

# SAN GABRIEL/POMONA REGIONAL CENTER

## NOTICE OF REQUESTS FOR PROPOSALS (RFP) COMMUNITY PLACEMENT PLAN (CPP) FISCAL YEAR 2016-17

### Summary of Project

San Gabriel/Pomona Regional Center is soliciting proposals for the following CPP contracted service:

**Posting Date:** February 3, 2017

**Deadline:** March 6, 2016

**Service Type:** CPP 16/17- 6: Supported Living Service Program (896) with Forensic Emphasis.

**Start-up Funds Available:** Total funds available \$200,000.00; Funds for this project have been approved in SG/PRC's CPP for fiscal year 2016-17. Funds are available for one (1) new SLS provider in the amount of \$200,000 or \$100,000 provided to two (2) existing providers for enhancements.

**Location:** Within the SG/PRC service area

**Development Timeline:** The SLS should be ready to provide services no later than July 1, 2017

### SERVICE DESCRIPTION

A Supported Living Service program offers a broad range of services to adults with developmental disabilities that choose to live in homes they themselves own or lease in the community. This service shall specialize in serving adult individuals with a dual diagnosis of mental illness and who may, or may not, have forensic concerns and/or are at risk for criminal involvement. These individuals will need support in some or all of the following areas: anger and aggression management, substance abuse prevention and treatment, mental health challenges, medication management, health care and access to mental health services. The service will offer or arrange comprehensive mental health counseling, substance abuse prevention and/or treatment, trauma focused therapies, social skills development, competency training, and crisis intervention services. Individuals to be served may be coming from various living situations which include, but are not limited to, residing in developmental centers, locked psychiatric facilities, residential home, and their family home. Individuals to be served may also be exiting correctional facilities after being held in custody following an arrest or completing the terms of their custodial sentence.

The SLS will include services and staffing levels that exceed that of traditional SLS, which includes the use of a Board Certified Behavioral Analyst (BCBA). The selected provider must adopt a "no reject" policy toward individuals, with a commitment to modifying supports as needed to accommodate

specific needs. This provider must communicate a vision dedicated to long-term, stable support in inclusive communities.

The SLS must be equipped to provide positive behavioral supports to individuals who also require significant behavioral challenges including but not limited to self-injurious behaviors, physical and verbal aggression, property destruction, transition difficulties, tantrums, disruptive social behaviors, wandering, PICA, etc. The SLS must also provide active programming to keep client engaged in activities throughout the day. These activities must be meaningful and help develop skills and reduce maladaptive behaviors.

The SLS must meet the new regulations issued by the Centers for Medicare and Medicaid Services (CMS) regarding standards that must be met in order for home and community-based services (HCBS) to continue to 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 goals the individual values. The SLS must provide a high degree of community integration.

The SLS office shall be located in the SG/PRC service area; successful applicant for this CPP grant will receive start-up funds identified in this RFP, which are solely for the use of the service provider for activities integral to the establishment of the service, e.g. leasing a business office, business license, supplies, and personnel recruitment and development.

Potential service providers must have prior demonstrable experience including but not limited to:

- Supporting individuals with developmental disabilities, mental health, and forensic backgrounds;
- Working with individuals who exhibit challenging behaviors;
- Working with and navigating the mental health system;
- Working with the criminal justice system(s);
- Working with substance abuse prevention and/or treatment.

The service provider must be able to work collaboratively with others in a multi-agency, interdisciplinary configuration (e.g. other regional centers, courts, mental health systems, probation) for the successful support of the individual.

## **GENERAL REQUIRMENTS**

- Business office and license are required prior to vendorization by SG/PRC;
- Program must meet all applicable Title 17 regulations;
- Director must have a minimum of 2 years full-time experience working with individuals that have developmental disabilities, and preferable they also have experience working with the criminal justice system and individuals with mental illness, forensic backgrounds, and substance abuse
- Director must also possess a bachelor's degree and a minimum of 18 months experience in the management of a human services delivery system; or, Five years of experience in a human services delivery system, including at least two years in a management or supervisory position;
- All staff must have completed CPI, Pro-Act or PCMA certification;

- Behavior Consultant (BCBA or other Licensed Clinician) providing active treatment plans for individuals with intense behaviors. Provider shall indicate how many hours of consultation will be provided per month;
- Direct Staff must speak the language of the people they support, which can include American Sign Language;
- Applicants must demonstrate fiscal responsibility by submitting 2 complete fiscal years and current fiscal year to date financial statements that detail all current and fixed assets and current and long-term liabilities. In addition, the applicant must document available credit line and provide necessary information for verification.

