

**NOTICE OF REQUESTS FOR PROPOSALS (RFP)**

**COMMUNITY PLACEMENT PLAN (CPP)**

**FISCAL YEAR 2018-19**

**Summary of Project**

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

**Service Type:** One (1) Enhanced Behavioral Supports Homes (EBSH) with delayed egress for adults with behaviors.

**Posting Date**: December 21, 2018

**Deadline**: February 4, 2019

**Start-up Funds**: Availability and amount of start-up funds is dependent on final approval by the Department of Developmental Services (DDS) of a request for funding through the SG/PRC Community Placement Plan (CPP) for Fiscal Year 2018-19; DDS notification on approved plans is expected by January 2019

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

**Timeline:** The EBSH should be ready to provide services no later than July 2019

**SERVICE DESCRIPTION**

An EBSH is a new service model approved in the State of California Budget Act of 2014, through Trailer Bill Language SB 856. Title 17 regulations, starting with Section 59050, and Title 22, starting with Section 89900, establish the applicable regulations for these homes.

An EBSH means an adult residential facility certified by the Department of Developmental Services (DDS) and licensed by the Department of Social Services (DSS) that provides 24-hour nonmedical care to individuals with developmental disabilities who require enhanced behavior support, staffing and supervision in a homelike setting, as defined in Section 4684.80 of the Welfare and Institutions Code. An EBSH shall have a maximum capacity of four clients.

An EBSH 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 challenges, medication management, health care and access to mental health services. The home 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 currently reside in either Institutions for Mental Disease (IMDs), state-operated facilities (referred to as “STAR” facilities) or other locked, psychiatric facilities.

The selected provider to develop the EBSH will provided “Enhanced Behavioral Services and Supports” meaning that the provider shall have additional staffing, supervision, and other services and supports to address a client’s challenging behaviors, which are beyond what is typically available in other community living arrangements.

The EBSH 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 EBSH must also provide active programming to keep residents engaged in activities throughout the day. These activities must be meaningful and help develop skills in the residents.

The EBSH 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 home and community-based services (HCBS) to continue to receive federal funding beyond March 2022. 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 EBSH 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;
* Successfully applying the principles of Applied Behavior Analysis (ABA) and operating a structured behavioral program;
* Working with and navigating the mental health system;
* Working with the court system(s);

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 certification by the DDS and licensure by Community Care Licensing (CCL) prior to vendorization by SG/PRC;
* Facility will support 2 permanent residents;
* 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 and must be one of the following:
  + A Registered Behavior Technician (RBT)
  + A licensed psychiatric technician
  + A Qualified Behavior Modification Professional;
* Direct Support Professionals (DSP) must speak the language of the people they support;
* Staffing must include:
  + A direct care lead staff person meeting the following qualifications:
    - Have at least 1 year prior experience providing direct care to individuals with developmental disabilities; and
    - Be an RBT or become RBT certified within 6 months of initial employment; or, be either
    - An LPT; or
    - A Qualified Behavior Modification Professional
  + A direct care staff person must:
    - Have 6 months prior experience providing direct care to individuals with developmental disabilities; and
    - Be an RBT or become RBT certified with 12 months of initial employment.
* 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 Monday, February 4, 2019**.

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 home will be developed in accordance with the requirements of Section 4684.80 – 4684.87 of the Welfare and Institutions Code, Title 17 and Title 22.

**Rate of Reimbursement**: The rate methodology for an EBSH includes a fixed facility component for residential services and an individualized service and supports rate component based on each client’s needs as determined through the individual program plan process. For more information on the rate setting process, please refer to Title 17, Section 59072.

