Alta California
Regional Center

Request for Proposals (RFP)

Community Placement Plan (CPP) &
Community Resource Development Plan (CRDP)
For Fiscal Year 2025-2026

Alta California Regional Center (ACRC), serving individuals with developmental disabilities, has identified a need to develop the following:

- Enhanced Behavioral Supports Home (EBSH) for children ages 7-17. ACRC is seeking one Housing Development Organization (HDO) and one Service Provider for this project

Proposals may be submitted by an individual, a group of individuals, or an agency. The applicant must have relevant experience, including providing care and supervision, as applicable, for persons with developmental disabilities. The applicant should have and demonstrate the knowledge and understanding to effectively deliver the service for which you are applying for. Any person(s) who are employees of another Regional Center or the State of California may apply but would have to cease their employment upon being selected for the project.

SUBMISSION OF PROPOSALS

Email proposal to: rfp@altaregional.org

Your proposal must include all required sections outlined in Part III ("Proposal Guidelines") below and **must be received no later than 3:00 pm on Wednesday, December 3, 2025.** Proposals received after this deadline will not be considered. ACRC will send an email confirming the proposal has been received.

ACRC will not accept any hard-copy proposals.
Please direct any questions to rfp@altaregional.org.

Part I

Project Description

Project #:	ACRC-2526-3
Project Type:	Enhanced Behavioral Support Home (EBSH) - Children
Service area:	ACRC catchment area
Number served:	4
HDO Start-up funding:	$950,000 ($450,000 for acquisition & $500,000 for renovations)
Provider Start-up funding:	$ TBD (from fiscal year 2026-2027)
Reimbursement rate:	Negotiated
Minimum direct service hours:	356 hours per week plus the additional hours determined by each client's individual support needs
Minimum professional consultation:	12 hours per client per month

Description of project
Four (4) bed EBSH group home that will provide services and supports to children with extensive behavioral, mental health, and/or maladaptive sexual support needs. This home will be developed in collaboration with a Housing Development Organization (HDO) who will acquire and renovate the property.

Target Population
Children, age 7-17, identified for this home may present behavioral challenges such as, but not limited to: sexually maladaptive behaviors, AWOL, property destruction, verbal and physical aggression, and/or resistiveness. Children may be non-verbal, non-ambulatory and require assistance with their ADL's. They may also have psychiatric diagnoses and will require management of mental health needs. Children may come from out-of-state placements, hospitals, Community Crisis Homes, foster or family homes. Children will be expected to transition out within 30-days of their 18th birthday.

Scope of service
Client outcomes include, but are not limited to, improving ADL's, independent living skills, reduction/ elimination of interfering behaviors, and mental health concerns are well managed with the expectation that clients could move to a less restrictive environment.

Eligibility of applicant
Must demonstrate a strong understanding of the challenges exhibited by the target client population and the types of renovations that must be made to the property in order to best serve the client population. Be able to work collaboratively with an HDO during the development phase of the project and complete the project in a timely manner. Applicant must have knowledge of the laws and regulations regarding Group Homes and EBSH's.

Expectation of the program
Direct service hours that must meet the minimum criteria; administrator on site at least 20 hours per week, and one Lead staff and one direct care staff on site 24/7. Staff beyond this minimum is determined by each client's individual support needs. All staff will be required to acquire a Registered Behavior Technician (RBT) certification. Applicant must have a behavior management system that clearly and accurately identifies interfering behaviors, a strong data tracking system, and a system in place to ensure fidelity of behavior management. This home will be expected to work closely with a Qualified Behavior Management Professional (QBMP), client's psychiatrist and other medical and mental health service providers to address a client's mental health needs. Provider is also expected to work closely with the local school district to ensure clients receive a free and appropriate public education while residing in the EBSH.

