



**SOUTH CENTRAL LOS ANGELES REGIONAL CENTER
FOR DEVELOPMENTALLY DISABLED PERSONS, INC.**

**SOUTH CENTRAL LOS ANGELES REGIONAL CENTER
REQUEST FOR PROPOSAL (RFP)
for Fiscal Year 2021-2022**

SOCIAL RECREATIONAL, CAMPING & EQUESTRIAN SERVICES

Fiscal Year 2021-2022

February 18, 2022

South Central Los Angeles Regional Center (SCLARC) is a community-based, private non-profit corporation that is funded by the State of California to serve people with developmental disabilities as required by the Lanterman Developmental Disabilities Act. The Lanterman Act [California Supreme Court in ARC-CA vs. Department of Developmental Services determined that a primary function of regional centers is to “prevent or minimize the institutionalizations of developmentally disabled persons”. SCLARC will use Community Resource Development Plan (CRDP) funds to develop community resources including but not limited to acquiring and developing permanent, accessible homes in the community, owned by Housing Development Organizations (HDO), for the use of individuals at risk of or currently residing in, state developmental centers or Institutions for Mental Disease (IMD). SCLARC is one of twenty-one (21) Regional Centers throughout California serving individuals and their families who reside within the cities of Bell, Bell Gardens, Maywood, Paramount, Cudahy, Downey, Huntington Park, South Gate, Compton, Lynwood, Gardena, Vernon and Carson, as well as the South Los Angeles area, including the communities of Watts, Crenshaw, Hyde Park, Leimert Park, View Park and Baldwin Hills. SCLARC receives funds from the Department of Developmental Services (DDS) to develop a CRDP.

- If you have questions please come to the Request for Proposal (RFP) Orientation listed on this announcement.
- SCLARC and DDS reserve the right to withdraw this RFP and/or disqualify any proposal which does not adhere to the RFP guidelines. Proposals submitted after the indicated time will not be considered.

DEFINITIONS:

SERVICE PROVIDERS:

SCLARC will contract with individuals and/or organizations to provide direct services to individuals with developmental disabilities. Service Providers may provide residential care in the home owned by the HDO, develop employment-training programs, provide medical care, transportation, and other services in the community in which the individual lives.

SOCIAL RECREATION:

Social Recreation is defined as swimming, dance, art, music, sports, and activities in inclusive settings, provided by the Department of Parks and Recreation and civic groups such as the YMCA or YWCA, scouting programs, service organizations, local cultural organizations, churches, and community organizations, in which individuals are engaged with others.

RFP TIMELINE

Tuesday, February 18, 2022	RFP Released
Wednesday, February 23, 2022 at 2pm to 3pm	RFP Orientation/Information meeting/Bidder’s Conference Zoom
Thursday, March 3, 2022	Proposal Due (no later than 4pm, no exceptions)
Tuesday, March 8, 2022	Oral Interview/Presentation*
March 9 th , 10 th , & 11 th , 2022	Applicant Scoring and Selection *
Tuesday, March 15, 2022	Award letters mailed*
April 1, 2022 (no later than 6/30/22)	Contract signed*

*subject to change due to scheduling

SUMMARY OF PROJECTS

Project No. 1-SCLARC: SOCIAL RECREATIONAL SERVICE PROVIDER

REFER TO ATTACHMENT A FOR COMPLETE SUBMISSION REQUIREMENTS for this RFP

Social/recreational, camping, and equestrian services are designated to enhance the social interaction opportunities and skills. Such services encourage Individuals served by SCLARC to communicate with others, reinforce social skills acquisition by providing an opportunity for them to practice/generalize the skills they have learned, develop healthy relationships outside of their family unit and fosters the importance of developing work/life balance. While a social recreational program may have therapeutic value and have characteristics of community integration and/or social skills training program, the inherent purpose of a social recreational program is to provide an opportunity to recreate in an inclusive environment of their choosing. Inclusive community setting refers to clubs, centers, halls, sites, and other locations where individuals with and without disabilities engage in social activities. The social recreational service/program must promote a beneficial environment that allows for the individual receiving regional center services to have full access to their communities.

Social recreation is defined as swimming, dance, art, music, sports, and activities in inclusive settings, provided by the Department of Parks and Recreation and civic groups such as the YMCA or YWCA, scouting programs, service organizations, local cultural organizations, churches, and community organizations, in which individuals are engaged with others.