**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. A combination of direct support staff to serve as lead and regular staff, who are experienced and who are RBT certified or LPT’s;
3. Services include 24-hour-a-day onsite support;
4. 1, 2 or more awake night staff;
5. Administrator or designee on-call 24/7;
6. Administrator working 40 hours per week;

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

* 1. Bachelor degree or higher in a related field;
  2. Is either a Registered Behavior Technician (RBT), a licensed psychiatric technician (LPT) or a Qualified Behavior Modification Professional (Title 17, Section 59050 (t))
  3. 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;
  4. Demonstrated understanding of the IPP process and the legal rights of people with developmental disabilities in California;
  5. Demonstrated the ability to work with the Department of Social Services, Community Care Licensing Division and knowledge of all Title 22 and 17 regulations;
  6. Has a current Administrator Certificate;
  7. Has successfully completed DSP I and DSP II certification;
  8. Is, or will be, a PCMA or CPI Certified Instructor;
  9. 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 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 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.

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 (90) days of award of the contract.
* Proof of Liability Insurance: The selected applicant will be required to maintain general and professional liability insurance for all work performed on behalf of regional center clients and their families and to name the regional center as an additional insured on all such policies.

**RESERVATION OF RIGHTS**

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

**COSTS FOR PROPOSAL SUBMISSION**

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

**FORMATTING REQUIREMENTS FOR THE PROPOSAL**

Applicants must adhere to the following formatting requirements when submitting the proposal application:

* All submissions must be on white, standard size (8 ½” x 11”) paper, single-sided only, in hard-copy to Josie Martinez, Resource Developers 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.
* 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 14, 2019 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: Josie Martinez, Resource Developer

75 Rancho Camino Dr.

Pomona, CA 91766

(909) 868-7528

jmartinez[@sgprc.org](mailto:ngivens@sgprc.org)

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

**Timeline**

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| December 21, 2018 | Request for proposal release |
| January 14, 2019 | Applicants conference (Time: 1:00 to 2:00 p.m.) |
| February 4, 2019 | Deadline for receipt of proposals |
| February 5-19, 2019 | Evaluation of proposals by selection committee |
| February 19-21, 2019 | Interviews with highest-ranking applicants, if applicable |
| February 25, 2019 | Notice of selection mailed to applicants |
| March 4, 2019 | Start-up contract signed |
| March 25, 2019 | Notification of project award posted on SG/PRC website |

**SUBMISSION INSTRUCTIONS & APPLICATION**

Please use the following application to submit your proposal. Please check the boxes, and provide information as applicable and requested. In addition, please complete and attach the identified Attachments (A-G) in Section 1. For Sections 2-17 provide responses in the provided box. If you are providing additional information or attachments, please identify the attachment in the response and label the attachment with the Section number being responded to.

**Proposal Content and Service Summary Content Guidelines**

1. **Required Proposal Documents**

Please include all information requested below and submit your proposal in the same order. Check each box to confirm that the item is included in the proposal. 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. Application/Proposal Coversheet – Attachment A
  2. Statement of Obligation – Attachment B
  3. Comparable Project(s) Listing – Attachment C
  4. Most Recent Independent Audit or Verified Financial Statement – Attachment D
  5. Budget Form for Start-up Costs – Attachment E
  6. DS 6023 - Enhanced Behavioral Support Home – Rate Development Facility Costs Attachment F
  7. DS1891 Applicant Disclosure Form – Attachment G

1. **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.

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1. **Background and Experience**:

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

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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.

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1. **Equity & Diversity Statement**:

Please see list below. Applicants must:

* 1. Provide a statement outlining applicant’s plan to serve diverse populations, including, but not limited to, culturally and linguistically diverse populations.

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* 1. Provide examples of applicant’s commitment to addressing the needs of those diverse populations.

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* 1. Provide any additional information that the applicant deems relevant to issues of equity and diversity.

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1. **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.

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1. **Timeline of Project Activities:**

Provide a descriptive, step-by-step action plan to achieve measureable, 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.

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1. **Agency Outcomes**:

Describe anticipated outcomes of proposed service for people residing in the home and how achievement of outcomes will be measured.

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1. **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.

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1. **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.

