

REQUEST FOR PROPOSAL COMMUNITY PLACEMENT PLAN (CPP)

**SHORT-TERM CRISIS HOME
FISCAL YEAR 2016-2017**

Released: September 20, 2016

Applicant's Conference: October 3, 2016

RFP Deadline: October 31, 2016 no later than 4:00pm

BACKGROUND:

The San Gabriel/Pomona Regional Center (SG/PRC) has identified the need to solicit, identify and procure a short-term crisis residential home from an experienced residential service provider. Time is of the essence with regards to the procurement of this service and thus this RFP will be a standalone process in selecting an applicant for the development one (1) short-term crisis home for adults who have a developmental disability and may also have a mental health condition. Residents of this home will have severe service needs in the areas of behavioral needs, mental health needs, substance related needs, forensic needs, and self-help needs.

SG/PRC is a non-profit agency contracted by Department of Developmental Services (DDS) to coordinate and fund services for individuals with developmental disabilities. Through the Community Placement Plan, service needs are identified and start-up funds are made available for the development of services.

DDS has approved SG/PRC to develop one short-term crisis residential home for adults. The maximum amount of start-up funds allocated for this purpose is not to exceed \$225,000.00

PROJECT DESCRIPTION:

SG/PRC is seeking to develop one (1) short-term crisis home, to be licensed and vendored as an Adult Residential Facilities (ARF) to serve a maximum of three (3) adults for a 90 to 120 day period. The home is to be prepared to serve either male or female adults, ambulatory and non-ambulatory, from eighteen (18) through fifty-nine (59) years of age. At a minimum, two of the beds in the home must be licensed to serve clients utilizing wheelchairs or considered non ambulatory. Residents are to have their own bedroom. The home will be equipped with delayed egress (of the 30 second delay type). The home is to be developed in the SG/PRC service area (see Attachment A).

Target Population: Residents to be served by this home will likely be at risk of crisis, in crisis or be recovering from a recent crisis episode. Residents will have a developmental disability and may also have a co-occurring mental illness. Residents may have substance related needs which do not need the level of a detoxification facility. Residents will have a history of unmet needs in the areas of behavior needs, mental health needs, substance related needs, and/or forensic needs. Residents may have a history of displaying severe or profound challenges which are related to either the developmental disability and/or the mental health condition such as: aggression to self or others, elopement, depression, self harming behaviors (biting/head banging/etc), property destruction, tantrums, stealing, false allegations, high anxiety, hyperactivity, impulsivity, panic attacks, phobias, deceitfulness or theft, physical/verbal aggression, fire setting, restiveness and inappropriate sexual behavior. Residents with the mental health condition may be experiencing symptoms which have been untreated/or not managed well and thus may have recent history of repeated psychiatric hospitalizations. Residents may have current forensic involvement or have a history of it.

Applicants responding to this RFP should propose an innovative, effective and cost effective short term residential service model to serve adults who have a developmental disability and may also have a mental health condition who are at risk of a crisis, are in crisis or are recovering from a recent crisis episode.

Applicants are encouraged to consider proposing service models which have been proven effective with residents with behavioral, mental health, substance dependent and/or forensic challenges. Service models which include therapeutic services must incorporate evidence-based practices (EBP's).

Applicants are encouraged to sub-contract during the development and first two year implementation phase with licensed/credentialed experts who can help with the development/implementation of the innovative and cost effective residential service model.

Applicants are encouraged to explore available resources within the community and describe in detail within the submitted proposal how the home/applicant will work in partnership with local community agencies such as department of mental health, substance abuse support agencies and others to help meet the service needs of the clients within the short term crisis home.

Applicants should take into consideration that this home must be developed to meet the new regulations issued by the Centers for Medicare and Medicaid Services (CMS) regarding standards that must be met, by all Home and Community-Based Services (HCBS), to continue receive federal funding beyond March 2019. The prospective provider must ensure that services developed as part of this project are provided in accordance with person centered plans that focus on the achievement of individual goals and individual values. The home should provide a high degree of community integration. For more information about meeting this requirement please visit: <http://hcbsadvocacy.org> or www.medicaid.gov for more information about "The Medicaid Home and Community Based Services Setting Rules (HCBS Setting Rules).

SG/PRC expectation of this home is that it will have a "no reject, no eject" policy for clients that are referred.

SG/PRC expectation of this home is that it must offer individual programming and to each resident which will help stabilize the acute needs of the resident.

SG/PRC expectation of this home is that it must offer therapeutic and rehabilitative individualized programming which will help its residents stabilize the chief acute symptoms of the client. As a short term crisis home, the expectation is that the resident will be connected to needed resources within resident's upcoming community (generic or other) prior to transitioning the client into a least restrictive environment within a period of 120 days. If additional time is needed, it will be approved on a case by case basis within the IPP team meeting on a bi-weekly basis and a set moving transition plan must be in place and moving forward. Transition planning with the IPP team should occur within the first 30 days of placement.

SG/PRC expectation of this home is that provider must be committed to zero re-offending for any client with forensic involvement. Provider must be willing to navigate and support the needs of a client with forensic issues such as the need for a substance abuse counselor, sex offender treatment, competency training or any other resource. This provider will work in partnership with the regional center to assure that the needs of the client are met.

SG/PRC expectation of this home is that its staff will help with the transition of its residents to a least restrictive environment by creating, participating in the transition plan and providing the upcoming home with details of what has worked with this client and the next steps recommended to successfully transition the resident to the least restrictive environment.

The acquisition of property for this project will be completed through SG/PRC's Nonprofit Housing Corporation partner. The successful applicant(s) shall work collaboratively with the Housing Corporation in selecting the property for this project and will lease the selected property from the Housing Corporation. The selected service provider must work with the assigned SG/PRC Resource Developer to ensure the identified home will meet the needs of the residents.

RATE FOR ON-GOING SERVICE:

The rate of reimbursement for on-going services will be negotiated based on projected reasonable costs for the facility up to the allowable median rate for a 3-bed facility. In determining projected costs, applicants must ensure that administrative overhead costs are maintained at 15% or less, per Welfare and Institutions Code, section 4629.7. On-going service will be vendored and funded under service code 090 (Crisis Intervention Facility) .

