TO: All Potential Request for Proposal Respondents

FROM: Gina Jennings, CRDP Specialist
Saskia VandeKamp, Associate Director of Community Services

DATE: April 5, 2022

RE: Enhanced Supported Living Services

Geographic location: Santa Clara County

Start-Up Funds: $125,000.00

San Andreas Regional Center
San Andreas Regional Center (SARC) is a community-based, private nonprofit corporation funded by the State of California to serve people with developmental disabilities as required by the Lanterman Developmental Disabilities Act. The Lanterman Act is part of California law that sets out persons with developmental disabilities' rights and responsibilities. San Andreas serves individuals and their families who reside within Monterey, San Benito, Santa Clara, and Santa Cruz Counties and is one of 21 Regional Centers in California.

Service Description
SARC has determined a need for an Enhanced Supported Living Services (ESLS) service provider to serve Santa Clara. This provider embraces the guiding principles of Supported Living Services (SLS) outlined in Section 4689(a) of the Lanterman Act and will meet all standard functions of a supported living services agency. In addition, the ESLS service provider will provide enhanced tailored supports with a focus on serving individuals who have not been successful in other services and settings and/or who may be at risk of placement in a more restrictive environment. Individuals served may include:

1. Individuals with intense behaviors
2. Individuals with forensic involvement
3. Individuals with a mental health diagnosis
4. Individuals struggling with substance abuse
5. Individuals who were unsuccessful in other living arrangements due to behaviors or forensic involvement
6. Individuals who are deemed to need a higher level of services based on a 4418 and comprehensive assessment

The ESLS is an organization under contract to and vendored by a Regional Center. The ESLS will provide specialized assessment, considering trauma-informed care and person-centered planning. ESLS transition services would include specialized supports, and the ESLS will assist in securing housing. Ongoing services would be provided by a highly qualified administrator, case managers, and direct support professionals with extensive initial and ongoing training to meet the unique needs of the individuals served. The ESLS would provide a set number of consultant hours to support each individual appropriately and use principles of trauma-informed care, positive behavioral approaches, and person-centered thinking practices as the foundation of their services.

San Andreas will work closely with the ESLS service provider and the Department of Developmental Services to request a 637 waiver to the existing SLS median rates with justification for an enhanced rate.

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

Proposal Requirements
1. Appendix A – Proposal Title Page
2. Appendix B – Financial Statement
3. Appendix C – Statement of Obligations
4. Appendix D – Estimated Cost Worksheet
5. Appendix E - Resumes, Statement of Qualifications, and References. Please include:
   a. Evidence that the applicant possesses the organizational skills, education, and/or experience necessary to complete a project of this scope.
   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. Statement outlining the ability to work within the scope of Title 17 regulations governing vendorization and SARC policies and procedures
6. Appendix F – Program Summary

Contract Requirements
The ESLS provider must enter into contract no later than June 30, 2022, or they will not have access to the start-up funds. The contract execution goal is June 16, 2022.

Estimated Service Duration
Service is expected to begin no later than October 3, 2022.

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

**Submission Information**
Proposals must be emailed to gjennings@sarc.org by May 10, 2022. Submissions that are late, mailed, or faxed will not be accepted.

Please use Times New Roman font in 12 point.

**Contact Persons For Additional Information or Clarification**
Gina Jennings – gjennings@sarc.org
Saskia Vandekamp – svandekamp@sarc.org

**The Basis for Award of Contract**

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Percentage</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agency Experience and Background (including Attachment C - Statement of Obligations &amp; Attachment E – Resumes, Qualifications, References)</td>
<td>20%</td>
<td></td>
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<tr>
<td>Fiscal Responsibility (including Attachment B- Financial Statement)</td>
<td>20%</td>
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<tr>
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<td>Proposal Narrative (including Attachment F - Program Summary)</td>
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</tr>
<tr>
<td>Interview</td>
<td>20%</td>
<td></td>
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**Anticipated Selection Schedule**
1. Proposals due to San Andreas via email no later than 5:00 pm on **May 10, 2022**.
2. RFP Orientation: **Provided upon request via email to gjennings@sarc.org**.
3. Initial review period: **May 11, 2022 – May 17, 2022**.
4. Announcement of those proposals moving to interview phase: **May 17, 2022**
5. RFP Review Committee interview (held via virtual platform):
   - **May 19, 2022**
   - 12:00 pm - 5:00 pm
6. Notification of selected service provider: **May 25, 2022**
7. Contract fully executed: **June 16, 2022**
8. Date service will begin: **October 3, 2022**
San Andreas RFP Service Description
Request for Proposal – Fiscal Year 2021-2022

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Appendix A

RFP TITLE PAGE
Request for Proposal – Fiscal Year 2021-2022

TO: Selection Committee

Please place a copy of Appendix B on the top of the original and each copy.

San Andreas Regional Center
6203 San Ignacio Ave, Ste.200
San Jose, CA. 95119
ATTENTION: Gina Jennings, CRDP Specialist

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

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 B

## FINANCIAL STATEMENT

Please complete this statement for the last complete fiscal year and current fiscal year to date.

