



KERN REGIONAL CENTER

*Striving to Achieve Equality,
Independence and Empowerment*

ATTACHMENT E

SUBMISSION REQUIREMENTS

FOR PROJECT# 1920-7

SERVICE PROVIDER(S) FOR CCH_CSSD – ADULTS

12/10/2019: Posting/Release with New Timelines

PROVIDER(S): Project# 1920-7) COMMUNITY CRISIS HOME (CCH) CRISIS SERVICES STEP DOWN (CSSD) FOR ADULTS. HOME OWNED BY HDO.

A proposals for a provider to develop a develop a Community Crisis Home (CCH) that would serve crisis services step down (CSSD) intended to serve a maximum of four (4) adults each who require 24-hour non-medical care in a homelike setting due to excessive behavioral impairments. This home is not a permanent housing to individuals in crisis. CCH emphasis will be on early comprehensive assessment, intense services and supports, and expedited transition out of the facility back to the original placement, or to an appropriate residential location. CCHs will reduce the reliance on out-of-state placements, general acute hospitals, acute psychiatric hospitals, and institutions for mental disease. Individuals will be able to reside at the CCH for a maximum of eighteen (18) months from their date of admission. The CCH will support individuals who are determined to be in crisis exhibiting aggression causing bodily injury, Property destruction –causing damage, elopement –lack of safety awareness, history of failed placements/institutionalization, frequent in-patient 5150 hospitalizations, high use of Psychotropic medication to control behavior, history of non-compliance with meds, poor emotion regulation , poor coping skills, issues with interpersonal relationships, Lack of appropriate family support, history of abuse, trauma, or history of substance abuse, or individuals in the criminal justice system, crisis include need support around compliance with a court ordered program, diversion, or may they have sexual offending behavior or history. These homes exceed the minimum requirements of level 4I facilities (i.e., additional staffing, supervision, consultation) and shall employ enhanced characteristics, such as delayed egress device and secured perimeters, to address challenging behaviors for individuals who require crisis support intervention, behavioral supports staffing, and supervision, enhanced staffing and staff training, and enhanced monitoring by regional center case managers, behavior professionals and DDS. Home to be equipped with delayed egress and secured perimeter designed for individuals who, due to difficult to manage behaviors or lack of hazard awareness and impulse control, would pose a risk of harm to themselves or others. Provider to ensure that individuals are supervised when they wish to go outside the property limits. Home will have a secured perimeter and delayed exit door, or doors with time delay type which will automatically open after programmed amount of time (not to exceed 30 seconds).

Each resident will have his or her own bedroom. The home will provide services to **four (4) adults who** are in crisis, significant behavioral challenges, severe self-care deficits, risk of elopement, and/or SIB with possible dual-diagnosed with mental health diagnosis or substance abuse issues, may currently or historically face forensic complications, and will primarily be transitioning to community placement from a developmental center, institute for mental disease, or acute crisis facility. Each resident of the home will have an individual crisis supports plan documenting the individual's crisis needs and the supports and services to be provided to address those needs. The provider is required by law to have a Board Certified Behavior Analyst (BCBA) or qualified behavior modification professional on-staff or contract for monthly observation and treatment recommendations of the residents, at least four of which per year are to be unannounced. Residents will receive support from the regional center and the clients' rights advocate.

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

The home will be owned and renovated by a Housing Development Organization (HDO) that will develop the property, under a separate grant process, to the specifications of this regional center. The successful applicant for this EBSH will lease the property from the HDO. 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 (including preplacement), etc.

Provider Startup Available: *Funding deferred for FY 2021 and pending on DDS approval.* Start-up funds can only be used for non-recurring costs associated with initially establishing a service, which may include administrative components, licensing, household furnishings and supplies, personnel recruitment and training expenses, general equipment, pre-placement visits, and other costs as described per contract. Start-up funds are not intended to cover 100% of the development costs.

Geographic Location: Kern County
Development Timeline: The home should be ready to provide services no later than **March 2021.**

SERVICE DESCRIPTION

A Community Crisis Home that is certified by the Department of Developmental Services (DDS) which provides intensive crisis support to **four (4) adult** residents. Individuals in the home may have developmental disabilities with co-occurring mental health diagnoses. The chosen provider must be able to work collaboratively with others in a multi-agency, interdisciplinary configuration (e.g. other regional centers, mental health systems, etc.) for the successful support of the individual.

Potential providers must have prior demonstrable experience including:

- Supporting **adults** with developmental disabilities with co-occurring mental health diagnoses (Individuals with significant behavioral challenges such as; severe self-care deficits, risk of elopement and/or self-injurious behavior (SIB) , substance abuse issues, may currently have or historically faced forensic complications and/or will primarily be transitioning to community placement from an institute for mental disease, acute crisis facility, another licensed setting or from their family home);
- Owning or operating an **Adult Residential Facility, Small Residential Facility (SRF)**,
- Working with social service community based agencies and resources;
- Working with community resources and coordination of services and supports
- Working with **adults** in crisis, requiring hospitalization, or at risk of frequent hospitalization;
- Working with and arranging services for **adults** including with 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, court systems, etc.) for the successful support of the individual.

APPLICANT INELIGIBILITY

The following agencies or individuals are not eligible for this development award:

1. The State of California, its officers or its employees;
2. A regional center, its employees, and their immediate family members;
3. Area Board members, their employees or their immediate family members;
4. Any HDO with a conflict of interest in either board members or employees

SUBMISSION INFORMATION

Response to the Request for Proposals must be received by KRC, **Friday, January 31st, 2020, no later than 4pm** for both hard copies and E-file. No exceptions.

