

Independent Living BC  
*A Housing for Health Partnership*

Rent Supplement Component

Request for Proposals  
from  
Private Sector Operators  
in  
Creston

October 16, 2003

**BC Housing &  
Interior Health Authority**

**Request for Proposals  
IH-RS-#02**

October 16, 2003

**Closing Date and Time:**

Proposals must be received by **2:00 p.m. Daylight Savings Time**  
on **Tuesday, December 16, 2003.**

**Closing Location:**

BC Housing  
Attention: Co-ordinator, Program Implementation  
RFP for Independent Living Rent Supplements IHA-RS-#02  
601 – 4555 Kingsway  
Burnaby BC V5H 4V8

**Contact:**

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## I. INTRODUCTION

The Province of British Columbia's *Independent Living BC — A Housing for Health Partnership* is a program which brings together British Columbia Housing Management Commission ("BC Housing") and the five regional health authorities to improve the continuum of service options for British Columbia's elderly and disabled citizens (the "Tenants"). This Request for Proposals (the "RFP") is issued by BC Housing and the Interior Health Authority ("IH") to secure access to privately operated independent housing with support services and assisted living in the community of Creston.

*Independent Living BC* is a housing for health partnership which emphasizes the principles of individuality, choice, dignity, privacy, and independence for individuals. *Independent Living BC* assists the health authorities to provide the range of hospitality and personal care services individuals need in combination with affordable housing for low to moderate income persons.

BC Housing and IH are requesting proposals from private sector operators (the "Operators") for the provision of up to 21 units of assisted living to lower income seniors and adults with disabilities in Creston.

BC Housing and IH will enter into a five-year agreement with the selected Operator to provide funding which will make up the difference between what the Tenants can afford and the price of accommodation and services as agreed upon by the Operator, BC Housing, and IH. The Tenants will be identified and selected by IH.

IH has a strong preference for the Operator to provide the personal care services; however, proposals for housing and hospitality services only will be considered. Subject to the outcome of the evaluation of all proposals, a strong proposal for housing and hospitality services may be considered and a partnership negotiated with IH or with an approved third party for the provision of personal care.

Professional health care services will be delivered through Interior Health.

The primary objective of this RFP is to access existing capacity in the private sector. Notwithstanding this objective, proposals that are based on new construction or conversion of existing privately owned buildings will be considered if they offer units within the target timeframe preferred by IH or if there are insufficient existing units offered of appropriate quality.

Proposals for new construction or renovation of existing privately owned and operated buildings should include sufficiently detailed information to facilitate a comparative evaluation with regard to the design and construction criteria specified in Appendix B and with existing project proposals. This information should include design drawings and specifications, and a development schedule indicating when the new or renovated units will be available.

While the standard operating agreements will be five years, longer terms will be considered for new construction or renovation of existing privately owned and operated buildings. Proponents should specify their preferred operating agreement duration, up to a maximum of 10 years.

Respondents to this RFP are encouraged to present submissions that are thorough in the descriptions of programs being offered. BC Housing and IH welcome proposals that are innovative, affordable, and support the principles of *Independent Living BC*. (See Appendix A. Principles of *Independent Living BC*.)

## II. BACKGROUND ON *INDEPENDENT LIVING BC*

As part of the provincial government's New Era commitment, *Independent Living BC* will provide 3,500 housing units combined with services that facilitate people to remain independent for as long as they are able to self direct their own care.

The program philosophy is to maximize independence and to promote choice, self-direction and dignity. (See Appendix A.)

While a prime target of *Independent Living BC* will be persons 75 years of age and older, environments designed specifically for other groups of individuals such as young people with disabilities are being developed.

All *Independent Living BC* units must include the following three components:

1. a private housing unit with a lockable door;
2. hospitality services; and
3. personal care services.

Hospitality services refer to those services that are "hotel-like" in nature and must include two meals a day, one of which is the main daily nutritious meal, housekeeping and laundry services on a weekly basis, social and recreational opportunities, and a 24-hour emergency response system.

Personal care services refer to services that assist Tenants with activities of daily living and specific nursing and rehabilitation tasks delegated under the provincial Personal Assistance Guidelines (Ministry of Health, January, 1997). Related skills include transferring, moving around safely, and assistance with personal hygiene, bathing, dressing, grooming, eating, and managing medications.

