



**Easterseals Southern California
Behavioral Provider Network
Request for Proposals
Applied Behavior Analysis Services**

Timelines	
Date of request for proposals:	11/22/2024
Proposal Deadline – electronic submissions only to networkproviderinfo@essc.org	11/22/2024 – 12/20/2024

I. Purpose of Request for Proposals

Easterseals Southern California (ESSC) seeks proposals from agencies interested in joining the Behavioral Provider Network, which provides Applied Behavior Analysis for individuals diagnosed with Autism Spectrum Disorder (ASD) and other developmental disabilities in the following counties: Los Angeles (Central, South, East, specifically Whittier and Pomona and surrounding cities), Ventura, and San Diego (South, specifically Chula Vista and surrounding areas).

Providers may submit a proposal related to any number or combination of counties and must have the ability to support a **minimum of 50 individuals within six months** of the fully executed contract.

Please note the agencies selected for this proposal will need to comply with the hiring and training process outlined in our Healthcare Services Agreement. Medical clearances in order to serve Easterseals’ participants will include the requirements below. The plan to complete the medical requirements may be outlined in a subsequent plan if accepted by Easterseals. The processes include, but are not limited to, the following:

- Absence of tuberculosis, with testing (initial and annual) to funder’s satisfaction.
- Immunity from rubella, rubeola, varicella, mumps, pertussis, and hepatitis B.
- Written verification of physical capability from medical professional
- Evidence of valid CPR competency.
- Written verification of a criminal background check.
- Competency-based Annual Training in: Infection control, OSHA, Patient/personal safety, confidentiality, child/dependent abuse, domestic violence, hazardous material, proposition 65, patient rights, no patient solicitation, ethics training, special incident report training, sexual harassment prevention, cultural sensitivity.

Please note that the following requirements must also be fulfilled should provider be selected:

- Proof of Workmans Comp Insurance
- Proof of General Liability Insurance with the following parameters:
- Professional Liability, Additional Insured, Waiver of Subrogation
- Individual NPI numbers will be required for all practitioners

II. Proposal Structure

Proposals should be concise, follow the order of the headings below, and include the following:

a. Provider Background and Experience

- i. Provider background, including year founded.
- ii. Provider's mission statement, purpose and/or values.
- iii. Experience in services related to the proposal.
- iv. Experience with managed health care and other insurance plans including Kaiser Permanente.
- v. Any relevant experience in building services rapidly to meet client needs.
- vi. Current available capacity quantified in number of hours of service available by service type.

b. Personnel

- i. Organizational chart.
- ii. Names, titles, experience, licensure/certification, and NPI number of individuals who provide services.
- iii. Names and titles of staff responsible for supervision.
- iv. Number of BCBAs on staff listed by county in Southern California.
- v. Number of MA level supervisors on staff listed by county in Southern California.
- vi. Note unique language abilities of supervisory staff.
- vii. Description of current administrative structure (e.g., Intake, Scheduling, Billing, HR, QA, Training, etc.).
- viii. Methods used to verify staff qualifications and background check.
- ix. Education requirements for direct line and supervisory staff.
- x. Qualification requirements for non-BCBA supervisory staff (e.g., Master's Degree, RBT, etc.).
- xi. Requirement for all providers to have individual NPI numbers
- xii. Description of onboarding practices to ensure medical clearance.

c. Training

- i. Initial training requirements for new hires. Note the number of didactic and field work training required for each position before working with participants.
- ii. Note the training topics covered during initial staff training, and if orientation is included in training.
- iii. Ongoing staff training requirements. Note the frequency and sample topics for continuing education provided for each level of staff.
- iv. Training in the area of medical necessity for BCBAs and non-BCBA level supervisors.
- v. Methods used to verify training competency.
- vi. Sample of training materials.
- vii. Include how often BCBAs provide supervision to non-BCBA level supervisors. Describe the nature of this supervision.
- viii. Indicate physical intervention training requirements and criteria for such training (e.g., ProACT, CPI, QBS, etc.).

