance to the objectives of the RFP. The significance will be determined solely by the Authority;

Unit – A Dwelling area consisting of a bed, associated bedroom space and a self contained bathroom all of which meets the current definition of a complex care bed, and associated Residential Care services provided to an individual.

3 - PROJECT SCOPE

3.1 INTRODUCTION

This RFP is seeking Proponents who:

- Have experience in the provision of multi-level, complex care, or extended care residential services;
- Have the experience and resources to provide and operate a new purpose-built residential care facility;
- Can commit to timely completion of the facility which will not exceed December 2008. A firm commitment on a piece of property with planning (including rezoning) in process will be considered an asset; and
- Will meet the requirements and can obtain a license for the provision of care as required in the *Community Care Facility and Assisted Living Act* and its Regulations.

The philosophy of the Authority is for the development of campus style facilities wherever possible. These developments typically include a number of choices for community living such as independent accommodations or apartments, supportive housing, assisted living, dementia care and residential care units. Campus models provide a continuum of integrated residential and community programs, and the opportunity for the true partnering of private and public programs and revenue opportunities to the private and/or non-profit partners.

3.2 RESIDENTIAL UNITS

3.2.1 Permanent Placement Unit

A residential unit used for residents, who are being admitted to a residential care facility on a permanent basis. Admission is based on:

- A need for 24-hour supervision and professional care that cannot be managed in the community;
- The client's medical causes of disability and dependency, which may be remedial, have been investigated and treated;
- The client's condition is medically and functionally stable;
- The client's degree of risk is not manageable within available community resources and devices; and/or
- The caregiver is living with unacceptable risk to their well-being.

3.2.2 Short-Term Unit

A unit in a residential facility to which clients are admitted for a specified length of time for an identified purpose (care planning goal) e.g. respite, palliative, convalescent, transition. It is anticipated that the facility will have a small number of their units identified as short-stay.

3.3 CLIENT PROFILE

Residential Care is the overarching term for all clients who meet the access criteria and are admitted to facilities using the complex care client groupings outlined in Ministry policy.

3.3.1 Frail Elderly Clients Requiring Complex Care

These are clients whose care needs necessitate 24-hour professional support. Clients would have end-stage disease, significant physical challenges and/or have multiple complex health problems. The clients fall into category D and E of the Ministry residential care admission policy. These groupings include clients with medical needs that could include ventilator use, dialysis, TPN and Central Lines.

3.3.2 Younger Clients with Complex Health Issues

This population represents a small but unique and diverse group of individuals within residential care. These clients have complex health needs arising out of chronic complex conditions such as Multiple Sclerosis, ALS and Acquired Brain Injury. Some of these individuals may have challenging behaviours. This client population would

be under the A, C, D, E category within the Ministry residential care admission policy. Supports and services need to be age appropriate and provided by staff with expertise relevant to the population. Services will be client centered and holistic. Resources will focus on the physical, social and psychological health of the clients and have a psychosocial behavioural approach.

3.3.3 Complex Care Clients Who Have Dementia

Dementia clients require a supportive, purpose-built environment, which maximizes their abilities. These are clients living with dementia who require housing and care, have moderate to severe dementia, and require daily assistance and supervision but not daily nursing care. Clients may display behaviours that are difficult to manage. Clients would be in the categories of A, B, C of the Ministry residential care admission policy.

Dementia care is for clients whose needs are greater than can be met in Assisted Living and who qualify for admission to residential care but whose functioning would be maximized in a purpose-built, home-like environment that extends their abilities and compensates for their cognitive deficits. These facilities will be licensed.

3.4 ADMISSION PROCEDURE

Facilities are expected to accept and provide care for the full range of residents The Authority will manage the admission of residents to the new facilities as directed by Ministry policies. Selective admissions to facilities will not be accepted. Clients may be admitted to dementia care under complex care groupings A, B and C, but as their needs change, they may fall under D or E.

3.5 LEGISLATION AND STANDARDS

The successful Proponent must receive a license prior to opening any residential complex care units. As outlined in the Contract, the operator must operate the facility in compliance with the appropriate legislation, standards and policies including, but not limited to the following:

- The *Community Care Facility and Assisted Living Act* and its Regulations;
- The *Continuing Care Act*;
- Policies and standards of the Authority relating to Home and Community Care and the provision of residential services, and
- Policies and standards of the Ministry of Health Services relating to Home and Community Care.

Versions of the Acts and Regulations may be viewed at www.healthservices.gov.bc.ca/ccf

3.6 INTERRAI ASSESSMENT TOOL

Interior Health will be implementing a computerized system, region wide, for the collection and management of a clinical, international, Residential Assessment Instrument (RAI), using version 2.0 of the Minimum Data Set (MDS). The InterRAI MDS V2.0, as it is known, is a requirement of the Ministry of Health for British Columbia.

Partners will be required to implement InterRAI MDS V. 2.0 assessment tool, as per the Ministry of Health requirements. There are two different implementation approaches that may be taken, and this may in part, depend on internal information systems, a partner may have implemented. These are:

3.6.1 InterRAI Option 1

Fully participation in the information system, developed by Interior Health, for the purpose of InterRAI MDS v 2.0 data collection and reporting. Interior Health will be responsible for the infrastructure costs which will include the central computer server and wide area network connectivity.