All interested Applicants **must submit eight (8) hard copies AND an e-file of proposal for each development** to:

a. Hand Deliver:

ATTN: [Janeice Cunningham](#), Resource Developer/Quality Assurance
Community Services Unit
3300 No. Sillect Avenue, Bakersfield, CA 93308
E-file to: jcunningham@kernrc.org

b. Mail to:

ATTN: [Janeice Cunningham](#), Resource Developer/Quality Assurance
Community Services Unit
3200 No. Sillect Avenue, Bakersfield, CA 93308
E-file to: jcunningham@kernrc.org

GENERAL REQUIREMENTS

- Facility will be licensed as an **Adult** Residential Facility (ARF) by Community Care Licensing (CCL) prior to vendorization by KRC;
 - Facility will **support 4 adult residents not to exceed 18 months**;
 - 24-hour non-medical care;
 - Program must meet all applicable Title 17 and Title 22 regulations;
 - Facility must meet applicable Americans with Disabilities Acts (ADA) standards;
 - Must have at a minimum Full to Queen size beds.
 - Shall exceed minimum requirements for level 4I facility as defined by law;
 - Individual rates shall include staffing, consultants, food costs and incidentals incurred on a per resident basis;
 - Facility rates shall include the lease and constant operation;
 - A Board Certified Behavior Analyst (BCBA) support plan must be completed within one (1) week of admission for resident;
 - Monitoring required by regional center qualified behavior modification professional at least monthly, four of which are unannounced;
 - Vendoring regional center and each client's regional center shall have joint responsibility for monitoring and evaluating the services provided;
 - Monthly Case management and quarterly quality assurance visits, at minimum is required;
 - Administrator must have a minimum of 2 years full-time experience in a licensed residential facility (preferably CRF) for persons with developmental disabilities, mental health, and forensic backgrounds and be one of the following: A Registered Behavior Technician, a licensed psychiatric technician or a Qualified Behavior Modification Professional. Administrator and Licensee must both possess a current CRF 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 (in accordance with Title 17 regulations, section 59061) and retain direct care staff trained in non-violent crisis prevention/intervention.
 - Applicants must identify all types of consultants they propose to utilize and must include a BCBA;
 - Applicants must demonstrate fiscal responsibility by submitting 2 complete fiscal years and current year to date financial statements and audit per fiscal year that detail all current and fixed assets and current and long-term liabilities; The applicant must document available credit line and provide necessary information for verification;
 - Adherence to forthcoming DSS regulations to address, at minimum, staffing structure, staff qualification, and training;
 - Health and Safety §1667.64 requires a minimum of 16 hours of emergency intervention training, including positive behavioral supports and techniques for all staff;
 - Health and Safety §1567.65 (f) DSS determines that urgent action is necessary to protect a consumer residing in an EBSH, it shall notify DDS. DDS may request that the regional center or centers take action within 24 hours, which may include, as appropriate, the removal of a consumer from the home or obtaining additional services.
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APPLICANT QUALIFICATIONS

The following qualifications will be sought in a potential provider and will be assessed by evaluating an applicant's proposal, and responses to interview questions, if applicable. For finalists, assessment of these qualifications will also include the collection and evaluation of additional information utilizing, but not limited to, the evaluation procedures listed below:

Qualifications Sought in a Provider

Applicant has a proven history of financial Responsibility and sustainability.

Applicant has a proven history demonstrating the ability to provide direct supervision or services/supports to persons with developmental disabilities or special needs.

Applicant has proven credentials, licenses, training and/or skills required and/or preferred for the proposed project or service.

Applicant has a proven history of positive working relationships with the community and applicable government agencies. If applicant is a current vendor, applicant must be in good standing with the regional center and licensing agencies.

Applicant has a proven history in the area of project development, including the ability to complete projects, meet project timelines and manage a project of this size and scope.

Applicant has the administrative capacity to complete the project and/or implement the service in a timely fashion.

Evaluation Procedures

- All *finalists* will be required to submit a Financial Statement Form and attach business and financial records to substantiate the finalist's adequate working capital. For finalists without business records, two years of tax returns will be requested and reviewed.
- Confer with Accounting Department and Fiscal Monitor at KRC and the Community Services and Accounting Departments at other regional centers as applicable.
- Confer with Client Services and Community Services staff at KRC, and other regional centers as applicable.
- Complete unannounced visit(s) to existing programs, homes or services owned/operated by the applicant.
- Complete reference check to substantiate submitted resume(s) including applicable degrees, credentials, licenses or certificates, and descriptions of staff qualifications including specialized training and skills.
- Confer with Client Services and Community Services staff at KRC, and other regional centers as applicable.
- Confer with licensing agencies (e.g., Dept. of Public Health or Community Care Licensing), as applicable.
- Confer with Community Services staff at KRC and other regional centers as applicable, regarding applicant's track record on managing and completing projects and meeting project timelines.
- Confirm the number of programs/projects applicant currently operates and/or has in development, and ensure that the applicant's administrative capacity is not over stretched or that the applicant has competing or conflicting responsibilities with services vendored or in development with other regional centers.

Both not-for-profit and proprietary organizations are eligible to apply. Employees of regional centers are not eligible to apply. Applicants must disclose any potential conflicts of interest per Title 17, Section 54500. Applicants, including members of governing boards, must be in good standing in regards to all services vendored with any regional center.

