TO: All Potential Request for Proposal Respondents
FROM: Alexandra Ostell, San Andreas Regional Center
DATE: September 25, 2017

San Andreas Regional Center
This Enhanced Behavioral Support Home (EBSH) (a Community Care Licensed home) will serve four (4) children with developmental disabilities and co-occurring mental illness. Age range of Children will be 10 – 17 years old. Each individual will have his/her own bedroom. The home will provide services to children requiring significant mental health and behavioral supports, crisis support services, and who are frequently hospitalized or at risk of hospitalization as a danger to self or others, and whose families may be struggling to maintain them in their homes. The home will offer or arrange comprehensive person-centered services, including psychiatry and behavioral interventions. Children will need support in some or all of the following areas: emotional self-regulation, anger management, developing coping skills, forming and maintaining healthy attachments (including safe/appropriate sexual behavior and boundaries), compliance with probation/diversion plans and/or substance abuse prevention, medication management, health care, and access to mental health services. Children to be served currently reside in the community or they may be exiting an institutional setting after a period of crisis.

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. Funding, in the amount of $225,000, will be available through 
San Andres Regional Center’s Community Placement Plan (CPP) for 
Fiscal Year 2016/2017 approved by the Department of Developmental 
Services (DDS). 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.

Services in the EBSH will meet all requirements per CA Code of 
Regulations, Title 17, sections 59050 through 59072. Here is a link to 
the text of those regulations: 
http://www.dds.ca.gov/ProposedRegs/EnhancedBehavioral/title17EBS 
HRegs.pdf.

Potential providers must have prior demonstrable experience 
including:

- Supporting people with I/DD, particularly children and 
  adolescents;
- Supporting people with I/DD, particularly children and 
  adolescents, with developmental disabilities with co-occurring 
  mental health diagnoses;
- Supporting people with I/DD, particularly children and 
  adolescents, who may exhibit severely challenging behaviors, 
  including assaultive behavior.
- Owning or operating a Level 4 Adult Residential Facility (ARF), 
  Specialized Residential Facility (SRF), Children’s Residential 
  Facility (CRF) or providing supported living services;
- Working with social service community based agencies and 
  resources;
- Working with people with I/DD, including children and 
  adolescents, who are; in crisis, requiring hospitalization, or at 
  risk of frequent hospitalization;
- Working with and arranging services for people with I/DD, 
  including children and adolescents. Services include; schools, 
  school districts, families, 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, etc.) for the successful support of the individual.

GENERAL REQUIREMENTS

- Facility will require licensure by Community Care Licensing (CCL) prior to vendorization by San Andreas Regional Center;
- Facility will support 4 permanent adolescent residents;
- Program must meet all applicable Title 17 and Title 22 regulations;
- Facility must meet applicable Americans with Disabilities Acts (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 both possess a current ARF Administrator Certificate;
- Administrator must have completed DSP I and DSP II;
- Direct Support Professionals (DSP) must speak the language of the people they support;
- 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 and a psychiatrist.
- Applicants must demonstrate fiscal responsibility by submitting one complete fiscal year and current 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.

The successful applicant will work with San Andreas Regional Center 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);
3. Services include 24-hour-a-day onsite support;
4. Two overnight night staff, at least one of whom will be awake at
any time in the overnight hours;
(5) Administrator or designee on-call 24/7;
(6) Administrator working a minimum of 20 hours per week, preferably 30 hours a week;

Preference will be given to applicants who have or identify an administrator who has:
a) Bachelor degree or higher in a related field
b) At least two years of work history as an administrator in a home that provided mental health treatment and/or support, substance abuse prevention and/or treatment, behavioral support, and court or forensic support to people with developmental disabilities who have resided in a state developmental center or other institutional setting, or are at risk of such placement.
c) Demonstrated understanding of the IPP process and the legal rights of people with developmental disabilities in California;
d) Demonstrated the ability to work with the Department of Social Services, Community Care Licensing Division and knowledge of all Title 22 and 17 regulations;
e) Has a current Administrator Certification;
f) Has successfully completed DSP I and DSP II certification;
g) Is, or will be, a CPI Certified instructor, or instructor of other comparable intervention;
h) Has completed or completes a SARC (or other RC, upon SARC approval) residential services orientation;

Proposals may be submitted by for-profit or non-profit corporations.

