

Request for Proposals (RFP)  
For Forensic Mental Health Adult Residential Facilities

**San Diego Regional Center  
Community Placement Plan  
For Fiscal Year 2016-2017**

**AUTHORITY**

San Diego Regional Center (SDRC) for the Developmentally Disabled, in collaboration with the Southern California Integrated Health and Living Project (SCIHLP) and nine other regional centers, has identified a need for four (4) specialized adult residential facilities (ARFs) that will be used to house a total of 16 individuals served by regional centers that are exiting State Developmental Centers (DC), MHRC's, IMD's or from the community. SDRC/SCIHLP may elect to fund all, part, or none of the projects, depending upon funding availability as approved by the Department of Developmental Services (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. Please Note: Proposals submitted after the indicated timelines will not be considered.

**APPLICANT ELIGIBILITY**

Proposals can be submitted by service provider entities that are authorized to conduct business within the state of California. Board members of San Diego-Imperial Counties Developmental Services Inc. and employees of San Diego Regional Center are prohibited from submitting proposals.

**SUBMISSION OF PROPOSALS**

Please send all proposals **by e-mail only** to:

**Lori Blair, Resource Developer**  
**sdrc.lblair@gmail.com**

Copies of the proposals must be *received* at the above e-mail address **no later than 4:00 p.m. on August 11, 2016**. Proposals received after this deadline will not be considered. Faxed or hardcopy proposals will not be accepted. You will receive an email reply confirming receipt of your proposal. **If you do not receive email confirmation, your proposal may not have been received by SDRC**. Please follow up by phone with Lori Blair if you **do not** receive email confirmation of receipt of your proposal.

## PROJECT DESCRIPTION

San Diego Regional Center, in collaboration with other Southern California regional centers, has identified the need to create four (4) ARFs to serve 16 individuals with a treatment focus served by regional centers. The facilities will be owned by a Non-Profit Housing Corporation (NPO) and leased to a service provider who will be selected through this Request for Proposal (RFP) process. The four ARFs will serve individuals exiting State Developmental Centers (DC) or other facilities. The four ARFs will provide residential services and be responsible to support vocationally oriented day services or work services. . The service provider's development team will need to work with the NPO and regional center staff to develop renovation designs for the physical plant structures to support the anticipated behavioral health, behavioral, physical, security and supervision needs of the individuals that will reside at the ARFs. The 4 ARFS are located in relatively close geographic proximity to each other to facilitate support, collaboration and supervision by the service provider. The service provider's development team will also need to work with the NPO and SDRC staff to ensure that the physical plant requirements of Community Care Licensing are met.

The successful service provider applicant for this RFP will need to collaborate with SDRC and SCIHLP staff, as well as San Diego County's Behavioral Health Services. Other key county partners may include Optum Health (Medi-Cal oversight), other mental health contractors or programs, and/or other alcohol and other drug (AOD) county contractors or programs, San Diego County Sheriff's department, and San Diego County's Department of Probation. **These ARFs will support individuals with diagnoses of mental health disorders with co-occurring intellectual/developmental disabilities.** All of the individuals have **histories of behavioral challenges and may be involved with the criminal justice system.** Therefore, it is a priority that the service provider teaches necessary skills to the individuals in the facilities, as well as connects and collaborates with the necessary behavioral health and criminal justice partners to meet each individual's needs, with direction from the interdisciplinary planning team. These facilities will be California Department of Social Services, Community Care Licensing Division (CCL) licensed with delayed egress, and secured perimeter (in accordance with Title 17 Emergency Regulation "Utilization of Secured Perimeters and Delayed Egress Devices"). The facilities will support these individuals 24 hours a day, 7 days per week. These individuals may be identified from Porterville Developmental Center, Canyon Springs, MHRC's, or IMD's or in custody. The facilities will offer state of the art, evidence-based treatments, individualized, and specifically designed to target the unique needs of this population. The focus of the program will be transitional and time-limited, serving those individuals whose needs cannot be met in less restrictive, community based settings. The facility will have delayed egress and secure perimeters. The successful contractor /vendor will be responsible to provide evidence-based practices to enhance independence, stabilize behavior excesses, support the acquisition of emotional regulation strategies and connect to or provide behavioral health treatment by qualified professionals. The successful contractor/vendor will prepare individuals for transition into less restrictive residential settings in the community.