**Additional Considerations:**

- Mental Health Consultant ( MFT or other Licensed Clinician) with experience navigating the mental health system;
- Forensic Specialist with experience and understanding of how to navigate the judicial/legal system;
- Law Enforcement consultant with understanding of policing procedures and could provide outreach and training to local agencies.
- Housing Specialist with experience identifying and securing affordable housing for individuals. Knowledge and experience with Section 8 vouchers, HUD 811 programs, and other city, county and state initiatives and programs related to affordable housing.

**Deadline of Submission:** Proposals must be received at SG/PRC by 4:00 p.m. on Monday, December 5, 2016.

Applications that are submitted after the deadline or that are incomplete, or proposals that do not meet the basic requirements will be disqualified. No proposals will be returned.

This RFP does not commit SG/PRC to procure or contract for services or supports. SG/PRC may elect to fund all, part, or none of the project, depending on funding availability as approved by the Department of Developmental Services and the quality of the proposals received.

The SLS will be developed in accordance with the requirements of Section 4689 of the Welfare and Institutions Code.

It is anticipated that a negotiated rate that exceeds the typical Supported Living Service rate will be required in order to meet the actual costs of providing enhanced behavioral support consultation, other specialized consultants and staff including counseling, and salaries that are needed to provide quality support services for people with complex behavioral and mental health challenges. The rate of reimbursement for on-going services is negotiable but shall not exceed the level of median rates as required by California statute. SG/PRC will negotiate rates based on the DDS statewide median rate methodology for this project.

**APPLICANT QUALIFICATIONS**

The following qualifications will be sought in a potential provider and will be assessed by evaluating an 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 utilizing, but not limited to, the evaluation procedures listed below:

### **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 direct supervision or services/supports to persons with developmental disabilities or special needs.
- 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 projects, meet project timelines and manage a project of this size and scope.
- The administrative capacity to complete the project and/or implement the service in a timely fashion.

Both not-for-profit and proprietary organizations are eligible to apply. Employees of regional centers are not eligible to apply. Applicants must disclose any potential conflicts of interest per Title 17, Section 54500. Applicants, including members of governing boards, must be in good standing in regards to all services vendored with any regional center. The successful applicant will work with SG/PRC to develop a rate which will include all or some of the items listed below;

1. A preset salary range for Direct Staff;
2. Direct Staff that are CPI, Pro-Act or PCMA certified;
3. Services include 24-hour-a-day onsite support;
4. 1, 2 or more awake night staff (depending on number of individuals);
5. Director or designee on-call 24/7;
6. Preference will be given to applicants who have or identify a Director who has:
  - a. Bachelor degree or higher in a related field;
  - b. At least two years of work history that provided mental health treatment and/or support, substance abuse prevention and/or treatment, behavioral support, and court or forensic support to individuals with developmental disabilities who have resided in a state developmental center, or are at risk of such placement;
  - c. Demonstrated understanding of the IPP process and the legal rights of people with developmental disabilities in California;
  - d. Is, or will be, a PCMA or CPI Certified Instructor;

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

The contracts for the project will require an agreement that the grantee will provide, at minimum, 120 months (ten years) of continuous Supported Living Services, based upon the date of the first authorization. Failure to meet this term of service will require the awardee to repay a portion of the original start-up grant, i.e. 12 months of service, repay 90% of original start-up grant; 24 months repay 80% of original start-up grant; 36 months repay at 70% of original start-up grant, etc.

The provider is required to keep receipts, cancelled checks, and financial data for 3 years from date of contract.

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. Responses to this RFP must communicate a vision dedicated to providing long-term supports that adapt to the needs of the individual. Moving people to the State Developmental Center is no longer considered a viable alternative.

## **APPLICANT ELIGIBILITY & RESTRICTIONS**

### **Eligibility**

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, and individual or entity is ineligible to be regional center vendor, and therefore may not submit a proposal.

1. **Conflict-of-Interest:** Any individual or entity that has a conflict-of-interest as established in DDS Regulations, Title 17, Sections 54314 and 54500 et seq., unless a waiver is permitted and obtained, including:
  - Employees of the State of California
  - 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 be not 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 and cost to complete each 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 the Center's web site: [www.sgprc.org](http://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 Service Design: The selected applicant will be required to complete a service design within thirty (30) 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 grant.

