Announcement of Request for Proposals (RFP):
(1) Enhanced Behavioral Support Home (EBSH) - Adolescents
Fiscal Year 2017-2018
(WRC1718-IP1718-7)

Summary of Project

Westside Regional Center (WRC) and the Southern California Integrated Health and Living Project (SCIHLP) are soliciting proposals for the following Community Placement Plan (CPP) contracted service(s):

Posting Date: November 2017

Service Type: One (1) Enhanced Behavioral Supports Home (EBSH) for male/female adolescents (ages 11-17) with three (3) – four (4) person capacity.

Start-up Available: Up to $225,000

Start-up funds can only be used for non-recurring costs associated with initially establishing a service, which may include administrative components, licensing, household furnishings and supplies, personnel recruitment and training expenses, general equipment, and other costs as described per contract. Start-up funds are not intended to cover 100% of the development costs.

Location: To be determined.

Development Timeline: The program should be ready to provide services nine (9) months from purchase of home.

SERVICE DESCRIPTION

Westside Regional Center and the Southern California Integrated Health and Living Project (SCIHLP) are seeking a provider to develop an Enhanced Behavior Supports Home (EBSH). 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 a 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 three (3) – four (4) clients. Each resident will have their own bedroom.

An EBSH will specialize in serving 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 developmental centers,
The selected provider to develop the EBSH will provide “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 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 EBSH must provide a high degree of community integration.

Each resident of the home will have an individual behavior supports plan documenting the individual’s behavioral needs and the supports and services to be provided to address those needs. The provider is required by law to have a Board Certified Behavior Analyst (BCBA) or qualified behavior modification professional on-staff or contract for monthly observation and treatment recommendations of the residents, at least four of which per year are to be unannounced. Residents will receive support from the regional center and the clients’ rights advocate.

The service provider will be required to obtain a license as an Adult Residential Facility (ARF) from the California Department of Social Services’ Community Care Licensing division and will be answerable to all applicable statutes and regulations, including those currently under development upon their publishing.

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. 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, development, training, transition planning, meetings, travel related to consumer visits, etc.

APPLICABLE OR RELEVANT STATUTES AND REGULATIONS: California Welfare & Institutions Code Chapter 6, Article 3.6 (§4684.80 - §4684.87) and Article 6 (§4695 - §4695.2); Title 17 California Code of Regulations (§56001 — §56067); and all other applicable federal and California statutes and regulations, including those not yet promulgated.

(Right Click and Select Open Hyperlink)

Please right click for EBSH Regulations

Potential providers must have prior demonstrable experience including:

- Supporting individuals with developmental disabilities with co-occurring mental health diagnoses, forensic backgrounds, and/or Community Placement Program;
- Owning or operating a Level 4 Adult Residential Facility (ARF), Small Residential Facility (SRF), or providing supported living services;
- Working with social service community based agencies and resources;
- Working with individuals in crisis, requiring hospitalization, or at risk of frequent hospitalization;
- Working with and arranging services for individuals with mental health systems and providers, behavioral supports, and potentially the criminal justice system;
• Successfully providing 24/7 care, support and supervision.

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

GENERAL REQUIREMENTS

• Facility will be licensed as an Adult Residential Facility by Community Care Licensing (CCL) prior to vendorization by WRC;
• Facility will support 3 – 4 permanent residents;
• 24-hour non-medical care;
• Program must meet all applicable Title 17 and Title 22 regulations;
• Facility must meet applicable Americans with Disabilities Acts (ADA) standards;
• Shall exceed minimum requirements for level 4I facility as defined by law;
• Individual rates shall include staffing, consultants, food costs and incidentals incurred on a per resident basis;
• Facility rates shall include the lease and constant operation;
• Behavior (BCBA) support plan within one week of admission;
• Monitoring required by regional center qualified behavior modification professional at least monthly, four of which are unannounced;
• Vendoring regional center and each client’s regional center shall have joint responsibility for monitoring and evaluating the services provided;
• Monthly Case management and quarterly quality assurance visits, at minimum is required;
• 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 both possess a current ARF Administrator Certificate and must be one of the following;
  • A Registered Behavior Technician
  • A Licensed Psychiatric Technician
  • A Qualified Behavior Modification Professional
• Administrator must have completed DSP I and DSP II;