The four ARFs will be expected to provide, or work in collaboration with local providers, who will offer an array of evidence-based therapies, such as cognitive behavior therapy, dialectical behavior therapy, or motivational interviewing. In addition, the service provider will connect

with and facilitate access to approved competency training for individual residents who have been determined incompetent to stand trial and have been ordered to receive such training. The service provider will be responsible to provide transportation to assist individuals to meet legal obligations, such as probation or court appearances. The provider and/or other local mental health providers will offer consistent evidence-based behavioral health and recovery therapies, as identified by each person's planning team.

**Start up Funding Available: \$125,000 per facility, for a total of \$500,000.**

**Anticipated Funding:** In the event that additional funding is required, as identified through development of a start-up budget to be included with this RFP, such funds will be requested from the Department of Developmental Services in subsequent fiscal years. Start-up funds are intended to cover approximately half of the total development costs. It is expected that the applicant will provide matching funds that, along with the start-up funds, would demonstrate financial capacity to complete a project.

**Key Objectives of this Project:**

1. Collaborate with SDRC and SCIHLP to ensure that the requirements of this RFP are met.
2. Develop a comprehensive service design that specifies treatment approaches, staff recruitment and training, quality assurance systems, consultant types, qualifications and roles.
3. Develop, in collaboration with SDRC/SCIHLP, a comprehensive work plan and timeline for bringing services on-line.
4. Execute a service contract with SDRC which specifies a start-up budget, ongoing service rate and a SDRC/SCIHLP approved service design.
5. Establish a Long-Term Lease Agreement with the NPO.
6. Provide high quality, time-limited, therapeutic residential treatment services that produce positive outcomes for the individuals served.

## FORMAT AND APPLICATION REQUIREMENTS

Proposals must comply with the instructions, format, and time lines 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 (14) pages long. **Each applicant must submit an original proposal in PDF format via email. Hardcopies will not be accepted.**

## PROPOSAL CONTENT

Each proposal will contain the following information:

1. **Service Description Summary (11 pages maximum):** Please include all headings and information requested below and provide in the same order in your document.
  - a. **Mission, Vision, and Value Statements:** Provide any agency MVV statements related to the proposed project. Describe how services to persons with intellectual disabilities will be delivered.
  - b. **Agency Outcomes:** Describe anticipated outcomes of proposed service for people residing the homes and how achievement of outcomes will be measured.
  - c. **Assessment and Planning:** Briefly describe the planning process. How will individuals' goals/objectives be determined and progress pleased? How will individuals' supports and services be determined prior to moving into a facility? Please include a description of the entry criteria for individuals who will be served by the project.
  - d. **Staff Training:** Describe the topics to be covered in staff training, types of training that will occur (e.g., pre-service, On-the-Job Training, continuing education), who will provide the training, roles of in-house vs. contract consultants, and the specific types of crisis prevention training (e.g., CPI or PCMA) that will be included. Initial and ongoing training, including required certifications. Include any specialized training for providing mental health treatment, behavior support and crisis intervention to individuals who may have a dual diagnosis (mental health diagnosis and intellectual/developmental disability) and may potentially have danger behaviors.
  - e. **Administrative / Consultant Roles:** Describe roles of licensee, administrator, assistant administrator, and consultants.
    - i. Provide qualifications of licensed clinicians (e.g., LMFT, LCSW, Ph.D, PsyD, Psychiatrist, BCBA etc.) who will assist with clinical services implemented in the home. Please attach resumes for all licensed individuals

- ii. Include a brief description of theoretical orientation(s) utilized by a counseling consultant and how this aligns with agency mission, vision, and values, as well as anticipated program outcomes.

f. **Methods and Procedures:** Describe how your agency will:

- i. Address the mental health treatment needs of the residents. Describe therapeutic approaches, (DBT, CBT ABA and/or other evidence-based therapies).
- ii. Address the development of positive behavioral support plans for residents with an emphasis on functional behavioral analysis and evidence-based practices.
- iii. Provide the close supervision these residents will require with an emphasis on mitigating risk to the community, the individual and to staff while working towards a less restrictive level of supervision.
- iv. Support and address approved evidence-based education and recovery approaches for substance abuse issues frequently presented by the individuals who will utilize these resources.
- v. Teach social skills to assist the individual in learning pro-social behaviors as alternatives to self-injurious behavior, sexual/physical aggressive or assaultive behaviors.
- vi. Train staff to support individuals who have involvement with the criminal justice system using an evidence-based psycho-social treatment modality. Describe the evidence-based practices that will be used.
- vii. Systematically address resident motivation issues through the use of motivational interviewing and/or incentive systems to promote cooperation and participation in the treatment and educational aspects of services.
- viii. Utilize the delayed egress and secure perimeter features that will be built into the physical plant of each facility, as a part of the therapeutic milieu of the residences.
- ix. Describe how the psychiatric needs of individuals will be addressed, and how staff will be trained to recognize, document and report symptoms of psychiatric conditions and medication effectiveness.

g. **Staff Recruitment and Retention:** Describe your plan to recruit and retain quality staff. Include:

- i. Education, experience and certification for all staff positions. Note that all line level direct support professionals must have completed or will complete DSP I and II or an equivalent curriculum, if county contracted. Provide description for how these staff will be recruited, or a process for how the required training will be obtained prior to hands-on service.
    - ii. How your agency will utilize universities, psych techs or BCBA training programs or other education, training or certification institutions to locate potential staff.
    - iii. Health and criminal background screening procedures.
    - iv. Direct care staff must be paid a minimum of 150% above minimum wage (approximately \$15.75 per hour).
  - h. **Staffing Schedule:** Provide a sample one-week staffing schedule including Administrator/Assistant Administrator, direct support professionals, consultant(s), and program prep time.
  - i. **Transportation:** Describe how transportation will be provided for day/work services, therapy, medical appointments, recreation, legal appointments and other activities.
  - j. **Continuous Quality Improvement (CQI):** Describe the feedback loop by which problem procedures will be identified, corrected through revised practices, and further monitored to measure the effectiveness of those changes in agency practice. Describe how the service agency will use data, such as agency outcomes, stakeholder satisfaction, or other existing data (e.g., incident reports, or medication logs) to identify service problems pursuant to corrective changes such as revised staff training curriculums, staff training procedures (e.g., using competency based teaching methods), agency practices and procedures or other operations (e.g., supervision, medication management, recruiting, etc.).
  - k. **Community Outreach:** Describe how your agency will engage the local community and community agencies to engender support for this project. List which groups or agencies (e.g., city council, probation, judicial, law enforcement, mental health, etc.) you will approach, how you will approach them, and how you will address their objections or ambivalence to ensure successful collaboration for this project.
2. **Applicant/Agency Information Form:** Provide a completed and signed Applicant/Agency Information form (Appendix A). The information provided should highlight the applicant's ability to implement the proposed project. **The form should contain the original signature of an individual with authority to submit the proposal (dated) and enter into a binding contract with San Diego Regional Center.**