Board members and employees of regional centers are prohibited from submitting proposals. Refer to Title 17 regulations, Section 54314 for a complete list of ineligible applicants.

Proposal Requirements
1. Appendix A – San Andreas RFP Service Description (from above)
2. Appendix B – Proposal Title Page
3. Appendix C – Financial Statement (Previous fiscal year and current year to date with details of all fixed assets, current and long-term liabilities. Credit line information is also requested.)
Should include
a. Evidence that the applicant possesses the organizational skills, education and/or experience necessary to complete a project of the scope for which they are applying.
b. List of professional references with name, address, and phone number of at least one person/agency to verify fiscal stability and at least one person/agency to verify program/administrative experience.
c. Statement with evidence of ability to work interactively and cooperatively with San Andreas and the diverse population of families with in the San Andreas catchment area.
d. Statement of evidence of ability to work within the scope of Title 17 regulations governing vendorization and SARC and GGRC policies and procedures.

5. Appendix E – Estimated Cost Worksheet.
6. Appendix F - Description of Residential Services.

Estimated Service Duration
Housing to be ready by December 1, 2017. Residential Services will begin by January 1, 2018.

Assumptions and Agreements
Proposals will not be returned to the submitter. SARC reserves the right to dismiss any proposal if it does not meet the criteria established in this RFP.

Submission Information
Proposals must be post marked by 5:00PM on October 13th 2017.
Please mail proposals to:
  Alexandra Ostell
  CPP Housing Coordinator
  San Andreas Regional Center
  P.O. Box 50002
  San Jose, CA 95150-0002

Proposals that are late or FAXED will not be accepted.

Please use Times New Roman font in 12 point.

Contact Persons For Additional Information or Clarification, including Word copies of RFP document templates
Alex Ostell – aostell@sarg.org
Basis for Award of Contract

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Percentage</th>
<th>Score</th>
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<tr>
<td>Agency Experience and Background (including Attachment D -</td>
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<td>Statement of Obligations)</td>
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<tr>
<td>Proposal Narrative (including Attachment F - Program Design</td>
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<tr>
<td>Checklist)</td>
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<td></td>
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<tr>
<td>Interview</td>
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Anticipated Selection Schedule

1. RFP Orientation for Potential Respondents: Wednesday, September 27, 2015. 3:00-4:00
   San Andreas Regional Center
   6203 San Ignacio Ave, Ste 200
   San Jose, CA 95119

   Or by phone conference at 408-341-3553,
   Access Code 111111

   Whether attending in person or by phone, please RSVP for orientation to aostell@sarc.org.

2. Initial review period: October 13th 2017 – October 20th 2017

3. Announcement of those proposals moving to interview phase: October 23rd 2017

4. RFP Review Committee interview: Monday, October 30th, 2017 at
   San Andreas Regional Center
   6203 San Ignacio Ave, Ste 200
   San Jose, CA 95119
   Projected time: between 10am and 4pm

5. Notification of selected service provider and award of contract: October 31, 2017

San Andreas Regional Center

Requests for Proposal
Fiscal Year 2016 – 2017

Appendix A

Service Description

San Andreas Regional Center (San Andreas) has identified a resource need for individuals served. San Andreas may elect to vendor all, part, or none of the projects, depending on:

1. Funding availability as approved by Department of Developmental Services (DDS) and
2. Quality of proposals received.

Proposals submitted after the indicated timelines will NOT be considered.

San Andreas Regional Center
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Services (DDS). 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.

Services in the EBSH will meet all requirements per CA Code of Regulations, Title 17, sections 59050 through 59072. Here is a link to the text of those regulations: http://www.dds.ca.gov/ProposedRegs/EnhancedBehavioral/title17EBSHRegs.pdf.