A group home administrator must fit under (A) or (B) or (C) or (D)

(A) Have a master’s degree in a behavioral science from an accredited college or university, plus a minimum of one year of employment as a social worker, as defined in Section 80001.4, in an agency serving children or in a group residential program for children;

(B) Have a bachelor’s degree from an accredited college or university, plus at least one year of administrative experience or supervisory experience over social work, child care, and/or support staff providing direct services to children in an agency or in a community care facility with a licensed capacity of seven or more;

(C) Have completed at least two years at an accredited college or university, plus at least two years administrative experience or supervisory experience over social work, child care, and/or support staff providing direct services to children in an agency or in a community care facility with a licensed capacity of seven or more;

(D) Have completed high school, or equivalent, plus at least three years administrative experience or supervisory experience over social work, child care, and/or support staff providing direct services to children in an agency or in a community care facility with a licensed capacity of seven or more;

• Direct Support Professionals (DSP) must speak the language of the people they support;

Staffing must include:
  • Have at least 1 year experience providing direct care to individuals with development disabilities; and
  • Become Registered Behavior Technician (RBT) certified within 6 months of initial employment; or be either
  • An Licensed Psychiatric Technician (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
- Become Registered Behavior Technician (RBT) certified with 12 months of initial employment.

- Perspective provider must hire and retain direct care staff trained in non-violent crisis prevention/intervention in accordance with Title 17 regulations;
- Applicants must identify all types of consultants they propose to utilize and must include a BCBA;
- Applicants must demonstrate fiscal responsibility by submitting 2 complete fiscal years and current year to date financial statements that detail all current and fixed assets and current and long-term liabilities; The applicant must document available credit line and provide necessary information for verification;
- Adherence to forthcoming DSS regulations to address, at minimum, staffing structure, staff qualification, and training;
- 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.
- Health and Safety §1667.64 requires a minimum of 16 hours of emergency intervention training, including positive behavioral supports and techniques for all staff;
- Health and Safety §1567.65 (f) DSS determines that urgent action is necessary to protect a consumer residing in an EBSH, it shall notify DDS. DDS may request that the regional center or centers take action within 24 hours, which may include, as appropriate, the removal of a consumer from the home or obtaining additional services.

**Deadline for Submission:** Proposals must be received at Westside Regional Center by 5:00 p.m. on Monday, January 22, 2018.

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 WRC and SCIHL to procure or contract for services or supports. WRC and SCIHL 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 rate methodology for an EBSH includes a fixed facility component for residential services and individualized service and supports 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.

---

4
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:

<table>
<thead>
<tr>
<th>Qualifications Sought in a Provider</th>
<th>Evaluation Procedures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applicant has a proven history of financial responsibility, stability and soundness.</td>
<td>➢ All finalists will be required to submit a Financial Statement form and attach business and financial records to substantiate the finalist’s adequate working capital. For finalists without business records, two years of tax returns will be requested and reviewed.</td>
</tr>
<tr>
<td>Applicant has a proven history demonstrating the ability to provide direct supervision or services/supports to persons with developmental disabilities or special needs.</td>
<td>➢ Confer with Client Services and Community Services staff at WRC, and other regional centers as applicable.</td>
</tr>
<tr>
<td>Applicant has proven credentials, licenses, training and/or skills required and/or preferred for the proposed project or service.</td>
<td>➢ Complete unannounced visit(s) to existing programs, homes or services owned/operated by the applicant.</td>
</tr>
<tr>
<td>Applicant has 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 agencies.</td>
<td>➢ Complete reference check to substantiate submitted resume(s) including applicable degrees, credentials, licenses or certificates, and descriptions of staff qualifications including specialized training and skills.</td>
</tr>
<tr>
<td>Applicant has 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.</td>
<td>➢ Confer with Client Services and Community Services staff at WRC, and other regional centers as applicable.</td>
</tr>
<tr>
<td>Applicant has the administrative capacity to complete the project and/or implement the service in a timely fashion.</td>
<td>➢ Confer with licensing agencies (e.g., Dept. of Public Health or Community Care Licensing), as applicable.</td>
</tr>
<tr>
<td></td>
<td>➢ Confer with Community Services staff at WRC and other regional centers as applicable, regarding applicant’s track record on managing and completing projects and meeting project timelines.</td>
</tr>
<tr>
<td></td>
<td>➢ Confirm the number of programs/projects applicant currently operates and/or has in development, and ensure that the applicant’s administrative capacity is not over stretched or that the applicant has competing or conflicting responsibilities with services vendored or in development with other regional centers.</td>
</tr>
</tbody>
</table>
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 vended with any regional center.