Part II
Applicant Criterion and RFP Process

A. PURPOSE
The Community Placement Plan (CPP) and the Community Resource Development Plan (CRDP) are designed to address and develop unmet and under met needs of regional center clients. It includes the development of the necessary community resources for clients who are ready to transition from a State Developmental Center (SDC), Institute of Mental Disease (IMD), or other highly restrictive settings, into the community, or to assist those who are at risk of moving into one of those placements or have unique support needs. ACRC solicits the community through a Request for Proposal (RFP) to seek out qualified providers who are able and willing to meet the specialized needs of this population.

B. EXPECTATIONS OF THE SELECTED APPLICANT
It is expected that the selected applicant; (1) work collaboratively and closely with the regional center, (2) provide careful and thorough planning in all aspects of the project, (3) work diligently to complete the project in a timely manner, (4) commit to providing quality services, (5) submit updates and summaries detailing progress made towards meeting the project objectives, and (6) report any major delays with the project immediately to ACRC. ACRC will communicate regularly with the selected applicant, licensing/certification agencies (i.e. Community Care Licensing, etc.), Department of Developmental Services (DDS), and other stakeholders who have an interest in the development of the project. Through this RFP process, an applicant must demonstrate strength in the areas of clinical, administrative, and financial responsibility.

Selected provider much complete an Applicant Vendor Disclosure screening (DS1891 form), through the U.S. Department of Health and Human Services Office of the Inspectors' General (OIG), to ensure they have no history of Medicare or Medicaid fraud. The applicant must be found to have no exclusions prior to being awarded a project.

C. REFERRALS
Client referrals are initiated through the appropriate interdisciplinary teams (i.e. Specialized Services and Support Unit (SSSU), client's planning team, etc.). For clients transitioning from an SDC, IMD, or out-of-state, the respective agencies representatives from those agencies will be involved until the transition to the community is complete.

D. WRITTEN PROPOSAL
Proposals submitted in response to this RFP are intended to be an overview of the applicant's expected delivery of service for the targeted client population. A more detailed description of the prospective service plan/program design will be developed during the vendorization process. Proposal must be written in a professional manner and clearly reflect the applicant's intended delivery of service.

E. SELECTION PROCESS
The selection committee will review and score all proposals using a 100-point scale. Top points are given to the various sections of your proposal that reflect the appropriate supports and services offered to the individuals you are planning to serve. The top three applicants with an

average proposal score of 70% or above will be interviewed. ACRC reserves the right to interview other applicants who may not be in the top three or have a score below 70%.

F. RFP TIMELINE

- RFP Orientation — November 6, 2025
- Proposals Due — December 3, 2025
- Read and Score Proposals — December 12, 2025
- Applicant Interviews — December 15-19, 2025
- ACRC Final Selection — January 6, 2026
- Contract Signed — No later than June 30, 2026

***ACRC reserves the right to modify the above timeline.**

G. START-UP FUNDING

Start-up funding is available for these projects. Funds are meant to aid in the development of the project but may not cover the entire cost. The selected applicant is responsible for costs that exceed the available start-up funds. The selected applicant will complete a start-up funds allocation detailing how the funds will be used. Prior to any disbursement of funds, the start-up funds allocation must be approved by ACRC.

H. LICENSURE/VENDORIZATION

Selected applicant must have/acquire and maintain all appropriate licenses and certifications for the program/service and/or the individuals operating and providing the services which are required to operate the program/service.

Selected provider will become vendored under service code 999 (start up funds) and then become vendored under the appropriate service code for the program. Selected applicants will complete all requirements to become vendored including completion of ACRC's vendor training applicable to the service [i.e. Vendor Orientation, Behavior Management Skill Training, program design workshop, medication training, P&I training, record keeping training, special incident report (SIR) training, and accounting (e-billing) training]. Prior to vendorization, the selected applicant must have an approved program design, approved fee schedule, if applicable, and execute a Service Provider Agreement with ACRC.

