

**REQUEST FOR PROPOSALS (RFP)  
STATEWIDE TECHNICAL ASSISTANCE AND TRAINING AGENT  
SAN DIEGO REGIONAL CENTER  
PROJECT FY 20/21-1**

**I. AUTHORITY**

San Diego Regional Center (SDRC) and the Department of Developmental Services (DDS) have identified the need to create a Statewide Technical Assistance and Training Agent (Agent) to coordinate a variety of supports to service providers to implement the Alternative Nonresidential Services model (Alternative Services). SDRC may elect to fund all, part or none of the project, depending on funding availability as approved by the DDS, and the quality of proposals received. SDRC reserves the right to withdraw this RFP and/or disqualify any proposal that does not adhere to the RFP guidelines. Proposals submitted after the indicated timelines will not be considered.

**II. APPLICANT ELIGIBILITY**

Proposals can be submitted by individuals or entities that are authorized to conduct business within the State of California. Due to the statewide nature of this Agent, board members and employees of any regional center are prohibited from submitting proposals.

**III. SUBMISSION OF PROPOSALS**

Please send all proposals by email to: [RFP@sdrc.org](mailto:RFP@sdrc.org)

Electronic copies (PDFs) of the proposal must be *received* at the above e-mail address **no later than 4:00 p.m. on October 2, 2020**. Proposals received after this deadline will not be considered. Faxed or hard copy proposals will not be accepted. You will receive an email reply confirming the receipt of your proposal. If you do not receive an email confirmation please contact [Albert.Noriega@sdrc.org](mailto:Albert.Noriega@sdrc.org).

**IV. PROJECT DESCRIPTION**

The Agent will be responsible for promoting the collaboration among service providers to be creative and resourceful in maximizing the opportunities of the Alternative Services model, with emphasis on safety and minimizing the impact of COVID-19 to consumers, family members and direct support professionals, meeting consumers' new needs resulting from the pandemic and redesigning their services with a person-centered focus.

### **The Agent must:**

- Identify a Project Lead with overall responsibility for execution of the administration of statewide technical assistance and training which may include service providers consumers and family members, and communication to SDRC and the DDS.
- Demonstrate the infrastructure needed, which may include but not be limited to project managers, a management team, and accounting.
- Be knowledgeable of the purpose, requirements, and expected deliverables of the Alternative Services model.
- Demonstrate the ability to resource a substantial network of professionals with a diverse range of expertise of developmental services types and populations served, representing services throughout the State of California.
- Demonstrate the experience and ability to facilitate statewide webinars and training events.
- Establish a budget to meet the needs of the project.

### **The Agent will be responsible to:**

- In consultation with DDS and SDRC, establish a Steering Committee to guide and reflect on the efficacy of the technical assistance and training being provided to service providers. The Steering Committee must include self-advocates, family members of consumers receiving alternative services, providers and SDRC staff.
- Source and subcontract with consultants who have developed expertise and capacity in providing innovative services and supports. Establish a method to qualify individuals, negotiate compensation and terms of consultation.
- Manage the dispensation of funds to consultants to provide technical assistance and training.
- Coordinate regular technical assistance and training opportunities through webinars that are open to participants statewide. At a minimum, the following trainings to support Alternative Services (as listed in the [DDS Directive](#) issued August 31, 2020) must be provided.
  - COVID-19 safety precautions for both staff and the consumer;
  - Delivering services using the person-centered planning and approach criteria set forth in Title 42, Code of Federal Regulations section 441.540;
  - Informed decision-making so that consumers can understand what choices they have in receiving services and understand the benefits, risks and responsibilities associated with the service choices available to them;
  - Self-Determination Program requirements;
  - Developing written materials using plain language that can be readily understood by consumers;

- Using alternative communication technology, tools or methods to deliver services;
- Delivering services in a manner accommodating the cultural and linguistic needs of the consumer; or
- Use of technology utilized to deliver services.
- Conduct statewide outreach, including service providers for underserved communities, to advertise the opportunity to receive technical assistance and training to support the transition to Alternative Services.
- Connect service providers seeking technical assistance and training with consultants and establish the scope of work, duration, and terms for compensation for the subject matter expert. Establish a method to solicit feedback from both parties during and after consultation.
- Develop and maintain a resource list for service providers, consumers and families to network with others that have experience and expertise in areas of need.
- Develop a web-based resource library comprised of primary source documents that will include archived webinars and presentation materials developed by subject matter experts, and the resource list.
- Use resources for translation to other languages for trainings, consultations, and documents.