The successful applicant will work with SG/PRC to develop a rate for on-going services which will include all or some of the items listed below.

1. A preset salary range for Direct Support Professionals (DSPs);
2. Direct Support Professionals who have completed DSP I and DSP II;
3. 1, 2 or more awake night staff;
4. Administrator or designee on-call 24/7;
5. Administrator working a minimum of 20 hours or more per week;

Preference will be given to applicants who have or identify an administrator who has:

- a. Bachelor degree or higher in a related field;
- b. At least two years of work history as an administrator in a level 4G or above residential facility;
- c. Demonstrated understanding of the IPP process and the legal rights of people with developmental disabilities in California;
- d. Demonstrated the ability to work with the Department of Social Services, Community Care Licensing Division and knowledge of all Title 22 and 17 regulations;
- e. Has a current Administrator Certificate;
- f. Has successfully completed DSP I and DSP II certification;
- g. Is, or will be, a PCMA or CPI Certified Instructor;
- h. Has completed or completes the SG/PRC (or other RC, upon SG/PRC approval) Residential Services Orientation (RSO);
- i. At least one year of demonstrated experience in serving individuals with mental illness within a residential setting or a rehabilitative type setting or is willing to obtain continuing education classes on providing services to individuals with mental health conditions via a mental health agency.

APPLICANT QUALIFICATIONS:

The following qualifications will be sought in a potential provider and will be assessed by evaluating the applicant's proposal, and responses to interview questions, if applicable. For finalists, assessment of these qualifications will also include the collection and evaluation of additional information.

Qualifications Sought in a Provider

Applicant must demonstrate the following:

- A proven history of financial responsibility, stability and soundness
- A proven history demonstrating the ability to provide **effective** direct services/supports to target population.
- Proven credentials, licenses, training and/or skills required and/or preferred for the proposed project or service.
- A proven history of positive working relationships with the community and applicable government agencies. If applicant is a current vendor, applicant must be in good standing with the regional center and licensing agency.
- A proven history in the area of project development, including the ability to complete project according to RFP, meet project timelines and manage a project of this size and scope.

Applicants, including members of governing boards, must be in good standing in regards to all services vendored with any regional center.

Applicants must adhere to the RFP writing guidelines outlined in this RFP and complete each attachment enclosed in this RFP.

Applicants must adopt a “no-reject” /no failure policy toward individuals and a commitment to modifying supports to ensure continued stability without requesting additional funding from the regional center.

Applicants must communicate a vision dedicated to providing services to the targeted population which will stabilize client and transition client into a less restrictive environment with appropriate services in place.

APPLICANT ELIGIBILITY:

Eligibility:

This RFP is intended for applicants who are experienced crisis home providers, residential providers operating existing Level 4G-4I Adult Residential Facilities (ARF) or Specialized Residential Facilities, serving individuals who have a developmental disability and who may also have a mental health condition. Applicants must demonstrate experience in providing services to individuals who have service needs in the areas of: severe behavioral challenges, diagnosed/undiagnosed mental health needs, substance abuse and forensic needs.

Any individual, partnership, corporation, association or private-for-profit or not-for-profit agency may submit a proposal.

- For partnership submissions, all partners should have full knowledge of the contents of the proposal submitted and must demonstrate commitment to the project during start-up as well as on-going operations.
- Applicants, including members of the governing board, must be in good standing in regards to all services vendored with any regional center.

Ineligibility:

Under the following conditions, an individual or entity is ineligible to be a regional center vendor, and therefore may not submit a proposal.

- Conflict-of-Interest: Any individual or entity that has a conflict-of-interest as established in DDS Regulation, Title 17, Sections 54314 and 54500 et seq., unless a waiver is permitted and obtained, including:
 - Regional center employees, board members, and their family members.

SELECTION PROCEDURES:

All proposals received by the deadline will undergo a preliminary screening. Late incomplete applications will not be accepted for review and rating. Any proposal may be disqualified if it deviates from the submission instructions in the RFP.

SG/PRC will seat the RFP Selection Committee. The evaluation process will include individual committee member evaluation and rating for each proposal, followed by committee discussion and ranking of proposals.

Proposals will be reviewed and evaluated for:

- Completeness and responsiveness of the proposal;
- Relevant experience and qualifications of the applicant;
- Reasonableness of timeline to complete project;
- Demonstrated financial responsibility, stability and soundness of the applicant.

Proposals may be eliminated from further consideration due to inconsistency with state and federal guidelines, failure to follow RFP instructions, incomplete documents, or failure to submit required documents.

In addition to evaluating the merit of the proposal, applicants will be evaluated and selected based on previous performance, including timely completion of projects and a history of cooperative work with the regional center. (Please refer to the section titled Applicant Qualifications for details.)

After preliminary rating and ranking of proposals, interviews may be scheduled with finalists, particularly if two or more proposals are closely rated and/or more information is needed. References will be contacted for all finalists. All finalists will be required to complete and submit a budget and financial statement(s). (Please see section titled Applicant Qualifications for details).

The final selection of the RFP Selection Committee is not subject to appeal. All applicants will receive written notification of SG/PRC's decision regarding their proposal and an announcement of the applicant awarded the project will be posted on SG/PRC web site: www.sgprc.org. All applicants will receive notification of SG/PRC's decision regarding their proposal.

Additional information may be required from the selected applicant prior to the awarding of the project. Any information withheld or omitted, or failure to disclose any history of deficiencies or client abuse shall disqualify the applicant from award of the project and/or contract.

SG/PRC reserves the right not to select an applicant for project implementation if, in its determination, no qualified applicant has applied or is sufficiently responsive to the service need.

In the event that no proposal is selected, SG/PRC may elect to either not develop the service pending further analysis of alternatives to meet the expressed need, or to issue a new RFP to attempt to expand the pool of potential respondents.

Additional Requirements

- Development of Program Statement/Program Design: The selected applicant will be required to submit a Program Statement/ Program design within thirty (90) days of award of the contract.
- Proof of Liability Insurance: The selected applicant will be required to maintain general and professional liability insurance for all work performed on behalf of regional center clients and their families and to name the regional center as an additional insured on all such policies.