## **COSTS FOR PROPOSAL SUBMISSION**

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

## **SUBMISSION INSTRUCTIONS**

### **Proposal Content and Service Summary Content Guidelines**

1. Please include all information requested below and submit your proposal in the same order. For additional guidance in writing your service summary, please refer to Title 17 regulations. Each proposal must be comprised of (6) complete sets of the following components:

- 1.1. Application/Proposal Coversheet – Attachment A
- 1.2. Table of Contents – proposal must be in sequential order according to these guidelines
- 1.3. Statement of Obligation – Attachment B
- 1.4. Comparable Project(s) Listing – Attachment C
- 1.5. Most Recent Independent Audit or Verified Financial Statement – Attachment D
- 1.6. Budget Form for Start-up Costs – Attachment E
- 1.7. Budget Form for On-going Costs – Attachment F
- 1.8. DS1891 Applicant Disclosure Form – Attachment G

2. Mission, Vision and Value (MVV) Statements:

Provide the agency MVV statements and how these were developed for your agency. Include the program components and strategies that you will use to serve individuals who are dual diagnosed and who may or may not have forensic concerns and/or risk of criminal involvement. Provide a statement regarding your organization's "no-reject" approach when evaluating individuals for this service and while providing ongoing services to individuals.

3. Background and Experience:

Summarize education, experience, and knowledge of key personnel in providing services to the target populations.

Describe any experience you have had with serving individuals with challenging behaviors, mental health illness, drug abuse, forensic involvement. Also provide details of any transition activities in which you were involved. Describe how the documented education, knowledge, and experience will be a good fit for developing this program.

4. Equity & Diversity Statement:

Please see list below. Applicants must:

- 4.1. Provide a statement outlining applicant's plan to serve diverse populations, including, but not limited to, culturally and linguistically diverse populations.
- 4.2. Provide examples of applicant's commitment to addressing the needs of those diverse populations.

- 4.3. Provide any additional information that the applicant deems relevant to issues of equity and diversity.
5. Development Experience:  
Briefly summarize your current and previous development of services and programs. Discuss your experience and provide a step-by-step action plan to achievable measurable, time-limited objectives that will result in obtaining a submission and approval of a final program design, involvement in activities leading to the transition of the individual from the developmental center(s) (or like placement), activities related to the securing and operation of a business, and other relatable experience. Highlight similarities between current or previous program(s) developed and your proposed program for this RFP.
6. Timeline of Project Activities  
Provide a descriptive, systematic action plan to achieve measureable, time-limited objectives. The project objectives should be realistically achievable within the period. If more time is needed, all parties will agree upon an extension of start-up activities.
7. Agency Outcomes:  
Describe anticipated outcomes of proposed service for people residing in the in the SLS setting and how achievement of outcomes will be measured.
8. Assessment and Person-Centered Planning:  
Briefly describe your agency's approach to the person-centered planning process. Discuss how individual goals and objectives will be determined and progress measured.
9. Administrative/Consultant Roles:  
Describe roles of Owner, Director, Direct Staff, and proposed involved consultants. Provide qualifications of any certified or licensed staff or consultants. Attach resumes.
9. Methods and Procedures:  
Please see list below. Applicants will describe how they will:
  - 9.1. Involve and plan for activities leading to the transition of individuals from the developmental center(s) and/or locked settings into the community.
  - 9.2. Address the mental health treatment needs of individuals, as well as therapeutic approaches.
  - 9.3. Address the development of positive behavioral support plans for clients. Describe the types of assessments, positive proactive as well as reactive intervention methods that will be used to help reduce the occurrence of challenging behaviors. Include a description of the type of crisis intervention training that will be provided to direct care professionals.
  - 9.4. Address the close supervision needs of proposed individuals with an emphasis on mitigating risk to the individual, the community, and staff.
  - 9.5. Address education and treatment approaches for substance abuse issues frequently presented by the individuals who will utilize these resources.
  - 9.6. Include a program curriculum and the types of skills to be addressed.