d. Clinical

- i. Steps and tools involved in assessment and treatment. Please note all applicants must be familiar with and use the VB-MAPP, Assessment of Functional Living Skills (AFLS), and Vineland, and Measure of the Quality of Life (QOL).
- ii. Service delivery model(s) and evidence-based practices (e.g., DTT, PRT, NET, etc.) utilized.
- iii. Service delivery models must include direct 1:1 ABA therapy, supervision and parent consultation in the home as well as services delivered via Telehealth platforms.
- iv. At least one treatment plan sample.
- v. Monitoring and data tracking systems used to capture fiscal information, participant progress, demographics and attendance.
- vi. Locations, hours, days of service availability.
- vii. Please include information if your agency offers clinic based services and the criteria to access service in the clinic.
- viii. Any limitations related to service delivery. Be specific and note if your agency can accept participants with severe aggression, feeding issues, toilet training needs, sleep irregularities, hygiene deficits, etc.
- ix. Specify the age ranges (including adults) your provider serves.
- x. Description of the average caseload size of MA level (without BCBA) supervisors.
- xi. Description of the average caseload size of BCBA level supervisors.
- xii. Description of the ratio of supervisory hours to direct therapy hours typically recommended.
- xiii. Description of the percentage of supervisory hours allocated for indirect/prep time.
- xiv. Description of the range of direct therapy hours typically recommended. The description should include the analytical process used to make such recommendations.
- xv. Description of policies regarding cancellations, make-up hours, and contract utilization.
- xvi. Note any other therapies your provider provides to treat the symptoms of ASD (e.g., speech, OT, PT, social skills groups, etc.).
- xvii. Description of process for consultation and collaboration with provider's clinicians and Easterseals' Clinical Case Managers.
- xviii. Description of the frequency of clinic meetings.
- xix. Description of parent participation and specifically how parent participation is incorporated into ABA treatment.
- xx. Description of how provider implements a person-centered philosophy that guides service delivery.
- xxi. Description on how provider creates and implements goals which are medically-necessary as interpreted by the funding source
- xxii. Description of how your program addresses generalization and maintenance of skills acquired by participants.
- xxiii. Description of the transition planning and discharge criteria used by the provider.
- xxiv. Access to language assistance program

e. Quality Assurance

- i. Description of the provider's quality assurance practices.
- ii. Description of the provider's minimum attendance requirements.
- iii. Description of how the provider handles participant grievances.
- iv. Description of procedure for purging clinical data.

- v. Methods used and frequency of staff performance evaluations.
- vi. Sample performance evaluation.
- vii. Description of risk management practices.
- viii. Description of provider's financial planning and management activities, including fiscal policies and procedures, description of annual reviews/budgets, and cycle for financial planning.
- ix. Description of the process for ESSC Clinical Case Managers to schedule site visits to observe the participant as required per year and as needed.
 - As part of Easterseals' process of quality assurance, Clinical Case Managers will conduct 2 site visits per year and as needed for each participant.

f. Capacity Building

Please note providers must have the ability to support a **minimum of 50 participants within six months*

- i. Description of the provider's ability to build capacity and rate of scalability. Please be specific and include cities and/or regions.

g. Information Technology

- i. Preference for provider to have cyber security liability insurance
- ii. Preference for provider to have their own custom email domain
- iii. Description of how provider ensures HIPAA compliance (e.g., regarding equipment, storing & sharing participant information, exchanging PHI, etc.)
- iv. Please note whether the provider uses NPAWorks or other software program for billing and scheduling.

h. Rate Proposal

- i. Include a rate proposal for each of the following services:
 - Direct intervention.
 - Supervision by BCBA.
 - Supervision by Program Manager (Master's Level Associate).

III. Evaluation of Proposals

Proposals will be evaluated by a committee of ESSC's clinical and executive staff. Agencies will receive confirmation of receipt of proposal and ongoing communication related to process and outcome. Minimally, a provider must receive an 80% compliance score in order to be eligible to participate in the network. If a provider is found ineligible to participate in ESSC's Provider Network, the provider will be informed in writing. In selected situations, the provider will be given an opportunity to appeal the decision, and be given information about resources to improve eligibility, if appropriate.

Questions regarding this RFP should be emailed directly to:

- Eriko Yamagishi, Regional Vice President at eriko.yamagishi@essc.org
- Althea Abaqueta, Regional Vice President at althea.abaqueta@essc.org