The successful applicant will work with KRC 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), Lead DSP, and [Registered Behavior Technician \(RBTs\)](#);
 - (2) Direct Support Professionals who have completed DSP I and DSP II, [with time frames for becoming an RBT.](#)
 - (3) Services include 24-hour-a-day onsite support [[one \(1\) Lead DSP and one \(1\) direct care staff on duty at all times when a consumer is under the supervision of the facility staff \(see section 59062\)](#);
 - (4) [1,2, or more awake night staff; determined by each person's IPP and rate sheet , but at minimum one \(1\) lead and one \(1\) direct care at all times\)](#)
 - (5) Administrator or designee on-call 24/7;
 - (6) Administrator working a minimum of 20 hours per week;
- Preference will be given to applicants who have or identify an administrator who has:
- a) Bachelor degree or higher in a related field
 - b) 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 [adults](#) with developmental disabilities who have resided in a state developmental center, or are at risk of such placement and already meets the requirements listed in section 59060 of the Title 17 regulations for EBSH.
 - 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;
 - h) Has completed or completes a KRC (or other RC, upon KRC approval) residential orientation;
 - i) Completion or will complete Dr. Tom Pomeranz's Universal Enhancement Course, not required but desirable.
 - j) Familiarity and/or willingness to obtain training in Person Centered Thinking.

Successful applicants to this RFP project must adhere to the RFP writing guidelines outlined in this RFP and complete each attachment enclosed in this RFP.

The contracts for the project will require an agreement that the grantee will provide, at minimum, 120 months (ten years) of continuous residential care services, based upon the date of the first admission. Failure to meet this term of service will require the awardee to repay a portion of the original start-up grant, i.e., 12 months repay 90% of original start-up grant; 24 months repay 80% of original start-up grant; 36 months repay at 70% of original start-up grant; 48 months repay at 60% of original start-up grant; 60 months repay at 50% of original start-up grant; 72 months repay at 40% of original start-up grant; 84 months repay at 30% of original start-up grant; 96 months repay at 20% of original start-up grant; and 108 months repay at 10% of original start up grant.

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

Applicants must adopt a *"no-reject"/no failure* policy toward [adults](#) being supported and a commitment to modifying supports to ensure continued stability without requesting additional funding from the regional center. Responses to this RFP must communicate a vision dedicated to providing long-term supports that adapt to the needs of the individual. The regional center will provide at a minimum quarterly monitoring of Community Resource Development Plan homes.

APPLICANT ELIGIBILITY AND RESTRICTIONS

Eligibility

Any individual, partnership, corporation, association or private-for-profit or not-for-profit agency may submit a proposal.

- For partnership submissions, all partners should have full knowledge of the contents of the proposal submitted and must demonstrate commitment to the project during start-up as well as ongoing operations.
- Applicants, including members of the governing board, must be in good standing in regards to all services vendored with any regional center.

Ineligibility

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

1. **Conflict-of-Interest:** Any individual or entity that has a conflict-of-interest as established in DDS Regulations, Title 17, Sections 54314 and 54500 et seq., unless a waiver is permitted and obtained, including:
 - Regional center employees, board members, and their family members.

SELECTION PROCESS

All proposals received by the deadline will undergo a preliminary screening. Late or incomplete applications will not be accepted for review and rating. The Proposal Review Committee will be selected by KRC. Proposals will be reviewed for completeness, applicant experience and fiscal stability, resources of applicant, reasonableness of costs, and ability of applicant to identify and achieve outcomes of property acquisition and renovation. The final decision of the Proposal Review Committee shall be approved by the Executive Director, and is not subject to appeal. All applicants will receive notification of KRC's decision regarding their proposal.

Proposal Review Committee will review, score, rank and prioritize the proposals. Applicant's proposals may be rejected for inconsistency with state and federal guidelines, failure to follow RFP instructions, incomplete documents, or failure to submit required documents. In addition to evaluation on the merit of the proposal, applicants will be evaluated and selected based on previous performance (including the timely completion of projects, a history of cooperative work with the regional center or other funders, and a track record consistent with established timelines for development).

All proposals received by the deadline will undergo a preliminary screening. Late or incomplete applications will not be accepted for review and rating. Any proposal may be disqualified if it deviates from the submission instructions in the RFP.

SELECTION PROCEDURES

KRC will seat the RFP Selection Committee. The evaluation process will include individual committee member evaluation and rating of each proposal, followed by committee discussion and ranking of proposals.

Proposals will be reviewed and evaluated for:

- Completeness and responsiveness of the proposal;
- Relevant experience and qualifications of the applicant;
- Reasonableness of timeline and cost to complete each project;

- Demonstrated financial responsibility, stability and soundness of the applicant.

Proposals may be eliminated from further consideration due to inconsistency with state and federal guidelines, failure to follow RFP instructions, incomplete documents, or failure to submit required documents.

In addition to evaluating the merit of the proposal, applicants will be evaluated and selected based on previous performance, including timely completion of projects and a history of cooperative work with the regional center. (Please refer to the section titled *Applicant Qualifications* for details)

After preliminary rating and ranking of proposals, visits will be arranged at any existing programs already in operation by the applicant and then interviews may be scheduled with finalists, particularly if two or more proposals are closely rated and/or more information is needed. References will be contacted for all finalists. All finalists will be required to complete and submit a budget and financial statement(s). (Please see section titled *Applicant Qualifications* for details).

The final recommendation of the RFP Selection Committee will be submitted for approval by the KRC Executive Director and is not subject to appeal. All applicants will receive written notification of KRC's decision regarding their proposal and an announcement of the applicant awarded the project will be posted on the Center's web site: www.kernrc.org. All applicants will receive notification of KRC's decision regarding their proposal.

Additional information may be required from the selected applicant prior to the awarding of the project. Any information withheld or omitted, or failure to disclose any history of deficiencies or client abuse shall disqualify the applicant from award of the project and/or contract.