I. NON-DISCRIMINATION

ACRC shall not discriminate in the selection of an applicant on the basis of race, color, creed, national origin, ancestry, sex, marital status, disability, religious or political affiliation, age, or sexual orientation.

J. ACRC CONTACTS

rfp@altaregional.org

Part III

Proposal Guidelines

When drafting your proposal, consider what will be enhanced/specialized based on the targeted client profile of the project you are applying for. Draw on your experience, education, and creativity when deciding what services and supports you need/want for the home you are applying for. Thoughtfully consider how services will be delivered, and consider how your proposal will stand out from the others. Simple, generic responses or descriptions will hinder your chance of being considered for an interview.

It is expected that this program summary highlights the specialties and enhancements of the facility you are applying for. This program summary is NOT meant to highlight every aspect of the program; a full description of the program will be developed in the program design of the selected applicant.

Format. Double space, 12pt font, Times New Roman, and one-inch margins.

Housing Development Organizations may submit an "HDO Housing Proposal". The Housing Proposal must include the following:

1. Program summary (see below). Provide a response to each prompt as it relates to HDO development of an EBSH.
2. Sources & Uses budget
3. Operating budget
4. Sample debt service amortization
5. Pro forma cash flow statement
6. Projected on-going costs
7. References (Attachment D)
8. Statement of Disclosure (Attachment E)
9. HDO development & property management team resumes

Service Provider applicant's proposal must include all of the following eight (8) items:

1. Title page (Attachment A)
2. Applicant/Agency information (maximum 2 pages) (10pts)
3. Program summary (maximum 15 pages) (90pts)
    a. Describe the type of location/area this EBSH should be developed? (7pts).
    b. What is the ideal layout of the home? What landscaping and outdoor amenities do you hope for this home? (7pts).
    c. Describe your plan to provide community access/integration. (7pts).
    d. Describe how you plan on supporting the clients' educational needs? (7pts).
    e. Describe your plan and approach to supporting clients with a higher degree of sexualized behaviors. (8pts).
    f. Describe the staff training plan to best serve the clients identified in Part I above. (8pts)

g. What are the minimum requirements for staff to work in your home? What other criteria will you consider with hiring staff, if any? (8pts).
h. Which consultants do you plan to use and explain their role and responsibilities. (8pts).
i. Describe your plan to ensure all staff are implementing the Individual Behavioral Support Plan (IBSP) correctly. (8pts).
j. Describe your plan to effectively transition the clients into your home. (7pts).
k. Describe when a client should transition out of the home and how do you plan on facilitating that transition. (8pts).
l. What is your plan in serving diverse populations, included, but not limited to, culturally and linguistically? Provide an example. (7pts)

4. Sample staff schedule (Attachment B)
5. Projected ongoing costs (Attachment C)
6. References (Attachment D)
7. Statement of Disclosure (Attachment E)
8. Resume(s)

Attachments

The following attachments must be completed and received with your proposal:

1. Proposal Title Page (Attachment A)
2. Sample Staff Schedule (SRF Stepdown for Adults and Children, Day Program) (Attachment B)
3. Projected On-going Costs (Attachment C)
4. References (Attachment D)
5. Statement of Disclosure (Attachment E)
6. Resume(s)

Attachment A

Proposal Title Page

CPP/CRDP Fiscal Year 2025/2026

November 2025 RFP

To: Specialized Services & Supports Unit

Proposal must be emailed to: rfp@altaregional.org

Attention: CPP/CRDP Resource Developers
Alta California Regional Center
Community Service & Supports Department