*Independent Living BC* includes two sub-categories:

1. "Independent housing with supports" refers to housing in which personal care services are available on a scheduled basis only.
2. "Assisted living" refers to housing in which personal care services are available 24 hours a day, seven days a week, on a scheduled and unscheduled basis, as required by the Tenants.

In all respects other than availability of personal care services, the services required under each of the two program sub-categories are identical. Similarly, the physical housing standards do not differ.

### III. STATEMENT OF WORK

#### 1. Objective

BC Housing and Interior Health are seeking proposals for independent housing with support services and assisted living units which meet the following criteria:

will provide units in Creston. A target of 21 ILBC units has been identified for Creston. The Operator must provide IH a minimum of three months within which to place Tenants in the units. The target is to begin placing Tenants in fall 2004.

- will provide a home-like setting, specifically a self-contained living unit for each Tenant with a lockable door and the features necessary for independent living.
- will provide hospitality services including two meals a day, one of which is the main daily nutritious meal, housekeeping and laundry service once a week, and facilitation of social and recreational activities.
- will provide monitoring and 24-hour on-call emergency response system.
- will provide scheduled and unscheduled personal care services to assist the Tenants with the activities of daily living including transferring, moving around safely, assistance with personal hygiene, bathing, dressing, grooming, eating, and managing medications unless the proposal is accepted without the provision of personal care according to the criteria laid out in Appendix D.
- will provide to the Tenants and IH a cost-effective, flexible and attractive independent housing with support services or assisted living option.
- will be made available by the Operator for a minimum of five years.

## 2. The Tenants

All Tenants to be assisted through *Independent Living BC* will be identified and selected by IH. They will be seniors and/or adults with disabilities who are able to direct their own care and whose health will be better managed by support and care within a community setting rather than within a residential care setting.

Typical potential Tenants will be physically frail or have physical challenges and will need assistance in maintaining their independence. They will have unscheduled personal care needs and will no longer be able to be served through the scheduled community home support system. These individuals are susceptible to becoming isolated living in their existing homes, often because of mobility problems and/or weak support networks. This isolation may lead to depression, neglect, and stress which become reflected in health symptoms. These individuals will require varying degrees of assistance with support and personal care at scheduled and/or unscheduled times throughout the day. Tenants will have health or medical issues that are predictable. This means they will be able to be managed by scheduled professional care from their physician and/or Community Care clinician. They will be motivated and able to share responsibility for managing the risks, due to their frailty, of living in the community.

Each Tenant must meet the following criteria:

- is a beneficiary (i.e. eligible for health services in the Province of British Columbia);
- requires both hospitality and personal care services;
- is at significant risk in their current living environment; and
- has care needs most appropriately met in independent housing with some support services or assisted living environment.

People who are able to self direct their own care are cognitively capable of making decisions regarding their own care relevant to the specific task. They can communicate effectively, verbally or non-verbally through communication devices, so as to be understood by any authorized caregiver or spouse living with the Tenant. They have the ability to make informed, voluntary decisions regarding care requirements and participate in the development of their care plan, or alternatively make their needs known to the person they are living with who then participates in the development of that person's care plan. They are able to use the emergency response system and take direction in an emergency situation.

Most Tenants will have minimal monthly incomes, often the basic federal and British Columbia government pensions of Old Age Security (OAS) (maximum \$422.66), Guaranteed Income Supplement (GIS) (maximum \$526.08), and Seniors Supplement (\$49.30 for single person) totaling approximately \$1020. (Some disabled adults younger than 65 years will have incomes of about \$800.)

Tenants will pay a maximum of 70% of their after-tax income for their accommodation and the hospitality services they require.

The Tenant will be required to move out of their *Independent Living BC* unit if they meet one of the following criteria:

- has care needs that are more appropriately met in residential care;
- exhibits behaviours that jeopardize that Tenant's safety and well-being or the safety and well-being of others; or
- is not complying with the terms of his or her Residency Agreement or Managed Risk Agreement.

Residency Agreement means an agreement that defines the expectations, rights and obligations of the Tenant and the Operator, including the services to be provided, the charge to the Tenant for those services and the conditions under which a Tenant will be required to move out of their *Independent Living BC* unit.

Managed Risk Agreement means a Tenant-specific agreement between the Tenant and the Operator in consultation with IH that defines the mutually agreeable level of choice and risk for specific situations for that Tenant.

All Tenants will be assessed and selected for entrance to and exit from a rent supplement apartment by IH. The selected Tenants will be reviewed with the Operator prior to tenancy.