Potential providers must have prior demonstrable experience including:

- Supporting people with I/DD, particularly children and adolescents;
- Supporting people with I/DD, particularly children and adolescents, with developmental disabilities with co-occurring mental health diagnoses;
- Supporting people with I/DD, particularly children and adolescents, who may exhibit severely challenging behaviors, including assaultive behavior.
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- Working with people with I/DD, including children and adolescents, who are; in crisis, requiring hospitalization, or at risk of frequent hospitalization;
- Working with and arranging services for people with I/DD, including children and adolescents. Services include; schools, school districts, families, mental health systems and providers, behavioral supports, and potentially the criminal justice system;
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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, etc.) for the successful support of the individual.
GENERAL REQUIREMENTS

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- Facility will support 4 permanent adolescent residents;
- Program must meet all applicable Title 17 and Title 22 regulations;
- Facility must meet applicable Americans with Disabilities Acts (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 both possess a current ARF Administrator Certificate;
- Administrator must have completed DSP I and DSP II;
- Direct Support Professionals (DSP) must speak the language of the people they support;
- 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 and a psychiatrist.
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The successful applicant will work with San Andreas Regional Center 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 as well as the Registered Behavior Technician (RBT) Credential (http://info.bacb.com/index.php?page=101118 ).
(3) Services include 24-hour-a-day onsite support;
(4) Two overnight night staff, at least one of whom will be awake at any time in the overnight hours;
(5) Administrator or designee on-call 24/7;
(6) Administrator working a minimum of 20 hours per week, preferably 30 hours a week;
Preference will be given to applicants who have or identify an administrator who has:

a) Bachelor degree or higher in a related field
b) At least two years of work history as an administrator in a home that provided mental health treatment and/or support, substance abuse prevention and/or treatment, behavioral support, and court or forensic support to people with developmental disabilities who have resided in a state developmental center or other institutional setting, or are at risk of such placement.

c) Demonstrated understanding of the IPP process and the legal rights of people with developmental disabilities in California;
d) Demonstrated the ability to work with the Department of Social Services, Community Care Licensing Division and knowledge of all Title 22 and 17 regulations;
e) Has a current Administrator Certification;
f) Has successfully completed DSP I and DSP II certification;
g) Is, or will be, a CPI Certified instructor, or instructor of other comparable intervention;
h) Has completed or completes a SARC (or other RC, upon SARC approval) residential services orientation;

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Appendix B

RFP TITLE PAGE
Request for Proposal – Fiscal Year 2016 – 2017

TO: Selection Committee

Please place a copy of Attachment B on the top of the original proposal.

San Andreas Regional Center
300 Orchard City Drive
Campbell, CA. 95008
ATTENTION: Jeffery Darling

<table>
<thead>
<tr>
<th>Program Title (Please Print)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Individual or Organization Submitting Proposal (Please Print)</td>
</tr>
<tr>
<td>Address of Individual or Organization Submitting Proposal (Please Print)</td>
</tr>
<tr>
<td>Signature of Person Authorized to Bind Organization</td>
</tr>
<tr>
<td>Contact Person for Project (Please Print)</td>
</tr>
<tr>
<td>Telephone Number of Contact Person</td>
</tr>
<tr>
<td>Email Address of Contact Person</td>
</tr>
<tr>
<td>Name of Parent Corporations (If Applicable) (Please Print)</td>
</tr>
<tr>
<td>Applicant or Organization Contact Person:</td>
</tr>
<tr>
<td>Author of Proposal if Different from Individual Submitting Proposal</td>
</tr>
</tbody>
</table>
## Appendix C

**FINANCIAL STATEMENT**

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

### CURRENT ASSETS
- Cash in Bank
- Accounts Receivable
- Notes Receivable
- Equipment / Vehicles
- Inventory
- Deposits/ Prepaid Expenses
- Life Insurance (Cash Value)
- Investment Securities

**TOTAL CURRENT ASSETS** = 

### FIXED ASSETS
- Buildings and/or Structures
- Long Term Investments
- Potential Judgements and Liens

**TOTAL FIXED ASSETS** = 

**TOTAL CURRENT AND FIXED ASSETS** = 

### CURRENT LIABILITIES
- Accounts Payable
- Notes Payable
- Taxes Payable

**TOTAL CURRENT LIABILITIES** = 

### LONG TERM LIABILITIES
- Notes / Contracts
- Real Estate Mortgages

**TOTAL LONG TERM LIABILITIES** = 

**TOTAL CURRENT AND LONG TERM LIABILITIES** = 

**Equity** = 

**TOTAL LIABILITIES AND EQUITY** = 

### OTHER INCOME - Revenue from other Sources
(Specify)

### LINE OF CREDIT
- Amount Available
Appendix D

STATEMENT OF OBLIGATIONS

All applicants must complete this statement.