_____
Project Number and Description (*please print*)

_____
Name of Applicant or Organization Submitting Proposal (*please print*)

_____
Signature of Person Authorized to Bind Organization Date

_____
Contact Person for Project (*please print*)

(_____)_____(_____)_____
Telephone Number Fax Number E-mail Address

_____
Name of Parent Corporation (*if applicable*)

_____
Mailing Address (*please print*)

_____
Author of Proposal, Date Submitted
If different from person submitting proposal

Attachment B

Sample Staff Schedule

Facility: _____
Week of: _____

Number of clients: 4 or as identified

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
1:00am							
2:00am							
3:00am							
4:00am							
5:00am							
6:00am							
7:00am							
8:00am							
9:00am							
10:00am							
11:00am							
12:00pm							
1:00pm							
2:00pm							
3:00pm							
4:00pm							
5:00pm							
6:00pm							
7:00pm							
8:00pm							
9:00pm							
10:00pm							
11:00pm							
12:00am							
TOTAL							

Weekly Total: _____

Direct Care Staff:

#1: (Admin) _____
#2: _____
#3: _____
#4: _____
#5: _____
#6: _____
#7: _____
#8: _____
#9: _____
#10: _____
#11: _____
#12: _____

Instructions: Place each staff member's name on a number. Then use the assigned number to fill out the staff schedule.

Attachment C

Projected On-Going Costs

For an Excel version of the Cost Data Workbook email rfp@altaregional.org

Alta California Regional Center
PROJECTED COST INFORMATION

Service Provider Name	Service Provider number:	Service Code:

Address:

City:	State:	Zip

Program Director	Phone:	Email address:

Person submitting form & position:	Phone:	Email address

Proposed Start Date of Service	# of Months of cost included:	Final Approval Date:

Brief Description of Proposed Service:

I understand that all information presented in this budget summary, including, but not limited to, the Staffing Summary, Fringe Benefits, Operating Costs, and administrative costs are accurate to the best of my knowledge.

Vendor CEO/Executive Director Signature	Date Signed:

1. Staffing Summary

Identify each position by title, annual salary, and percentage of time to be worked in the program. Also include the number of projected positions for each job title. Full time staff is based on a 52 week work year at 40 hours per week or 2,080 hours (52 x 40). Employees will be required to keep time records that substantiates time worked in this program.

Columns	*a*	*b*	*c*	*d*	*e*
Direct Service Staff				*=b*c*2080*	*=a*b*c*
Job Title	**Annual Salary (based on 2080 hour year)**	**# of Positions**	**% Time Spent in this program**	**Annual Hours**	**Annual Program Salary**
				-	$ -
				-	$ -
				-	$ -
				-	$ -
				-	$ -
				-	$ -
				-	$ -
				-	$ -
				-	$ -
				-	$ -
				-	$ -
TOTAL DIRECT SERVICE PERSONNEL					**$ -**

Columns	*a*	*b*	*c*	*d*	*e*
Administrative Staff				*=b*c*2080*	*=a*b*c*
Job Title	**Annual Salary (based on 2080 hour year)**	**# of Positions**	**% Time Spent in this program**	**Annual Hours**	**Annual Program Salary**
				-	$ -
				-	$ -
				-	$ -
				-	$ -
				-	$ -
				-	$ -
				-	$ -
				-	$ -
				-	$ -
				-	$ -
				-	$ -
TOTAL ADMINISTRATIVE PERSONNEL					**$ -**

2. Fringe Benefits

List each fringe benefit line item. The methodology should include how the fringe is calculated. Include employee eligibility criteria for medical, dental, etc. Use federal and state wage limits in calculating unemployment taxes.

DIRECT SERVICE STAFF BENEFITS					
Line item (*please use the items below or enter other types of benefits*)	**Methodology** (*please explain how each line item is calculated and what methodology it is based on if it is not a percent of salaries*)	**Check Box if Benefit is based on Salary**	**Amount** (Enter amount if benefit not based on a percent of Salary)	**% of salaries (if applicable)**	**Annual cost**
FUTA	Mandated Federal Unemployment Tax	☑		0.60%	$ -
FICA	Mandated Fed Social Secuity/Medicare	☑		7.65%	$ -
ETT	Mandated State Employment Training	☑		0.10%	$ -
SUTA	Mandated State Unemployment Ins.	☑		3.40%	$ -
Workers compensation		☐		0.00%	$ -
Medical, Dental, Vision		☐		0.00%	$ -
Pension Plans		☐		0.00%	$ -
Vac/Holiday Pay		☐		0.00%	$ -
Other		☐		0.00%	$ -
TOTAL DIRECT SERVICE BENEFITS					**$ -**