The partner will be responsible for:

- Purchase of necessary computer hardware on which to access Interior Health's system. This will be one PC per 25 beds, and 1 printer per 50 beds;
- Installation of a local area network within the facility for the above hardware, and access to the Internet;

- Purchase of software that resides on the PC at the partner's end;
- Support of the full implementation of the tool throughout their facility, including staff training on the RAI MDS v.2.0 tool itself, and the required computer training for using the Interior Health's information system. Interior Health will work with the partner in training one super-user for every 25 clients as our approach is to "train the trainer"; and
- Employ appropriately trained staff to use the assessment tool.

3.6.2 InterRAI Option 2 (Subject to negotiation with and approval by the Authority)

Implementation of an information system, separate from that of Interior Health, which still meets all the reporting requirements of RAI MDS 2.0 and Home and Community Care Minimum Reporting Requirements. In this case, the partner must be able to provide to Interior Health all the required data, for reporting to all required agencies including the BC Ministry of Health and Canadian Institute for Health Information (CIHI).

The partner will need to ensure the following is in place for the information solution they have implemented:

- Purchase and implementation of all necessary computer hardware and software, including all software licensing costs;
- Purchase and installation of the required local and wide area networks, dependent on the partner's information system chosen;
- Support the full implementation of the tool throughout their facility, including staff training on the RAI MDS v.2.0 tool itself, and any required computer training for the partner's information system chosen.
- Employ appropriately trained staff to use the assessment tool; and
- Ensure the system is fully maintained.

4 - RFP EVALUATION CRITERIA

4.1 MANDATORY CRITERIA (PASS/FAIL)

To receive consideration the following mandatory criteria must be met.

4.1.1 Proposal Submission Deadline

Documents must be submitted:

- To the contact and location identified on the front cover of this document;
- By **14:00**;
- On **March 16, 2006**; and
- In a package which clearly identifies this RFP number (**035RFP-IHACC06**), and the Proponent's name.

4.1.2 Letter of Introduction

A Letter of Introduction must be submitted with each Proposal (see APPENDIX 1 - Letter of Introduction (For-Profit) and APPENDIX 2 - Letter of Introduction (Not-For-Profit) for sample Letters of Introduction). Each letter must be an original, signed by an officer or owner(s) of the Proponent and contain the following:

- The Proponent name and legal name of entity, contact details including address, telephone and fax numbers and email address;
- A statement that through submission of this Proposal all terms and conditions of the RFP have been agreed to by the Proponent;
- A statement that the Proponent agrees to be bound by the contents of the Proposal and to any agreement resulting from the Proposal; and
- A statement acknowledging that the applicant is authorized to commit the Proponent to all propositions made in the Proposal. If a not-for-profit society, the Proponent must include the name of the Chair of the Board and a written disclosure that the Society's By-Laws do not restrict the Society from making this Proposal and entering into a service Contract.

4.2 CORPORATE STRENGTH (15%)

4.2.1 Proponent Profile

The Proposal should include:

- Contact person, position, current telephone, fax and e-mail information;
- A description of the organization (proprietary, partnership, not-for-profit society, etc), legal entities, registrations, charter number etc.;
- Identification of any other name that the organization has operated under including when and why the organization name was changed; and
- A list of parent or subsidiary corporations.

The Proponent is obligated to inform the Authority of any changes to key personnel, ownership, bonding capability, financial position, legal action or any other information which may affect its status with the Authority during the bidding or Contract periods within three days of the change.

4.2.2 History and Experience

The Proposal should outline:

- A brief history of the organization including the number of years in business. The history should include any agreements with Health Authorities during the past 3 years, including those currently in effect;
- Experience in project development and management;
- Experience in provision of complex/residential care including number of facilities/units;
- Experience with community development and permit requirements;

- Understanding of care and licensing; and
- Any other significant details that demonstrate the experience of the Proponent in project development and management.

4.2.3 References

Six references should be included in the proposal. Any references that are included must have agreed to provide such a reference. Those selected should be able to supply objective opinion of the Proponent and not have conflicting interest in the outcome of the RFP. Contact information for those who have agreed to act as references should also be included (name, designation, phone number and, if possible, e-mail address). The references should include:

- The Community Access Coordinator of an existing facility, if applicable;
- Family members of clients at other facilities, if applicable.
- A recent licensing report, if applicable;
- A health funding body, if applicable
- A community partner
- A lender (see 4.3.1 and 4.3.2 for further details);

4.3 BUSINESS CASE (15%)

4.3.1 Capital Budget

The Proposal should include:

- A construction budget (see APPENDIX 3 - Project Development Budget). No capital funding is available from the Authority for this project;
- Budget analysis information (see APPENDIX 4 - Budget Analysis)
- Financing information including status of discussions with lender regarding the amount of financing being requested and rates of interest;
- One sealed letter from the lender supporting the financing of the project. The Authority reserves the right to contact the lender for further information on the financing of the project; and
- Information as to status of application with CMHC, summarizing any discussions with CMHC (if this will be a CMHC insured mortgage).

If the Proponent is not the developer or land owner (and is not intending to be the land owner), the Proposal should also include:

- Information on the developer and/or land owner including the relationship between the Proponent and the other parties; and
- A brief history of the partnership, whether it is formalized or not, whether there will be an ongoing relationship after the construction of the building.