The Agent will coordinate statewide technical assistance and training through December 2021. Given the importance of meeting consumer needs for nonresidential services during the COVID-19 State of Emergency, time is of the essence to start and execute this project.

More than one contract may be provided.

**Funding available: Up to \$500,000**

## V. FORMAT AND APPLICATION REQUIREMENTS

Proposals must comply with the instructions, format, and timelines described in this request. Proposals should be written in 12-point font, Times New Roman or Arial preferred. All pages in the proposal must be numbered consecutively and include an identifying footer with the applicant name and project number. **The proposal, including the required forms and documents, may not be more than 12 pages long.**

## VI. PROPOSAL CONTENT

In no more than 12 pages, the applicant must provide information about the proposed project, which should include the following:

#### A. Service Description Summary

1. Applicant information (use Appendices A & B)
2. Background and experience
3. Ability to implement the project
4. Roles
  - Administrative
  - Consultants
  - Steering Committee
  - Other
5. Methods and procedures
  - Consultant recruitment
  - Statewide trainings
  - Individualized consultations
  - Customer satisfaction
  - Outreach to families, vendors, regional centers and stakeholders
6. Equity and diversity

B. Project work plan including timeline for achievement of major milestones

C. Project Budget (use Appendix C)

For reference, the Proposal Review / Selection Criteria (Appendix D) will be used to evaluate the proposal. **This does not need to be submitted with the proposal.**

### VII. REPORTING REQUIREMENTS

The Agent will be required to submit monthly summaries describing progress made toward meeting project objectives to SDRC by the third of each month. These summaries will be attached to any monthly invoices submitted by the contractor. Summaries will include at a minimum a reporting of expenses, procured consultations, customer satisfaction, trainings conducted and pending/scheduled requests from service providers for assistance. The contractor will submit a final report upon completion of the project. The format for the monthly summaries and invoices will be included in each awardees' contract.

The contract between SDRC and the Agent will include the following:

- A. Holding the Agent accountable for the expenditure of funds consistent with the contract terms and for program outcomes;
- B. In the event a project cannot be completed within the approved timeframe, the project funds must be returned to the State;

- C. Upon completion of the project and the reconciliation of the contract funds, if SDRC determines that the contract amount has not been fully expended, the unexpended contracted funds will be recouped by SDRC and returned to the State; and
- D. The DDS may request SDRC to provide a copy of the fully executed SDRC contract.

## **VIII. PROPOSAL SELECTION PROCESS**

Any proposal may be rejected if it is incomplete or deviates from the specifications in this RFP. SDRC reserves the right to reject any or all proposals and to cancel the RFP process at its discretion. Each proposal will be evaluated by an RFP Selection Committee which is an interdisciplinary team of at least 6 members (including one vendor representative and one family member of a consumer), who will score each proposal individually before coming together as a team to thoroughly review and discuss each proposal and interview applicants, if applicable, and agreeing on a final score for each proposal. A minimum score of 70% is required for the proposal in order to be considered. Proposals will be evaluated in five areas: Agency Description (including history), Project Description, Work Plan/Timelines, Budget/Finances, and Proposal responsiveness. The evaluation will be scored on the following elements; responsiveness, innovation, collaboration, previous experience of applicant, broad network of resources, knowledge of California developmental service system, community outreach plan and demonstrated applicant financial responsibility. The proposal review/selection criteria worksheet is included with this RFP as Appendix D. Additional information may be required from selected applicants with regard to the proposal submitted prior to the awarding of a contract. References will be contacted and interviews may be conducted, particularly if two or more proposals are closely scored and/or more information is needed. The interview panel will include at least two individuals from the RFP selection committee, using the same questions, and each interviewer will score the responses using the same scoring scale for each interview.