ADMINISTRATIVE STAFF BENEFITS					
Line item (*please use the items below or enter other types of benefits*)	**Methodology** (*please explain how each line item is calculated and what methodology it is based on if it is not a percent of salaries*)	**Check Box if Benefit is based on Salary**	**Amount** (Enter amount if benefit not based on a percent of Salary)	**% of salaries (if applicable)**	**Annual cost**
FUTA	Mandated Federal Unemployment Tax	☐		0.60%	$ -
FICA	Mandated Fed Social Secuity/Medicare	☐		7.65%	$ -
ETT	Mandated State Employment Training	☐		0.10%	$ -
SUTA	Mandated State Unemployment Ins.	☐		3.40%	$ -
Workers compensation		☐		0.00%	$ -
Medical, Dental, Vision		☐		0.00%	$ -
Pension Plans		☐		0.00%	$ -
Vac/Holiday Pay		☐		0.00%	$ -
Other		☐		0.00%	$ -
TOTAL ADMINISTRATIVE BENEFITS					**$ -**

3. Direct Service Operating Expenses

The format below must be used when completing the budget narrative. Line items must specify the methodology used and how it applies to direct service of consumers. Totals will populate onto the Budget Summary tab. List your budget line items with a description as noted below. Your description should be specific and include a list of the items and dollar amounts:

1. **Communications (enter notes in yellow section)**

Item(s)	Amount

Total Communications $ -

2. **Conferences & Meetings**

Item(s)	Amount

Total Conferences & Meetings $ -

3. **Consultants/subcontractors**

Item(s)	Amount

Total Consultants/subcontrators $ -

4. **Dues & subscriptions**

Item(s)	Amount

Total Dues & subscriptions $ -

5. **Equipment** (**The cost for Equipment that has 3 or more years of useful life must be spread over the life of the item**)

Item(s)	Cost	Years	Amount	Comments
Example - Computer	$ 2,500	3	$ 833	

Total Equipment $ -

6. **Lease-Auto, other**

Item(s)	Amount

Total Lease-Auto, other $ -

7. **Occupancy**

Item(s)	Amount

Total Occupancy $ -

8. **Printing**

Item(s)	Amount

Total Printing $ -

9. **Program supplies**

Item(s)	Amount

Total Program supplies $ -

10. **Repair & maintenance**

Item(s)	Amount

Total Repair & maintenance $ -

11. **Training**

Item(s)	Amount

Total Training $ -

12. **Travel**

Item(s)	Amount

Total Travel $ -

13. **Other**	Item(s)	Amount
Total Other		$ -

Total Direct Service Operating Costs	0

4. Administrative costs

The format below must be used when completing the budget narrative. Line items must specify the allocation methodology used and how costs are shared with other programs. Totals will populate onto the Budget Summary tab. List your budget line items with a description as noted below. Your description should be specific and include the following categories below if applicable:

1. **Depreciation & amoritization (Items with a life of 3 years or more must be spread over the life of the item)**

Item(s)	Cost	Years	Amount	Comments
Example - Computer	$ 2,500	2	$ 2,500	

Total Depreciation & amortization $ -

2. **Insurance (enter notes in yellow section)**

Item(s)	Amount

Total Insurance $ -

3. **Legal & Accounting**

Item(s)	Amount

Total Legal & Accountng $ -

4. **Office Supplies**

Item(s)	Amount

Total Office Supplies		$ -

5. **Payroll & bank fees**

	Item(s)	Amount
Total Payroll & bank fees		$ -

6. **Postage**

	Item(s)	Amount
Total Postage		$ -

7. **Staff recruitment & adverstising**

	Item(s)	Amount
Total Staff recuritment & advertising		$ -

8. **Travel (admin staff)**	Item(s)	Amount
Total Travel (admin staff)		$ -

9. **Other**	Item(s)	Amount
Total Other		$ -

Total Administrative Costs	0

Calculation of Direct Service Units:

(Enter data in yellow highlighted cells)

Select Type of Program from the drop down list >	Other2
Select type of Direct Service Units from drop down list >	Monthly
Enter Monthly Units Per Client (Enter 1 unit)	1.0
Enter Number of Months per year	12
-	
Number of clients	4
Units of Service click here for explanation	48

Less: -

Client non-attendance factor. This includes holidays, sick, and vacation for clients. Enter as a percentage. (use for day programs only)	-

Projected Annual Service Hours (Units)	48

Explanation

BUDGET SUMMARY

BUDGET ITEM		TOTAL
Direct Service Staff		
Salaries and Wages		$ -
Benefits		-
	Subtotal Direct Service staff	**$ -**
Operating Expenses		
Communications		$ -
Conferences & meetings		-
Consultants/Subcontractors		-
Dues & subscriptions		-
Equipment		-
Lease-Auto, other		-
Occupancy		-
Printing		-
Program Supplies		-
Repair & maintenance		-
Training		-
Travel		-
Other:		-
	Subtotal Operating Costs	**$ -**
Administrative costs		
Salaries and Wages		$ -
Benefits-admin		-
Depreciation & amortization		-
Insurance		-
Legal & accounting		-
Office supplies		-
Payroll & bank fees		-
Postage		-
Staff recruitment/advertising		-
Travel (admin staff)		-
Other:		-
	Subtotal Administrative Costs	**$ -**
Total costs		$ -
Projected service units		48
Cost per unit		$ -
Cost per client per year		$ -
Total direct service personnel & operating costs		$ -
Administrative cost percentage		#DIV/0!

#DIV/0!

Attachment D

References

References for: (Applicant's Name) _____

List three references who we may contact and who will be able to attest to your experience, as well as if they can attest to your experience working with underserved communities in a professional capacity.

Reference No. 1			
Name of Reference:	Title:	Agency:	
Address:	City:	State:	Zip Code:
Phone:	Email:		

Reference No. 2			
Name of Reference:	Title:	Agency:	
Address:	City:	State:	Zip Code:
Phone:	Email:		

Reference No. 3			
Name of Reference:	Title:	Agency:	
Address:	City:	State:	Zip Code:
Phone:	Email:		

Attachment E

Statement of Disclosure

Please circle the correct response, as applicable. Briefly explain any "yes" answers. If a corporation, "Applicant" for the purpose of this Statement of Obligation means any entity for which the "Person Authorized to Bind Organization" as identified on the cover page is affiliated.

1. The applicant is currently providing services to regional center clients.

   Yes No

2. The applicant is currently receiving or planning to apply for other grants/funds from any source to develop a social service program(s)?

   Yes No

3. The applicant is vendored with another regional center.

   Yes No If yes, which regional center(s):

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

   Yes No

5. Has the applicant or any member of the applicant's organization received a Corrective Action Plan, Sanction, a notice of Immediate Danger, or other citation from a regional center or State licensing agency?

   Yes No

6. Has the applicant had to file for bankruptcy for any reason?

   Yes No

7. (ARF Level 4I only) Has the applicant been convicted of a crime that would prevent them from becoming licensed or would require an exemption from a licensing agency?

   Yes No

8. Describe other professional/business obligations held by the Licensee and Administrator, including name, location, type, capacity and time commitment of each obligation (Do not include services you propose to provide through this proposal).

_____

Signature of Applicant or Authorized Representative Date