- 9.7. Address the training techniques and instructional methods that the program will incorporate to achieve successful outcomes for the consumer population to be served. Include examples of structured activities that will be provided during programming hours.
  - 9.8. Teach social skill development to assist individuals in learning pro-social behaviors as alternatives to sexual/physical aggressive or assaultive behaviors.
  - 9.9. Train staff to support individuals who have involvement with the criminal justice system. This will include recognizing and managing the types of manipulative behaviors sometimes presented by the individuals who will utilize these services; understanding the intricacies of the criminal justice system that includes knowledge of citations/arrest, arraignment, court hearings, role of public defender and district attorney, misdemeanors, felonies, plea bargaining, diversion, probation, competency training, sentencing and incarceration; facilitating the individual's compliance with stipulations of diversion, probation and other court orders; mitigating the individual's risk of committing additional crimes; developing positive working relationships with local law enforcement; and adhering to philosophy of "no new victims."
  - 9.10. Systemically address client motivation issues through the use of incentive systems to promote cooperation and participation in the treatment and educational aspects of the services.
  - 9.11. Describe how psychiatric needs of individuals will be addressed and how staff will be trained to recognize, document, and report symptoms of psychiatric conditions and medication effectiveness.
  - 9.12. Describe your organization's crisis response plan and how it will be implemented in the event that planned behavioral support strategies are not effective or during unanticipated emergency situations.
  - 9.13. Discuss the risk assessment and mitigation process that the agency will utilize to maximize the client and community safety.
  - 9.14. Describe the organization's experience and efforts to secure affordable housing for individuals with developmental disabilities. Include a discussion of the organization's experience with securing short-term, emergency housing.
10. Staff Recruitment and Retention: Describe your plan to recruit and retain quality staff. Include the following:
- 10.1. Desired characteristics for all staff positions.
  - 10.2. Health and criminal background screening procedures.
  - 10.3. Initial and ongoing training, including required certifications. Discuss how your organization implements performance-based training for staff. Please provide a proposed training matrix. Include any specialized training for providing behavior support and crisis intervention to individuals who have potentially dangerous behaviors.
  - 10.4. Discuss what typical staff turnover is for your organization/agency.
  - 10.5. Provide information on salary levels and benefits
  - 10.6. Attach an organization chart that includes this project and maps the supervisory hierarchy. The chart must include the names of any governing board members and advisory boards, as well as other programs/facilities operated by the applicant.
  - 10.7. Provide job descriptions and qualifications for the primary staff and consultant positions necessary for this project, including Director, Program Manager, Direct Staff, Behavioral Interventionist, Mental Health Specialist, Forensic Specialist and other consultants. It is

your responsibility to ensure that the qualifications for each staff person or consultant meet the criteria set forth in both the California Code of Regulations and the corresponding project description.

11. Service Schedule:

Provide a sample monthly service schedule including the amount of service hours, Direct Staff hours, Consultant hours, and training activities.

12. Home and Community-Based Setting (HCBS) Requirements:

Acknowledge awareness and commitment to developing the SLS service to meet the new HCBS requirements. The HCBS Provider Self Survey can be found at

<http://www.dhcs.ca.gov/services/ltc/Pages/HCBSStatewideTransitionPlan.aspx> (Attachment V).

Describe any areas in the Provider Self Survey where you feel additional technical assistance or guidance will be needed by your organization.

13. Transportation:

Describe if and how transportation will be provided for medical appointments, court requirements, or recreation and other activities.

14. Budget and Finance:

Discuss what financial resources you bring to the project (e.g. line of credit, cash or fluid capital reserves, etc.). Provide the most recent fiscal year independent audit or review for your organization.

Provide a proposed budget, which details on-going operational costs of the service being proposed by applicant. The budget should be concise with all expenses sufficiently defined. The budget should be realistic in terms of the type of services to be offered in relation to income. The budget must demonstrate the financial viability of the proposal.

**Start-up Funds:** Start-up costs are costs, which are necessary for the implementation of the service but not its on-going operation. Start-up costs are usually incurred before the program is ready to begin actual services to clients. As part of start-up costs, the applicant must allot a certain amount of funds for transition expenses. There are expenses incurred after and while the vendor is completing transition visits and activities with the identified client.

Using the attached Budget Form for Start-up Costs (Attachment E), and the Guidelines for the Use of CPP Funds (Attachment G), as a reference, display all costs associated with the start-up project. A proposed budget should be developed which details start-up costs. The budget should be concise with all expenses sufficiently defined. Start-up costs

**On-going Funding:** In accordance with existing statutory requirements, the reimbursement rate of payment for the on-going SLS will be negotiated between SG/PRC and the selected provider(s). This service will be vendored and funded under service code 896 and other applicable service codes.