RESERVATION OF RIGHTS:

SG/PRC reserves the right to request or negotiate changes in a proposal, to accept all or part of a proposal, or to reject any or all proposals. SG/PRC may, at our sole and absolute discretion, select no provider for these services if, in its determination, no applicant is sufficiently responsive to the need. SG/PRC reserves the right to withdraw this Request for Proposal (RFP) and/or any item within the RFP at any time without notice. SG/PRC reserves the right to disqualify any proposal which does not adhere to the RFP guidelines. This RFP is being offered at the discretion of SG/PRC. It does not commit SG/PRC to award any project.

COST FOR PROPOSAL SUBMISSION:

Applicants responding to the RFP shall bear all costs associated with the development and submission of a proposal.

PROPOSAL CONTENT:

Instruction: Please include all information requested below and submit your proposal in the same order as described below. The submitted proposal should include the cover sheet (see attachment B) and a Table of Contents.

1. Proposal Attachments

- 1.1. Application/Proposal Coversheet – Attachment B
- 1.2. Statement of Obligation – Attachment C
- 1.3. Comparable Project(s) Listing – Attachment D

- 1.4. Most Recent Independent Audit or Verified Financial Statement – Attachment E
- 1.5. Budget Form for Start-Up Costs-Attachment F (use Guidelines for the Use of CPP Funds – Attachment H as a reference)
- 1.6. Budget Form for On-going Costs – Attachment G
- 1.7. DS1891 Applicant Disclosure Form – Attachment I

2. This section of the proposal should present comprehensive information of the proposed residential service model and describe how the applicant would go about developing, administering and evaluating the success of this program. Applicants are reminded to address the service needs of the PROJECT TARGET POPULATION and to review the information presented within the PROJECT DESCRIPTION section of this RFP to ensure that the narrative addresses expectations for this program. The submitted narrative should contain enough detail to provide the selection committee with a solid idea of the applicants' vision of the proposed residential service model. In addition, submitted proposals should assure there is extensive discussion within the narrative of how the home will address the following:

- 2.1. Comprehensive Assessment Process
- 2.2. Developing Stabilization Plans
- 2.3. Implementing Individualized Stabilization Plans (including monitoring of progress and updates)
- 2.4. Treatment Interventions available to residents to maximize stabilization
- 2.5. Programming/Activities available to residents to maximize stabilization
- 2.6. Coordination and continuity of care plans to assist with transitioning a client to be successful within a less restrictive residential environment within the targeted time lines
- 2.7. Program Staffing and Staffing Patterns
- 2.8. Medication Management
- 2.9. Collaboration with other service agencies to maximize interventions to resident and stabilization of resident

3. Service Delivery Principles

What are the applicant's service delivery principles when serving regional center within a residential setting who has:

- Severe behavioral challenges
- Severe mental health needs
- Forensic needs

4. Staff & Consultant Experience

- Describe education, experience, and knowledge of the key personnel (can include consultants) who are the creators of the proposed residential service model and who will be overseeing the implementation of the proposed residential service model. A resume(s), copies of licenses/credentials and two (2) references or letters of recommendations must also be provided.
- Describe any experience the applicant has had with serving the targeted population for this project. Describe how the documented education, knowledge, and experience will be a good fit for developing this program.
- Provide a job description for each staff who will be implementing programming for clients in this home including administrator and DSP's. Each job description should include: Job Title, minimum qualifications, job duties/responsibilities, and reporting supervisor.
- Copy of contract (does not need to be signed) for each consultant to home which includes, Job Title, minimum qualifications, all duties/responsibilities towards this home, who consultant reports to, hours

per client per month, rate. If you have consultants identified for this home already, please provide a copy of the license/certification, resume.

5. Equity & Diversity Statement

- Provide a statement outlining applicant's plan to serve diverse populations, including, but not limited to, culturally and linguistically diverse populations.
- Provide examples of applicant's commitment to addressing the needs of those diverse populations.
- Provide any additional information that the applicant deems relevant to issues of equity and diversity.

6. Development Experience

- Discuss applicant's development approach to developing innovative programs to serve regional center clients. Provide enough details which will help the selection committee understand applicant's experience in developing successful programs which meet the needs of the targeted population for the project.
- Highlight similarities between current or previous program(s) developed and applicant's proposed facility for this RFP.

7. Timeline of Project Activities

Provide a step-by-step development activity schedule for the entire project. First step should indicate "receiving award letter" and last step should indicate "placement of first client into the home". *Note: If submitted time line requires to be amended in the future, all parties will agree upon amended time line.*

8. Organization Chart

Attach a complete organization chart that includes this project and maps the supervisory hierarchy. The chart must include the names of any governing board members, advisory boards, as well as other programs/facilities operated by the applicant.

9. Home & Community-Based Setting (HCBS) Requirements:

- Acknowledge awareness and commitment to developing the facility to meet the new HCBS requirements.
- Review the HCBS Residential Provider Self Survey and via a narrative to this section identify any areas of this survey where you feel additional technical assistance or guidance will be needed by your organization for this home. The HCBS Residential Provider Self Survey can be found at <http://www.dhcs.ca.gov/services/lrc/Pages/HCBSStatewideTransitionPlan.aspx> (see Attachment J).

10. Quality Improvement

- Describe the quality management and improvement system currently in place for your existing residential homes.
- Describe in detail, performance indicators used in measuring and monitoring service performance and goals.

FORMATTING REQUIREMENTS

Applicants must adhere to the following formatting requirements when submitting proposals:

- All submissions must be on white, standard size (8 1/2" x 11") paper, single-sided only, in hard-copy to Nora Perez-Givens, Resource Developer at SG/PRC. Address provided below.

- All submissions must also include an electronic version sent to: commsrvs@sgprc.org. An email acknowledgement of each submission received will be sent to the applicant.
- Attachments/Forms must be type written. Include additional pages as needed. All proposals must be complete, typewritten, collated, and page numbered.
- Questionnaire must be type written in 12-point Times New Roman or Arial font.
- The “Application/Proposal Coversheet” (see Attachment – B) must be the first page of the proposal.
- The proposal must include a Table of Contents.
- As applicable, include appendices for documents, such as resumes, certificates, curricula, schedules, letters of recommendation, letters of support from agencies, consultants expected to provide program services, etc.
- Fax copies will NOT be accepted.
- Submissions will NOT be returned.
- No proposals will be accepted after the deadline.