The successful applicant will work with WRC and SCIHL to develop a rate which will include all or some of the items listed below:

1. A preset salary range for Direct Support Professional (DSPs);
2. Direct Support Professionals who have completed DSP I and DSP II.
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 a minimum of 20 hours 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) Is either a registered Behavior Technician (RBT), a licensed psychiatric technician (LPT) or a Qualified Behavior Modification professional (Title 17, Section 59050(t))
c) 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 children and adolescents with developmental disabilities who have resided in a state developmental center, or are at risk of such placement.
d) Demonstrated understanding of the IPP process and the legal rights of people with developmental disabilities in California;
e) Demonstrated the ability to work with the Department of Social Services, Community Care Licensing Division and knowledge of all Title 22 and 17 regulations;
f) Has a current Administrator Certification;
g) Has successfully completed DSP I and DSP II certification;
h) Is, or will be, a CPI Certified instructor;
i) Has completed or completes a WRC (or other RC, upon WRC approval) residential orientation;
j) Has completed or will complete Dr. Tom Pomeranz’s Universal Enhancement Course.

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 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; 48 months repay at 60% of original start-up grant; 60 months repay at 50% of original start-up grant; 72 months repay at 40% of original start-up grant; 84 months repay at 30% of original start-up grant; 96 months repay at 20% of original start-up grant; and 108 months repay at 10% of original start up grant.

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

Persons identified as members of the Community Placement Plan by Westside Regional Center and SCIHL have priority consideration over any other referrals.

Applicants must adopt a "no-reject"/no failure policy toward individuals being supported 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 for operators of Community
Care Facilities. The regional center will provide at a minimum quarterly monitoring of Community Placement Plan homes.

APPLICANT ELIGIBILITY AND 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 ongoing operations.
- Applicants, including members of the governing board, must be in good standing in regards to all services vended or with any regional center.

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

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 not be accepted for review and rating. Any proposal may be disqualified if it deviates from the submission instructions in the RFP.

WRC and SCIHL will seat the RFP Selection Committee. The evaluation process will include individual committee member evaluation and rating of 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, visits will be arranged at any existing programs already in operation by the applicant and then 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 recommendation of the RFP Selection Committee will be submitted for approval by the WRC Executive Director and is not subject to appeal. All applicants will receive written notification of WRC’s decision regarding their proposal and an announcement of the applicant awarded the project will be posted on the Center’s web site: www.westsiderc.org. All applicants will receive notification of WRC’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.

WRC and SCIHLP reserve 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, WRC 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

WRC and SCIHLP reserve 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. WRC 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. WRC and SCIHLP reserve the right to withdraw this Request for Proposal (RFP) and/or any item within the RFP at any time without notice. WRC reserves the right to disqualify any proposal which does not adhere to the RFP guidelines. This RFP is being offered at the discretion of WRC and SCIHLP. It does not commit WRC and SCIHLP 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

Please include all information requested below and submit in the same order in your documentation. 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:

Application/Proposal Coversheet – Attachment A

Table of Contents

Professional Resumes and References – Attachment B

Resumes: for all identified staff and consultants, including administrator is known
References: a minimum of three (3) professional letters of reference for the applicant. They are required to be on letterhead, signed by the individual providing the reference. References from members of the applicant’s family, staff, or governing board will not be accepted.