Social recreational services will be based on agreement with individual/family and reviewed annually for continued need, progress, and utilization as well as to ensure it remains age appropriate. Age-appropriate social activities are defined as participating in sports, hobbies, arts, leisure activities, educational, and/or volunteer activities with the same and/or near-age peers. Social recreational services are intended to promote a transition into an integrated generic social setting. Social recreational services may not be funded as a day program.

Startup: NONE

Geographic Location: within the cities of Bell, Bell Gardens, Maywood, Paramount, Cudahy, Downey, Huntington Park, South Gate, Compton, Lynwood, Gardena, Vernon and Carson, as well as the South Los Angeles area, including the communities of Watts, Crenshaw, Hyde Park, Leimert Park, View Park and Baldwin Hills. The service provider’s office must be situated in SCLARC’s catchment area. Consequently, the social recreational services must be rendered within SCLARC’s catchment area.

SELECTION PROCESS

All proposals received by the deadline will undergo a preliminary screening. Late or incomplete applications will not be accepted for review. The Proposal Review Committee will be selected by SCLARC. Proposals will be reviewed for completeness, applicant’s experience and fiscal stability, resources of the applicant, reasonableness of costs, and ability of the 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 SCLARC's decision regarding their proposal.

This 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 the Committee scrutinizing 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 timelines for development.

RESERVATION OF RIGHTS

SCLARC 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. SCLARC may, at its sole and absolute discretion, select no provider for these services if, in its determination, no applicant is sufficiently responsive to the need.

SCLARC reserves the right to withdraw this Request for Proposal (RFP) and/or any item within the RFP at any time without notice. SCLARC reserves the right to disqualify any proposal which does not adhere to the RFP guidelines. This Request for Proposal is being offered at the discretion of SCLARC. It does not commit SCLARC to award any grant.

COSTS FOR PROPOSAL SUBMISSION

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

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.

All interested Applicants **must submit five (5) hard copies AND an e-file of proposal for each development**. Applicants please review the following attachments.

Attachment A – Social Recreation/Camping /Equestrian Services

Enclosed – Social Recreational Purchase of Service (POS) Policy



South Central Los Angeles
Regional Center
for persons with developmental disabilities, inc.

**SOUTH CENTRAL LOS ANGELES REGIONAL CENTER
FOR DEVELOPMENTALLY DISABLED PERSONS, INC.**

**Request For Proposals (RFP) Announcement
Fiscal Year 2021-2022**

Attachment A

Social Recreation/Camping/Equestrian Services

INSTRUCTIONS AND FORMS

Information Meeting: Wednesday, February 23, 2022 at 2:00pm to 3:00pm

Written Proposals Due: Thursday, March 3, 2022, no later than 4:00pm no exceptions

**South Central Los Angeles Regional Center
Request for Proposals (RFP) Announcement
2021-22 for Social Recreation/Camping/Equestrian Services**

Project No. 1-SCLARC: SCLARC is requesting proposals from interested parties to develop and operate social/recreational, camping, and equestrian services designated to enhance the social interaction opportunities and skills of the individuals we serve. Such services encourage Individuals served by SCLARC to communicate with others, reinforce social skills acquisition by providing an opportunity for them to practice/generalize the skills they have learned, develop healthy relationships outside of their family unit and fosters the importance of developing work/life balance.

While a social recreational program may have therapeutic value and have characteristics of community integration and/or social skills training program, the inherent purpose of a social recreational program is to provide an opportunity to recreate in an inclusive environment of their choosing. Inclusive community setting refers to clubs, centers, halls, sites, and other locations where individuals with and without disabilities engage in social activities. The social recreational service/program must promote a beneficial environment that allows for the individual receiving regional center services to have full access to their communities.

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Social recreational services will be based on an agreement with individual/family and reviewed annually for continued need, progress, and utilization as well as to ensure it remains age appropriate. Age-appropriate social activities are defined as participating in sports, hobbies, arts, leisure activities, educational, and/or volunteer activities with the same and/or near-age peers. Social recreational services are intended to promote a transition into an integrated generic social setting. Social recreational services may not be funded as a day program.