A. 1. Is the applicant currently providing services to people 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 people other than those with developmental disabilities
   [ ] No          [ ] Yes
   If Yes, indicate the following:
   Name: ___________________________
   Location: _______________________
   Type of Service ___________________
   Capacity _______________________

B. 1. 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 ____________

2. Is the applicant currently applying for grant(s)/funds from any source to develop services for Fiscal Year 20?? – 20?? ?
   [ ] No          [ ] Yes
   If Yes, indicate the following:
   Funding Source __________________
   Scope of Grant Project ____________

C. Is the applicant planning to expand existing services (through a Letter of Intent and with or without grant funds) from a source other than San Andreas Regional Center during Fiscal Year 20?? – 20?? ?
   [ ] No          [ ] Yes
If Yes, provide details:


D. Describe other professional / business obligations. Include the following:

Name:

Location:

Type of Service

Capacity

E. Has the applicant, or any member of the applicant’s organization, received a Corrective Action Plan (CAP), Sanction, a Notice of Immediate Danger, an A or B Citations or any other citation from a Regional Center or state licensing agency?

[ ] No  [ ] Yes

If Yes, explain in detail:


F. Has the applicant, or any member or staff of the applicant’s organization, ever received a citation from any agency for abuse?

[ ] No  [ ] Yes

If Yes, explain in detail:


Signature of Applicant or Authorized Representative  

Date
Appendix E

ESTIMATED COST WORKSHEET

All applicants must complete an estimated facility rate worksheet and an estimated individual worksheet.

http://www.dds.ca.gov/Forms/docs/DS6024.pdf
http://www.dds.ca.gov/Forms/docs/DS6023.pdf

The Enhanced Behavior Support Home rates are two tiered and include a facility rate and an individual rate. The facility rate is a set rate for the cost of operating the home per an individual and the supporting agency would receive the facility rate for all four beds regardless of whether or not a bed is currently occupied. The individual rate is to reflect the individualized cost of each individual in the home and may vary depending on staffing support needs. While initially an individual will have a rate set, the rate can be flexible to accommodate changes in support needs. The rates will be set based on the needs of the individuals and the facility.

If necessary, adjust the above schedule to your program needs but address requested line items. If the cost is not applicable to your program, please state N/A and provide reasons for its being not applicable.

In addition to the projected cost for each line item, be sure to include a detailed breakdown/description of how each line item total was arrived at. Additional schedules may be submitted for this purpose.

This information is being requested for the purposes of ensuring that potential vendors have fully considered estimates on all possible costs that might arise in the development and/or operation of this program. It will also be used by the RFP Review Committee to determine reasonable reimbursement amounts for the service(s).
## RATE DEVELOPMENT - INDIVIDUAL COSTS ASSOCIATED WITH RESIDENCY

### DS 6024 (REV 10/2016)

#### A. FACILITY TYPE
- Enhanced Behavioral Supports Home
- Community Crisis Home
- Other

#### B. CONTACT INFORMATION
- Consumer Name: [UCI #]
- Vendor Name: [Vendor #]
- Vendor Address:
- City: [State]: [Zip]:

#### C. CATEGORIES AND DESCRIPTIONS OF COSTS

<table>
<thead>
<tr>
<th>Unit Cost</th>
<th>Total Monthly Cost</th>
<th>Notes</th>
</tr>
</thead>
</table>

1. **Salaries and Wages**
   - Total Wages - Hourly Direct Care Staff
     - 1) Direct Care Staff
     - 2) Behaviorist
     - 3) Relief Time/Staff
     - 4) Other Costs: Describe in Notes
       - Total Salaries and Wages Costs: $0.00

2. **Payroll Taxes, Workers Compensation, and Fringe Benefits**
   - a. Payroll Taxes
   - b. Workers Compensation
   - c. Benefit Allowance: Medical, Dental, etc.
   - d. Other Costs: Describe in Notes
     - Total Taxes and Benefits Costs: $0.00