Statement of Obligation – Attachment C

Sample Financial Statement – Attachment D

Budget Summary – Attachment E

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 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

DS 6023 – Attachment F

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 individualized service 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.

Applicant Business Model: Describe your organization’s structure, to include founders, owners and/or investors. Please provide an organizational chart incorporation documents and an annual report that describes your agency goals and outcomes that are pertinent to the project. Describe your commitment to the project during the start-up phase as well as ongoing operations.

Mission, Vision and Value Statements: Provide any agency MVV statements and how these were developed for your agency.

Background and Experience: Summarize education, experience, and knowledge of key personnel in providing services to the target populations. Describe how the documented education, knowledge,
and experience will be a good fit for developing this program.

**Equity & Diversity Statement:** Please see list below. Applicants will describe how they will:

- Provide a statement outlining applicant’s services and supports plan to serve diverse populations, including but not limited to culturally and linguistically diverse populations. Promoting equity and diversity and according to NPOs program design. W&I code 4648.11
- Provide examples of applicant’s commitment to addressing the needs of those diverse populations.
- Provide any additional information that the applicant deems relevant to issues of equity and diversity.

**Development Experience:** Briefly summarize your current and previous development of services and programs. Highlight similarities between current or previous program(s) developed and your proposed program for this RFP.

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

**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.

**Administrative/Consultant Roles:** Describe roles of Licensee, Administrator, additional staff, and proposed involved consultants. Provide qualifications of any certified or licensed staff or consultants, including a BCBA. Attach resumes.

**Methods and Procedures:** Please see list below. Applicants will describe how they will:

- Involve and plan for activities leading to the transition of individuals from the community that may otherwise be difficult to place.
- Address the psychiatric and mental health treatment needs of residents, as well as therapeutic approaches. Describe how individuals will be assisted to learn emotional self-regulation skills, how staff will be trained to recognize, document, and report symptoms of psychiatric conditions and medication effectiveness. Describe the evidence-based psychotherapeutic approaches that will be implemented.
- Describe how psychiatric needs of individuals will be addressed through therapy, and how staff will be trained to recognize, support, document and report symptoms of psychiatric conditions and medication effectiveness.
- Address the development of positive behavioral support plans for residents.
- Address the close supervision needs of proposed residents with an emphasis on mitigating risk to the individual, the community, and staff.
- Train staff to support individuals who have involvement with the criminal justice system.
- Teach social skill development to assist individuals in learning pro-social behaviors as alternatives to self-injurious behavior, sexual/physically aggression and/or assaultive behaviors.
- 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.
Staff Recruitment and Retention: Describe your plan to recruit and retain quality staff. Include the following:

- Desired characteristics for all staff positions.
- Health and criminal background screening procedures.
- Initial and ongoing training, including required certifications. Include any specialized training for providing behavior support and crisis intervention to adolescents who have potentially dangerous behaviors.
- Discuss what typical staff turnover is for your organization/agency.
- Provide information on salary levels and benefits. Direct care staff must be paid at a set minimum.
- Attach an organization chart that includes this project and maps the supervisory hierarchy.
- Provide job descriptions and qualifications for the primary staff and consultant positions.

Staffing Schedule: Provide a sample one-week staffing schedule including the administrative staff, direct support professionals, consultant(s), and program prep time.

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

Financial Resources: Discuss what financial resources you bring to the project (e.g. line of credit, cash or fluid capital reserves, etc.).

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, corrective through revised practices, and further monitored to measure the effectiveness of those changes in agency practice.

Development Team: Provide a list of members of the proposed Project Development Team including the name, address, telephone numbers, email addresses, and resumes for the team members. At a minimum, the team should include the lead staff that will develop the response to the RFP, the program design, and the individuals with the expertise to hire skilled consultants to assist the provider in developing the project.