INQUIRIES/REQUEST FOR ASSISTANCE

An Applicants Conference will be held on Monday, September 12, 2016 at SG/PRC, Conference Room C, from 1 p.m. to 2 p.m. All interested parties are strongly encouraged to attend or to send a representative to this conference. During this session the applicant will have the opportunity to ask questions about the proposed operation of the residential facility, as well as the application process.

Additional inquiries regarding the application or requesting technical assistance should be directed to:

San Gabriel/Pomona Regional Center
Attn: Nora Perez-Givens, Resource Developer
75 Rancho Camino Dr.
Pomona, CA 91766
(909) 868-7504
ngivens@sgprc.org

Technical assistance is limited to information on the requirements for preparation of the application packet.

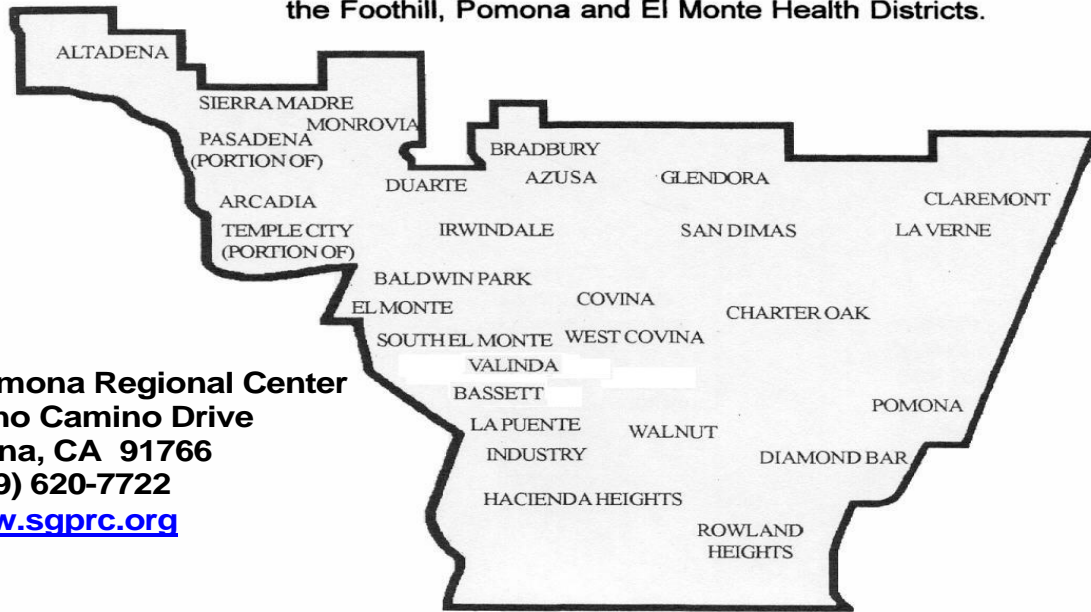
TIMELINE

9/20/2016	Request for proposal release
10/3/16	Applicant's Conference (Time: 1:00 to 2:00 p.m.)
10/31/2016	Deadline for receipt of proposals
11/14/2016	Evaluation of proposals by selection committee
11/14/2016-11/30/2016	Interviews with highest-ranking applicants, if applicable
12/7/2016	Notice of selection mailed to applicants
12/14/2016	Notification of project award posted on SG/PRC website

ATTACHMENTS

SAN GABRIEL/POMONA CATCHMENT AREA

San Gabriel/Pomona Regional Center serves 30 cities in the Foothill, Pomona and El Monte Health Districts.



San Gabriel/Pomona Regional Center
75 Rancho Camino Drive
Pomona, CA 91766
(909) 620-7722
www.sgprc.org

**SG/PRC is a Private Non-Profit Agency Serving Persons
with Developmental Disabilities**

These include the following cities, communities and postal zip codes:

Altadena -	91001	La Puente -	91744, 91745
Arcadia -	91006, 91007	La Verne -	91750
Azusa -	91702	Monrovia -	91016
Baldwin Park -	91706	Pasadena -	91104, 91107
Bassett -	91746	Pomona -	91766, 91767, 91768 (91766 known as Phillips Ranch)
Bradbury -	91010	Rowland Heights -	91748
City of Industry -	91744, 91745, 91746	San Dimas -	91773
Charter Oak -	91724	Sierra Madre -	91024
Claremont -	91711	South El Monte -	91733
Covina -	91722, 91723, 91724	*Temple City -	91780 (Portion)
Diamond Bar -	91765	Valinda -	91744
Duarte -	91010	Walnut -	91789
El Monte -	91731, 91732	West Covina -	91790, 91791, 91792
Glendora -	91740, 91741	Whittier -	90601
Hacienda Heights -	91745	*Whittier -	90601 (Portion)
Irwindale -	91706		

*** Portions of Pasadena, Pomona, Temple City and Whittier according to the L. A. County Health Districts: El Monte, Foothill & Pomona, are shared with another Regional Center.**

APPLICANT/AGENCY INFORMATION- PROPOSAL TITLE PAGE

Note: Place a copy of this attachment on the top of the original and each of the five (5) copies.

TO: SELECTION COMMITTEE
San Gabriel/Pomona Regional Center
75 Rancho Camino Dr.
Pomona, California 91766
ATTENTION: Nora Perez-Givens

APPLYING FOR:

Short-Term Crisis Adult Residential Facility (Proposed Development Area _____)

PROGRAM TITLE (Please print)

NAME OF INDIVIDUAL OR ORGANIZATION SUBMITTING PROPOSAL (Please print)

CONTACT PERSON FOR PROJECT (Please print)

(____) (____) (____)
OFFICE #/ CELL #/ FAX #/ E-mail address

NAME OF PARENT CORPORATION (IF APPLICABLE) (Please print)**(must identify, if any, excluded individuals-attach additional sheet)*

ADDRESS (Please print)

AUTHOR OF PROPOSAL, IF DIFFERENT FROM INDIVIDUAL SUBMITTING PROPOSAL

Knowingly and willfully failing to fully and accurately disclose the information requested may result in rejection of proposal.

By signing, you hereby certify and swear under penalty of perjury that (a) you have knowledge concerning the information above, and (b) the information above is true and accurate. You agree to inform the Regional Center, in writing, within 30 days of any changes or if additional information becomes available.