4.3.2 Operating Budget

The Proposal should include a continuous term operating budget reflecting the Proponent's commitment to maintain a stable funding base and a cost-effective service over the long term. (using the template in APPENDIX 5 - Operating Budget). The budget must separate the Authority's clients and private clients and also separately identify the client contribution (at \$28.10 per client per day). The Authority provides no guaranteed annual budget increases but is committed to dealing fairly and equitably with their care partners.

Unless a Proponent identifies services within complex care that are excluded from the Proposal, the Authority will assume that the service provided to clients is comprehensive and will not anticipate providing any core services into the facility, nor will the Authority be presented with additional costs at negotiation stage or thereafter for such services. Proponents are therefore encouraged to provide an explicit list of included and excluded services to ensure clarity for both parties.

The Proposal must also include one sealed letter submitted from the Proponent's financial lender (this may be the same individual/lending institution submitted as the capital budget lender). The Authority reserves the right to clarify or confirm the financial reference and the right to conduct a credit search. The letter should outline:

- The relationship between the lender and Proponent;
- The length of time the Proponent has been doing business with the lender;
- The approximate amount of lending/loans from the lender to the Proponent; and
- Comment on the Proponent's financial viability and business acumen.

4.4 LAND, BUILDING AND PROJECT MANAGEMENT (25%)

4.4.1 Land

Proposals should include a description of the land available for building including, but not limited to the following:

- Ownership status;
- Current zoning and status of re-zoning and the average length of time for a re-zoning process for the appropriate community;
- Description and diagram of land including size, building footprint, set backs and any limitations,
- Environmental assessment, area, topography,
- Proximity to essential services. Proposals should describe these in detail.

Any additional information regarding the land status such as, ownership documentation, agreement to purchase, and correspondence with city or re-zoning application should be included with the application.

Proponents without land under firm commitment may want to consider including a secondary site. A secondary site should be described using the same information as requested above and may be accepted as an alternative if the Proponent is awarded the Contract but then cannot use the first site as presented. If the Proponent is awarded the Contract and loses the site without having described a secondary site in the original Proposal, the Proponent will lose the award.

4.4.2 Building Design

Proponents should submit architectural floor plans of the proposed building design, as well as a clearly defined site plan, proposed elevations, a roof plan, and a clearly articulated outline specification for all building disciplines. The proposal should:

- Demonstrate how the building's design considers safety and security needs, how it deals with philosophy of care, and how the building design positively impacts the operating budget. The Proposal should also demonstrate how the building's design and specified materials, equipment and systems contribute to better life cycle costs including reduced operating, maintenance and cyclical renewal costs;
- Demonstrate how the energy consumption for this building will compare to the appropriate building model defined by the Canadian Model National Energy Code for Buildings (MNECB).
- Indicate the expected life of each building block as whole as well as the expected life of the major renewable building components and systems of each block.
- Outline any special design features that are being planned to meet the requirements of those with dementia in groups B and C and those with medically complex and/or specialized medical care in groups D and E;
- Outline the flexibility in facility design and adaptability to future changes including the changes in resident populations;
- Outline the Proponents specific intention with regard to implementing LEED® or other Sustainable/Green building methods. The description should be specific about application for LEED® Certification or merely following LEED® guidelines, and clearly indicate what methods will be implemented to achieve the sustainability level described.
- Display a complete understanding of the licensing requirements and the need for facilities designed for and in the best interest of the resident population that will be served by the facility and for the staff providing the care; and
- Meet the regulations in the *Community Care and Assisted Living Act*, design and operating requirements including regulations concerning single and double units.

The Proposal may also take into account preferences of the Authority which value:

- Purpose-built designs that reflect current best-known practice;
- Small "pod" sizes;

- Home-like environments; and
- Campus style facilities.

4.4.3 Project Development

Proponents should provide a full outline of the residential care facility development plan including:

- A Gantt chart demonstrating the number of weeks/months from Contract award to the following phases:
 - Start up – Financial, Zoning, Planning;
 - Design – Schematic Design, Design Development, Working Drawings to 50%, Working Drawings to 100%;
 - Construction; and
 - Commissioning, Inspection and Opening.
- The overall strategy for risk management from site acquisition to project completion including risk identification, assessment and mitigation plan. The plan should outline the ability to proceed to completion of facility and Contract requirements within 15 months of a letter of award;
- Risk management of admission of the clients during the opening phase in terms of time, numbers, phasing and client support;
- Operational systems that need to be in place prior to admissions including but not limited to approvals, permits and licenses; and
- Plans for ongoing investment in the building with major capital asset maintenance planning included.

4.5 PROGRAM DELIVERY (45%)

4.5.1 Care Model

The facility design, operating programs, and operating budgets should display an understanding of the care programs required for the intended residents in the facilities. Specific detail should be provided in the Proposal on how the care management plan, and facility design and development plan are integrated together to meet the physical and cognitive needs of residents and how these reflect current best practice.

The Proposal should include a service plan which discusses strategies for client and family member input into service delivery and in particular into decisions that affect them. Strategies should also consider the integration of the community and other service providers with the activities of the clients. This outline should list the organizations, resources and service agencies that will be accessible to the clients of the facility, and demonstrate the involvement of community groups before, during, and after project completion.

