

Request for Proposal (RFP)
For a Housing Development Organization (HDO) to acquire and
develop a property for use as an
Enhanced Behavioral Support Home
**San Diego Regional Center
Community Placement Plan
For Fiscal Year 2020-2021**

AUTHORITY

The San Diego Regional Center (SDRC) for the Developmentally Disabled has identified a need for a housing development organizations (HDO) to acquire and develop a single family home that will be used as a Enhanced Behavioral Support Home (EBSH). An EBSH means an adult residential facility or a group home certified by the Department of Developmental Services (DDS) and licensed by the Department of Social Services (DSS) that provides 24-hour nonmedical care to individuals with developmental disabilities receiving regional center services who require enhanced behavioral supports, staffing, and supervision in a homelike setting. **SDRC may elect to fund all, part, or none of this project, depending on funding availability as approved by the Department of Developmental Services, and the quality of proposals received. SDRC reserves the right to withdraw this RFP and/or disqualify any proposal which does not adhere to the RFP guidelines. Please Note: Proposals submitted after the indicated timelines will not be considered.**

APPLICANT ELIGIBILITY

Proposals may be submitted by housing development organizations 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 direct all questions regarding the proposal to:

San Diego Regional Center - Community Services
Linda Livingston, Resource Coordinator
(858) 576-2854
Linda.Livingston@sdrc.org

An electronic version of the proposal must be submitted to sdrclivingston@gmail.com. The e-mail with the proposal attached must be *received* at the above address **no later than 4:00 p.m. on Thursday, May 20, 2021**. You will receive an email reply confirming receipt of your proposal. If you do not receive an e-mail confirmation, your proposal was not received by SDRC. Please follow up by phone with Linda Livingston if you do not receive a confirmation. Faxed or paper copies of the proposals will not be accepted.

PROJECT DESCRIPTION

San Diego Regional Center has identified the need for a housing development organization (HDO) to purchase an existing single family home in San Diego County, and retrofit the home with any adaptations needed for the individuals who are targeted to live in the home. The home will be leased to a service provider who will be selected through a separate Request for Proposal process to serve clients regional center clients in need of enhanced behavioral supports, staffing, and supervision in a homelike setting. The HDO's development team will need to work with the selected service provider(s) and regional center staff to address any physical, medical, mental health and/or sensory needs of the clients in both the acquisition and renovation of the home. The HDO's development team will also need to work with the selected service provider and SDRC staff to ensure that the requirements of Community Care Licensing are met. The property acquired for the EBSH must be a single-story family home for no more than four adults. The home will be designed with a minimum of four (4) single occupancy bedrooms. Additional specifications for the prospective properties include a large lot with significant space between neighboring homes and ample parking (off-street, preferred) for staff and visitors. Modifications will include fire sprinklers, minimal egress points with entry doors equipped with delayed egress devices, perimeter fencing (non-scalable), reinforced interior walls, and a back-up power generator to power essential systems of the home, including delayed egress doors. This may also include modifications to showers, kitchens and bedrooms, widening of doorways, and any other modifications needed to accommodate non-ambulatory consumers. The property selected must be approved by SDRC in advance of purchase. The HDO will provide landlord duties, while SDRC will contract for the provision of support services. Each tenant (service provider funded for on-site services) will have a lease with the HDO specific to the property, wherein tenant/landlord obligations are specifically outlined.

Funding Available: \$250,000 for Property Acquisition and Development Costs.

\$300,000 for Property Renovation Costs

Key Objectives of this project:

1. Collaborate with SDRC to ensure that the requirements of the *2017-2018 CPP Housing Guidelines for Start-Up Funding* are met.
2. Obtain control of the site for the home.
3. Execute a recorded Regulatory Agreement which stipulates the restrictive use of each home to regional center clients in perpetuity.
4. Retrofit the home with any adaptations needed for the individuals who are targeted to live in each home.
5. Establish a Long-Term Lease Agreement and a Property Management Agreement with the selected service provider for the regional center clients who are targeted to live in the home.

PROPOSAL CONTENT AND SUBMISSION

Proposals must comply with the instructions, format, and time lines described in this request. The Implementation Plan (document #2) 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 agency name and the CPP Project Number. Each proposal must have a table of contents that identifies where the information for each area in this Request for Proposal can be found.

FORMAT AND APPLICATION REQUIREMENTS

Each proposal will contain two parts.