3. **Financial Statements:** A copy of the last 3 years' financial statements of the provider, and a copy of any Audits conducted on those financial statements.
4. **Development Team (1 page maximum plus resumes):** A list of the members of the proposed Project Development Team including the name, address, telephone number, and resumes of the team members. At a minimum, this team should include the lead staff that will develop the response to the RFP, the service design, and the individuals with the expertise to hire skilled consultants and staff to assist the provider in developing the project. **If the applicant's mailing address is outside of San Diego/Imperial County area, the name and qualifications of the person who will be physically located in San Diego/Imperial County area and responsible for managing the proposed project must be included.**
5. **Implementation Plan (2 page maximum):** This should include the applicant's timeline for achievement of major milestones (e.g., property search, renovation, licensing, staff recruitment, training and admission of the first resident). The plan must specify a process that ensures compliance with all state and local licensing requirements.
6. **Start-up Budget:** A proposed Start-up Project Budget which addresses the items listed in Appendix B. Start-up funds are intended to assist in the development of new community resources. Start-up funds are not intended to cover 100 percent of the development costs. It is expected that the applicant will identify funds that their agency will provide, along with CPP funds, in order demonstrate financial capacity to complete the project. DDS may request an estimated and/or final "Sources and Uses" budget, outlining the project cost and funding sources of RC approved project.
7. **Proposed Rate Structure:** A proposed rate budget which addresses the items listed in Appendix C. An estimate of on-going monthly funding per individual that will be required to maintain the services developed. **San Diego Regional Center anticipates the on-going monthly cost to be funded by Regional Center will be no more than the median rate set by DDS in order to meet all the needs of the individuals identified for the project.** This is a funding cap and SDRC *absolutely* cannot negotiate a rate more than what is established by DDS through the median rate setting process. The final determination of the on-going rate will be based on the services developed. The rate established and the needs of the residents will be reviewed and adjusted periodically as needed.
8. **Applicant Disclosure Statement:** A completed and signed Applicant/Vendor Disclosure Statement (Appendix D).
9. **Equity and Diversity:** Each proposal will include a section on issues of equity and diversity. The plan will address diverse population, including, but not limited to culturally and linguistically diverse populations. You must also include examples of your commitment in addressing the needs of those diverse populations, and include

any relevant issues you deem relevant to equity and diversity. Projects developed specifically for identified clients will only require plans to provide culturally and linguistically competent services and supports to those specific clients.

## **REPORTING REQUIREMENTS**

Each selected project contractor will be required to submit monthly summaries describing progress made toward meeting project objectives to San Diego Regional Center by the third of each month. These summaries will be attached to any monthly invoices submitted by the contractor. 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 awardee's contract.

Contracts between SDRC and the selected service provider will include the following:

- a) Holding the vendor 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 start-up 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 Department of Developmental Services may request the RC to provide a copy of the fully executed RC/Vendor Start-up contracts.

## **PROPOSAL SELECTION PROCESS**

Any proposal may be rejected if it is incomplete or deviates from the specifications in this RFP. **San Diego Regional Center 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 3 members, 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 specific criteria and weighting are detailed in Appendix E, Rating Criteria. 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.

## **FUNDS**

Project descriptions indicate the total amount of funds available for each project. **Actual amount awarded will be contingent upon the budget submitted by the Department of**

**Developmental Services (DDS). Any project contractor who fails to develop the services specified will be required to return to the San Diego Regional Center any compensation received for start-up expenses. All funds must be expended by April, 2019.**

**Key Objectives of this project:**

1. Acquisition of property and development of the facility - NPO responsibility.
2. Submit licensing application to Community Care Licensing.
3. Submit a full program design for the facility to SDRC.
4. Assess clients who are being referred to project.
4. Hire and train staff.
5. Obtain the services of appropriate licensed consultants.
6. Obtain appropriate licensure for the facility.
7. Admit four (4) residents identified by San Diego Regional Center by 6/30/19.

**ADDITIONAL INFORMATION**

Any questions regarding the requirements of this RFP should be directed to:

San Diego Regional Center-Community Services  
Lori Blair, Resource Coordinator  
4355 Ruffin Rd., Suite 104  
San Diego, CA 92123  
(858)576-2872

APPLICANT/AGENCY INFORMATION

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

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

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

Contact Person's Name and 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**

DS 1891 (7/2011)

**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.
- 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 Medi-Cal provider number, if any, of the applicant or vendor.
- D. List the Social Security Number 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 parts 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.



**APPLICANT/VENDOR DISCLOSURE STATEMENT**

DS 1891 (7/2011)

**2. Ownership, indirect ownership, and managing employee interests**

A. List the name(s), title(s) and address(es) 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.

Name	Title	Address

B. List those persons named in A or B above, that are related to each other as spouse, parent, child, or sibling.

Name	Relationship	Address

C. List the name, address, vendor number and service code, and Medi-Cal provider number 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.)