3. **Program Costs - Per Consumer**
   - a. Snacks/Food
   - b. Combined Utilities - Additional
   - c. Consultant (Non-Behaviorist)
   - d. Training
   - e. Transportation: Vehicle, Maintenance, Fuel (not DP/School)
   - f. Other Costs: Repairs and Maintenance - Additional
   - g. Office Supplies - Additional
   - h. Other Costs: Outside Activities Expenses
   - i. Other Costs: Activity Supplies
   - j. Other Costs: Describe in Notes
     - Total Program Costs: $0.00

4. **TOTAL INDIVIDUAL COSTS**
   - $0.00

#### D. SIGNATURES
- Vendor Signature: [Date:]
- Print Name:
- Regional Center Representative Signature: [Date:]
- Print Name:

---

Appendix E - Page 2 of 3
**RTE DEVELOPMENT - FACILITY COSTS**

**DS 6023 (Rev 10/2016)**

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### A. FACILITY TYPE
- [ ] Enhanced Behavioral Supports Home
- [ ] Community Crisis Home
- [ ] Other

### B. CONTACT INFORMATION

**Vendor Name:**

**Vendor #:**

**Address:**

**City:**

**State:**

**Zip:**

---

### C. CATEGORIES AND DESCRIPTIONS OF COSTS

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<tr>
<th>Category</th>
<th>Total Monthly Cost</th>
<th>Notes</th>
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1. **Payroll Costs**
   - a. Administrator Salary
   - b. Administrator Payroll Taxes
   - c. DSP Lead Salary (168 Hours/Week)
   - d. DSP Lead Payroll Taxes
   - e. Workers Compensation
   - f. Benefit Allowance: Medical, Dental, etc.
   - g. Other Costs: Describe in notes

   **Total Administrator Payroll Costs** $ 0.00

2. **Facility Related**
   - a. Rental, Lease, or Mortgage, include Homeowner's Assoc. Dues
   - b. Property Taxes
   - d. Janitorial Service, Gardening
   - e. Transportation: Vehicle, Maintenance, Fuel (not DP/School)
   - f. Telephone: Long Distance, Cell Phones, Pagers
   - g. Office Supplies
   - h. Insurance: Business Liability, Auto
   - i. Fees for Licenses and Memberships
   - j. Other Costs: Repairs/Maintenance/Modifications
   - k. Other Costs: Cable and Internet
   - l. Other Costs: Describe in notes

   **Total Facility Related Costs** $ 0.00

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### D. SIGNATURES

**Vendor Signature:**

**Date:**

**Print Name:**

**Regional Center Representative Signature:**

**Date:**

**Print Name:**

---

*Appendix E - Page 3 of 3*
Appendix F

PROGRAM DESIGN CHECKLIST

(Depending on type of service being developed, insert copy of Program Design Checklist [if applicable] here)