Each proposal must include a preliminary budget that identifies each cost component and the method of calculating of each component, respectively. Please note that negotiated rates must

stay within DDS established median rates. The administrative overhead must not exceed 15% of the revenues. Please use the attached Budget Form for On-going Costs (Attachment F).

15. Continuous Quality Improvement (CQI):

Describe how the service agency will use data, such as agency outcomes, stakeholder satisfaction, or other existing data (e.g. incident reports, medication logs) to identify service problems pursuant to corrective changes such as revised staff training curriculums, staff training procedures (e.g. supervision, medication management, recruiting, etc.). Providers shall describe the feedback loop by which problem procedures will be identified, corrected through revised practices, and further monitored to measure the effectiveness of those changes in agency practice.

**Formatting Requirements**

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

- All submissions must be on white, standard size (8 ½" x 11") paper, single-sided only, in hard-copy to Josie Martinez, Resource Developer at SG/PRC. Address provided below.
- All submissions must also include an electronic version sent to: [commsrvs@sgprc.org](mailto: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 – A) 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, November 14, 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 SLS, 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: Josie Martinez, Resource Developer  
75 Rancho Camino Dr.  
Pomona, CA 91766  
(909) 868-7528  
[jmartinez@sgprc.org](mailto:jmartinez@sgprc.org)

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

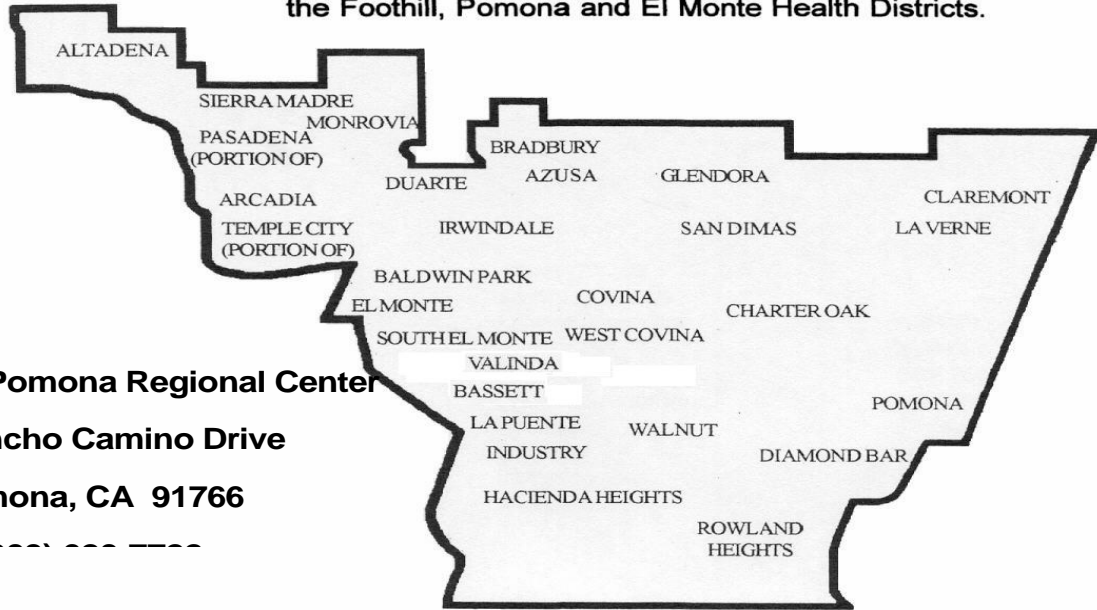
**Timeline**

February 3, 2017	Request for proposal release
February 21, 2017	Applicants conference (Time: 1:00 to 2:00 p.m.)
March 6, 2017	Deadline for receipt of proposals
Mar 6., -March 17, 2016	Evaluation of proposals by selection committee
March 20-23, 2017	Interviews with highest-ranking applicants, if applicable
March 24, 2017	Notice of selection mailed to applicants
April 3, 2017	Start-up contract signed
April 7, 2017	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**