KRC reserves the right not to select an applicant for project implementation if, in its determination, no qualified applicant has applied or is sufficiently responsive to the service need.

In the event that no proposal is selected, KRC may elect to either not develop the service pending further analysis of alternatives to meet the expressed need, or to issue a new RFP to attempt to expand the pool of potential respondents.

Additional Requirements

- Development of Service Design: The selected applicant will be required to complete a service design within thirty (30) days of award of the contract.
- Proof of Liability Insurance: The selected applicant will be required to maintain general and professional liability insurance for all work performed on behalf of regional center clients and their families and to name the regional center as an additional insured on all such policies.

RESERVATION OF RIGHTS

KRC reserves the right to request or negotiate changes in a proposal, to accept all or part of a proposal, or to reject any or all proposals. KRC may, at our sole and absolute discretion, select no provider for these services if, in its determination, no applicant is sufficiently responsive to the need. KRC reserves the right to withdraw this Request for Proposal (RFP) and/or any item within the RFP at any time without notice. KRC reserves the right to disqualify any proposal which does not adhere to the RFP guidelines. This RFP is being offered at the discretion of KRC. It does not commit KRC to award any grant.

CONTENT OF PROPOSAL

Proposals must be typed on standard white paper using standard **size font (12)** and include a table of contents and page numbering. For items that request conditional information, provide a statement whether or not it applies to the applicant in order to verify that it has been addressed.

Applications that are submitted after the deadline or that are incomplete, or proposals that do not meet the basic requirements will be disqualified. No proposals will be returned.

This RFP does not commit KRC to procure or contract for services or supports. KRC may elect to fund all, part, or none of the project, depending on funding availability as approved by the Department of Developmental Services and the quality of the proposals received.

It is anticipated that a negotiated rate that exceeds the typical Level 4-I ARM rate will be required in order to meet the actual costs of providing individual bedrooms, other specialized consultant and staff, salaries, staff ratios and consultant hours that are needed to provide quality support services for people with complex mental health and behavior challenges. The Home Facility Rate (Service Code 900) shall be developed by the provider using form DS6023 and submitted with the program plan to the regional center and upon agreement it will then be submitted to the Department of Developmental Services for final approval.

COSTS FOR PROPOSAL SUBMISSION

Applicants responding to the RFP shall bear all costs associated with the development and submission of the proposal.

SUBMISSION INSTRUCTIONS

Proposal Content and Service Summary Content Guidelines

Please include all information requested below and submit in the same order in your documentation. For additional guidance in writing your service summary, please refer to Title 17 and Title 22 regulations. Each proposal and development being applied for must be comprised of **eight (8) hard copies AND an e-file proposal** with the following components:

Request for Proposal Affirmation

Professional Resumes and References

Table of Contents

Statement of Obligation

Financial Statement

Budget Summary

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

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

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

- Provide a statement outlining applicant's services and supports plan to serve diverse populations, including but not limited to culturally and linguistically diverse populations. Promoting equity and

diversity and according to NPOs program design. W&I code 4648.11

- Provide examples of applicant's commitment to addressing the needs of those diverse populations.
- Provide any additional information that the applicant deems relevant to issues of equity and diversity.

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

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

Assessment and Person-Centered Planning: Briefly describe your agency's approach to the person-centered planning process. Discuss how individual goals and objectives will be determined and progress measured.

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

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

- Involve and plan for activities leading to the transition of **adults** from the community that may otherwise be difficult to place.
- Address the psychiatric and mental health treatment needs of residents, as well as evidence-based therapeutic approaches. Describe how **adults** will be assisted to learn emotional self-regulation skills, how staff will be trained to recognize, document, and report symptoms of psychiatric conditions and medication effectiveness. Describe the evidence-based psychotherapeutic approaches that will be implemented.
- Address the development of positive behavioral support plans for residents.
- Address the close supervision needs of proposed residents with an emphasis on mitigating risk to the individual, the community, and staff.
- Teach social skill development to assist **adults** in learning pro-social behaviors as alternatives to self-injurious behavior, sexual/physical aggression and/or assaultive behaviors.
- Systemically address resident motivation issues through the use of incentive systems to promote cooperation and participation in the treatment and educational aspects of the services.

Staff Recruitment and Retention: Describe your plan to recruit and retain quality staff. Include the following:

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

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

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

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

Continuous Quality Improvement (CQI): Describe how the service agency will use data, such as agency outcomes, stakeholder satisfaction, or other existing data (e.g. incident reports, medication logs) to identify service problems pursuant to corrective changes such as revised staff training curriculums, staff training procedures (e.g. supervision, medication management, recruiting, etc.). Providers shall describe the feedback loop by which problem procedures will be identified, corrective through revised practices, and further monitored to measure the effectiveness of those changes in agency practice.

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

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

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

<http://www.dds.ca.gov/Forms/docs/DS1891.pdf>

Formatting Requirements

Applicants must adhere to the following formatting requirements when submitting proposals:

Proposals must be typed on standard white paper using standard **size font (12)** and include a table of contents and page numbering. For items that request conditional information, provide a statement whether or not it applies to the applicant in order to verify that it has been addressed.

Each proposal and development being applied for must be comprised **of eight (8) hard copies AND an e-file proposal.**

Electronic version sent to: aante@kernrc.org and stoothman@kernrc.org
Electronic submissions cannot exceed 10 megabytes per email. Multiple emails per RFP submission can and will be accepted. An email acknowledgement of each submission received will be sent to the applicant.

Attachments/Forms must be type written. Include additional pages as needed. All proposals must be complete, typewritten, collated, and page numbered.