RESIDENTIAL PROGRAM DESIGN CHECKLIST

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<td>Contact(s):</td>
<td>Fax:</td>
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<tr>
<td>Proposed Capacity: Male ___ Female ___ M/F ___</td>
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<tr>
<td>Licensed Capacity of Facility:</td>
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<td>Not Met</td>
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- Cover Page
- Table of Contents, including all Appendix items.
- Pages numbered pages consistent with the Table of Contents. Document not bound.
- Photographs of the interior and exterior of the home. Labeled and with square footage, where appropriate. This is optional but highly recommended.
- Section 56013 (b) (1): Facility Organizational Chart
- A description of the Organizational Structure if more than one service is operated by the potential vendor (Title 17, section 54329)
- Section 56013 (b) (2) Statement of Purpose, including administrator's personal statement. Please include the licensee/advisor's statement of purpose.
- Program Design Statement: Who wrote the program design? Administrator's participation in the program design. Statement stating Administrator/Licensee is fully knowledgeable of its content.
- Administrator Statement of Professional Obligations (present and projected).
- Physical Description of Facility, including description of neighborhood and Map (optional).
<table>
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<th>Description of Services</th>
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<tr>
<td><strong>Within this section, include a comprehensive list of</strong></td>
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<tr>
<td>the community resources to be utilized — include specific</td>
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<tr>
<td>names and addresses.</td>
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<tr>
<td><strong>Philosophy of and procedures for implementing consumer</strong></td>
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<tr>
<td><strong>choice. Provide specific examples.</strong></td>
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<tr>
<td><strong>Philosophy of and procedures for implementing the</strong></td>
<td></td>
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<tr>
<td><strong>principles of normalization as measured by consumer</strong></td>
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<td><strong>participation in a variety of integrated, age-appropriate</strong></td>
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<td><strong>activities which take place in natural environments, at</strong></td>
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<td><strong>home, at work, in the community and during leisure time.</strong></td>
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<tr>
<td><strong>Provide specific examples.</strong></td>
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<tr>
<td><strong>Section 56013 (c) (1) (A) (B) (C): Description of</strong></td>
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<tr>
<td><strong>services designed to enhance the capabilities of</strong></td>
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<tr>
<td><strong>consumers. Within this section, provide 3 written</strong></td>
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<tr>
<td><strong>examples of training plans detailing how</strong></td>
<td></td>
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<tr>
<td><strong>the staff will work with consumers to provide skill</strong></td>
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<tr>
<td><strong>training in the areas of self-help, descriptive or</strong></td>
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<tr>
<td><strong>self-injurious behaviors, and/or</strong></td>
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<tr>
<td><strong>mobility deficits.</strong></td>
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<tr>
<td><strong>Section 56013 (d) (4) (A) (B) (C) (D): Methodology of</strong></td>
<td></td>
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<tr>
<td><strong>Measurement of consumer progress toward achievement of</strong></td>
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<tr>
<td><strong>IPF objectives.</strong></td>
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<tr>
<td><strong>Individual Program Plan (IPP) / Individual Services</strong></td>
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<tr>
<td><strong>Plan (ISP) / Annual or Quarterly Reports.</strong></td>
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<tr>
<td><strong>Section 56013 (b) (2): Expected Service Outcomes.</strong></td>
<td></td>
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<tr>
<td><strong>Intake, Admission, Entrance and Exit Criteria</strong></td>
<td></td>
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<tr>
<td><strong>Admission Policy and Procedures. (Title 17, section</strong></td>
<td></td>
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<tr>
<td><strong>56018)</strong></td>
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<tr>
<td><strong>Section 56018: Intake Procedure and any assessments</strong></td>
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<tr>
<td><strong>used during intake.</strong></td>
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<tr>
<td><strong>Section 56013 (b) (3): Entrance Criteria.</strong></td>
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<tr>
<td><strong>Exclusionary Criteria.</strong></td>
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<tr>
<td><strong>Section 56013 (b) (3): Exit Criteria.</strong></td>
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<tr>
<td><strong>Appraisal Needs and Services Plan</strong></td>
<td></td>
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<tr>
<td><strong>Special Incident Reporting and Medication</strong></td>
<td></td>
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<tr>
<td><strong>Special Incident Reporting Policy and Procedures,</strong></td>
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<tr>
<td><strong>including listing of reportable incidents. A statement</strong></td>
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<tr>
<td><strong>that the administrator and lead staff will attend the</strong></td>
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<tr>
<td><strong>ISS training within the first six months of</strong></td>
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<tr>
<td><strong>mow of vendorization.</strong></td>
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<tr>
<td><strong>Examples of reportable incidents.</strong></td>
<td></td>
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</tbody>
</table>

