

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 13, 2017

Service Type: One (1) Specialized Residential Facility (SRF) with delayed egress for adults with behaviors.

Start-up Funds Available: \$225,000.00 subject to approval by DDS; funds for this project are expected to be approved in SG/PRC's CPP for fiscal year 2016-17-3.

Location: To be determined (within the SG/PRC service area)

SERVICE DESCRIPTION

An SRF is a Community Care Licensed home which serves the needs of individuals with developmental disabilities. This home will specialize in serving adult individuals with a dual diagnosis of mental illness and who may or may not have forensic concerns and/or risk of 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 treatment and management, medication management including psychotropic medications, health care and access to mental health services. The home will offer or arrange comprehensive counseling to address mental health diagnosis, substance abuse prevention and/or treatment, trauma focused therapies, social skills development, competency training, and crisis intervention services. Individuals served will primarily be coming from a SG/PRC 3-bed crisis home after a 120-day stabilization period. Other referrals could come from individuals who reside in developmental centers, locked facilities or are at risk of residing in a developmental center.

The SRF will include services and staffing levels that exceed that of a Level 4I facility. 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 SRF must be equipped to provide positive behavioral supports to individuals who also present significant behavioral challenges that are related to either the developmental disability and/or mental health condition that may include aggression to self or others, elopement, depression, property destruction, stealing, false allegations, restiveness and inappropriate sexual behaviors, high anxiety,

and other related challenging behaviors. The SRF must also provide active programming to keep residents engaged in meaningful and purposeful activities throughout the day. These activities must assist with increasing the life skills (such as personal self care, domestic tasks, communicating and talking, managing emotional health, social skills, recreational and leisure activities) of the individual to help the person transition into a less restrictive residential setting which leads to integrating individual within an inclusive community.

The SRF must be developed to meet the new regulations issued by the Centers for Medicare and Medicaid Services (CMS) regarding standards that must be met in order for the residential setting 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 SRF must provide a high degree of community integration.

The home will be located in the SG/PRC service area. The home will be owned and renovated by a Non-Profit Housing Organization (NPO) that will develop the property, under a separate grant process, to the specifications of this regional center and the service provider selected to operate the home. The successful applicant for this CPP grant will lease the property from the NPO. The start-up funds identified in this RFP are solely for the use of the service provider for activities integral to the establishment of the licensed home, e.g. licensing, household furnishings and supplies, and personnel recruitment and development.

Potential service providers must have prior demonstrable experience including:

- Supporting individuals with developmental disabilities, mental health, and forensic backgrounds;
- Owning or operating a Level 4 Adult Residential Facility (ARF) or SRF or other licensed setting
- Working with and navigating the mental health system;
- Working with the court 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

- Facility will require licensure by Community Care Licensing (CCL) prior to vendorization by SG/PRC;
- Facility will support 4 residents until stable and work to transition to a less restrictive environment;
- Program must meet all applicable Title 17 and Title 22 regulations;
- Facility must meet applicable Americans with Disabilities Act (ADA) standards;
- Administrator must have a minimum of 2 years full-time experience in a licensed residential facility (preferably a Level 4 ARF or SRF) for persons with developmental disabilities, mental health, and forensic backgrounds. Administrator and Licensee must possess a current ARF Administrator Certificate;

- Administrator must have completed DSP I and DSP II;
- Direct Support Professionals (DSP) must speak the language of the people they support;
- 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.

Deadline of Submission: Proposals must be received at SG/PRC by 4:00 p.m. on March 13, 2017.

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.

It is anticipated that a negotiated rate that exceeds the typical Level 4-I ARM rate will be required in order to meet the actual costs of providing individual bedrooms, enhanced behavioral support consultation, other specialized consultants and staff including counseling and nursing staff, salaries, staff ratios 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 and 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 Support Professionals (DSPs);
2. Direct Support Professionals who have completed DSP I and DSP II;
3. Services include 24-hour-a-day onsite support;
4. 2 or more awake night staff;
5. Administrator or designee on-call 24/7;
6. Administrator working a minimum of 40 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 home 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. 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);

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 residential care services, based upon the date of the first admission. 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:
 - Regional center employees, board members, and their family members.

SELECTION PROCEDURES

All proposals received by the deadline will undergo a preliminary screening. Late or 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. 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 and Title 22 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 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 who are or have resided in a developmental center. 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) and activities related to the licensure and facility opening. Highlight similarities between current or previous program(s) developed and your proposed program for this RFP.