The Proposal should also outline any other strategies that are designed to promote the rights and welfare of the residents.

4.5.2 Research Evidence and Best Practice

The Proposal should state the organization's philosophy, mission, values, beliefs and policies with regards to the provision of residential services. The Proposal should include a service plan which should:

- Address client needs including but not limited to social, nutritional, therapeutic, nursing, recreational, religious and cultural. Types and hours of services and programs should be described including flexibility to meet unique client needs; and
- Demonstrate grounding of services on evidence-based best practice, health management data, the Authority's principles and compliance with regulations.

4.5.3 Environment for Staff and Clients

The Proposal should include a service plan which should:

- Describe the overall strategy for risk management during program delivery including identification and assessment of risk, the potential of risk occurrence and plans to mitigate each risk; and
- Describe the strategies and practices for assisting residents and families during the transition period relating to admission, transfers, Ministry priority access policy and the Authority's first available bed policy.

4.5.4 Human Resources

The Proposal should state the organization's human resources philosophy and staffing plan including:

- Staff recruitment, screening and hiring procedures;
- Orientation and professional development policy and opportunities;
- Competency monitoring and on-site supervision (days, weekends, stats, and emergencies);
- Roles of personnel within the outlined service areas. Job descriptions and qualification requirements for all key positions including management should be included; and
- A staffing schedule (see APPENDIX 6 - Sample Staffing Schedule) demonstrating levels and shift patterns which reflects the organization's program philosophy and client population.

It should be noted that the Authority expects that direct care hours will meet the minimum target of 2.8 hours per client per day.

4.5.5 Quality Improvement

The proposal should include a comprehensive quality assurance plan that:

- Describes initiatives implemented within the past five years that addressed trends in senior's services or areas requiring improvement as identified through performance monitoring;
- Outlines the organization's goals and objectives for the next 12 - 36 months to enhance the provision of complex care;
- Includes a performance measurement plan (such as program outcomes, client satisfaction, milestone achievement);
- Describes how performance measurement information will be provided to the Authority; and
- Specifically demonstrates how the clients and families will be involved in service development.

4.6 SHORTLIST DIFFERENTIATION COMPONENT

Differentiation between short listed Proponents attaining the highest score will be achieved by focusing on excellence in delivery of care and value-added features identified in the Proposal. Excellence in care delivery will include a review of the Proponent's model of care, direct care hours, accreditation status, and strategic alignment with the Authority's aims and objectives.

Value added features are those elements that the organization would offer to residents, family, community and/or the Authority that:

- Are unique and makes the Proposal stand out;
- Are not requested but offered as part of the services;
- Are delivered at no extra cost to the client or the Authority;
- Will provide research evidence regarding service improvement;
- Will enhance client satisfaction and/or quality of living; or
- Will provide opportunity for growth and expansion of services for clients and the community.

5 - PROJECT EVALUATION AND IMPLEMENTATION

The following timetable outlines the anticipated schedule for the RFP and Contract process. The timing and sequence of events resulting from this RFP may vary and shall be determined by the Authority.

Event	Time / Date
RFP Invitation Issued	February 10, 2006
RFP Response Confirmation Form Due	March 1st, 2006
Proposal Due -Time	14:00
- Date	March 16, 2006
Proposal Evaluation (including interviews with selected Proponents)	April / May 2006
Contract awarded	Summer 2006
Opening	By December 2008

5.1 RFP RESPONSE CONFIRMATION DUE

Prior to March 1st, 2006 please acknowledge your intent to respond to this RFP by sending a written notice to the contact listed on the front cover. This acknowledgement should:

- Clearly identify the Proponent; and
- State clearly the intention to submit a Proposal

5.2 PROPOSAL DUE

The Proposal must contain a table of contents illustrating the page numbers of all major sections as well as identifying relevant appendices or attachments. Proposals are to be submitted, with written information on 8 1/2" x 11" paper, and any drawings or renderings on paper which is no less than 11" x 17" and which must be clearly legible. Each page is to be numbered and clearly marked with the Proponent's name. The Proposal must be based on the structure outlined in the evaluation criteria using the following headings:

- Corporate Strength
- Business Case
- Land, Building and Project Management
- Program Delivery

Proponents must submit ten identically printed copies of the Proposal and one identical copy in electronic format. If there is a discrepancy between the printed and electronic copies the printed copy will take precedence. The electronic copy must meet the following specifications:

- PDF format which can be read by Adobe Acrobat Reader Version 5.0 or newer (electronic copies of the Proposal sent by e-mail will not be accepted);
- PDF Page sizes must be the same as required for hard copy (see above); and
- Stored on one read only compact disk.

Proposals received after the due time and date will not be evaluated.

5.3 PROPOSAL EVALUATION

The evaluations will be conducted by the Evaluation Committee. Responses may not be evaluated if the Proponent's current or past corporate or other interests may, in the opinion of the Authority, give rise to a conflict of interest in connection with this RFP.

The committee will first review compliance with mandatory criteria and continue reviewing only those fully meeting these standards. Proposals will then be rated on the following criteria as outlined in this RFP.