Page 2 of 5
| Section 5694: Medication policy and procedure.  
Medication administration, Storing medication, Disposing of medication, Medication Errors, Documentation of medication. Statement that each person administering is DSP certified.  
DSP understands all side effects of medication they are dispensing. Policy that will address that all medication reviewed by consumer must have a diagnosis to support it. |
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Section 5620A and 56013: Psychotropic Medication protocol: What steps provider will take with resident before identifying the need for psychotropic medication?</td>
</tr>
<tr>
<td>Restricted Health Conditions: Statement that the administrator will go to training within 6 months of vendorization.</td>
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<tr>
<td>Section 5207: Personal Services Needs.</td>
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<tr>
<td>Section 5622, 56220, 56227 and 56259: Description of the consumer records to be kept on file to be stored at the program site in a locked place.</td>
</tr>
<tr>
<td>Section 56512: Procedure for handling participant's money.</td>
</tr>
<tr>
<td>Procedure for ensuring consistency between consumer services/training provided at the home and consumer services/training provided at day programs/schools/work.</td>
</tr>
<tr>
<td>Section 56512: Security Guidelines: What is the philosophy? The actions you will take to ensure the rights of the consumers, Educational objectives?</td>
</tr>
</tbody>
</table>
| Section 56510: Privacy Guidelines: What is the philosophy?  
The actions you will take to ensure the rights of the consumers, Educational objectives? |
<p>| Section 51332: Statement describing the process the agency will use in case there is a change in the type of service (change in vendor ownership, location, or Program/Service design) |
| The Lanham Act: Policy for promoting family/conservator involvement. |</p>
<table>
<thead>
<tr>
<th>Section 56013 (b) (5): Description of staff qualifications and a duty statement for each staff position in the facility.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Section 56013 (d) (2): Description of Consultant Qualifications, Hours, and Duties, including resume, copy of current license/certificate, signed/dated copy of contract, and signed/dated duty statement by consultant.</td>
</tr>
<tr>
<td>Procedures for adding a consultant, changes and approval process.</td>
</tr>
<tr>
<td>Section 56013 (b) (7) Staff/Training Plan and required Title 22 training for all positions.</td>
</tr>
<tr>
<td>First Aid and CPR</td>
</tr>
<tr>
<td>Administrator's Certificate</td>
</tr>
<tr>
<td>I. Orientation, including time lines/time frames, and curriculum outlines.</td>
</tr>
<tr>
<td>II. CI/In-Service/Ongoing (Include a minimum of 12 months in-service training topics).</td>
</tr>
<tr>
<td>III. CEUs</td>
</tr>
<tr>
<td>IV. DSP Competency-based training and Testing Requirements</td>
</tr>
<tr>
<td>Schedules</td>
</tr>
<tr>
<td>Emergency/Contingency Staffing policies and Procedures. Include administrator designee protocol per Title 17 and Title 22 and facility's best practice. A statement that describes your process when an administrator is on vacation or change in administrator.</td>
</tr>
<tr>
<td>Sample Daily Activity Schedule.</td>
</tr>
<tr>
<td>Sample Monthly Activity Schedule/Calendar</td>
</tr>
<tr>
<td>Section 56013 (b) (4): Description of Program Preparation Function</td>
</tr>
</tbody>
</table>
**Section 56513 (b) (6): Sample weekly Staff Schedules**

- Each capacity: Schedules required: 1, for 4 consumers; 2, for 6 consumers when an in-service for all staff is scheduled; 3, for 8 consumers; 4, for 10 consumers; 5, for 12 consumers. If a meeting is conducted or if a Resident Council meeting, contact resource specialist for staff schedule requirements. **Note:** If application is for less than six capacity, contact resource specialist for specific schedule requirements.

**Administrator schedule:** (If administrator for more than one home, schedule for other homes also. Separate from weekly staff schedule.)

**Sample Weekly Support Staff Schedules:**

- Level 2 for six consumers.
- Level 3 for one consumer and six consumers.
- Level 4 for one consumer, four consumers, and six consumers. **Note:** If application is for less than six capacity, contact resource specialist for specific schedule requirements.

**Other**

- Resident Council
- House Rules
- Grievance Procedures for individuals served
- Sign-in and out procedures

**Sample Menu:** Provide a menu to be utilized. Also include: protocol if any deviation from printed menu. Please state how the menu will be rotated.

**Consumer's Rights**

**Appendix to include, minimally, the following:**

- Administrator and Licensee Resume
- Copy of CCL Administrator Certificate (except Small Family Homes)
- Facility License
- Copy of current San Andreas RSO Certificate
- Three (3) written references, including contact number
- Sample Charting Documentation Forms
- Facility Floor Plan, including square footage of rooms/areas that consumers have access to
- Part A & Part B Licensing Application. Submit one copy only (provide as a separate document not attached to the program design)

*NOTE: Group Home Applicants (elderly facility) are responsible for all additional Title 22 requirements. See Title 22, Division 6, Chapter 5. Must also provide a minimum of three facility managers' resumes. Elderly Applicants are responsible for all additional Title 22 requirements. (Personnel Requirements, Training) [www.cdcar.gov][1] [www.cdcar.gov][2]*