## **IX. FUNDS**

The project description indicates the total amount of funds available for the project. Actual amount awarded will be contingent upon the budget submitted by DDS. Any project contractor who fails to develop the services specified will be required to return to SDRC any compensation received for project expenses. All funds must be expended by December 31, 2021. The project may be extended with SDRC and DDS approval.

## **X. ADDITIONAL INFORMATION**

Questions about this RFP may be submitted to [RFP@sdr.org](mailto:RFP@sdr.org).

**Timeline and next steps:**

Deadline for submission of proposals	October 2, 2020 4:00 p.m.
Interviews (if needed)	October 12, 2020
Selection	October 14, 2020
Contract completed	October 19, 2020
First statewide training webinar	November 9-13, 2020
Project completed	December 31, 2021

APPLICANT/AGENCY INFORMATION

Applicant/Agency Name: \_\_\_\_\_ Project # \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

- Non-Profit Corporation       For-Profit Corporation       Educational Institution
- Local Government Agency       Individual       Other (\_\_\_\_\_)

Contact Name & Job Title: \_\_\_\_\_ Phone \_\_\_\_\_

E-Mail: \_\_\_\_\_

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

- 1. \_\_\_\_\_  
\_\_\_\_\_
- 2. \_\_\_\_\_  
\_\_\_\_\_
- 3. \_\_\_\_\_  
\_\_\_\_\_
- 4. \_\_\_\_\_  
\_\_\_\_\_

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

- 1. \_\_\_\_\_  
Name and Title Agency Affiliation  
\_\_\_\_\_  
Address Phone
- 2. \_\_\_\_\_  
Name and Title Agency Affiliation  
\_\_\_\_\_  
Address Phone

Application submitted by: \_\_\_\_\_  
Signature Date

## **APPLICANT/VENDOR DISCLOSURE STATEMENT**

### **GENERAL INSTRUCTIONS**

Every applicant or vendor must complete and submit a current Applicant/Vendor Disclosure Statement, DS 1891 (disclosure statement) as part of a complete application packet for vendorization or upon request of the vendoring regional center. The following instructions are designed to clarify certain questions on the form. Instructions are listed in order of question for easy reference. See 42 CFR 455.101 for additional definitions.

**Overall Authority: Code of Federal Regulations (CFR), Title 42, Part 455; California Code of Regulations, Title 17, Section 54311. Welfare and Institutions Code, Section 4648.12.**

#### **Important:**

- **IT IS ESSENTIAL THAT ALL APPLICABLE QUESTIONS BE ANSWERED ACCURATELY AND THAT ALL INFORMATION BE CURRENT.**
- **Parents and consumers of Vouchers, Participant-Directed Services, or Purchase Reimbursements:** Complete Part 1 on page 2 and Part 3 on page 3, then proceed to **Applicant/Vendor Signature** on page 4 to sign and date.
- Failure to disclose complete and accurate information will result in a denial of enrollment and/or may be cause for termination of vendorization.
- Read **ALL** instructions when completing the disclosure statement.
- Type or print clearly in ink.
- If applicant or vendor must make corrections, please line through, date, and initial in ink. Do not use correction fluid.
- Answer all questions as of the current date.
- If additional space is needed, attach a sheet referencing the part and question being completed.
- Return this completed statement with the complete application package to the regional center to which you are applying.

### **Part 1: Identifying Information**

- A. Specify name of the applicant or vendor, agency, facility or organization, vendor number and service code, business address, and telephone number of applicant or vendor submitting the vendor application.
- B. Specify in what capacity the applicant or vendor is doing business. For example: The name of the corporation under which they are doing business. This name must match the license name, if applicable.
- C. List the National Provider Identifier, of the applicant or vendor, if any.
- D. List the Social Security Number, Date of Birth, and/or the Federal Employer Identification Number (EIN) of the applicant or vendor, if any. Enter Vendor's nine-digit EIN assigned by the IRS in the following format: XX-XXXXXXX.
  - An EIN is used to identify the accounts of employers and certain others who have no employees.
  - For more information about an EIN, please check <http://www.irs.gov> for "Employer Identification Numbers" or "EIN". Whenever this Disclosure Statement requests an EIN about an individual or entity, it has the same meaning.
- E. Check the entity type that best describes the structure of your organization.