Evaluation Criteria	Max Score
Corporate Strength	15
Business Case	15
Land, Building and Project Management	25
Program Delivery	45
Total	100

The review will include the identification of key strengths and weaknesses in the Proposal to assist in future projects. Proponents will not be advised of comparative scoring information of other Proponents. This project is subject to the application of the *Freedom of Information and Protection of Privacy Act*.

To fully evaluate the responses received, the Authority may, in its absolute discretion, request clarification of all, or a particular response. A request for clarification will not entitle a Proponent to make any changes.

The Authority may request a formal presentation by the Proponent to the Evaluation Committee. The format of the presentation will be at the discretion of the Authority. Proposals containing excessive risk to the Authority in the areas of i) corporate strength; ii) business case; iii) land, building and project development; or iv) program delivery will not be invited to present to the Authority.

5.4 CONTRACT AWARDED

Proponents will be notified in writing of the status of their responses within a reasonable period of time after award. Unsuccessful Proponents may request a debriefing from the Authority. The Authority may, at its absolute discretion, provide such a debriefing, at which time, the Authority may advise the Proponent, in a general manner, the reason for the non-acceptance of the Proponent's response.

5.5 PROJECT DEVELOPMENT AND OPENING

The successful Proponent will sign written agreements for the project development and operating phases of the contract. The opening of the facilities outlined in this RFP will not exceed December 2008. The Authority recognizes that unsecured land is a significant risk to Proponents in meeting this deadline, and Proponents are reminded that this issue is incorporated in the evaluation criteria.

APPENDIX 1 - LETTER OF INTRODUCTION (FOR-PROFIT)

Date: _____

Sample

Sylvia Weir,
Director, Strategic Business Development
Interior Health Authority
1440 14th Avenue Burnaby
Vernon, BC
V1B 2T1

Co-ordinator, Program Implementation
BC Housing
601 – 4555 Kingsway
Burnaby, BC
V5H 4V8

Re: Request for Proposals (RFP) Complex Residential Care and Assisted Living Services

I, (name) am the (position) of (company or entity), the Proponent of the attached Proposal. I have the authority to submit this Proposal and bind and make representations for the Proponent. Through submission of this Proposal, we agree to all the terms and conditions of the RFP and we agree to be bound by statements and representations made in this Proposal.

We understand that our Proposal is subject to the *Freedom of Information and Protection of Privacy Act* under which applicants can request that provincially funded bodies, such as BC Housing, release information on the allocation of provincial program funds. Records can be withheld if their disclosure would be harmful to the business interests of the provincial body or the party with which it is doing business; however, in the case of a dispute, the final decision is made by the Information and Privacy Commissioner.

We certify that we do not have any actual or potential conflict of interest between our interests and the interests of the Authority under this Request for Proposals process and that there is no collusion or arrangement between the Proponent and other Proponents in connection with this Proposal. We acknowledge that if a conflict exists, the Authority may, at its sole and absolute discretion, withhold consideration of our Proposal.

We authorize and consent to the Authority receiving and exchanging with others, including credit bureaus, lenders, the references provided in the Proposal, and with other persons with whom we have had dealings, credit and other information about us. We understand that such information will be a factor in the decision of the Authority to enter into agreements for this RFP.

Proponent's legal name: _____

Authorized Officer: _____

Date: _____



APPENDIX 2 - LETTER OF INTRODUCTION (NOT-FOR-PROFIT)

Sample

Date: _____

Sylvia Weir,
Director, Strategic Business Development
Interior Health Authority
1440 14th Avenue Burnaby
Vernon, BC
V1B 2T1

Co-ordinator, Program Implementation
BC Housing
601 – 4555 Kingsway
Burnaby, BC
V5H 4V8

Re: Request for Proposals (RFP) Complex Residential Care and Assisted Living Services

I, (name) am the (position) of (Society’s full legal name), the Proponent of the attached Proposal. By a resolution passed by the Society’s Board of Directors on (date), a copy of which is attached, I have the authority to submit this Proposal and bind and make representations for the Society. Through this Proposal, we agree to all the terms and conditions of the RFP and we agree to be bound by statements and representations made in this Proposal.

We understand that our Proposal is subject to the *Freedom of Information and Protection of Privacy Act* under which applicants can request that provincially funded bodies such as the Authority release information on the allocation of provincial program funds. Records can be withheld if their disclosure would be harmful to the business interests of the provincial body or the party with which it is doing business; however, in the case of a dispute, the final decision is made by the Information and Privacy Commissioner.

We certify that neither the officers nor directors have any actual or potential conflict of interest between our interests and the interests of the Authority under this RFP process. We acknowledge that if a conflict exists, the Authority may, at its sole and absolute discretion, withhold consideration of our Proposal. Further, we understand that the president of the Society will be required to execute a statutory declaration with respect to conflict of interest if our Society is asked to make a detailed Proposal.

We authorize and consent to the Authority receiving and exchanging with others, including credit bureaus, lenders, any references provided in the Proposal, and with other persons with whom we have had dealings, credit and other information about us. We understand that such information may be a factor in the decision of and the Authority to enter into agreements for this RFP.