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1. **Methods and Procedures:**

Please see list below. Applicants will describe how they will:

* 1. Involve and plan for activities leading to the transition of individuals from the developmental center(s) and/or locked settings into the community.

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* 1. Address the mental health treatment needs of residents, as well as therapeutic approaches.

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* 1. Address the close supervision needs of proposed residents with an emphasis on mitigating risk to the individual, the community, and staff.

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* 1. Address education and treatment approaches for substance abuse issues frequently presented by the individuals who will utilize these resources.

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* 1. 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.

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* 1. 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.

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* 1. 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.

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1. **Behavior Supports:**

Please see list below and address each of the following areas regarding the behavior supports/intervention of the proposed program.

* 1. 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.

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* 1. Include a description of the type of crisis intervention training that will be provided to direct care professionals and how competence of staff understanding will be measured.

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* 1. Address the training techniques and instructional methods that the program will incorporate to achieve successful outcomes for the client population to be served. Describe who will be responsible for developing an active programming schedule and include examples of structured activities that will be provided during programming hours. Discuss how the applicant agency will ensure that staff are implementing active programming.

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* 1. Address how your organization will ensure treatment plans are written in a way for staff to understand and implement. Describe how you will test for competency and how additional training will be provided to staff, if further instruction is needed, in the application of treatment plans.

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* 1. Address your organizations plan to teach functional skills and social skills to promote and augment a person’s independence and pro-social behaviors as alternatives to sexual/physical aggressive or assaultive behaviors.

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* 1. Describe your organization’s techniques for de-escalating behaviors toward preventing a crisis. In addition, describe your 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.

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* 1. Describe your organization’s process for debriefing following a behavioral episode. Include details how behavior support plans will be modified, and staff re-trained on implementation.

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* 1. Address how your consultant will work collaboratively with day/work service provider or other agency providing services to create consistency, continuity and fidelity of treatment plan.

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* 1. Address your organizations commitment to always maintain communication with the resident, regardless of disability, and describe the positive effects of communicating with the resident.

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1. **Staff Recruitment and Retention**:

Describe your plan to recruit and retain quality staff. Include the following:

* 1. Desired characteristics for all staff positions.

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* 1. Health and criminal background screening procedures.

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* 1. Discuss how your organization will meet the requirement to have direct care staff certified as Registered Behavior Technicians (RBT) as required in statute and regulation.

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* 1. 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.

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* 1. Discuss what typical staff turnover is for your organization/agency.

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* 1. Provide information on salary levels and benefits. Direct care staff must be paid at a set minimum.

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* 1. 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.

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* 1. Provide job descriptions and qualifications for the primary staff and consultant positions necessary for this project, including Administrator/Program Manager, Lead Staff, Direct Support Professionals, Behavioral Interventionist, Mental Health Professional, 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.

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1. **Staffing Schedule**:

Provide a sample one-week staffing schedule including the administrative staff, lead staff, direct support professionals and consultant(s). The schedule should also indicate when the Administrator will be present to provide training and supervision.

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1. **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.

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1. **Transportation**:

Describe how transportation will be provided for day/work services, therapy and medical appointments, court requirements, or recreation and other activities.

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1. **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.

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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 on-going reimbursement rate of payment for an EBSH is based on a two-tiered system. The rate methodology includes a fixed facility component for residential services and an individualized services and supports component based on each client’s needs as determined through the individual program plan process.

This EBSH will be vendored and funded under service code 900 and 901. Each proposal must include preliminary, projected cost components and the method of calculating of each component, respectively. The administrative overhead must not exceed 15% of the revenues. Please use the attached DS 6023 entitled “Enhanced Behavioral Support Home – Rate Development Facility Costs” for On-going Costs (Attachment F).

1. **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.

