



SAN ANDREAS REGIONAL CENTER
6203 San Ignacio Ave, Ste 200
San Jose, CA 95119
(408) 374-9960

TO: All Potential Request for Proposal Respondents

FROM: Alexandra Ostell, San Andreas Regional Center

DATE: September 25, 2017

RE: Request for Proposal – Enhanced Behavioral Support Home for
Children with Intellectual/Developmental Disabilities (I/DD) and Co-
occurring Mental Illness - Residential Services

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/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.
- 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);
- (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;

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.)
4. Resumes, Statement of Qualifications and References including Appendix D – Statement of Obligations.
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 within 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.
 7. Proposed timeline for development 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

Criteria	Percentage	Score
Agency Experience and Background (including Attachment D – Statement of Obligations)	25%	
Fiscal Responsibility (including Attachment C – Financial Statement)	15%	
Budgets (including Attachment E – Estimated Cost Worksheet)	25%	
Proposal Narrative (including Attachment F - Program Design Checklist)	25%	
Interview	10%	

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
6. Housing to be ready by December 1st, 2017. Residential Services to begin by January 1, 2018.

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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- 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;
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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

Program Title (Please Print)

Name of Individual or Organization Submitting Proposal (Please Print)

Address of Individual or Organization Submitting Proposal (Please Print)

Signature of Person Authorized to Bind Organization

Contact Person for Project (Please Print)

Telephone Number of Contact Person

Fax Number of Contact Person

Email Address of Contact Person

Name of Parent Corporations (If Applicable) (Please Print)

Applicant or Organization Contact Person:

Author of Proposal if Different from Individual Submitting Proposal

Appendix C	
FINANCIAL STATEMENT	
All respondents must complete this statement for last complete fiscal year <u>and</u> 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 LIABILITES 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

	Unit Cost	Total Monthly Cost	Notes
1. Salaries and Wages			
a. 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	
Total Personnel Costs (Combine Totals from Section 1 and 2 above)		\$ 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	
TOTAL INDIVIDUAL COSTS		\$ 0.00	

D. SIGNATURES

Vendor Signature:

Date:

Print Name:

Regional Center Representative Signature:

Date:

Print Name:

RATE DEVELOPMENT - FACILITY COSTS

DS 6023 (Rev 10/2016)

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

	Total Monthly Cost	Notes
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		
c. Combined Utilities: Gas, Electric, Water, Garbage		
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	
TOTAL FACILITY COSTS	\$ 0.00	

D. SIGNATURES

Vendor Signature: _____ Date: _____

Print Name: _____

Regional Center Representative Signature: _____ Date: _____

Print Name: _____

Appendix F

PROGRAM DESIGN CHECKLIST

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



1-24-08

RESIDENTIAL PROGRAM DESIGN CHECKLIST

Facility Name:		Contact's Telephone:		
Facility Address:				
Contact(s):		Fax:		
Proposed Capacity: Male _____ Female _____ M/F _____		E-mail:		
Licensed Capacity of Facility:		Ambulatory Status:		
Type of Facility/Level Applied For:		Facility License Number Licensing Program Analyst:		
Licensed Age Range:		Date Submitted:		
Page Number (s)	REQUIREMENTS	SAN ANDREAS REGIONAL CENTER USE ONLY		
		Met	Not Met	Comments
	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 <i>optional</i> 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 54326)			
	Section 56013 (b) (2) Statement of Purpose, including administrator's personal statement. Please include the licensee's/administrator'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).			