### **Part 2: Ownership and Control Interests. Use the following definitions to identify the individuals you should enter in A, B and C of this section. See 42 CFR 455.101 for additional definitions.**

- "Indirect Ownership Interest" means an ownership interest in an entity that has an ownership interest in the applicant or vendor. This term includes an ownership interest in any entity that has an indirect ownership interest in the applicant or vendor;
- "Managing Employee" means a general manager, business manager, administrator, director, or other individual who exercises operational or managerial control over, or who directly or indirectly conducts the day-to-day operation of an institution, organization, agency or business entity;
- "Ownership Interest" means the possession of equity in the capital, the stock, or the profits of the applicant or vendor.
- "Person with an Ownership or Control Interest" means a person or corporation that:
  - A) Has an ownership interest totaling 5 percent or more in an applicant or vendor;
  - B) Has an indirect ownership interest equal to 5 percent or more of an applicant or vendor;
  - C) Has a combination of direct or indirect ownership interests equal to 5 percent or more in an applicant or vendor;
  - D) Owns an interest of 5 percent or more in any mortgage, deed of trust, note, or other obligation secured by the applicant or vendor if that interest equals at least 5 percent of the value of the property or assets of the applicant or vendor;
  - E) Is an officer or director of an applicant or vendor that is organized as a corporation; or
  - F) Is a partner in an applicant or vendor that is organized as a partnership.
- "Significant Business Transaction" means any business transaction or series of transactions that, during any one fiscal year, exceed the lesser of \$25,000 and 5 percent of an applicant or vendor's total operating expenses.



- “Subcontractor” means an individual, agency, or organization to which an applicant or vendor has contracted or delegated some of the management functions or responsibilities of providing services.
- “Wholly Owned Supplier” means a supplier whose total ownership interest is held by an applicant or vendor or by a person, persons, or other entity with an ownership or control interest in an applicant or vendor.

**Part 3: Excluded Individuals or Entities. (See page 3. Must be disclosed if applicable.)**

“Excluded Individuals or Entities” means those individuals and entities that have been placed on either the U.S. Department of Health and Human Services Office of Inspectors’ General (OIG) List of Excluded Individuals/Entities or the Department of Health Care Services (DHCS) Medi-Cal Suspended and Ineligible Provider List of persons, or individuals and entities that have been convicted of a criminal offense related to involvement in any program under Medicare, Medicaid or the Title XX services program, or those individuals and entities that meet the criteria included in Title 17, Section 54311(a)(6).

**Title 17, California Code of Regulations, Section 54311(a)(6)  
 (Criteria for Excluded Individuals or Entities)**

The name, title and address of any person(s) who, as applicant or vendor, or who has ownership or control interest in the applicant or vendor, or is an agent, director, members of the board of directors, officer, or managing employee of the applicant or vendor, has within the previous ten years:

- (A) Been convicted of any felony or misdemeanor involving fraud or abuse in any government program, or related to neglect or abuse of an elder or dependent adult or child, or in any connection with the interference with, or obstruction of, any investigation into health care related fraud or abuse; or
- (B) Been found liable any civil proceeding for fraud or abuse involving any government program; or
- (C) Entered into a settlement in lieu of conviction involving fraud or abuse in any government program.