The ongoing reimbursement will be negotiated, based on the applicant's budget, median rate limitations, and rates published by community based organizations with similar services. The applicant chosen must agree to accept individuals we serve consumers identified by SCLARC for services. **There are no startup funds for this proposal.**

Applicant Eligibility and Minimum Service Requirements

- Applicants must be in good standing. Applicants with a history of deficiencies issued by a licensing agency, corrective actions issued by the regional center for severe deficiencies, or similar actions taken by a placement or oversight agency may not be considered for this development.
- Applicants must have a sound financial status. Financial statements for the past three years are required. The applicant must have access to a reserve throughout the development and vendorization process.
- Applicants must have at least three (3) years- experience as a regional center vendor, working with the targeted population.
- Applicants must have an identified Program Director with a minimum of three (3) years working with individuals with developmental disabilities.
- Applicants must meet the requirement set forth in the Board Approved Social Recreational/Camping/Equestrian Purchase of Service Policy (please see enclosed documented with the same title).
- **Applicants must be prepared to begin providing direct services to individuals we serve by April 1, 2022.**

Applicants Ineligible

The following agencies or individuals are not eligible:

- The State of California, its officers or its employees;
- A Regional Center, its employees, or their immediate family members;
- Area Board members, their employees or their immediate family members;
- Any applicants with a conflict of interest with either its board members or employees.

Proposal Submission

- The Proposal will not be considered for review if it is received after the **4:00pm of Thursday, March 3, 2022**, deadline.
- **Five (5)** copies of the proposal are due on **Thursday, March 3, 2022 at 4:00pm.**
- The contact person for this project is Robert Campbell. Mr. Campbell can be reached at robertc@sclarc.org.

Timeline

•Request for proposals announcement.....	02/18/2022
•Information meeting/bidder’s conference.....	02/23/2022 at 2pm to 3pm
•Proposal submission deadline.....	03/03/2022 at 4:00pm
•Interview of the top candidates.....	03/09/2022 thru 03/11/2022*
•Executive Director review and approval/Scoring.....	03/11/2022*
•Notice of selection committee decision.....	03/15/2022*
•Contracts complete	03/30/2022*
•Anticipated implementation of service	04/01/2022*

*subject to change due to scheduling

Selection Procedures

The proposals will be reviewed, scored and prioritized. Failure to follow RFP guidelines or the submission of incomplete documents will result in rejection.

Scoring will be as follows:

•Organization background and experience.....	10
•Financial stability	15
•Proposal narrative and program design.....	25
•Implementation plan.....	10
•Projected advance budget.....	10
•Projected start-up budget.....	10
•Evaluation of previous performance (service track record).....	10
•Number and type of current start-up projects throughout CA.....	10
Total.....	100

Rights Reservations

- SCLARC reserves the right to reject any or all proposals received as a result of this Request for Proposals or to negotiate separately with any contractor when it is determined to be in the best interest of SCLARC.
- SCLARC reserves the right to select any one of the finalists interviewed regardless of the proposal score.
- SCLARC’s decision will be final in any manner of interpretation of the RFP (Request for Proposals).

Proposal Narrative

Organization Background and Experience

1. Contact Information-name, address, email address and telephone number of applicant and for the individual to interface with SCLARC during the proposal review process.
2. Company Information- indicate whether the applicant is applying as a corporation, non-profit corporation, limited partnership, or limited liability corporation. Include copies of the articles of incorporation and corporation by-laws;

certificate of limited partnership and any amendments; or a copy of the limited liability company articles of incorporation and certificate of amendment (if any).

3. Proposal Author- Provide names of all parties involved in writing all or parts of the proposal.
4. Project Team- Names of partners, key staff members and/or consultants (if known) who will be involved in the implementation of the project. Attached copies of the individuals' resumes.
5. Summary of the applicant's experience providing services to the **target population**.
6. Summary of the applicant's commitment to quality services. This section must address each minimum requirement and include the applicant's "**continuous quality improvement plan**".
7. List of References- provide letters of reference relevant to experience and other qualifications required to complete this or similar services.
8. List of all vendorizations with SCLARC and any other of the California Regional Centers.
9. List of all previous and current start-up projects or (both grant and unsolicited) with any of the California Regional Centers. Note that this information will be used to confirm that the applicant has a track record consistent with established timelines for CRDP start-up development.
10. List of services provided to other populations (if applicable).

Financial Status:

1. Applicant/agency financial statements for the past three years, documenting financial stability, and assets sufficient to undertake the start-up project.