The "Request for Proposal Affirmation" **must be the first page of the proposal.**

The proposal must include a Table of Contents.

As applicable, include appendices for documents, such as resumes, certificates, curricula, schedules, letters of recommendation, letters of support from agencies, consultants expected to provide program services, etc.

Fax copies will NOT be accepted.

Do NOT use hardcover binders. Submissions will NOT be returned.

No proposals will be accepted after the deadline

INQUIRIES/REQUEST FOR ASSISTANCE

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

Inquiries/Submittal Contact: Kern Regional Center
Attn: [Janeice Cunningham](#), Resource Developer/Quality Assurance
Community Services Department
3200 No. Sillect Avenue
Bakersfield, CA 93308
[661-852-3382](tel:661-852-3382)
JCunningham@kernrc.org



KERN REGIONAL CENTER

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Request for Proposal Affirmation

NAME OF APPLICANT or ORGANIZATION SUBMITTING PROPOSAL (*please print*)

ADDRESS

CITY

STATE

ZIP

CONTACT PERSON FOR PROJECT (*please print*)

TELEPHONE NUMBER

FAX NUMBER

e-mail address

NAME OF PARENT CORPORATION, if applicable please indicate: Non-profit For-profit

AUTHOR OF PROPOSAL (*if different from applicant identified above*)

<u>List all Regional Centers with which you have vendored programs or services (use additional paper if need more room)</u>			
Reg. Center	Name of Program/Service	Type of Program/Service	Vendor Number

<u>List all Regional Centers with which you have programs/services in development (use additional paper if need more room)</u>		
Reg. Center	Type of Program/Service in Development	Service Start Date

I affirm that the information presented in this application and proposal is true and that this proposal was developed and authored by the person(s) indicated. I understand that any falsification of information or failure to disclose any history of deficiencies or abuse will be cause for immediate disqualification. I also understand that failure to meet minimum qualifications as stated in the RFP, late proposal submissions, facsimile proposal copies, and any missing information will also be cause for immediate disqualification. I further understand that, in the event that my proposal is selected for development, the proposal itself is not approved conclusively. My signature below authorizes KRC to verify references and bank statements.

Applicant Signature/Signature of Person Authorized to Bind Organization

DATE

PROFESSIONAL RESUMES AND REFERENCES

Name of Applicant/Organization: _____

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

List all staff and/or consultants for whom a resume is attached	
Name	Job Title/Type of Consultant

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

Name: _____ Phone: _____

Job Title: _____

Agency Affiliation: _____

Name: _____ Phone: _____

Job Title: _____

Agency Affiliation: _____

Name: _____ Phone: _____

Job Title: _____

Agency Affiliation: _____

STATEMENT OF OBLIGATION

All applicants must complete this statement

1. Is the applicant currently providing services to individuals with developmental disabilities?

No Yes

If yes, indicate the following:

Name: _____

Location: _____

Type of Service: _____

Capacity: _____

2. Is the applicant currently providing related services to individuals other than those with developmental disabilities?

No Yes

If yes, indicate the following:

Name: _____

Location: _____

Type of Service: _____

Capacity: _____

3. Is the applicant currently receiving grant(s)/funds from any source to develop services for people with developmental disabilities?

No Yes

If yes, indicate the following:

Funding Source: _____

Scope of Grant Project: _____

4. Is the applicant currently applying grant(s)/funds from any source to develop services for Fiscal Year 2018 – 2019?

No Yes

If yes, indicate the following:

Funding Source: _____

Scope of Grant Project: _____

5. Is the applicant planning to expand existing services (through a Letter of Intent and with or without grant funds) from a source other than Kern Regional Center during Fiscal Year 2017-2018 and/or fiscal year 2018 – 2019?

No Yes

If yes, provide details:

6. Has the applicant, any member of the applicant's organization or staff has received a citation from any agency for abuse (verbal, physical, sexual fiduciary, neglect)?

No Yes

If yes, explain in detail:

7. Has the applicant or any member of the applicant's organization received a Corrective Action Plan (CAP), Sanction, Notice of Immediate Danger, or an "A" or "B" citation, or any other citation from a regional center or state licensing agency?

No Yes

If yes, explain in detail:

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

Include the following:

Name: _____

Location: _____

Type of Service: _____

Time of commitment: _____

Capacity: _____

Signature of Applicant or Authorized Representative

Date

Financial Statement	
All respondents must complete this statement for last complete fiscal year and current fiscal year to date.	
CURRENT ASSETS	
Cash in Bank	
Accounts Receivable	
Notes Receivable	
Equipment / Vehicles	
Inventory	
Deposits/ Prepaid Expenses	
Life Insurance (Cash Value)	
Investment Securities (Stocks and Bonds)	
TOTAL CURRENT ASSETS =	
FIXED ASSETS	
Buildings and/or Structures	
Real Estate Holdings	
Long Term Investments	
Potential Judgements and Liens	
TOTAL FIXED ASSETS =	
TOTAL CURRENT AND FIXED ASSETS =	
CURRENT LIABILITIES	
Accounts Payable	
Notes Payable (Current Portion)	
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	
Wages/Revenue or Other Sources (Specify)	
LINE OF CREDIT	
Amount Available (specify)	