Society’s legal name: _____

Authorized Officer: _____

Date: _____



APPENDIX 3 - PROJECT DEVELOPMENT BUDGET

	IH Beds	Private Beds	Total
Land Costs			
Land			-
Professional Fees			-
Architecture & engineering			-
Environmental consultant			-
Geotechnical engineer			-
Testing & inspection services			-
Quantity surveyor			-
Construction			-
Structural			-
Architectural			-
Mechanical			-
Electrical			-
Furnishings & Equipment			-
Program			-
Safety and security			-
Kitchen			-
Project Financing and Administration			-
Financing			-
Project Manager			-
Construction Manager			-
Subtotal	-	-	-
GST			
Grand Total	-	-	-

APPENDIX 4 - BUDGET ANALYSIS

		General	IH	Private	Per bed
Units	Beds				
	Operating budget				
	Capital budget				
	Annual direct care hours (see staffing schedule)				
	Building life expectancy				
Metres ²	Overall facility				
	Average tub / spa room				
	Average single bedroom/ensuite				
	Average double bedroom/ensuite				
	Total dining rooms				
Debt service	Amount financed				
	Finance rate				
	Finance period				
	Annual debt service costs				
	Debt service costs per metre ²				
	Costs per resident day				
Room number	Dining rooms				
	Medical treatment areas				
	Tub/spa room				
	Clean utility rooms				
	Dirty utility rooms				
	Linen supplies rooms				
	Wheelchair/chair/cart storage rooms				
Calculated fee	Daily direct care hours per client	#DIV/0!			
	Per diem	#DIV/0!			
	Cost per metre ²	#DIV/0!			
	Dining rooms / resident	#DIV/0!			
	Medical treatment areas / resident	#DIV/0!			
	Tub/spa room / resident	#DIV/0!			
	Clean utility rooms / resident	#DIV/0!			
	Dirty utility rooms / resident	#DIV/0!			
	Linen supplies rooms / resident	#DIV/0!			
	Wheelchair/chair/cart storage rooms / resident	#DIV/0!			



APPENDIX 5 - OPERATING BUDGET

REVENUE	IH Beds		Private Beds		Total	
	Hous	Budget	Hours	Budget	Hours	Budget
Interior Health Funding					-	-
Resident Contribution					-	-
Private Revenues					-	-
Other (Specify)					-	-
TOTAL Revenue	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
EXPENSES						
Direct Care						
Care Aides					-	-
LPNs					-	-
Registered Nurses					-	-
Medication and Medical Supplies					-	-
Resident Transportation					-	-
Staff Development					-	-
Other (Specify)					-	-
Subtotal	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
Indirect Care						
Housekeeping					-	-
Laundry					-	-
Rehab (OT/PT/Rehab Aide)					-	-
Dietician					-	-
Social Worker					-	-
Food Service					-	-
Housekeeping & <input type="checkbox"/> Maintenance Supplies					-	-
Equipment					-	-
Food					-	-
Utilities					-	-
Other (Specify)					-	-
Subtotal	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
Administration / Overhead						
Wages					-	-
Management Fees					-	-
Accounting and Legal					-	-
Office Equipment					-	-
Office Supplies					-	-
Insurance					-	-
Other					-	-
Subtotal	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
Capital & Equity						
Mortgage Principle					-	-
Building Reserve					-	-
Interest					-	-
Amortization					-	-
Return on equity					-	-
Other capital debt					-	-
Subtotal	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
TOTAL expenditure	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
TOTAL REVENUE LESS EXPENDITURE	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>



APPENDIX 6 - SAMPLE STAFFING SCHEDULE

Position	#	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Hours per Week	FTEs	Direct Care
Administrator	2	12:00-13:00	12:00-13:01	12:00-13:02	12:00-13:03	12:00-13:04	12:00-13:05	12:00-13:06	14.00	0.35	
Admin Assistant										-	
Receptionist										-	
Maintenance										-	
Director of Care										-	
Rec Therapist										-	
OT/PT										-	
Dietician										-	
Rehab Aid										-	
Activity Aid										-	
Other (Specify)										-	
Other (Specify)										-	
RN	2	12:00-13:00	12:00-13:01	12:00-13:02	12:00-13:03	12:00-13:04	12:00-13:05	12:00-13:06	14.00	0.35	1.00
RN										-	-
RN										-	-
LPN										-	-
LPN										-	-
LPN										-	-
LPN										-	-
LPN										-	-
LPN										-	-
LPN										-	-
Care Aid										-	-
Care Aid										-	-
Care Aid										-	-
Care Aid										-	-
Care Aid										-	-
Care Aid										-	-
Care Aid										-	-
Care Aid										-	-
Care Aid										-	-
Care Aid										-	-
											<u>1.00</u>

IH Units	1
Private Units	1
Total Units	2

Work week 40



APPENDIX 7 - GENERAL TERMS AND CONDITIONS

1. **Acceptance of Proposals** – This RFP must not be construed as an agreement to purchase goods or services and does not constitute an offer of any kind. The Authority is not bound to enter into a Contract with the Proponent who submits the lowest priced Proposal or with any Proponent. Proposals will be assessed in light of the Evaluation Criteria. The Authority will be under no obligation to receive further information, whether written or oral, from any Proponent.

In order for the Authority to obtain the Proposal it deems most advantageous to it, the Authority reserves the right at its discretion to negotiate with any Proponent as it sees fit, or with one or more Proponent concurrently. In no event will the Authority be required to offer any modified terms to any other Proponent prior to entering into an Agreement. The Authority shall incur no liability to any Proponent as a result of such negotiations and modifications.