Program Design (Must be HCBS/Final Rule compliant):

1. Statement of purpose.
2. Entrance criteria/description of individuals we serve. The description must be consistent with the individuals we serve characteristics described in the RFP.
3. Exit criteria.
4. Attendance policy of individuals served.
5. Statement committing to the required staff to individuals serve ratio.
6. Operating hours.
7. Service/programming hours.
8. Sample of a current weekly schedule.
9. Description of procedure used to develop consumer Individual Service Plans (ISP).
10. Description of services provided. Include a statement indicating who will plan, conducts and assists individuals in participating in the services and activities described in this section
11. Description of measurable anticipated service outcomes.
12. Consumer assessment procedures, timelines, and a sample of the instrument that will be used.
13. Description of instructional curricula, skills training strategies and other techniques that will be utilized to assist individuals with developing coping skills, behave appropriately, gain greater independence in activities of normal living; and spend more time in the community, doing the activities they enjoy.
14. Data methodology used to measure progress. Include how measurement and reporting of progress on skill training goals will differ from measurement and reporting on the reduction of targeted behavior problems. Include how and for what time period data will be summarized for reporting.
15. Evaluation procedures used to determine each individuals progress toward achieving the specific outcomes identified in each ISP objective.
16. Attendance records which document training services.
17. Statement of commitment to having a vehicle that can accommodate the transportation needs of consumers.
18. Individual rights.
19. Special incident reporting procedures.
20. Emergency disaster plan.
21. Staffing emergency procedures.
22. Individual r medical emergency procedures.
23. Individual grievance procedure.

24. Individual hydration policy.
25. Organizational chart for the program listing **all** positions.
26. Staff qualifications and duties statement.
27. Include a statement that all staff's fingerprints will be cleared BEFORE working with the individual.
28. A statement that the direct care staff base wage will be a minimum of 150% of the minimum wage.
29. A statement that staff will take "in person" CPR and First Aid Courses.
30. A statement that staff will maintain current CPR and First Aid Certifications.
31. A statement that staff will maintain current PCMA, CPI or PRO-ACT Certifications.
32. Staff training plan. In addition to the requirements specified in CCR Title 17, the training plan must include weekly staff technical assistance/training sessions to address each ISP. Include cultural competency training and zero tolerance training for staff.
33. A statement that training records will be maintained.
34. A statement that program and individual records will be maintained.
35. Copy of personnel policies.
36. Copy of the program's Zero Tolerance Policy.
37. Copy of the program's Whistle Blower Policy statement regarding a commitment to annual staff training.
38. Copy of the program's Drug Free Policy.
39. Description of the governing body. Specify if the program will be licensed and vendored as an individual/sole proprietor, partnership, limited liability company or corporation.
40. Provide a list of the general partners or corporate offices and the percentage of shares owned by each.
41. A statement that the vendor will maintain current general and professional liability and worker's compensation insurance, and name SCLARC as additional insured.
42. Statement regarding how the agency will remain culturally competent.

Implementation Plan

1. Provide an action plan with timelines for the start-up project. Vendor must be ready to provide services by **April 1, 2022**.

Projected Budgets

1. Provide a projected start-up budget.
2. Provide a project budget outlining rate per day, per hour or per month for each individual served. Budget must address administrative cost not to exceed 15% (WIC 4629.7).

Please describe any other employment or business commitments you may have.

I hereby certify that the above information accurately represents all of my business interests in the State of California, and I give Regional Center staff authorization to contact any of the above Regional Centers for reference information.

Signature

Print Name

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, program 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, program director, 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, program, 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, program 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.

CONFLICT OF INTEREST DECLARATION

Current service providers and applicants for vendorization are required to report any conflict or potential conflict of interest to the regional center. Pursuant to Title 17, Section 54522, a conflict of interest exists when a regional center employee or the family member of an employee, holds a position as owner, manager or employee in any business entity vendored by a California Regional Center or Department of Developmental Services.

This regulation is in place to ensure that the actions and interests of regional center employees do not have a material financial effect on:

- Any vendored program/service in which the employee or the family member of an employee has a direct or indirect investment.
- Any real property or possession of the vendor in which the employee has a direct or indirect interest.
- Any income received by or promised to the regional center employee as a part of the vendorization process or ongoing service provider operations.