BUDGET SUMMARY

Name of Applicant Organization: _____

Date: _____

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

	Care and Services	Start-up Expense
1.	Food	
2.	Household Supplies	
3.	Personal Supplies	
4.	Program Equip/Recreation	
5.	Total Board & Supply (add lines 1-4)	
	Physical Plant	Start-up Expense
6.	Lease/Insurance (first 6 months or until the home is licensed)	
7.	Utilities (gas, electric, water, phone/media)	
8.	Vehicle Lease	
9.	Vehicle Maintenance/Gas/Insurance	
10.	Furnishings/Maintenance	
11.	Total Physical Plant (add Lines 6-10)	
	General Administration	Start-up Expense
12.	Admin Overhead	
13.	Office Supplies/Equipment/phone	
14.	Insurance(s)	
15.	Other-CCL fees	
16.	Staff recruitment	
17.	Training & Staff Development	
18.	Total Gen. Administration (add lines 12-17)	
	Staffing	Start-up Expense
19.	Salary – Administrator	
20.	Direct Staffing (first 6 months or until the 1 st person moves in)	
21.	Program Consultants	
22.	Employee Benefits (first 6 months or until the 1 st person moves in)	
23.	Payroll Taxes	
24.	Worker’s Compensation (first 6 months or until the 1 st person moves in.)	
25.	Total Staffing Expenses (add lines 19-24)	
26.	Total Start-up Expenses (add lines 5,11,18 & 25)	\$
27.	Total Mo. Rate Per Person (divide Line 26 by 3)	

[CCH Regulations and DDS Guidelines for Certification \[PDF document\]](#) will be provided upon request.

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	\$	
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	\$	
TOTAL FACILITY COSTS	\$	
D. SIGNATURES		
Vendor Signature:		Date:
Print Name:		
Regional Center Representative Signature:		Date:
Print Name:		

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		\$	
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		\$	
Total Personnel Costs (Combine Totals from Section 1 and 2 above)		\$	
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		\$	
TOTAL INDIVIDUAL COSTS		\$	
D. SIGNATURES			
Vendor Signature:		Date:	
Print Name:			
Regional Center Representative Signature:		Date:	
Print Name:			



KERN REGIONAL CENTER

*Striving to Achieve Equality,
Independence and Empowerment*

PROPOSAL FORMAT AND PROPOSAL SCORING CRITERIA FOR **WRITTEN** PROPOSAL

PROGRAM: _____

APPLICANT: _____

RATER: _____

A. Submitted proposals will be scored per the following scoring guidelines by each member of the Review Committee in each of the areas below.

- 0 (Zero) Criteria not addressed at all
- 1 Minimal Response: Subject area is mentioned; however, applicant has not included any narrative or any supporting documentation that demonstrates an understanding of this particular proposal requirement.
- 2 Some supporting documentation and/or narrative discussion; however, the responses are not clearly articulated.
- 3 Good supporting documentation and/or narrative discussion; responses are more clearly articulated.
- 4 Maximum Response: Full supporting documentation and/or narrative discussion with exceptionally clear articulation making it readily apparent that applicant understands all aspects of the program development process.

A proposal can receive a maximum score of 28 points per member

B. Content of Proposal

_____ 1 Education and Experience: The proposal should clearly provide evidence that the applicant(s) possesses the education and/or experience necessary to complete a project of this scope. The applicant should clearly demonstrate an ability to manage grants and/or programs successfully. Applicant should include letters of reference and resumes.

_____ 2 Proposed Resources: The proposal should describe the location of the proposed services (include all facility/program resources as well as all community resources). Such description should clearly document that the program will provide a normalizing, integrated, accessible experience (meets Section 504 standards) and that the size and design of any proposed facility or program is adequate to accommodate program and consumer needs, outcomes and choices.

_____ 3 Program Description: The proposal should clearly demonstrate that the program description is appropriate for the population to be served. Such description should clearly identify consumer capabilities and needs or challenges, which are the basis for admitting or exiting consumers from the facility/program. The proposal must specify which consumer characteristics you are unwilling to work with in the facility/program. The proposal should describe the anticipated consumer service outcomes, the training techniques used to meet the service outcomes and the methodology used to collect the data to measure consumer service outcomes. The proposal should demonstrate a clear understanding and utilization of Person Centered Planning.

_____ 4 Staffing: The proposal should clearly document the type and number of staff with job descriptions (include qualifications and job duties) for all positions. The proposal should clearly document the type and level of initial and ongoing training for all staff. The proposal should clearly demonstrate that staffing patterns and staff qualifications are consistent with the regulations and guidelines noted in the RFP, and are realistic when compared to similar program/services for all positions.

_____ 5 Staff Schedule Included: The proposal should include a staff schedule, which is in accordance with the RFP guidelines and identifies direct care personnel. (Please use the form provided in Appendix F). You may attach additional staff schedule information more specific to your proposed program, if needed.

_____ 6 Program Development: The proposal should clearly describe proposed timelines for development and completion of the proposed project. The applicant(s) should clearly document an understanding of program requirements.

_____ 7 Budget and Finance: The program budget should clearly display all costs associated with the proposal. The applicant(s) must demonstrate the ability to keep adequate fiscal records in accordance with all State and local requirements. Ongoing and start-up budgets should be included. Please refer to and complete Appendices A, B and D.

_____ TOTAL SCORE



KERN REGIONAL CENTER

*Striving to Achieve Equality,
Independence and Empowerment*

PROPOSAL FORMAT AND PROPOSAL SCORING CRITERIA FOR **ORAL** PRESENTATION

PROGRAM: _____

APPLICANT: _____

RATER: _____

- A. Oral presentations will be scored per the following scoring guidelines by each member of the Review Committee in each of the areas below.

The administrator/licensee (applicant) must be the primary presenter during the oral presentation as they are ultimately responsible for all services provided.