Neither acceptance of a Proposal nor execution of an Agreement will constitute approval of any activity or development contemplated in any Proposal that requires any approval, permit or license pursuant to any federal, provincial, regional district or municipal statute, regulation or by-law.

2. **Advertisement** – The successful Proponent will not use the name of the Interior Health or any of the individual Hospital/Facility site names or any contents of this document in any advertising or publications without prior written consent from the Authority.
3. **Alternative Solutions** – If alternative solutions are offered, information Should be submitted in the same format, as a separate Proposal
4. **Amendments to RFP** – The Authority reserves the right to modify the terms of the RFP prior to the Proposal closing date at its sole discretion. The Authority also reserves the right to cancel the RFP at any time prior to entering into a Contract with the successful Proponent(s).

If a written addendum or amendment to the RFP is issued, such addendum or amendment must be incorporated in the RFP.

5. **Clarifications** – Every Proponent who submits a Proposal and who is invited to an interview will be required to provide a formal presentation to the Evaluation Committee.
6. **Collusion** – There shall be no collusion or arrangement between the Proponent and other Proponents in connection with this Proposal.
7. **Completeness of Proposal** – By submission of a Proposal the Proponent warrants that, if this RFP is to design, create or provide a system or manage a program, all components required to run the system or manage the program have been identified in the Proposal or will be provided by the Proponent at no additional charge.
8. **Confidentiality of Information** – The Proponent shall treat all information that they become privy to as a result of this RFQ and the subsequent contract as confidential. The Authority is subject to the provisions of the *Freedom of Information and Protection of Privacy Act (the Act)*. Proprietary information can be protected under the Act (Section 21), which protects for *disclosure harmful to business interests of a third party*. All information contained in the submitted responses will be treated as confidential by the Authority and will not be disclosed to any third party except as required by law or by order of the Office of the British Columbia Information and Privacy Commissioner.
9. **Conflict of Interest** – Any Proponent, or their sub-contractor, whose interests may in the opinion of the authority, give rise to conflict of interest may be excluded from competition. Examples of this include but are not limited to:
- An association or familial relationship with an employee or official of the authority which could place the employee in a conflict;
 - Involvement by a Proponent in requirements definition or in preparation of the RFP or Proposal;
 - Involvement by the Proponent in the evaluation of bids; or
 - Actions by the Proponent which would have the effect of constraining or limiting the ability of other Proponents to prepare and submit a Proposal.
10. **Currency and Taxes** – Prices quoted are to be in Canadian dollars, inclusive of PST and GST.
11. **Debriefing** – At the conclusion of the RFP process, all Proponents will be notified. Unsuccessful Proponents may request a debriefing meeting with the Authority. Requests for debriefing sessions must be made in writing to the RFP contact within five business days of receipt of their status notification. A debriefing meeting will be at the sole discretion of the Authority. Only the Proponent's submission will be reviewed.
12. **Dispute Process** – If a Proponent is not satisfied with the written response from the debriefing process and they wish further explanation or to initiate the dispute process, a request must be made in writing to the Director of Strategic Business Development Office within five business days of receiving the written response. All submissions must be dated and have an authorized signature. At this point in the process, the following must be provided:
- Full contact information;
 - The nature of the complaint;
 - All background information relating to the complaint, including all relevant documents that substantiate the complaint; and
 - The outcome that the Proponent is seeking.

In the event that the dispute remains unresolved, unless the parties otherwise agree, it will be referred to and finally resolved by arbitration and will be conducted as follows: Disputes shall in the first instance be referred to non-binding mediation, through the use of a mutually

agreeable dispute resolution process. If the dispute is not resolved by mediation then the parties shall refer the dispute to arbitration, to a board of three arbitrators, one of whom will be appointed by each of the parties and the third, who will act as chairman, will be chosen by the first two named.

13. **Division of Contract Award** – The Authority reserves the right to divide the Contract between two or more bidders if applicable.
14. **Evaluation** – Evaluation of Proposals will be by a committee formed by the Authority. The evaluation committee will check Proposals against the evaluation criteria. Proposals not meeting the Mandatory Criteria will be rejected without further consideration. Proposals will be assessed and scored against the evaluation criteria.

Notwithstanding anything contained in the Authority's RFP or any custom or usage that might otherwise apply, the Authority will not be limited as to its criteria for evaluation of Proposals. The Authority may take into account additional criteria and considerations in order to obtain the most advantageous Proposal to the Authority and the evaluation process will be conducted solely at the discretion of the Authority.
15. **Firm Pricing** – Prices will be firm for the entire Contract period unless this RFP specifically states otherwise.
16. **Governing Law** – Any Contract resulting from this RFP will be governed by and will be construed and interpreted by the laws and courts of the Province of British Columbia.
17. **In-house bids** – The Authority reserves the right to submit one or more proposals on its own behalf in response to this Request for Proposals. Any proposal or proposals submitted by Interior Health Authority shall be assessed by an independent evaluator in accordance with the criteria set out in this Request for Proposals and in objective comparison to any private sector proposal or proposals received. The submission of a successful proposal by Interior Health Authority shall give rise to no liability on the part of Interior Health Authority to any private sector proponent with respect to compensation for costs incurred by such proponent in the preparation of its proposal or otherwise.
18. **Irrevocability of Proposals** – By submission of a clear and detailed written notice, the Proponent may amend or withdraw its response prior to the closing date and time. Upon closing, all responses become irrevocable. By submission of a response, the Proponent agrees that should its response be successful, the Proponent will enter into negotiations and at the sole discretion of the Authority into a Contract with the Authority.