SIGNATURE OF PERSON AUTHORIZED TO BIND ORGANIZATION

DATE

Attachment C

STATEMENT OF OBLIGATION

(Please attach additional pages if needed)

1. The applicant is presently providing services to individuals with developmental disabilities:
[] No [] Yes

If **Yes**, indicate name, location, type and capacity of service(s). _____

2. The applicant is presently providing services to individuals other than those with developmental disabilities in residential settings or other related services: [] No [] Yes

If **Yes**, indicate name, location, type and capacity of service(s) _____

3. Is the applicant currently receiving grant/funds from any source to develop services for individuals with developmental disabilities? [] No [] Yes

If **Yes**, indicate funding source and scope of grant project. _____

4. Is the applicant currently applying for grant/funds from any source to develop services for Fiscal Year 2016/2017? [] No [] Yes

If **Yes**, indicate funding source and scope of grant project. _____

5. The applicant is planning to expand existing services (through a Letter of Intent and with or without grant funds) from a source other than San Gabriel/Pomona Regional Center during Fiscal Year 2016/2017: [] No [] Yes

If **Yes**, please provide details. _____

6. Describe other professional/business obligations. Include name, location, type, and capacity of service/obligation. Do not include services you expect to provide through this grant.

7. Has the applicant or any member of the applicant's organization a citation from a regional center or State Licensing agency within the last 2 years? [] No [] Yes

If **Yes**, explain in detail. _____

8. Has the applicant or member of the applicant's organization or staff ever received a citation from any agency for abuse? [] No [] Yes

If **Yes**, explain in detail. _____

9. The applicant understands that all referrals for this project will be individuals that have been previously identified by SG/PRC as ready to transition to the community from identified settings. [] Yes

Signature of Applicant or Authorized Representative

Date

Attachment D
COMPARABLE PROJECTS LISTINGS

Facility Name	Administrator	Current Status	Characteristics of home	Time to develop	Barriers (if any)	Organization that owns home
EX. ABC Home	John Doe	Licensed/Rehab/In escrow/Site search	Behavioral; males	18 mo	City permits	Non-profit Organization

Please provide any additional information regarding comparable projects below. Additional pages may be attached.

SAMPLE FINANCIAL STATEMENT

(For reference purposes only – Verified financial statement required)

1. CURRENT ASSETS:

Cash in Banks	_____
Accounts Receivable	_____
Notes Receivable	_____
Equipment/Vehicles	_____
Inventories	_____
Deposits/Prepaid Expenses	_____
Life Insurance (Cash Value)	_____
Investment Securities (Stocks and Bonds)	_____

2. FIXED ASSETS:

Buildings and/or Structures	_____
Real Estate Holdings	_____
Long Term Investments	_____
Potential Judgments and Liens	_____

3. CURRENT LIABILITIES:

Accounts Payable	_____
Notes Payable (Current Portion)	_____
Taxes Payable	_____

4. LONG-TERM LIABILITIES:

Notes/Contracts	_____
Real Estate Mortgages	_____

**5. Other income, wages, or revenues from other sources
(Specify)**

6. Line of credit amount available

Attachment F
BUDGET FORM FOR START-UP COSTS

ITEM	PROJECTED COST
Modifications of facility	_____
Office Supplies	_____
Specialized Household Equipment	_____
Communication	_____
Program Consultants	_____
Travel Expenses	_____
Staff Recruitment Costs (e.g., advertising, finger printing)	_____
Residential Lease	_____
Licensing Fees	_____
Household Supplies	_____
Furniture	_____
Kitchen Equipment	_____
Kitchen Appliances	_____
Linens	_____
Food	_____
Utilities (trash, gas, water, electricity, telephone)	_____
Insurance (vehicle, fire, household, worker's comp, etc.)	_____
Program Supplies/Recreational & Adaptive Equipment	_____
Vehicle Lease	_____
Vehicle Maintenance (gasoline, etc.)	_____
Fire and Safety Costs (sprinkler, alarms, etc.)	_____
Staff Training	_____
Other General Expenses (Specify)	_____
Administrative Overhead	_____
TOTAL PROJECTED START-UP COSTS	_____

In addition to the projected cost for each item, be sure to include a detailed breakdown/description of how each line item was constructed. (If necessary, adjust outline to your program needs, but address requested line items.)

SAMPLE BUDGET FORM FOR ON-GOING COSTS

The budget must demonstrate the financial aspects of the proposal. The projected costs cannot exceed 15% administrative overhead.

<u>ITEM</u>	<u>PROJECTED COST (MONTHLY)</u>
Staff Wages (specify details, i.e. starting wage)	_____
Staff Benefits (specify details)	_____
Administrator Salary	_____
Office Equipment	_____
Communication	_____
Program Consultants	_____
Travel Expenses	_____
Staff Recruitment Costs (e.g., advertising, finger printing)	_____
Facility Lease (including property taxes)	_____
Licensing Fees	_____
Furniture	_____
Program Equipment	_____
Utilities (trash, gas, water, electricity, telephone)	_____
Insurance (vehicle, fire, household, worker's comp, etc.)	_____
Program Supplies/Recreational & Adaptive Equipment	_____
Vehicle Lease	_____
Vehicle Maintenance (gasoline, etc.)	_____
Facility Maintenance	_____
Ongoing Training Expenses	_____
Payroll/Bookkeeping	_____
Other General Expenses (Specify)	_____
TOTAL PROJECTED MONTHLY ONGOING COSTS	_____
BASED ON 3 RESIDENTS	_____
PROPOSED REIMBURSEMENT RATE P/CLIENT, P/MONTH	_____

In addition to the projected cost for each item, be sure to include a detailed breakdown/description of how each line item was constructed. (If necessary, adjust outline to your program needs, but address requested line item.)