- 0 (Zero) Criteria not addressed at all
- 1 Minimal Response: Subject area is mentioned; however, applicant has not included any narrative or any supporting documentation that demonstrates an understanding of this particular proposal requirement.
- 2 Some: supporting documentation and/or narrative discussion; however, the responses are not clearly articulated.
- 3 Good: supporting documentation and/or narrative discussion; responses are more clearly articulated.
- 4 Maximum Response: Full supporting documentation and/or narrative discussion with exceptionally clear articulation making it readily apparent that applicant understands all aspects of the program development process.

A proposal can receive a maximum score of 32 points per member

B. Content of Presentation

____ 1 Service Quality: Applicant clearly demonstrates an understanding and working knowledge of the principles of integration and normalization and overall, demonstrates, through their presentation an understanding of consumer needs and choices as related to services provided and service quality

____ 2 Program Description: Applicant clearly demonstrates a working knowledge of their program plan and the ways in which they will implement the program description as related to the needs of the consumers.

___ 3 Consumer Needs: Applicant demonstrates knowledge of consumer's needs as related to current Request For Proposal and Individual Life Quality Outcomes. This includes experience that relates to current need.

___ 4 Budget and Finance: Applicant demonstrates an understanding of operating the service requested in the most cost effective manner and demonstrates clear knowledge of facility/program requirements to operate the facility/program in accordance with Title 17 and Title 22 regulations.

___ 5 Experience: Applicant clearly articulates pertinent experience for themselves, staff and consultants.

___ 6 Training Issues: Applicant demonstrates an understanding of the need for training staff per the requirements noted in the RFP and regulations as well as to ensure consumer safety and success. Demonstrates an understanding of staffing levels that meet the consumer's needs as outlined in the RFP.

___ 7 Proposed Resources: Applicant successfully identifies community contacts that will ensure implementation of program plan.

___ 8 Overview Summary: Applicant is able to field questions from the team about the program in a concise and articulate manner.

_____ TOTAL SCORE

The written proposal and oral presentation can achieve a maximum score of 60 points per member. (Written proposal= 28 points; Oral presentation= 32 points)

COMMUNITY CRISIS HOME (CCH) ADDITIONAL INFORMATION

New Service Code 899

Community Crisis Home Facility Individualized Services and Supports Transition Plan Component

SERVICE DESCRIPTION: A regional center shall classify a vendor as a Community Crisis Home Facility Individualized Services and Supports Transition Plan Component if the provider is either vendored under service code 902 to operate a Community Crisis Home type facility or is an already approved vendor providing transition services prior to discharge from a Community Crisis Home and/or services in a new placement. Service Code 899 shall be used to reimburse the individual consumer transition costs' rate identified after completion and written approval of Department form DS 6028. Service Code 899 shall be used in conjunction with Service Codes 902 and 903.

New Service Code 902

Community Crisis Home Facility Component

SERVICE DESCRIPTION: A regional center shall classify a vendor as a Community Crisis Home Facility Component if the provider operates a facility which is certified by the Department, licensed by the Department of Social Services as an adult residential facility or group home that provides 24-hour non-medical care to individuals with developmental disabilities, and meets the requirements of Title 17 Subchapter 23. Service Code 902 shall be used to reimburse the facility costs' rate identified and agreed upon via the contract required per the emergency regulations, after completion and written approval of Department form DS 6023. Service Code 902 shall be used in conjunction with Service Codes 903 and 899.

New Service Code 903

Community Crisis Home Individualized Services and Supports Component

SERVICE DESCRIPTION: A regional center shall classify a vendor as a Community Crisis Home Individualized Services and Supports Component if the provider is vendored under service code 902 to operate a Community Crisis Home type facility, and provides 24-hour nonmedical care to individuals with developmental disabilities receiving regional center services and in need of crisis intervention services who would otherwise be at risk of admission to a more restrictive setting. Service Code 903 shall be used to reimburse the individual consumer costs' rate identified via completion and written approval of Department form DS 6024. Service Code 903 shall be used in conjunction with Service Codes 902 and 899.

California Code of Regulations, Title 17, Subchapter 23 Community Crisis Homes, Section 59000 through 59022 available upon request

DDS GUIDELINES FOR CERTIFICATION OF COMMUNITY CRISIS HOMES

FACILITY NAME:		Telephone:
FACILITY ADDRESS:		Alternate telephone:
FACILITY CONTACT:		E-mail:
FACILITY ADMINISTRATOR:		Fax:
Proposed/Actual Capacity: M ____ F ____		
Regional Center:	RC Contact:	RC Email:
		RC Phone:

INSTRUCTIONS: Indicate the page number in the facility program plan or document where the requirements listed below may be found. If the facility proposes to utilize delayed egress and secured perimeter, complete that corresponding checklist as well.

PAGE NUMBER	REQUIREMENTS	FOR DDS USE ONLY		
		MET	NOT MET	COMMENTS
I. PROGRAM PLAN APPROVAL				
	Title 17 Section 59003(b) Regional center's recommendation to approve/certify the facility program plan			
II. GENERAL REQUIREMENTS				
	Title 17 Section 59000 CCH terminology is used throughout the program plan: Include Qualified Behavior Modification Professional (QBMP), Individual Behavior Support Plan and Individual Behavior Support Team.			
	Title 17 Section 59001(c) Provide documentation that the facility has an operable, automatic, fire sprinkler system			