Name	Address	Vendor Number and Service Code	Medi-Cal Provider Number

**3. Excluded Individuals or Entities**

List the name, title, and address of any person 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.

Name	Title	Address

**4. Subcontractor**

A. List the name and address 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.

Name	Title	Address	Percentage

B. List the name and address 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.

Name	Title	Address

**APPLICANT/VENDOR DISCLOSURE STATEMENT**

DS 1891 (7/2011)

**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 Authorized Representative** (Type or Print) **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.

**Title 17 California Code of Regulations, Section 54311(a)(6)  
(Criteria for Excluded Individuals or Entities to be disclosed on Page 3, Part 3)**

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.

BUDGET AND FINANCIAL INFORMATION

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

FINANCIAL STATUS AS OF \_\_\_\_\_, 20\_\_

Line of Credit Available?  Yes  No Amount \_\_\_\_\_

ASSETS

Cash on hand and in commercial and savings accounts \_\_\_\_\_

Notes and Receivables \_\_\_\_\_

Inventory, Equipment, Furniture and Furnishings \_\_\_\_\_

Real Estate (Market Value) \_\_\_\_\_

Other Assets: \_\_\_\_\_

TOTAL ASSETS ..... \_\_\_\_\_

LIABILITIES

Accounts and Notes Payable (Balance Due) \_\_\_\_\_

Salaries and Wages Payable \_\_\_\_\_

Real Estate Loans or Mortgages (Balance Due) \_\_\_\_\_

Payroll and Real Estate Taxes Payable \_\_\_\_\_

Other Liabilities: \_\_\_\_\_

TOTAL LIABILITIES ..... \_\_\_\_\_

Reference who may be contacted regarding applicant's/agency's qualifications and experience in financial management:

Name/Title \_\_\_\_\_ Agency/Company \_\_\_\_\_

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

Budget/Financial Information Submitted by \_\_\_\_\_

Name

Date

**BUDGET FOR PROJECT START-UP**

**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 <b>START-UP</b>	( _____	% of Salaries)		
<b>PERSONNEL SERVICES SUBTOTAL</b>				_____

**OPERATING EXPENSES**

	Monthly Amount	Number of Months	TOTAL
Office and/or Facility Lease	_____	_____	_____
Insurance	_____	_____	_____
Utilities	_____	_____	_____
Travel	_____	_____	_____
Purchased Equipment and Supplies (list)			
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
Other- _____	_____	_____	_____
Administrative Overhead	_____	_____	_____
<b>START-UP OPERATING EXPENSES SUB-TOTAL</b>			_____

**TOTAL START-UP  
BUDGET**

Submitted by

\_\_\_\_\_ Name

\_\_\_\_\_ Date

**COMMUNITY PLACEMENT PLAN REQUEST FOR PROPOSAL  
PROPOSAL REVIEW/SELECTION CRITERIA**

*(The minimum requirement will be 70% of the total possible points)*

Project Number \_\_\_\_\_ 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 and/or mental health.	10		
2. References provide reliable evidence of applicant/agency's qualifications, quality of services and ability to maintain positive working relationships.	5		
3. The applicant/agency's history indicates the capability of developing, managing, and operating the proposed project in San Diego County.	10		
<b>B. Project Description</b>			
1. Proposal describes the training techniques and instructional methods that the program will incorporate to achieve successful outcomes for the clients served.	5		
2. The proposed use of personnel (direct care staff and consultants), 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 serve the clients highlighted in the RFP. The proposal includes a plan to ensure the health and safety of those served.	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 applicant/agency's financial statement reflects sound fiscal practices. Assets are sufficient to undertake the proposed project.	10		
2. The start-up budget is reasonable and demonstrates a good appraisal of actual costs involved in completing the project.	5		
3. The estimate for on-going service rate is cost-effective and consistent with funding for similar programs.	5		
<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 \_\_\_\_\_