GUIDELINES FOR USE OF START-UP FUNDS

I. General Budget Provisions

- A. Payment provisions in Start-Up Funds (SUF) contracts are on a cost-reimbursement or a fixed unit rate basis, with a ceiling specified on the maximum dollar amount payable by the regional center for each milestone identified in the Agreement.
- B. The SUF contract sets forth the type of facility, service, or program to be developed and may indicate, as well, additional provisions or limitations on reimbursable items specific to that type of service. The SUF contract takes precedence over this guideline.
- C. Reimbursement on SUF contracts commence by submitting a signed "Exhibit A" invoice form and verification of paid expenditure to the SUF Liaison, the designated Resource Developer. Verification of expenditures consists of copies of receipts indicating payment in full by cash or credit card purchase. Lay-away items may only be reimbursed for the amount of the deposit or payments made. In the case of personnel costs, a copy of the payroll record or check for salary paid will be acceptable. For lease or rent payments, copies of the signed lease/rental agreement will also be needed.
- D. Milestone contracts are occasionally completed for specific projects. The contract specifies the tasks to be completed for each milestone. Requests for payment may be made after each milestone is completed using the Exhibit A invoice form. Payment is made after the form and verification of milestone is received. Expenditures need to follow the SUF guideline and contract specifications.
- E. The regional center needs an original signature (no copies or faxes) on the Exhibit A invoice form.

II. Personnel Services

- A. A maximum of three (3) months of identified and reasonable direct personnel and overhead costs, including employee fringe benefits, may be reimbursed. Where salaries and wages are a reimbursable item, the following information should be included:
 - monthly, weekly, or hourly rate, as appropriate
 - personnel classification
 - number of hours worked
 - period worked (example: August 1 - 15, 2004)
 - If the employee has other duties with the organization, a percentage of personnel time to be charged to the contract needs to be specified.

III. Administrative Overhead

- A. Administrative overhead is an allowable cost **only** if there is a parent/corporate organizational staff involved with the project who will be expending staff time and resources not covered elsewhere in the project budget.
- B. If administrative overhead is claimed, the administrative overhead shall not exceed 13 percent of the total SUF amount.

IV. Consultants

- A. Proposals submitted and accepted must state the rate of compensation to be paid to consultants. The rate shall be an hourly rate with a ceiling on the total amount. Consultants must be qualified to perform the stated service and services must be applicable to the development of the project.
- B. Consultants' rates must conform to either:
 - (1) Schedule of Maximum Allowances (Medi-Cal rate) for positions covered by that schedule; or
 - (2) Comparable State Civil Service positions; or
 - (3) The going (usual and customary) rate for similar work outside state service.
- C. If Option 3 is applicable, the amounts to be paid consultants depend upon the complexity and difficulty of the projects, the ongoing rate for similar work, and the qualifications and reputation of the individual(s) or firm being awarded the contract. The rates paid to consultants under Option 3 must have prior written approval of the regional center.

V. Real Property

- A. Payments are not permitted for purchase or for construction, renovation, alteration, improvement, or repair of privately owned property which would enhance the value to such property to the benefit of the owner. SUF monies cannot be used for modifications that are solely aesthetic in nature or are not necessary to meet fire and life safety requirements.
- B. SUF monies may be used to modify residential and day program facilities to meet fire and life safety requirements of the fire marshal and/or the local licensing agency. Proposals requesting facility modifications must include three bids to be considered for reimbursement. If a site requires extensive modification, another location should be considered. The following are examples of fire and life safety modifications: Wheelchair ramps; Handrails; Bedroom exit doors; Bathroom fixtures designed for non-ambulatory individuals; Widening of hallways and doors; Installing fireproof doors; Fire alarms; Fire sprinkler systems; Exit alarms or delayed egress devices; and Fencing around swimming pools. Licensed contractors shall be utilized for all fire and life safety modifications/improvements.
- C. Four months' rent or lease payments for a facility site is a reimbursable expense. The rent should not exceed the rental rates for an equivalent site/facility in the area where the program will be situated. A signed copy of the lease or rental agreement needs to be submitted with the request for reimbursement. Security or cleaning deposits are not a reimbursable item.

VI. Equipment

- A. Examples of equipment which may or may not be purchased or purchased only with prior written approval from the regional center, or leased include:

ITEM	PURCHASE MAY BE ACCEPTABLE	3 MONTH LEASE	COMMENTS/EXCEPTIONS
Motor vehicles	NO	YES	May be leased for 3 months during development of project

Computers	NO	YES	May be purchased only if part of a training program for clients, the approved proposal, and the approved program design.
Camcorders, cameras, fax machines, slide projectors, copy machines	NO	YES	May be purchased only if part of a training program for clients, the approved proposal, and the approved program design.
Wall-to-wall carpeting	NO	N/A	
Area rugs	YES	N/A	
Shipping of furniture or truck rental	NO	N/A	
*Furniture, household appliances, linens, household supplies	*YES	YES	*Furniture needs to be new, sturdy, well-built, and appropriate for residential facility or day program.
*Recreational equipment (games, TV, VCR, exercise equipment, mats)	* YES	N/A	*If for use in the facility/program and if appropriate for the type of service and clients served.
Warranties on appliances	NO	N/A	

- B. All approved equipment of any kind purchased from funds reimbursed under the terms of the SUF contract is the property of the State of California. For the purpose of any SUF contract, “equipment” is considered any item purchased with SUF which has a unit acquisition cost of at least \$5,000.00 or a normal useful life of at least three years. The Contractor must submit to the regional center a detailed inventory, including serial numbers, of any equipment that meets the above criteria. This inventory (“Items Acquired Under Start -Up Fund Contracts”) is due within 30 days of the end of the project’s completion. The final SUF reimbursement will not be distributed until the regional center’s receipt of the inventory.
- C. As a general rule, it can be assumed that equipment with a value under \$5,000.00 will be amortized and no longer be regional center property after three years. For purposes of the SUF contract, equipment/item costs must be considered the sum of the costs of the items functioning together; e.g., mattress, box springs and frame. For questions concerning specific items over \$5,000.00, please contact the regional center’s SUF Liaison
- D. Written pre-approval from the regional center is required for reimbursement of any article, supplies, or equipment exceeding \$1,000.00 in cost (per unit). A justification, including the reasonableness of the cost, should be submitted prior to purchasing any such article.
- E. Equipment that is approved for lease may not be leased with an option to purchase. The provider shall provide the regional center with copies of signed leases for any equipment using SUF.
- F. All furniture, mattresses sets, and appliances purchased with SUF shall be new, sturdy and well-built. Written pre-approval from the regional center shall be obtained before purchasing previously owned furniture. Household supplies such as linens must be high quality. Comforters and bedspreads must cover the entire bed and coordinate with the room decor (e.g., no partial or non-matching sets).