**PLEASE FILL OUT**

**Part 1. Applicant/Vendor Information**

A. Name of applicant or vendor, entity, agency, facility, or organization as reported to IRS:

Vendor Number and Service Code: \_\_\_\_\_

Business Address: \_\_\_\_\_

Telephone number (with area code): \_\_\_\_\_

B. Name registered with California Secretary of State, if any:

C. National Provider Identifier (NPI), if any: \_\_\_\_\_

D. Social Security Number (SSN), Date of Birth (DOB), and/or Federal Employer Identification Number (EIN), if any: \_\_\_\_\_

E. Check the entity type that best describes the structure of the applicant or vendor individual, business entity, agency, facility or organization: Check **only one** box:

- Parent or Consumer for Vouchers, Participant-Directed Services, or Purchase Reimbursements** (Complete Part 1 above and Part 3 on page 3, then proceed to **Applicant/Vendor Signature** on page 4 to sign and date).
- Sole Proprietor (Unincorporated)**
- General Partnership**     **Limited Partnership**     **Limited Liability Partnership**
- Limited Liability Company:**    **State of formation:** \_\_\_\_\_
- Governmental**
- Corporation:**    **Corporate number:** \_\_\_\_\_    **State incorporated:** \_\_\_\_\_
- Nonprofit – Check One:**     **Unincorporated Association**     **Religious/Charitable**
- Corporation**     **Other (specify):** \_\_\_\_\_

**Part 2. Ownership, indirect ownership, and managing employee interests (If not applicable, please indicate.)**

**A.** List the name(s), title(s), address(es), SSNs, and DOBs of individuals for organizations having direct or indirect ownership interests, and/or managing employees in the applicant/vendor (see instructions for definitions). Also list all members of a group practice. Attach additional pages as necessary to list all officers, owners, management and ownership individuals and entities.

<b>Name</b>	<b>Title</b>	<b>Address</b>	<b>SSN</b>	<b>DOB</b>

**B.** List those persons named in ‘A’ above or ‘Part 4. A’ below, that are related to each other as spouse, parent, child, or sibling.

<b>Name</b>	<b>Relationship</b>	<b>Address</b>

**C.** List the name, address, vendor number and service code, SSN, NPI and/or EIN of any other applicant or vendor in which a person with an ownership or controlling interest in the applicant or vendor also has an ownership or control interest of at least 5 percent or more. For example: Are any owners of the applicant or vendor also owners of Medicare or Medicaid facilities? (Example: sole proprietor, partnership or members of Board of Directors.)

<b>Name</b>	<b>Address</b>	<b>Vendor Number and Service Code</b>	<b>SSN, NPI and/or EIN</b>

**Part 3. Excluded Individuals or Entities (If not applicable, please indicate.)**

List the name, title, and address of any person, as applicant or vendor, or entity with an ownership or control interest, any agent, director, officer, or managing employee of the applicant or vendor who is an excluded individual or entity, as defined on page 2.

<b>Name</b>	<b>Title</b>	<b>Address</b>

**Part 4. Subcontractor (If not applicable, please indicate.)**

**A.** List the name, title, address, SSN, NPI and/or EIN of each person or entity with an ownership or control interest in any **subcontractor** in which the applicant or vendor has direct or indirect ownership of 5 percent or more. State percentage.

<b>Name</b>	<b>Title</b>	<b>Address</b>	<b>Percentage</b>	<b>SSN, NPI and/or EIN</b>

**B.** List the name, title, address, SSN, NPI and/or EIN of each **subcontractor or wholly owned supplier** in which the applicant or vendor has had any significant business transactions within 5 years of the application or request.

<b>Name</b>	<b>Title</b>	<b>Address</b>	<b>SSN, NPI, and/or EIN</b>

**APPLICANT/VENDOR SIGNATURE**

Knowingly and willfully failing to fully and accurately disclose the information requested may result in denial of a request to become vendored, or if the service provider already is vendored, a termination of its vendorization.

By signing this disclosure statement, you hereby certify and swear under penalty of perjury that (a) you have knowledge concerning the information above, and (b) the information above is true and accurate. You agree to inform the vendoring Regional Center, in writing, within 30 days of any changes or if additional information becomes available.

---

**Name of Applicant/Vendor or Authorized Representative** **Title**

---

**Signature** **Date**

**Recordkeeping and Access to Records**

Subject to the provisions of Title 17, California Code of Regulations, Section 54311 and Code of Federal Regulations, Title 42, Part 455.105, an applicant or vendored provider agrees to provide access for the review of any and all ownership disclosure information and/or documentation upon written request by the vendoring regional center, the Department of Developmental Services, the State Medicaid Agency, Department of Health Care Services, any State survey team, the Secretary of the United States Department of Health and Human Services, or any duly authorized representatives of the above named entities.