### 3. The accommodation and services

In an *Independent Living BC* environment, Tenants will need a home-like environment, hospitality services, and personal care.

#### ***Home-like environment***

The accommodation must be a private space with a lockable entrance door. The design and construction criteria (See Appendix B.) will be used to evaluate the housing being offered in the proposals. These criteria will be used on a comparative basis to evaluate the various proposals. Those submissions that most closely match these criteria will score highest in this aspect of the proposal evaluation.

#### ***Hospitality services***

Hospitality services refers to those services that are "hotel-like" in nature and include two meals a day, one of which is the main daily nutritious meal, housekeeping, laundry services, social and recreational opportunities, monitoring and a 24-hour emergency response system.

Hospitality services will be evaluated as follows:

##### 1. Food services

Preferably meal service will be restaurant style, that is with menu choices and some flexibility as to when tenants can eat, and with the capacity to handle special dietary needs of Tenants, for example, with diabetes, diverticulitis or high cholesterol. As well as meeting the basic Food Safe preparation qualifications, the kitchen staff or those responsible for menu preparation should demonstrate the ability to plan nutritious, balanced meals.

##### 2. Housekeeping services

The standard for housekeeping and heavy laundry (linens and towels) is weekly service with periodic cleaning of carpets and drapes, and wipe up after spills and accidents.

### 3. Social and recreational opportunities

The Operator is expected to facilitate the Tenant's participation in social and recreational activities. That may mean organizing opportunities on-site or easy access to events off-site. These opportunities should be regular and involve the Tenants who may choose to influence the nature of the activities.

### 4. Emergency on-call service and monitoring

The Operator must provide 24-hour emergency on-call response through a staff person preferably on-site or within proximity (e.g. 10 minutes). Where the Operator has staff on duty 24 hours a day, for example to provide personal care, no additional staffing is required. Neither "monitoring" nor "on-call emergency support" imply medical expertise.

"Monitoring" means the Operator's staff are sensitive, in the course of everyday interaction with the Tenants, to any signs of concern which should be raised with the Tenant, family and/or the IHA staff responsible for the Tenant's care. "On-call emergency support" means the ready availability, preferably on-site, of a person able to respond when a Tenant is experiencing difficulties, and able to follow a protocol established by IH, depending on the nature of the difficulty.

### **Personal care services**

All Tenants referred to *Independent Living BC* will also require some level of personal care services. Personal care services means those services that assist a person with the activities of daily living and specific nursing and rehabilitation tasks delegated under the provincial Personal Assistance Guidelines (Ministry of Health, January, 1997). Related skills include transferring, moving around safely, and assistance with personal hygiene, bathing, dressing, grooming, eating, and managing medications.

The standards for evaluating the provision of personal care services are:

1. philosophy of personalized assistance which reflects an understanding of the target population;
2. staff with the skills to serve the target population (including educational and training requirements and/or opportunities for staff);
3. staffing history to indicate good potential for consistency of care;
4. processes in place to provide quality assurance, accountability to Tenants, and risk management including Managed Risk Agreements;
5. ability to meet unscheduled personal care needs of Tenants.

## **4. The assistance available**

The Province of BC, through BC Housing and the health authorities, have joined in partnership to make independent living accommodation and services affordable to Tenants.

The Tenants, many of whom will have gross incomes of approximately \$1020 per month, will pay no more than 70% of their after-tax income for the accommodation and the hospitality services they require. For example a Tenant with a monthly income of \$1020 will pay \$714 for their rent and hospitality services.

BC Housing will provide a monthly subsidy directly to the Operator. IH will also provide monthly funding to the Operator, to ensure that the Tenants can afford the services they need to maintain their independence.

The total assistance the program partners have available will be apportioned with careful attention to the “value for price” presented in the proposals offered.

## 6. Responsibilities

### ***IHA Responsibility***

The IHA is required to:

- manage access to *Independent Living BC* in the area including determining if a Tenant meets the move in/move out criteria, authorizing a Tenant’s entry into and exit from *Independent Living BC* and determining the nature and amount of services to be provided to Tenants;
- establish a process for the resolution of disputes between IH and the Operator(s);
- establish policies respecting the delegation of specific nursing and rehabilitation tasks to the Operator’s staff which are consistent with the provincial Personal Assistance Guidelines; and
- advise clients of the home care services that will be authorized to assist the client to remain at home until they move into an *Independent Living BC* residence or should the client choose not to move into an *Independent Living BC* residence.