Implementation Plan: A proposed implementation plan and timeline for development that includes sequenced activities necessary for overall project completion with identified realistic timeframes for the completion of each activity. The plan must specify a process that ensures compliance with all state and local licensing requirements.

DS 1891 Applicant/Vendor Disclosure Statement: Complete and include this document:

http://www.dds.ca.gov/Forms/docs/DS1891.pdf
**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 Monica Jauregui at Westside Regional Center. Address provided below.

All submissions must also include an electronic version sent to: RFP@WestsideRC.org.

Electronic submissions cannot exceed 15 megabytes per email. Multiple emails per RFP submission can and will be accepted. 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.

Do NOT use hardcover binders.

Submissions will NOT be returned.

No proposals will be accepted after the deadline.
INQUIRIES/REQUEST FOR ASSISTANCE

All additional inquiries regarding the application or requesting technical assistance regarding this RFP should be directed to Monica Jauregui. Technical assistance is limited to information on the requirements for preparation of the application packet. Applicants are expected to prepare the documentation themselves or retain someone to provide such assistance. If an applicant chooses to retain assistance from another party, the applicant must be able to thoroughly address all sections of the proposal during the interview process and/or demonstrate that the party assisting with the application will have a continuing role in the ongoing operation of the program.

Inquiries/Submittal Contact: Westside Regional Center  
Attn: Monica Jauregui, Quality Assurance Specialist  
5901 Green Valley Circle, Ste. 320  
Culver City, CA 90230  
(310) 258-4284  
Danielh@westsiderc.org

**Timeline**

- **November 9, 2017** Request for proposals release
- **January 22, 2018, 5:00 PM** Deadline for receipt of proposals
- **January 23 – January 26, 2018** Evaluation of proposals by selection committee
- **January 29 – February 9, 2018** Interviews with highest-ranking applicants, if applicable
- **February 12, 2018** Notice of selection mailed to applicants
- **February 13, 2018** Notification of project award posted on WRC website
- **February 15, 2018** Start-up contract signed

Strict adherence to the deadlines above will be followed, to the best of the team’s ability.
## APPLICATION/PROPOSAL COVERSHEET

<table>
<thead>
<tr>
<th>Name of Applicant or Organization Submitting Proposal</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>Name of parent corporation, if applicable</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Applicant’s mailing address</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Contact person for project</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Contact phone number</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Author of proposal or consultant assisting with proposal</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Reg. Center</th>
<th>List all Regional Centers with which you have vended programs or services</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Name of Program/Service</td>
</tr>
<tr>
<td>-------------</td>
<td>-------------------------</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Reg. Center</th>
<th>List all Regional Centers with which you have programs/services in development</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Type of Program/Service in Development</td>
</tr>
<tr>
<td>-------------</td>
<td>-----------------------------------------</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Application submitted by:

Signature (person must be authorized to bind organization)  Date
PROFESSIONAL RESUMES AND REFERENCES

Name of Applicant/Organization: ______________________________________________________

Submit a professional resume for all staff and consultants identified or referenced in application, including individuals who will be administrator, if known.

<table>
<thead>
<tr>
<th>Name</th>
<th>Job Title/Type of Consultant</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

List three references, including job title and agency affiliation, who can be contacted in regard to applicant's qualifications, experience and ability to implement this proposal. References must be professional in nature. References from members of the applicant's governing board and/or applicant's family members are excluded from consideration.