**Privacy Statement**

All information requested on the application and the disclosure statement is mandatory with the exception of the social security number for any person other than the person or entity for whom an IRS Form 1099 must be provided by the Department of Developmental Services pursuant to 26 USC 6041. This information is required by the authority of Welfare and Institutions Code, Section 4648.12 and Title 17, California Code of Regulations, Section 54311. The consequences of not supplying the mandatory information requested are denial of vendorization as a regional center vendor or termination of vendorization. Any information may also be provided to the State Controller's Office, the California Department of Justice, the Department of Consumer Affairs, other state or local agencies as appropriate, fiscal intermediaries, managed care plans, the Federal Bureau of Investigation, the Internal Revenue Service, Medicare Fiscal Intermediaries, Centers for Medicare and Medicaid Services, Office of the Inspector General, Medicaid, or licensing programs in other states.

**Projected Budget for Statewide Technical and Training Agent**

**PERSONNEL SERVICES (Staff and Consultants)**

Job Title	Number (or %) FTE	FTE Monthly Salary with Fringe Benefit	Number of Months	TOTAL
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
Employee Fringe Benefits	( _____	% of Salaries)		

**PERSONNEL SERVICES  
SUBTOTAL**

**OPERATING EXPENSES**

	Monthly Amount	Number of Months	TOTAL
Office and/or Facility Lease	_____	_____	_____
Insurance	_____	_____	_____
Utilities	_____	_____	_____
Travel	_____	_____	_____
Purchased Equipment, Software and Supplies (list)			
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
Other-	_____	_____	_____
Administrative Overhead	_____	_____	_____

**OPERATING EXPENSES  
SUB-TOTAL**

**TOTAL PROJECT  
BUDGET**

Submitted by

\_\_\_\_\_

Name

Date

**COMMUNITY SERVICES REQUEST FOR PROPOSAL**  
**PROPOSAL REVIEW/SELECTION CRITERIA**  
*(The minimum requirement will be 70% of the total possible points)*

Appendix D

Project Number 20/21-1 Applicant /Agency \_\_\_\_\_

	Maximum Score	Initial Proposal Score	Final Score
<b>A. Agency Description</b>			
1. Proposal demonstrates applicant/agency's experience, skills, philosophy of service in the field of developmental disabilities.	5		
2. Demonstrate the ability to resource a substantial network of professionals with a diverse range of expertise of developmental services types and populations served, representing services throughout the State of California. References provide reliable evidence of applicant/agency's qualifications, quality of services and ability to maintain positive working relationships.	10		
3. The applicant/agency's history indicates the capability of developing, managing, and operating the proposed project. This includes demonstration of the experience and ability to facilitate statewide webinars and training events.	10		
<b>B. Project Description</b>			
1. Proposal describes the training techniques and instructional methods that the program will incorporate to achieve successful outcomes.	10		
2. Demonstrate the infrastructure needed, which may include but not be limited to project managers, a management team, and accounting. The proposed use of personnel, including the selection, management and training of staff should ensure quality outcomes in the project•	10		
3. Proposal includes sound program components and strategies that will be used to implement the project.	5		
4. Demonstrate knowledge of the purpose, requirements, and expected deliverables of the Alternative Services model	5		
<b>C. Work Plan/Timelines</b>			
1. The work plan indicates a thorough knowledge of the processes and procedures needed to complete the project.	10		
2. Applicant/agency included realistic objectives and timelines to achieve measurable objectives that will result in the completion of the project.	10		
<b>D. Budget/Finances</b>			
1. The project budget is reasonable and demonstrates a good appraisal of actual costs involved in completing the project.	10		
<b>E. Proposal Responsiveness</b>			
1. The overall proposal indicates an ability to follow directions and is an appropriate response to the RFP	10		
2. The proposal provides evidence of innovative practices in providing services.	5		
<b>TOTAL</b>	<b>100</b>		

Proposal review completed by:

Signature

Date