It is the vendored service provider’s responsibility to remain in compliance with the Welfare and Institutions Code by reporting a conflict of interest. It is the regional center employee’s responsibility to eliminate the conflict of interest or obtain a waiver pursuant to the regulations.

Conflict Of Interest Certification

I certify that I am not a current Regional Center or State of California employee.

Service Provider’s
Initials

I certify that I am not the relative (spouse, parent, sibling, or child) of a current Regional Center employee.

I am a relative of a current Regional Center employee. The name of the employee is _____. His/her telephone number is _____. The email address is _____ (the Regional Center will contact the individual in accordance with the waiver requirement).

Please read this section carefully

I certify that I will refrain from providing gifts of any kind to South Central Los Angeles Regional Center (SCLARC) employees that exceed \$25.00 per person annually. I understand that gift giving that exceeds \$25.00 is not in compliance with Title 17 and SCLARC’s Conflict of Interest policy.

I certify that I will immediately report any future conflict or potential conflict of interest to South Central Los Angeles Regional Center.

Name of Applicant/Vendor or Authorized Representative:

_____ Date: _____

Signature: _____

STATEMENT OF OBLIGATION
(Please attach additional pages if needed)

	YES	No
1. THE APPLICANT IS PRESENTLY PROVIDING SERVICES TO INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES:		
2. THE APPLICANT IS PRESENTLY PROVIDING SERVICES TO INDIVIDUALS OTHER THAN THOSE WITH DEVELOPMENTAL DISABILITIES IN RESIDENTIAL SETTINGS OR OTHER RELATED SERVICES. IF YES , INDICATE NAME, LOCATION, TYPE & SERVICE(S)		
3. IS THE APPLICANT CURRENTLY RECEIVING GRANT/FUNDS FROM ANY SOURCE TO DEVELOP SERVICES FOR INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES? IF YES , INDICATE FUNDING SOURCE AND SCOPE OF GRANT PROJECT.		
4. IS THE APPLICANT CURRENTLY APPLYING FOR GRANT/FUNDS FROM ANY SOURCE TO DEVELOP SERVICES FOR FISCAL YEAR 2019/2020? IF YES , INDICATE FUNDING SOURCE & SCOPE OF GRANT PROJECT.		
5. THE APPLICANT IS PLANNING TO EXPAND EXISTING SERVICES (THROUGH A LETTER OF INTENT AND WITH OR WITHOUT GRANT FUNDS) FROM A SOURCE OTHER THAN SOUTH CENTRAL REGIONAL CENTER DURING FISCAL YEAR 2019/2020: IF YES , PLEASE PROVIDE DETAILS		
6. DESCRIBE OTHER PROFESSIONAL/BUSINESS OBLIGATIONS. INCLUDE NAME, LOCATION, TYPE AND CAPACITY OF SERVICE/OBLIGATION. DO NOT INCLUDE SERVICES YOU EXPECT TO PROVIDE THROUGH THIS GRANT. (PLEASE USE SEPARATE SHEET OF PAPER)		
7. HAS THE APPLICANT OR ANY MEMBER OF THE APPLICANT'S ORGANIZATION RECEIVED A CORRECTIVE ACTION PLAN FROM A REGIONAL CENTER OR CITATION FROM STATE LICENSING AGENCY WITHIN THE LAST 2 YEARS? IF YES , EXPLAIN IN DETAIL.		
8. HAS THE APPLICANT OR MEMBER OF THE APPLICANT'S ORGANIZATION OR STAFF EVER RECEIVED A CITATION FROM ANY AGENCY FOR ABUSE? IF YES , EXPLAIN IN DETAIL.		
9. THE APPLICANT UNDERSTANDS THAT ALL REFERRALS FOR THIS PROJECT WILL BE INDIVIDUALS THAT HAVE BEEN PREVIOUSLY IDENTIFIED BY SCLARC AS READY TO TRANSITION TO THE COMMUNITY FROM IDENTIFIED SETTINGS.		

 Signature of Applicant or Authorized Representative

 Date



South Central Los Angeles Regional Center

FUNDING STANDARDS

**Service Code: 525 - Social Recreation/Camping/Equestrian
Board Approved 01/26/2022**

Individuals must receive services in the most integrated settings of their choosing and have full access to the benefits of community living. Settings where individuals live and receive services must be provided in a natural environment.