Name: ____________________________________________ Phone: __________________________
Job Title: _________________________________________
Agency Affiliation: ________________________________

Name: ____________________________________________ Phone: __________________________
Job Title: _________________________________________
Agency Affiliation: ________________________________

Name: ____________________________________________ Phone: __________________________
Job Title: _________________________________________
Agency Affiliation: ________________________________

Name: ____________________________________________ Phone: __________________________
Job Title: _________________________________________
Agency Affiliation: ________________________________

Name: ____________________________________________ Phone: __________________________
Job Title: _________________________________________
Agency Affiliation: ________________________________

Name: ____________________________________________ Phone: __________________________
Job Title: _________________________________________
Agency Affiliation: ________________________________
STATEMENT OF OBLIGATION
All applicants must complete this statement

1. Is the applicant currently providing services to individuals with developmental disabilities?  [ ] No   [ ] Yes

*If yes, indicate the following:*

Name: __________________________________________________________

Location: ______________________________________________________

Type of Service: ________________________________________________

Capacity: _______

2. Is the applicant currently providing related services to individuals other than those with developmental disabilities?  [ ] No   [ ] Yes

*If yes, indicate the following:*

Name: __________________________________________________________

Location: ______________________________________________________

Type of Service: ________________________________________________

Capacity: _______

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

*If yes, indicate the following:*

Funding Source: _________________________________________________

Scope of Grant Project: __________________________________________

4. Is the applicant currently applying grant(s)/funds from any source to develop services for Fiscal Year 2015 – 2016?  [ ] No   [ ] Yes

*If yes, indicate the following:*

Funding Source: _________________________________________________

Scope of Grant Project: __________________________________________
5. Is the applicant planning to expand existing services (through a Letter of Intent and with or without grant funds) from a source other than Westside Regional Center during Fiscal Year 2015-2016 and/or fiscal year 2016 – 2017? 
   [ ] No   [ ] Yes

   If yes, provide details:
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

6. Has the applicant, any member of the applicant’s organization or staff has received a citation from any agency for abuse (verbal, physical, sexual fiduciary, neglect)? 
   [ ] No   [ ] Yes

   If yes, explain in detail:
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

7. Has the applicant or any member of the applicant’s organization received a Corrective Action Plan (CAP), Sanction, Notice of Immediate Danger, or an “A” or “B” citation, or any other citation from a regional center or state licensing agency? 
   [ ] No   [ ] Yes

   If yes, explain in detail:
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

8. Describe other professional/business obligations held by the Licensee and Administrator. Do not include services you propose to provide through this proposal. Include the following:

   Name: ______________________________________________________

   Location: ____________________________________________________

   Type of Service: ______________________________________________

   Time of commitment: _________________________________________

   Capacity: ________

Signature of Applicant or Authorized Representative     Date
# Financial Statement

*All respondents must complete this statement for last complete fiscal year and current fiscal year to date*

<table>
<thead>
<tr>
<th>CURRENT ASSETS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash in Bank</td>
</tr>
<tr>
<td>Accounts Receivable</td>
</tr>
<tr>
<td>Notes Receivable</td>
</tr>
<tr>
<td>Equipment / Vehicles</td>
</tr>
<tr>
<td>Inventory</td>
</tr>
<tr>
<td>Deposits/Prepaid Expenses</td>
</tr>
<tr>
<td>Life Insurance (Cash Value)</td>
</tr>
<tr>
<td>Investment Securities (Stocks and Bonds)</td>
</tr>
</tbody>
</table>

**TOTAL CURRENT ASSETS =**

<table>
<thead>
<tr>
<th>FIXED ASSETS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Buildings and/or Structures</td>
</tr>
<tr>
<td>Real Estate Holdings</td>
</tr>
<tr>
<td>Long Term Investments</td>
</tr>
<tr>
<td>Potential Judgements and Liens</td>
</tr>
</tbody>
</table>

**TOTAL FIXED ASSETS =**

**TOTAL CURRENT AND FIXED ASSETS =**

<table>
<thead>
<tr>
<th>CURRENT LIABILITIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accounts Payable</td>
</tr>
<tr>
<td>Notes Payable (Current Portion)</td>
</tr>
<tr>
<td>Taxes Payable</td>
</tr>
</tbody>
</table>

**TOTAL CURRENT LIABILITIES =**

<table>
<thead>
<tr>
<th>LONG TERM LIABILITIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Notes/Contracts</td>
</tr>
<tr>
<td>Real Estate Mortgages</td>
</tr>
</tbody>
</table>