6. **Timeline of Project Activities**
Provide a descriptive, step-by-step action plan to achieve measurable, time-limited objectives. The project objectives should be realistically achievable within the time frame. 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 home 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 Licensee, Administrator, additional 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 residents, as well as therapeutic approaches.
 - 9.3. Address the development of positive behavioral support plans for residents. 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 residents 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. 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.
 - 9.7. Teach social skill development to assist individuals in learning pro-social behaviors as alternatives to sexual/physical aggressive or assaultive behaviors.
 - 9.8. 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.
 - 9.9. Systemically address resident motivation issues through the use of incentive systems to promote cooperation and participation in the treatment and educational aspects of the services.

- 9.10. 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.
 - 9.11. 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.
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. Direct care staff must be paid at a set minimum.
 - 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 Administrator/Program Manager, Direct Support Professionals, Behavioral Interventionist, Dietician, 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. Staffing Schedule:
Provide a sample one-week staffing schedule including the administrative staff, direct support professionals and consultant(s). The schedule should also indicate when the Administrator or Director will be present to provide training and supervision.
12. Home and Community-Based Setting (HCBS) Requirements:
Acknowledge awareness and commitment to developing the SRF service to meet the new HCBS requirements. The HCBS Residential 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 how transportation will be provided for day/work services, therapy and 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 the facility is licensed and while the vendor is completing transition visits and activities with the identified resident.

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 SRF will be negotiated between SG/PRC and the selected provider(s). This service will be vendored and funded under service code 113.

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 Benilda Glen, 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 – 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, January 25, 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: Maria Nunez, Resource Developer
 75 Rancho Camino Dr.
 Pomona, CA 91766
 (909) 706-3582
mnunez@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: 2:00 to 3:00 p.m.)
March 13, 2017	Deadline for receipt of proposals
March 14-28, 2017	Evaluation of proposals by selection committee
April 3-7, 2017	Interviews with highest-ranking applicants, if applicable
April 10, 2017	Notice of selection mailed to applicants
April 13, 2017	Start-up contract signed
April 13, 2017	Notification of project award posted on SG/PRC website

ATTACHMENT A

APPLICANT/AGENCY INFORMATION - PROPOSAL COVER SHEET
COMMUNITY PLACEMENT PLAN 2016-17

PLEASE PLACE A COPY OF THIS ATTACHMENT ON THE TOP OF THE ORIGINAL AND EACH OF THE FIVE (5) COPIES

1 SRF - Adults (\$200K) (Proposed Development Area _____)

NAME OF INDIVIDUAL OR ORGANIZATION SUBMITTING PROPOSAL (Please print)

CONTACT PERSON FOR PROJECT / JOB TITLE (Please print)

(_____) _____ (_____) _____
TELEPHONE NUMBER / FAX NUMBER / E-mail address

NAME OF PARENT CORPORATION (IF APPLICABLE) (Please print)

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.

A. List up to four current or previous services implemented by the applicant/agency that provide evidence of experience related to your proposal. Include the service name, the dates that services started (and ended if not currently being provided) and a short description of the type/purpose of the indicated service:

1.	
2.	
3.	
4.	

ATTACHMENT A (Continued)

B. List two references that can be contacted in regards to applicant's experience, qualifications and ability to implement this proposal:

1. _____
Name & Title Agency Affiliation

Address Phone
2. _____
Name & Title Agency Affiliation

Address Phone

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 B
STATEMENT OF OBLIGATION
(please attach additional pages if needed)

	YES	NO
1. THE APPLICANT IS PRESENTLY PROVIDING SERVICES TO INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES:		
2. THE APPLICANT IS PRESENTLY PROVIDING SERVICES TO INDIVIDUALS OTHER THAN THOSE WITH DEVELOPMENTAL DISABILITIES IN RESIDENTIAL SETTINGS OR OTHER RELATED SERVICES. IF YES , INDICATE NAME, LOCATION, TYPE & SERVICE(S) _____		
3. IS THE APPLICANT CURRENTLY RECEIVING GRANT/FUNDS FROM ANY SOURCE TO DEVELOP SERVICES FOR INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES? 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 2015/2016? IF YES , INDICATE FUNDING SOURCE & 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 2015/2016: 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. (PLEASE USE SEPARATE SHEET OF PAPER)		
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? 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? 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.		

 Signature of Applicant or Authorized Representative

 Date

ATTACHMENT D
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 E
BUDGET FORM FOR START-UP COSTS**

ITEM	PROJECTED COST
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 Equip	_____
Vehicle Lease	_____
Vehicle Maintenance (gasoline, etc.)	_____
Fire and Safety Costs (sprinkler, alarms)	_____
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.)

ATTACHMENT F
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, 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 & 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 4 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.)

ATTACHMENT G

DS1891 - APPLICANT DISCLOSURE STATEMENT

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.