<table>
<thead>
<tr>
<th>CURRENT ASSETS</th>
<th>Last FY</th>
<th>Current FY</th>
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<td>Accounts Receivable</td>
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<td>Notes Receivable</td>
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<tr>
<td>Equipment / Vehicles</td>
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<tr>
<td>Inventory</td>
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**TOTAL CURRENT ASSETS =**

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<td>Long Term Investments</td>
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<td>Potential Judgements and Liens</td>
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**TOTAL FIXED ASSETS =**

**TOTAL CURRENT AND FIXED ASSETS =**

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<tr>
<th>CURRENT LIABILITIES</th>
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<tr>
<td>Taxes Payable</td>
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**TOTAL CURRENT LIABILITIES =**

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<thead>
<tr>
<th>LONG TERM LIABILITIES</th>
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<tr>
<td>Real Estate Mortgages</td>
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**TOTAL LONG TERM LIABILITIES =**

**TOTAL CURRENT AND LONG TERM LIABILITIES =**

**Equity =**

**TOTAL LIABILITIES AND EQUITY =**

<table>
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<tr>
<th>OTHER INCOME - Revenue from other Sources</th>
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<tbody>
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<td>(Specify)</td>
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**LINE OF CREDIT**

Amount Available
Appendix C

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 a 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 a grant(s)/funds from any source to develop services for the current Fiscal Year?  
   [ ] 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 the current Fiscal Year?  
   [ ] 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 of 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
Please refer to Title 17 for descriptions of the expense and income items listed in this document. The text of Title 17 is available on the Department of Developmental Services (DDS) website at https://www.dds.ca.gov/. If you need assistance, you may contact your Resource Specialist. NOTE: A separate cost statement must be submitted for each vendor number. Do not combine costs and/or income for separately vendored services.

Please complete fields in Sections A, B, C, and D. You must ensure that the costs and wages you are entering are consistent with the rate type, i.e., hourly, monthly, etc.

### SECTION A: DIRECT SERVICE STAFF COSTS (HOURLY)

| Labor: Proposed Wage - Direct Support Staff |
| Labor: Mandated Payroll Tax Deductions (FICA, etc.) |
| Labor: Benefits Cost (Medical Insurance, etc.) |

**TOTAL DIRECT SERVICE STAFF EXPENSES**

### SECTION B: OPERATING COSTS (MONTHLY)

| Consultant (Non-Administrative Duties Only) |
| Staff Recruitment, Background Checks, Physical Exams |
| Professional Licensing, Certification, Permits |
| Non-Administrative Training |
| Non-Administrative Lease Costs |
| Non-Administrative Equipment |
| Non-Administrative Repair and Maintenance |
| Non-Administrative Transportation Costs |
| Non-Administrative Program Supplies |
| Other Direct Operating Expenses (Must Identify in the Space Below) |

**TOTAL OPERATING EXPENSES**
SECTION C: ADMINISTRATIVE COSTS (MONTHLY)

Senate Bill 74 (Chapter 9, Statutes of 2011), enacted as of March 24, 2011, adds Section 4629.7 to the Welfare and Institutions Code (WIC) and expressly requires that for services where rates paid to vendors are considered to be "negotiated" rates, not more than 15% of Regional Center purchase of service (POS) funds may be spent on vendor administrative costs.

(1) Salaries, wages, and employee benefits for managerial personnel whose primary purpose is the administrative management of the entity, including, but not limited to, directors and chief executive officers.

(2) Salaries, wages, and benefits of employees who perform administrative functions, including, but not limited to, payroll management, personnel functions, accounting, budgeting, and facility management.

(3) Facility and occupancy costs, directly associated with administrative functions.

(4) Maintenance and repair.

(5) Data processing and computer support services.

(6) Contract and procurement activities, except those provided by a direct service employee.

(7) Training directly associated with administrative functions.

(8) Travel directly associated with administrative functions.

(9) Licenses directly associated with administrative functions.

(10) Taxes.

(11) Interest.

(12) Property insurance.

(13) Personal liability insurance directly associated with administrative functions.

(14) Depreciation.

(15) General expenses, including, but not limited to, communication costs and supplies directly associated with administrative functions.

**Total Administrative Costs**

**Comments:**

If necessary, adjust the above worksheet to your program needs but address requested line items. If the cost does not apply to your program, please state N/A.

This information is being requested to ensure that potential vendors have fully considered estimates on all possible costs that might arise in this program's development and/or operation.
Appendix E

Statement of Qualifications/Resumes/References
Request for Proposal – Fiscal Year 2021-2022

(Submit full resumes and reference list as attachments hereafter statement of qualifications.)
Appendix F

Program Summary
Enhanced Supported Living Services

As this service will be a project in development concurrent with this Request for Proposal, SARC requests a Program Summary rather than a Program Design at this time.

Please prepare a program summary that includes the following areas and holds the values of the SLS Philosophy outlined in the regulations. We encourage you to add any additional areas that you feel may be important to designing ESLS.

- Description of Individuals Served
- Entrance, Exit, and Exclusion Criteria based on the SLS philosophy
- Description of Services
  - Description should demonstrate how the services incorporate/address the following:
    ▪ Person Centered Thinking
    ▪ Cultural Diversity
    ▪ Positive Behavioral Supports
    ▪ Trauma Informed Care
- Referral Process
- Individualized Assessment Process
- Transition Process
- Consultant(s) Role and Requirements
- Staff Training Plan
  - Onboarding
  - Ongoing
- Support Plan for Locating and Maintaining Housing
- Emergency Staffing Plan
- Emergency On-Call System Description

Include the following appendices:
- Organizational Chart
- Qualifications Duty Statements:
  - Program Administrator
  - Program Case Manager
  - Direct Support Professional
  - Consultants