**TOTAL LONG TERM LIABILITIES =**

**TOTAL CURRENT AND LONG TERM LIABILITIES =**

<table>
<thead>
<tr>
<th>EQUITY</th>
</tr>
</thead>
</table>

**TOTAL LIABILITIES AND EQUITY =**

<table>
<thead>
<tr>
<th>OTHER INCOME - Revenue from other Sources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wages/Revenue or Other Sources (Specify)</td>
</tr>
</tbody>
</table>

**LINE OF CREDIT**

| Amount Available (specify)                          |
**BUDGET SUMMARY**

Name of Applicant Organization: ___________________________________________________

Date:_____________________

Submit budget projections using estimates that are both reasonable and realistic uses of funds.

<table>
<thead>
<tr>
<th>Care and Services</th>
<th>Start-up Expense</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Food</td>
<td></td>
</tr>
<tr>
<td>2. Household Supplies</td>
<td></td>
</tr>
<tr>
<td>3. Personal Supplies</td>
<td></td>
</tr>
<tr>
<td>4. Program Equip/Recreation</td>
<td></td>
</tr>
<tr>
<td>5. Total Board &amp; Supply (add lines 1-4)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Physical Plant</th>
<th>Start-up Expense</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. Lease/Insurance (first 6 months or until the home is licensed)</td>
<td></td>
</tr>
<tr>
<td>7. Utilities (gas, electric, water, phone/media)</td>
<td></td>
</tr>
<tr>
<td>8. Vehicle Lease</td>
<td></td>
</tr>
<tr>
<td>9. Vehicle Maintenance/Gas/Insurance</td>
<td></td>
</tr>
<tr>
<td>10. Furnishings/Maintenance</td>
<td></td>
</tr>
<tr>
<td>11. Total Physical Plant (add Lines 6-10)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>General Administration</th>
<th>Start-up Expense</th>
</tr>
</thead>
<tbody>
<tr>
<td>12. Admin Overhead</td>
<td></td>
</tr>
<tr>
<td>13. Office Supplies/Equipment/phone</td>
<td></td>
</tr>
<tr>
<td>14. Insurance(s)</td>
<td></td>
</tr>
<tr>
<td>15. Other-CCL fees</td>
<td></td>
</tr>
<tr>
<td>16. Staff recruitment</td>
<td></td>
</tr>
<tr>
<td>17. Training &amp; Staff Development</td>
<td></td>
</tr>
<tr>
<td>18. Total Gen. Administration (add lines 12-17)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Staffing</th>
<th>Start-up Expense</th>
</tr>
</thead>
<tbody>
<tr>
<td>19. Salary – Administrator</td>
<td></td>
</tr>
<tr>
<td>20. Direct Staffing (first 6 months or until the 1st resident moves in)</td>
<td></td>
</tr>
<tr>
<td>21. Program Consultants</td>
<td></td>
</tr>
<tr>
<td>22. Employee Benefits (first 6 months or until the 1st resident moves in)</td>
<td></td>
</tr>
<tr>
<td>23. Payroll Taxes</td>
<td></td>
</tr>
<tr>
<td>24. Worker’s Compensation (first 6 months or until the 1st person moves in)</td>
<td></td>
</tr>
<tr>
<td>25. Total Staffing Expenses (add lines 19-24)</td>
<td></td>
</tr>
<tr>
<td>26. Total Start-up Expenses (add lines 5,11,18 &amp; 25)</td>
<td>$</td>
</tr>
<tr>
<td>27. Total Mo. Rate Per Person (divide Line 26 by # of residents)</td>
<td></td>
</tr>
</tbody>
</table>
DS 6023 – ENHANCED BEHAVIORAL SUPPORT HOME – RATE DEVELOPMENT FACILITY COSTS

Copy and paste the link on internet web browser to access the DS 6023 form

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

Right Click and select Open Hyperlink to access the DS 6023 form

DS 6023 Form