Attachment I

DS1891- APPLICANT DISCLOSURE STATEMENT

<http://www.dds.ca.gov/Forms/docs/DS1891.pdf>

APPLICANT/VENDOR DISCLOSURE STATEMENT

GENERAL INSTRUCTIONS

Every applicant or vendor must complete and submit a current Applicant/Vendor Disclosure Statement, DS 1891 (disclosure statement) as part of a complete application packet for vendorization or upon request of the vendoring regional center. The following instructions are designed to clarify certain questions on the form. Instructions are listed in order of question for easy reference. See 42 CFR 455.101 for additional definitions.

Overall Authority: Code of Federal Regulations (CFR), Title 42, Part 455; California Code of Regulations, Title 17, Section 54311. Welfare and Institutions Code, Section 4648.12.

Important:

- **IT IS ESSENTIAL THAT ALL APPLICABLE QUESTIONS BE ANSWERED ACCURATELY AND THAT ALL INFORMATION BE CURRENT.**
- **Parents and consumers of Vouchers, Participant-Directed Services, or Purchase Reimbursements:** Complete Part 1 on page 2 and Part 3 on page 3, then proceed to **Applicant/Vendor Signature** on page 4 to sign and date.
- Failure to disclose complete and accurate information will result in a denial of enrollment and/or may be cause for termination of vendorization.
- Read **ALL** instructions when completing the disclosure statement.
- Type or print clearly in ink.
- If applicant or vendor must make corrections, please line through, date, and initial in ink. Do not use correction fluid.
- Answer all questions as of the current date.
- If additional space is needed, attach a sheet referencing the part and question being completed.
- Return this completed statement with the complete application package to the regional center to which you are applying.

Part 1: Identifying Information

- A. Specify name of the applicant or vendor, agency, facility or organization, vendor number and service code, business address, and telephone number of applicant or vendor submitting the vendor application.
- B. Specify in what capacity the applicant or vendor is doing business. For example: The name of the corporation under which they are doing business. This name must match the license name, if applicable.
- C. List the National Provider Identifier, of the applicant or vendor, if any.
- D. List the Social Security Number, Date of Birth, and/or the Federal Employer Identification Number (EIN) of the applicant or vendor, if any. Enter Vendor's nine-digit EIN assigned by the IRS in the following format: XX-XXXXXXX.
 - An EIN is used to identify the accounts of employers and certain others who have no employees.
 - For more information about an EIN, please check <http://www.irs.gov> for "Employer Identification Numbers" or "EIN". Whenever this Disclosure Statement requests an EIN about an individual or entity, it has the same meaning.
- E. Check the entity type that best describes the structure of your organization.

Part 2: Ownership and Control Interests. Use the following definitions to identify the individuals you should enter in A, B and C of this section. See 42 CFR 455.101 for additional definitions.

- "Indirect Ownership Interest" means an ownership interest in an entity that has an ownership interest in the applicant or vendor. This term includes an ownership interest in any entity that has an indirect ownership interest in the applicant or vendor;
- "Managing Employee" means a general manager, business manager, administrator, director, or other individual who exercises operational or managerial control over, or who directly or indirectly conducts the day-to-day operation of an institution, organization, agency or business entity;
- "Ownership Interest" means the possession of equity in the capital, the stock, or the profits of the applicant or vendor.
- "Person with an Ownership or Control Interest" means a person or corporation that:
 - A) Has an ownership interest totaling 5 percent or more in an applicant or vendor;
 - B) Has an indirect ownership interest equal to 5 percent or more of an applicant or vendor;
 - C) Has a combination of direct or indirect ownership interests equal to 5 percent or more in an applicant or vendor;
 - D) Owns an interest of 5 percent or more in any mortgage, deed of trust, note, or other obligation secured by the applicant or vendor if that interest equals at least 5 percent of the value of the property or assets of the applicant or vendor;
 - E) Is an officer or director of an applicant or vendor that is organized as a corporation; or
 - F) Is a partner in an applicant or vendor that is organized as a partnership.
- "Significant Business Transaction" means any business transaction or series of transactions that, during any one fiscal year, exceed the lesser of \$25,000 and 5 percent of an applicant or vendor's total operating expenses.

Part 2. Ownership, indirect ownership, and managing employee interests (If not applicable, please indicate.)

A. List the name(s), title(s), address(es), SSNs, and DOBs of individuals for organizations having direct or indirect ownership interests, and/or managing employees in the applicant/vendor (see instructions for definitions). Also list all members of a group practice. Attach additional pages as necessary to list all officers, owners, management and ownership individuals and entities.

Name	Title	Address	SSN	DOB

B. List those persons named in ‘A’ above or ‘Part 4. A’ below, that are related to each other as spouse, parent, child, or sibling.

Name	Relationship	Address

C. List the name, address, vendor number and service code, SSN, NPI and/or EIN of any other applicant or vendor in which a person with an ownership or controlling interest in the applicant or vendor also has an ownership or control interest of at least 5 percent or more. For example: Are any owners of the applicant or vendor also owners of Medicare or Medicaid facilities? (Example: sole proprietor, partnership or members of Board of Directors.)

Name	Address	Vendor Number and Service Code	SSN, NPI and/or EIN

Part 3. Excluded Individuals or Entities (If not applicable, please indicate.)

List the name, title, and address of any person, as applicant or vendor, or entity with an ownership or control interest, any agent, director, officer, or managing employee of the applicant or vendor who is an excluded individual or entity, as defined on page 2.

Name	Title	Address

Part 4. Subcontractor (If not applicable, please indicate.)

A. List the name, title, address, SSN, NPI and/or EIN of each person or entity with an ownership or control interest in any **subcontractor** in which the applicant or vendor has direct or indirect ownership of 5 percent or more. State percentage.

Name	Title	Address	Percentage	SSN, NPI and/or EIN

B. List the name, title, address, SSN, NPI and/or EIN of each **subcontractor or wholly owned supplier** in which the applicant or vendor has had any significant business transactions within 5 years of the application or request.