Description of Services				
	Section 56013 (b) (2): Description of Consumer Services. Within this section, include a comprehensive list of community resources to be utilized-include specific names and addresses.			
	Philosophy of and procedures for implementing consumer choice. Provide specific examples.			
	Philosophy of and procedures for implementing the principles of normalization as measured by consumer participation in a variety of integrated, age-appropriate activities which take place in natural environments, at home, at work, in the community and during leisure time. Provide specific examples.			
	Section 56013 (c) (1) (A) (B) (C). Description of services designed to enhance the capabilities of consumers. <i>Within this section, provide 3 written examples of training plans detailing how facility staff will directly work with consumers to provide skill training in the areas of self-help, disruptive or self-injurious behaviors, and/or mobility deficits.</i>			
	Section 56013 (d)(4)(A)(B)(C)(D): Methodology of Measurement of consumer progress toward achievement of IPP objectives.			
	Individual Program Plan (IPP) / Individual Services Plan (ISP)/ Annual or Quarterly Reports.			
	Section 56013 (b) (2): Expected Service Outcomes.			
Intake, Admission, Entrance and Exit Criteria				
	Admission Policy and Procedures. (Title 17, section 56019)			
	Section 56018: Intake Procedure and any assessments used during intake.			
	Section 56013 (b) (3): Entrance Criteria.			
	Exclusionary Criteria.			
	Section 56013 (b) (3): Exit Criteria.			
	Appraisal Needs and Services Plan			
Special Incident Reporting and Medication				
	Special Incident Reporting Policy and Procedures, including listing of reportable incidents. A statement that the administrator and lead staff will attend the SIR training within the first six month of vendorization.			
	Examples of reportable incidents.			

	Section 56954: 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 revised by consumer must have a diagnosis to support it.			
	Section 56054 and 56013: Psychotropic Medication protocol- what steps provider will take with resident before identifying the need for psychotropic medication?			
	Restricted Health Conditions. Statement that the administrator will go to training within 6 months of vendorization.			
	80077 Personal Services Needs.			
	Emergency Procedures, Grab and Go Bags			
	Medical Emergencies			
	Policies and Procedures			
	Transportation Policy (including types of transportation services provided, statement of staff on duty, types of vehicles used, policy for vehicle insurance, vehicle safety and maintenance, drivers requirements, distance allowable. -Statement that RCF will be available 24/7 if an individual needs to be picked up.			
	Section 56022, 56026, 56027 and 56059: Description of the consumer records to be kept on file to be stored at the program site in a locked place.			
	Section 50510: Procedure for handling participant's money.			
	Procedure for ensuring consistency between consumer services/training provided at the home and consumer services/training provided at day programs/schools/work.			
	Section 50510: Sexuality Guidelines: What is the philosophy? The actions you will take to ensure the rights of the consumers. Educational objectives?			
	Section 50510: Privacy Guidelines: What is the philosophy? The actions you will take to ensure the rights of the consumers. Educational Objectives?			
	Section 54330: 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/Services design)			
	The Lanterman Act: Policy for promoting family/ conservator involvement.			

	Emergency Intervention Plan (required for all facilities dealing with severe behavioral issues- L-4G,H,I-to be also submitted to CCL).			
	A list of supplies, equipment, activity materials, training materials, furnishing that will be provided.			
	Job Descriptions, Consultants			
	Section 56013 (b) (5): Description of staff qualifications and a duty statement for each staff position in the facility.			
	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 Level IV Only			
	Procedures for adding a consultant, changes and approval process.			
	Section 56013 (b) (7) Staff Training Plan and required Title 22 training for all positions.			
	First Aid and CPR			
	Administrator's Certificate			
	I. Orientation, including time lines/time frames, and curriculum outlines.			
	II. OJT/In-Service/Ongoing (include a minimum of 12 months in-service training topics).			
	III. CEU's			
	IV. DSP Competency-Based training and Testing Requirements			
	Schedules			
	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			
	Sample Daily Activity Schedule.			
	Sample Monthly Activity Schedule/Calendar			
	Section 56013 (b) (4): Description of Program Preparation Function.			

	Section 56213 (b) (6): Sample weekly Staff Schedules for each capacity. Additional schedules required: # 1, for 4 consumers when an in-service for all staff is scheduled for that week on Wednesday; # 2, for 6 consumers when facility notified at 11AM on Tuesday by day program/school/work program that consumer is ill and needs to be picked up; # 3, for 5 consumers when a Resident Council meeting is conducted. Note: If application is for less than six capacity, contact resource specialist for staff schedule requirements.			
	Administrator schedule. (If administrator for more than one home, schedule for other home(s) 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 IV for one consumer, four consumers, and six consumers. Note: If application is for less than six capacity, contact resource specialist for support staff schedule requirements.			
	Other			
	Resident Council.			
	House Rules			
	Grievance Procedures for individuals served			
	Sign in and out procedures.			
	Sample Menus. Provide all menus to be utilized. Also include protocol if any deviation from posted menu. Please state how the menus 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 (children 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)
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