**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
Bradbury -	91010		(91766 known as Phillips Ranch)
City of Industry -	91744, 91745, 91746	Rowland Heights -	91748
Charter Oak -	91724	San Dimas -	91773
Claremont -	91711	Sierra Madre -	91024
Covina -	91722, 91723, 91724	South El Monte -	91733
Diamond Bar -	91765	*Temple City -	91780 (Portion)
Duarte -	91010	Valinda -	91744
El Monte -	91731, 91732	Walnut -	91789
Glendora -	91740, 91741	West Covina -	91790, 91791, 91792
Hacienda Heights -	91745	Whittier -	90601

## 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: Josie Martinez

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**

---

**DATE**

**ORGANIZATION**



## 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**

\_\_\_\_\_

## BUDGET FORM FOR START-UP COSTS

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

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)	_____
Office Lease	_____
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**

---

**PROPOSED REIMBURSEMENT RATE P/HOUR,  
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.
- . 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.

- “Subcontractor” means an individual, agency, or organization to which an applicant or vendor has contracted or delegated some of the management functions or responsibilities of providing services.
- “Wholly Owned Supplier” means a supplier whose total ownership interest is held by an applicant or vendor or by a person, persons, or other entity with an ownership or control interest in an applicant or vendor.

**Part 3: Excluded Individuals or Entities. (See page 3. Must be disclosed if applicable.)**

“Excluded Individuals or Entities” means those individuals and entities that have been placed on either the U.S. Department of Health and Human Services Office of Inspectors’ General (OIG) List of Excluded Individuals/Entities or the Department of Health Care Services (DHCS) Medi-Cal Suspended and Ineligible Provider List of persons, or individuals and entities that have been convicted of a criminal offense related to involvement in any program under Medicare, Medicaid or the Title XX services program, or those individuals and entities that meet the criteria included in Title 17, Section 54311(a)(6).

**Title 17, California Code of Regulations, Section 54311(a)(6)  
(Criteria for Excluded Individuals or Entities)**

The name, title and address of any person(s) who, as applicant or vendor, or who has ownership or control interest in the applicant or vendor, or is an agent, director, members of the board of directors, officer, or managing employee of the applicant or vendor, has within the previous ten years:

- (A) Been convicted of any felony or misdemeanor involving fraud or abuse in any government program, or related to neglect or abuse of an elder or dependent adult or child, or in any connection with the interference with, or obstruction of, any investigation into health care related fraud or abuse; or
- (B) Been found liable any civil proceeding for fraud or abuse involving any government program; or
- (C) Entered into a settlement in lieu of conviction involving fraud or abuse in any government program.

**PLEASE FILL OUT**

**Part 1. Applicant/Vendor Information**

A. Name of applicant or vendor, entity, agency, facility, or organization as reported to IRS:

\_\_\_\_\_  
Vendor Number and Service Code:

\_\_\_\_\_  
Business Address:

\_\_\_\_\_  
Telephone number (with area code):

B. Name registered with California Secretary of State, if any:

C. National Provider Identifier (NPI), if any:

D. Social Security Number (SSN), Date of Birth (DOB), and/or Federal Employer Identification Number (EIN), if any:

E. Check the entity type that best describes the structure of the applicant or vendor individual, business entity, agency, facility or organization: Check **only one** box:

- Parent or Consumer for Vouchers, Participant-Directed Services, or Purchase Reimbursements** (Complete Part 1 above and Part 3 on page 3, then proceed to **Applicant/Vendor Signature** on page 4 to sign and date).
- Sole Proprietor (Unincorporated)**
- General Partnership**       **Limited Partnership**       **Limited Liability Partnership**
- Limited Liability Company:**    **State of formation:** \_\_\_\_\_
- Governmental**
- Corporation:**      **Corporate number:** \_\_\_\_\_ **State incorporated:** \_\_\_\_\_
- Nonprofit – Check One:**       **Unincorporated Association**       **Religious/Charitable**  
    **Corporation**      **Other (specify):** \_\_\_\_\_

**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.

<b>Name</b>	<b>Title</b>	<b>Address</b>	<b>SSN</b>	<b>DOB</b>

**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.

<b>Name</b>	<b>Relationship</b>	<b>Address</b>

**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.)

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

**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.

<b>Name</b>	<b>Title</b>	<b>Address</b>

**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.

<b>Name</b>	<b>Title</b>	<b>Address</b>	<b>Percentage</b>	<b>SSN, NPI and/or EIN</b>

**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.

<b>Name</b>	<b>Title</b>	<b>Address</b>	<b>SSN, NPI, and/or EIN</b>



**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.

HCBS New Rule Information

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>