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APPLICANT/AGENCY INFORMATION - PROPOSAL COVER SHEET

COMMUNITY PLACEMENT PLAN 2018-19

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

1 EBSH - Adults ($300k) (Proposed Development Area \_\_\_\_\_\_\_\_\_\_\_\_\_\_)

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NAME OF INDIVIDUAL OR ORGANIZATION SUBMITTING PROPOSAL (Please print)

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CONTACT PERSON FOR PROJECT / JOB TITLE (Please print)

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TELEPHONE NUMBER / FAX NUMBER / E-mail address

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

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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.

1. 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:

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**ATTACHMENT A (Continued)**

1. 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 DATE

ORGANIZATION

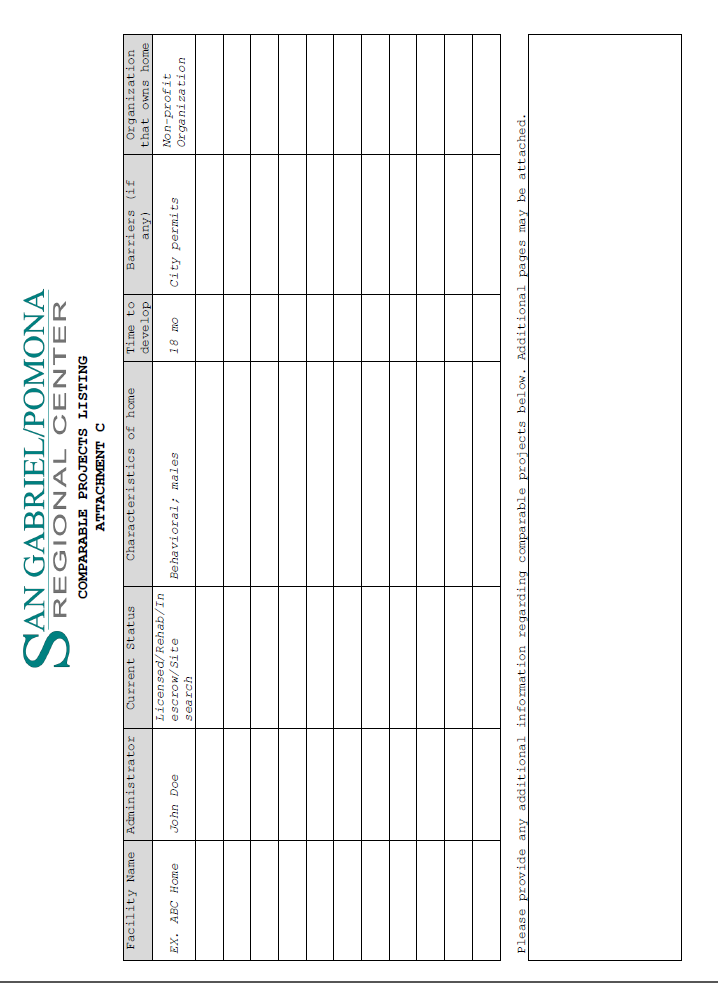
**ATTACHMENT B**

**STATEMENT OF OBLIGATION**

*(please attach additional pages if needed)*

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| 1. The applicant is presently providing services to individuals with developmental disabilities: |  |  |
| 1. 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)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| 1. 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.\_\_\_\_\_\_ |  |  |
| 1. Is the applicant currently applying for grant/funds from any source to develop services for Fiscal Year 2018/2019?   If **Yes,** indicate funding source & scope of grant project.\_\_\_\_\_\_\_\_ |  |  |
| 1. 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 2018/2019:   If **Yes**, please provide details \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| 1. 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) |  |  |
| 1. Has the applicant or any member of the applicant’s organization received a corrective action plan from a regional center or citation from State Licensing agency within the last 2 years?   If **Yes**, explain in detail. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| 1. 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. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| 1. 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **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**

**DS 6023 – ENHANCED BEHAVIORAL SUPPORT HOME – RATE DEVELOPMENT FACILITY COSTS**

<http://www.dds.ca.gov/Forms/docs/DS6023.pdf>

**ATTACHMENT G**

**DS1891 – APPLICANT DISCLOSURE STATEMENT**

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