The Proponent will not change the wording of its Proposal unless requested by the Authority for purposes of clarification.
19. **Language** – The working language of the Province of British Columbia is English and all responses to this RFP must be in English.
20. **Late Proposals** – Proposals that are received after the closing date and time specified will not be opened nor accepted for consideration. The Proponent's unopened submission will be returned at the Proponent's expense with a non-compliance letter. If a situation arises that is not in the Proponent's control such as a Force Majeure incident, at its sole discretion the Authority will make an acceptance decision.
21. **Law and Regulations** – The Proponent shall comply with and, upon request of the Authority, furnish certificates of compliance with all applicable Provincial and Municipal laws and with all applicable rules, orders, regulations or requirements issued thereunder, and shall indemnify the Authority against any damages by reason of violations of this paragraph. Any Contract arising from this RFP will be governed in all respects by the laws of the Province of British Columbia.
22. **Liability for Errors** – While the Authority has used considerable effort to ensure an accurate representation of information in this RFP, the information contained in this RFP is supplied solely as a guideline for Proponents. The information is not guaranteed or warranted to be accurate by the Authority, nor is it necessarily comprehensive or exhaustive. Nothing in this RFP is intended to relieve Proponents from forming their own opinions and conclusions with respect to the matters addressed in this RFP.

Each Proponent acknowledges and agrees that the terms and conditions of this RFP will prevail over the Authority's Expression of Interest or any obligation on the Authority that might otherwise be implied.
23. **License and Registration** – All Proponents must be incorporated and have obtained licenses where required by legislation. Corporations submitting Proposals shall be registered in the Province of British Columbia.
24. **Mandatory Criteria** – The Authority at its sole discretion reserves the right to evaluate Proposals that may not meet the mandatory criteria.
25. **Modification of Terms** – The Authority reserves the right to modify the terms of this RFP at any time in its sole discretion. This includes the right to cancel this RFP at any time prior to entering into a Contract with the successful Proponent.
26. **Negotiation Delay** – If a written Contract cannot be negotiated within thirty (30) days of notification of the successful Proponent, the Authority may at its sole discretion at any time thereafter, terminate negotiations with that Proponent and either negotiate a Contract with another Proponent or choose to terminate the RFP process and not enter into a Contract with any of the Proponents.
27. **Non-compliance** – Submission of this Proposal shall be construed by the Authority to mean that the Proponent agrees to carry out all of the conditions set forth in this document that may be pertinent for each requirement. Any proposed variation from these conditions must be clearly identified. Provide any details of any non-compliance with the stated terms and conditions including an explanation of the concern and suggested alternative.
28. **Ownership of Proposals** – All documents, including Proposals, submitted to the Authority become the property of the Authority. They will be received and held in confidence by the Authority, subject to the provisions of the Freedom of Information and Protection of Privacy Act.
29. **Proponents' Expenses** – Proponents are solely responsible for their own expenses in preparing a Proposal and for subsequent negotiations with the Authority, if any. If the Authority elects to reject all Proposals, the Authority will not be liable to any Proponent for any

claims, whether for costs or damages incurred by the Proponent in preparing the Proposal, loss of anticipated profit in connection with any final Contract, or any other matter whatsoever.

30. **Proposal Validity** – Proposals will be open for acceptance for at least 90 days after the closing date.

31. **Rejection of Proposals** – Proposals which contain qualifying conditions or otherwise fail to conform to these instructions may be disqualified or rejected. Anything to the contrary herein notwithstanding, the Authority may, at its sole discretion, elect to retain for consideration Proposals which are non-conforming and may waive any irregularity, failure to comply or time stipulation required by these instructions.

If the Authority elects to reject all Proposals, the Authority will not be liable to any Proponent for any claims, whether for costs or damages incurred by the Proponent in preparing the Proposal, loss of anticipated profit in connection with any final Agreement, or any other matter whatsoever.

In requesting Proposals, the Authority is providing no assurance whatsoever to any Proponent that the terms of a previously submitted EOI are acceptable. The Authority will have no liability whatsoever to any Proponent whose Proposal is rejected on the basis of terms included both in a Proposal and a previously submitted EOI.

32. **Reliance on Oral Representations** - All representations on the scope of this Proposal or clarifications thereof must be in writing to be considered valid.

33. **Subcontracting** - Using a subcontractor (who should be clearly identified in the Proposal) is subject to negotiation with the Authority. Where applicable, the names of approved subcontractors listed in the Proposal will be included in the Contract. Additional subcontractors will be neither added, nor other changes made, to this list in the Contract without the written consent of the Authority.

34. **Timeframes** – The timetable outlined in this document represents the anticipated schedule for the RFP Timeline. The timing and the sequence of events resulting from this RFP may vary and shall ultimately be determined by the Authority.

35. **Use of RFP** - This document, or any portion thereof, may not be used for any purpose other than the submission of Proposals.