PAGE NUMBER	REQUIREMENTS	FOR DDS USE ONLY		
		MET	NOT MET	COMMENTS
	Title 17 Section 59001(d) Each consumer will have a private bedroom (attach facility floor plan)			
	Title 17 Section 59001(e) Fifty percent of the beds qualify as non-ambulatory (Include non-ambulatory room designation on plan)			
	Title 17 Section 59001(f) Attach verification that the applicant and administrator attended Regional Center Orientation			
III. PROGRAM PLAN DEVELOPMENT AND REQUIREMENTS:				
Pursuant to Title 17 Section 59003, the Facility Program Plan shall include the following:				
	Number of consumers to be served is identified.			
	Consumer admission criteria, policies and procedures that include: <ul style="list-style-type: none"> <input type="checkbox"/> Detailed description of admission process from 59009. <input type="checkbox"/> Title and description of the staff or consultant completing the admission assessment of 59009(c)(3). <input type="checkbox"/> How the provisions of H&S Code 1180.4 will be met. <input type="checkbox"/> Process for transition planning 			
	A description of how the facility will ensure appropriate services and supports are provided at the time of admission to meet the consumer's immediate needs, including restricted health care conditions, pending development of the individual behavioral supports plan (<i>include details of the assessments completed, support provided, staff training, etc.</i>)			
	A description of how the facility is going to meet all the diverse needs of the population to be served and expedite admissions.			
	An organizational chart for the staff in the facility and, if applicable, for the organization			
	A description of consumer services to be provided, including description of how the facility will emphasize positive behavior supports and crisis interventions			

PAGE NUMBER	REQUIREMENTS	FOR DDS USE ONLY		
		MET	NOT MET	COMMENTS
	<p>A description of how the licensee will ensure all direct care staff and consultants are competent to perform their assigned duties, including but not limited to:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Description of the consultant disciplines, qualifications, and hours to be utilized <input type="checkbox"/> Description of staff qualifications and a duty statement for each staff position (<i>include policies and procedures on how staff competency is ensured and maintained</i>) <input type="checkbox"/> Sample staff schedule <input type="checkbox"/> Staff training plan (<i>include policies and procedures on how staff are trained to implement positive behavior supports and crisis interventions</i>) 			
	<p>A description of the facility's emergency procedures, including but not limited to:</p> <ul style="list-style-type: none"> <input type="checkbox"/> The facility's emergency evacuation procedures, including procedures for evacuation when delayed egress and secured perimeters are in use <input type="checkbox"/> The type, location, and estimated response time of emergency medical services <input type="checkbox"/> Description of how regularly scheduled fire and earthquake drills will be conducted on a schedule of no less than every three months, with the drills conducted on alternating work shifts so that drills are conducted during the day and evening hours <input type="checkbox"/> Emergency Intervention Plan as required by Title 22, Section 85322 of the California Code of Regulations 			
	<p>Explanation of how the facility will ensure the protection of consumers' personal rights, including those specified in Sections 50500-50550 (<i>include narrative or policies and procedures of how rights are explained to consumers and facility practices to protect consumer rights, including reporting provisions of rights violations and suspected abuse</i>)</p> <ul style="list-style-type: none"> <input type="checkbox"/> House Rules <input type="checkbox"/> Rights Acknowledgement Form 			

PAGE NUMBER	REQUIREMENTS	FOR DDS USE ONLY		
		MET	NOT MET	COMMENTS
	<p>Methodology used to measure consumer progress, including:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Types of data collected, including use of emergency interventions <input type="checkbox"/> Data collection system (include copies of data collection tools) <input type="checkbox"/> Frequency of data collection <input type="checkbox"/> Methods and intervals for summarizing data and reporting on progress (<i>include sample format(s) of progress reports</i>) <p><i>(include policies and procedures addressing how staff is trained and monitored to collect data in a consistent manner)</i></p>			
	<p>Consumer exit criteria: (<i>include description or policies and procedures on the exit process and transition assistance</i>)</p>			
	<p>A narrative description of the proposed facility, including size, layout, and location</p>			
	<p>Description of the facility's Continuous Quality Improvement System, including but not limited to how:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Consumers will be supported to make choices <input type="checkbox"/> Consumers will be supported to exercise rights <input type="checkbox"/> Changing needs of consumers will be addressed, including community integration <input type="checkbox"/> Consumers receive prompt and appropriate routine and specialized medical services <input type="checkbox"/> Individual risk is managed and mitigated <input type="checkbox"/> Medication is safely managed <input type="checkbox"/> Staff turnover is mitigated <p><i>(include section with narrative of the Continuous Quality Improvement System, assessment tools to be utilized, and</i></p>			
	<p><i>designee responsible for the oversight)</i></p>			
	<p>The identification of a 24-hour crisis intervention team and transportation plan that will be utilized by the facility as defined in Section 4648(a)(10) of the Welfare and Institutions Code.</p>			
	<p>The program plan is dated and signed by the applicant</p>			
IV. REGIONAL CENTER REQUIREMENTS				
	<p>Title 17 Section 59009 (a) Description of how the regional center will assess the consumer's need for crisis intervention services and include the assessment information in the documents provided to the administrator or the person responsible for admissions</p>			

PAGE NUMBER	REQUIREMENTS	FOR DDS USE ONLY		
		MET	NOT MET	COMMENTS
	Title 17 Section 59013(a) Description of how regional center will conduct monthly face-to-face case management visits with each consumer, or more frequently, if specified in the consumer's IPP			
	Title 17 Section 59013(b) Description of how the vendoring regional center will monitor consumer services provided by the facility through quarterly quality assurance visits			
	Title 17 Section 59013(c) Name or title of person assigned by the regional center to monitor and evaluate facility services via monthly visits			
	Title 17 Section 59009(c)(2) Description of the regional center's process for providing written consumer information (placement packet) to the facility within 24 hours of admission			
	Title 17 Section 59022(c)(3)(C) Description of how regional center is reviewing and authorizing transition services			