### ***Operator Responsibility***

The Operator is required to:

- negotiate individual Residency Agreements with each Tenant in the independent living residence;
- negotiate, in partnership with IHA, behaviour specific Managed Risk Agreements with Tenants as necessary;
- be registered as applicable under the *Community Care and Assisted Living Act*; and
- have processes to ensure quality of care and services including:
  - Tenant input into services;
  - Tenant dispute resolution; and
  - Tenant abuse prevention.

### ***Tenant Responsibility***

The Tenant is required to:

- assume and retain maximum personal responsibility for their own health and well-being, and maximum involvement in decision-making;
- direct and participate in their own care;
- pay for assessed applicable costs; and
- pay for additional support services desired by the Tenant such as having a companion attend on medical or social outings.

## IV. PROPOSAL REQUIREMENTS

### Number of copies, closing date and location

**Four copies of proposals must be submitted**, two in bound form and two in unbound form to facilitate easy reproduction. All four copies should be submitted in one package clearly addressed as follows:

BC Housing  
Co-ordinator, Program Implementation  
RFP for Independent Living Rent Supplements #IHA-RS-02  
601 - 4555 Kingsway  
Burnaby BC V5H 4V8

Deadline for receipt of proposals at the above address is **2:00 p.m.** Daylight Savings Time on **Tuesday, December 16, 2003.**

**Proposals submitted by e-mail or facsimile will NOT be accepted.**

### Information meeting and inquiries

All Operators intending to submit a proposal in response to this call for Request For Proposals **must** attend the information meeting scheduled as follows:

**Monday, October 27, 2003**

1:00 pm  
Creston Health Centre  
Multi-purpose Room  
531 – 16<sup>th</sup> Avenue  
Creston BC

All inquiries should be directed to:

Name: Ashley Chester, Co-ordinator, Program Implementation  
Telephone: 604-439-4190  
Fax: 604-439-4793  
E-mail: [achester@bchousing.org](mailto:achester@bchousing.org)

Those inquiries made prior to the information meeting will be answered at the meeting for the benefit of all in attendance. Questions raised after the information meeting, if they clarify the intent of the RFP, will be conveyed with their answers to all Operators who indicated they wish to be kept informed. Questions that might reveal a unique aspect of an Operator's strategy for its proposal will be answered in confidence.

**All questions must be made no later than 2:00 p.m. Daylight Savings Time on December 5, 2003.**

## Mandatory requirements

All proposals must meet the following requirements:

- The Operator must be a for-profit entity. (Non-profit societies and associations are not eligible for this component of *Independent Living BC*.)
- The Operator must make available units of assisted living in Creston.
- The Operator (or representative) must attend and register at the mandatory meeting.
- The Operator must be able to secure the insurance coverage required by Interior Health.
- The building must meet mandatory criteria as determined by BC Housing. (See Appendix B.)
- Proposals must be received by 2:00 p.m. Daylight Savings Time on December 16, 2003 at

BC Housing  
Attention: Co-ordinator, Program Implementation  
RFP for Independent Living Rent Supplements IHA-RS-#02  
601 – 4555 Kingsway  
Burnaby BC V5H 4V8

- Four copies of the proposal must be submitted, two in bound form and two in unbound form.
- Proposals must follow the format on pages 14 to 33 of the RFP.
- The Operator must submit a Letter of Committal in the form outlined in Appendix C.
- If the Operator submits a proposal for new construction or conversion of existing privately owned and operated building, design drawings and outline specifications are required. Please forward one regulation size copy of design drawings and three copies on 11" x 17" paper. Please clearly provide answers to the questions in the Section V. Submission Contents e.g. "Information provided on drawings submitted". Provide four copies of the outline specifications. (Refer to Appendix D for details on the outline specification requirements.)

## Format

Operators are required to provide the information requested in the divisions listed below. The format can be downloaded for direct input at [www.bchousing.org/ILBC/](http://www.bchousing.org/ILBC/)

1. Letter of Committal
2. Operator – Summary Information  
Support Documentation
3. Proposal – Summary Information  
Support Documentation
4. Schedule of unit availability
5. Price – Summary Information

An introductory executive summary of the proposal is not requested.

Each section below sets out the basic information required in a proposal and is followed by a sub-section entitled "**Support Documentation.**" The sub-sections list information that should be submitted in the proposal if it is available.