The first part, entitled Implementation Proposal, should include the following information:

1. A completed and signed Applicant/Agency Information Form (Appendix A)
2. A proposed Implementation Plan that describes the process that will be used to develop (select, acquire, and renovate) the home which includes detailed descriptions of the sequenced activities necessary for overall project completion. Identified realistic timeframes for the completion of each activity should be included in the Implementation Plan.
Note: The plan must specify a process that ensures compliance with all state and local building requirements, including without limitation the regional center's receipt of verification that each project has received all applicable, required permits prior to the start of any construction, or renovation/rehabilitation.
3. A list of the names and qualifications of the Board Members and Directors of the HDO
4. 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 proposed (licensed) architect who will develop the renovation plans, the possible (licensed and bonded) general contractor(s) who will be asked for bids on the project, members with the expertise to hire skilled consultants to assist the HDO in obtaining the necessary financing for the project, and an attorney with the expertise to execute the legal and lease agreements required in this project
5. A proposed Project Budget which should include:
 - a. Pre-development costs (appraisal cost, inspections, escrow, etc.)
 - b. Acquisition costs (including both awarded funds and leveraged funds)
 - c. Sources for the leveraged funds (bank loans, foundations, HUD funds, etc.)
 - d. Identification of the proposed permanent debt service
 - e. Project Management Fees
 - f. Renovation costs (architectural and engineering, permits and fees; developer, legal, accounting, consultant, contractors, etc.)

Note: The acquisition budget must show a minimum down payment of 20% of the purchase price

The second part, entitled Organization Information, should include the following documents:

1. The written consent of the Directors of the HDO for the individual submitting this proposal to act on behalf of, enter into agreements on behalf of, execute documents on behalf of, and encumber the assets of the HDO.
2. A list of completed projects of the HDO which are similar in nature to this project.
3. A copy of a recent Certificate of Status of Good Standing with the California Secretary of State for the HDO
4. A copy of the current Articles of Incorporation of the HDO
5. A copy of the current by-laws of the HDO
6. A copy of the last 3 years' financial statements of the HDO, and a copy of any Audits conducted on those financial statements.
7. The HDO's written policy on the disposal of any existing fixtures and major appliances that are included in a property's purchase.
8. A completed and signed Applicant/Vendor Disclosure Statement (Appendix B)

Start-up funds are not intended to cover 100 percent of the development costs. It is expected that the applicant will identify funds that, along with the start-up funds, would demonstrate financial capacity to complete a project.

REPORTING REQUIREMENTS

A contract will be developed which delineates specific milestones associated with this project, the specific documentation that will be required to demonstrate completion of each milestone, and the specific funding amount which will be provided at the completion of each milestone. The selected project contractor will be required to submit milestone documentation of progress made toward meeting project objectives to the San Diego Regional Center at the completion of each milestone. These summaries will be attached to the milestone invoices submitted by the contractor. Upon completion of the project, the contractor will submit a reconciliation statement of final cost and CPP funds expended and claimed, along with invoices and other evidences of the HDO's costs for the project, including evidence of payment to third parties, and including the primary general contractor's invoices and backup invoices

PROPOSAL SELECTION PROCESS

Any proposal may be rejected if it is incomplete or deviates from the specifications in this RFP. The 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. The specific criteria for this review are identified in Appendix C. The evaluation will be based on responsiveness, innovation, previous experience of applicant, and demonstrated applicant financial responsibility. Additional information may be required from selected applicants with regard to their proposal prior to the awarding of a contract.

FUNDS

Project descriptions indicate the total amount of funds available for each project. Actual amount awarded will be contingent upon the budget submitted. 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 March 1, 2023.

ADDITIONAL INFORMATION

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

Linda Livingston, Resource Coordinator
San Diego Regional Center
4355 Ruffin Rd., Suite 104
San Diego, CA 92123
(858)576-2854
Linda.Livingston@sdrc.org

APPLICANT/AGENCY INFORMATION
Housing Development Organization (HDO)

Applicant/Agency Name _____

Address: _____ Phone: _____

Contact Person's Name
and Job Title: _____ Phone _____

List three 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

3. _____
Name and Title Agency Affiliation

Address Phone

Application submitted by

Signature Date

APPLICANT/VENDOR DISCLOSURE STATEMENT

GENERAL INSTRUCTIONS

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

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

Important:

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

Part 1: Identifying Information

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

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

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

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

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

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

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

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

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

PLEASE FILL OUT

Part 1. Applicant/Vendor Information

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

Vendor Number and Service Code:

Business Address:

Telephone number (with area code):

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

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

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

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

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

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

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

Name	Title	Address	SSN	DOB

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

Name	Relationship	Address

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

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

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

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

Name	Title	Address

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

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

Name	Title	Address	Percentage	SSN, NPI and/or EIN

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

Name	Title	Address	SSN, NPI, and/or EIN

APPLICANT/VENDOR SIGNATURE

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

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

Name of Applicant/Vendor or Authorized Representative

Title

Signature

Date

Recordkeeping and Access to Records

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

Privacy Statement

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