Name	Title	Address	SSN, NPI, and/or EIN

APPLICANT/VENDOR SIGNATURE

Knowingly and willfully failing to fully and accurately disclose the information requested may result in denial of a request to become vendored, or if the service provider already is vendored, a termination of its vendorization.

By signing this disclosure statement, you hereby certify and swear under penalty of perjury that (a) you have knowledge concerning the information above, and (b) the information above is true and accurate. You agree to inform the vendoring Regional Center, in writing, within 30 days of any changes or if additional information becomes available.

Name of Applicant/Vendor or Authorized Representative **Title**

Signature **Date**

Recordkeeping and Access to Records

Subject to the provisions of Title 17, California Code of Regulations, Section 54311 and Code of Federal Regulations, Title 42, Part 455.105, an applicant or vendored provider agrees to provide access for the review of any and all ownership disclosure information and/or documentation upon written request by the vendoring regional center, the Department of Developmental Services, the State Medicaid Agency, Department of Health Care Services, any State survey team, the Secretary of the United States Department of Health and Human Services, or any duly authorized representatives of the above named entities.

Privacy Statement

All information requested on the application and the disclosure statement is mandatory with the exception of the social security number for any person other than the person or entity for whom an IRS Form 1099 must be provided by the Department of Developmental Services pursuant to 26 USC 6041. This information is required by the authority of Welfare and Institutions Code, Section 4648.12 and Title 17, California Code of Regulations, Section 54311. The consequences of not supplying the mandatory information requested are denial of vendorization as a regional center vendor or termination of vendorization. Any information may also be provided to the State Controller's Office, the California Department of Justice, the Department of Consumer Affairs, other state or local agencies as appropriate, fiscal intermediaries, managed care plans, the Federal Bureau of Investigation, the Internal Revenue Service, Medicare Fiscal Intermediaries, Centers for Medicare and Medicaid Services, Office of the Inspector General, Medicaid, or licensing programs in other states.

Attachment J
HCBS Residential Provider Self Survey

**Home & Community Based Services (HCBS) Final Rule
What Does It Mean for Me?**



FOR CLIENTS:

In January 2014, the Centers for Medicare and Medicaid Services (CMS) announced some changes to their rules. CMS is the federal agency that must approve of the Medicaid waiver program that provides Home and Community Based Services (HCBS) to people with intellectual disabilities in California. CMS pays for about 40% of the cost of services provided in these waiver programs. To keep receiving these federal funds, California has to follow their rules. All HCBS services must meet the requirements in the settings rule. Changes must begin to be made now to be in full compliance by March 2019.

HCBS Final Rule Applies to:

- Residential and non-residential settings, including licensed homes
- Day programs
- Employment options, and
- Other independent living situations

HCBS Final Rule Does Not Include:

- Nursing homes
- Hospitals
- Institutions for mental diseases (IMD)
- Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID)

What is the Goal of the HCBS Final Rule?

- To have full access to participate in your community.
- To make sure you or your family member have the opportunity to work.
- To ensure that your preferences are honored and your rights are protected.

How Will Your Services Change?

If you are currently working at a sheltered workshop, also known as a Work Activity Program, your services may look different. We want to make sure you have the choice to work in your community, where you can earn the same wages as other community members.

If you currently live in a residential facility

Changes may include:

- Choice of roommates.
- Privacy in your room, including a lock on your door.
- Control of your schedule and activities.
- Visitors of your choosing, at any time.
- Freedom to furnish and decorate your room.
- A lease or other legal agreement, protecting you from eviction.

**Person-Centered Planning (PCP)
and the Final Rule**

The CMS Final Rule establishes guidelines for the PCP. These guidelines include:

- PCP process must be directed by you and may include:
 - A representative you have chosen
 - Others chosen by you, who can contribute to the process.
- Provides necessary information and support to you, to ensure that you direct the process.
- Integrates your preferences
- Reflects cultural considerations
- Includes strategies for solving disagreements/ conflict
- Provides method to request updates

FOR PROVIDERS

How will your service as a provider change?

If you are a service provider who provides site-based services in a facility (building) that you own and operate, we have to make sure these services do not isolate individuals from the community where they live. The new rule says that day services paid for by Medicaid must provide opportunities to participate in the community at large. You may need to modify where and how your service is delivered. Policies, and program designs may need to be changed and training to your staff may be necessary to assure their understanding of the new expectations.

Qualities that Settings must have to be in Compliance

Settings must have all of the following qualities based on the needs of individuals as indicated in the Person Centered Plans (PCP):

- The setting is integrated and supports full access of individuals to the greater community, including: opportunities to seek employment and work in competitive integrated settings; engage in community life; and control personal resources.
- The setting is selected by the individual from among setting options including non-disability specific settings and an option is provided for a private unit in a residential setting. Setting options are documented in the PCP and are based on the individual's needs and preferences. For residential settings, options are selected from available resources.
- Ensures an individual's right of privacy, dignity and respect, and freedom from coercion and restraint.
- Optimizes individual autonomy, and independence in making life choices.
- Facilitates individual choice regarding services and supports.

How Do These Rules Affect Provider-Owned or Operated Licensed Residential Settings?

The rules do not prohibit provider-owned or operated settings, such as licensed residential facilities or group homes. However, in addition to meeting the general requirements of the rules regarding community based settings, these residential settings must meet the following additional conditions:

- A lease or other legally enforceable agreement to protect from eviction
- Privacy in their unit including entrances lockable by the individual (staff may have keys as needed)
- Choice of roommates
- Freedom to furnish and decorate their unit
- Control of their schedule and activities
- Access to food at any time
- Physical accessibility for the individual
- Visitors at any time

If any of these requirements are limited, the reasons must be documented in the PCP, be based on a specific and individualized need, include the informed consent of the individual, and have an established time limit for the modification, including a periodic review.

How to Get Involved and Stay Updated?

Visit the Department of Health Care Services website for California's transition plan:

<http://www.dhcs.ca.gov/services/ltc/Pages/HCBSStateWideTransitionPlan.aspx>

<http://www.dds.ca.gov/HCBS/>

<http://www.medicaid.gov/Medicaid-Chip-program-information/by-topics/long-term-services-and-supports/home-and-community-based-services/home-and-community-based-services.html>

<http://www.hcbsadvocacy.org>