

Independent Living BC  
*A Housing for Health Partnership*

Request for Proposals  
for  
Assisted Living  
in  
Penticton

Interior Health

January 27, 2006

**BC Housing &  
Interior Health**

**Request for Proposals  
IH-RFP-Penticton**

January 27, 2006

**Closing Date and Time:**

Proposals must be received by **2:00 p.m. Pacific Standard Time**  
on **Tuesday, March 14, 2006.**

**Closing Location:**

BC Housing  
Attention: Manager, Program Development  
ILBC Request For Proposals IH-RFP-Penticton  
601 – 4555 Kingsway  
Burnaby BC V5H 4V8

**Contact:**

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## I. INTRODUCTION

Through the *Independent Living BC* program, BC Housing and Interior Health (“IH”) are seeking proposals for **23** units of assisted living in Penticton.

Proposals must meet the following criteria:

- will provide assisted living units for occupancy no later than December 1, 2008.
- will provide IH a minimum of three months within which to place Tenants in the units.
- 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.
- will provide to the Tenants and IH a cost-effective, flexible and attractive assisted living option.
- will be made available by the Proponent for a minimum of five years.

## II. BACKGROUND ON INDEPENDENT LIVING BC

The Province of British Columbia’s *Independent Living BC — A Housing for Health Partnership* (“ILBC”) is a program which brings together 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”).

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

Proposals that are based on existing assisted living, new construction or conversion of existing buildings will be considered if they offer units within the target timeframe preferred by IH.

Proposals for new construction or renovation of existing buildings should include sufficiently detailed information to facilitate an evaluation with regard to the design and construction criteria specified in Appendix A 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. 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*.

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 (“ADLs”) 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.

### III. 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 are susceptible to becoming isolated 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.

The Tenants will require varying degrees of assistance with support and personal care at scheduled and/or unscheduled times throughout the day. They 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.

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 support they need. (Some disabled adults younger than 65 years will have incomes of about \$800.)

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

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

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.

#### IV. 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 A) will be used to evaluate the housing being offered in the 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 providing easy access to events off-site. These opportunities should be regular and involve the Tenants in choosing 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. 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 IH 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.

## **V. PERSONAL CARE SERVICES**

All Tenants 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.

All Tenants in assisted living must meet the following requirements:

- require one, *but not more than two*, prescribed services (see below) and/or be at significant risk in their current living situation
- require all three services, *housing, hospitality and personal care*
- be able to direct own care

"Prescribed Services" are defined by the Assisted Living Registrar and include the following:

- Assistance with the "activities of daily living" (ADL's)
- Medication Administration & Monitoring
- Maintenance or Management of Cash, Resources or Property
- Intensive Physical Rehabilitation
- Psychosocial Rehabilitation
- Monitoring of Food Intake or Therapeutic Diets
- Structured Behavioral Program

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.

## VI. THE ASSISTANCE AVAILABLE

The Tenants will pay no more than 70% of their after-tax income for the accommodation, hospitality, and personal care services they require. For example a Tenant with a monthly income of \$1020 will pay \$714 for their rent and hospitality services.

BC Housing and IH will together provide monthly funding to the Operator to bridge the gap between what each Tenant will pay and the successful Proponent's price.

Please use Appendix C. Operating Budget Expense Allocations to provide a breakdown to allow the Funding Partners to determine their share of the financial assistance.

## VII. RESPONSIBILITIES

### ***IHA Responsibility***

The IHA is required to:

- determine 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, when necessary and in partnership with IH, behaviour specific Managed Risk Agreements with Tenants;
- be registered 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.

**VIII. PROPOSAL REQUIREMENTS**

**Number of copies, closing date and location**

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

BC Housing  
Manager, Program Development  
ILBC Request For Proposals IH-RFP-Penticton  
601 - 4555 Kingsway  
Burnaby BC V5H 4V8

Deadline for receipt of proposals at the above address is **2:00 p.m. Pacific Standard Time on Tuesday, March 14, 2006.**

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

**Information inquiries**

All inquiries should be directed to:

Name: Ashley Chester, Manager, Program Development  
Fax: 604-439-4793  
E-mail: [achester@bchousing.org](mailto:achester@bchousing.org)

Questions which clarify the intent of the RFP, will be posted with their answers on the BC Housing website at [www.bchousing.org/programs/proposals/IH](http://www.bchousing.org/programs/proposals/IH)

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. Friday, March 3, 2006.**

## Mandatory requirements

All proposals must meet the following requirements:

- The Operator must make available 23 units of assisted living in Penticton.
- The Operator must be able to secure the insurance coverage required by Interior Health (See Appendix F).
- The building must meet mandatory criteria as determined by BC Housing. (See Appendix A)
- Proposals must be received by 2:00 p.m. Pacific Standard Time on Tuesday, March 14, 2006 at

BC Housing  
Attention: Manager, Program Development  
ILBC Request For Proposals IH-RFP-Penticton  
601 – 4555 Kingsway  
Burnaby BC V5H 4V8

- Six copies of the proposal must be submitted, four in bound form and two in unbound form.
- Proposals must follow the format on pages 11 to 30 of the RFP.
- The Operator must submit a Letter of Committal in the form outlined in Appendix B.
- 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 five copies on 11" x 17" paper. Please clearly provide answers to the questions in Section IX. Submission Contents e.g. "Information provided on drawings submitted". Provide six copies of the outline specifications. (Refer to Appendix A for details on the outline specification requirements.)

## Format

Operators are required to provide the information requested in the format below which can be downloaded for direct input at [www.bchousing.org/programs/proposals/IH](http://www.bchousing.org/programs/proposals/IH)

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.

### NOTE:

**BC Housing and Interior Health reserve the right at their sole discretion to cancel this RFP and to not award a contract to any of the Operators responding. Operators are solely responsible for their own costs and expenses in preparing or presenting their proposal and for subsequent negotiations with BC Housing and IH, if any. Neither BC Housing nor Interior Health is liable to pay such costs and expenses nor to reimburse or compensate an Operator under any circumstances.**