A. Definition

Social/recreational, camping, and equestrian services are designated to enhance the social interaction opportunities and skills. Such services encourage Individuals served by SCLARC to communicate with others, reinforce social skills acquisition by providing an opportunity for them to practice/generalize the skills they have learned, develop healthy relationships outside of their family unit and fosters the importance of developing work/life balance. While a social recreational program may have therapeutic value and have characteristics of community integration and/or social skills training program, the inherent purpose of a social recreational program is to provide an opportunity to recreate in an inclusive environment of their choosing. Inclusive community setting refers to clubs, centers, halls, sites, and other locations where individuals with and without disabilities engage in social activities. The social recreational service/program must promote a beneficial environment that allows for the individual receiving regional center services to have full access to their communities.

Social recreation is defined as swimming, dance, art, music, sports, and activities in inclusive settings, provided by the Department of Parks and Recreation and civic groups such as the YMCA or YWCA, scouting programs, service organizations, local cultural organizations, churches, and community organizations, in which individuals are engaged with others.

Social recreational services will be based on agreement with individual/family and reviewed annually for continued need, progress, and utilization as well as to ensure it remains age appropriate. Age-appropriate social activities are defined as participating in sports, hobbies, arts, leisure activities, educational, and/or volunteer activities with the same and/or near-age peers. Social recreational services are intended to promote a transition into an integrated generic social setting. Social recreational services may not be funded as a day program.

B. Criteria for POS Funding

Social Recreation, Camping and Equestrian services will be considered for individuals and providers who meet the following criteria:

1. All generic resources have been explored in the individual's community prior to requesting regional center funding [WIC 4659.10].

2. Exploration of community resources has been documented to include public parks and recreation departments, civic groups such as the YMCA or YWCA, scouting programs, service organizations, local cultural organizations, churches, and community organizations [WIC 4659.1(a)(3), (b)(2), (c)(2); 4659.10].
3. The activity will be provided in the individual's community, show a cost-effective use of public resources, and will be delivered by the least costly vendor [WIC 4648(a)(6)(D)].
4. If an individual chooses a service that is intended primarily for Individuals with a developmental disability, the service must meet the following criteria:
 - a. The setting (or place where they receive those services) must be in compliance with the Home and Community Based Services (HCBS) Final Rule before they can begin to receive services.
 - b. The Provider's service design must demonstrate desired outcomes for individuals served, entrance and exit criteria for the service.
 - c. Provider experience must include but not limited to:
 1. Minimum of High School Diploma, some units in secondary education in the field of expertise such as art, music, camp counselor, psychology, child development or similar field, and three (3) to five (5) years of experience working with individuals with developmental disability that is specific to the age group being served.
 2. Has Cardiopulmonary Resuscitation (CPR)/First Aid certification (renewed yearly).
 3. Must pass the Department of Justice (DOJ) criminal clearance/fingerprint.
 4. Must be knowledgeable of Title 17 and Special Incident Reporting.
 5. Must meet all Vendorization requirements under Title 17.
 6. Must have water safety certification and/or certified lifeguard (if applicable).
 - d. Provide an opportunity to inclusive setting and/or access to integrated setting.
 - e. At a minimum, provide every six months or upon request a signed attendance and/or activity report to SCLARC 60 days prior to the end of the service authorization.
 - f. The purpose of social recreational services is to encourage integration and mirror the experience of individuals without a disability; therefore, 1:1 support will only be considered on a time-limited basis as a transitional service to full inclusion. Requests for 1:1 support must come directly from the service provider, prior to initiation of the 1:1 support service, and must be justified with documentation, including but not limited to a reason for the need, expected duration, and fade out plan. Such supports will be authorized for 90 days at a time and will require progress reports to be submitted by the vendor to the

Service Coordinator at least 30 days in advance of service termination for consideration of renewal.

- g. No more than 20 hours per month of social/recreational services will be funded by SCLARC.
5. Services shall not duplicate other services that are in place.
 6. The service is not intended to provide social skills training, childcare, day care, personal assistance, and/or respite. For an individual served by SCLARC, family's personal resources, and parental responsibility, should be explored to determine if anyone else, including extended family, friends, or a regular paid support can provide social recreation services [WIC 4646.4(a)(4)].
 7. If applicable, SCLARC's case management will consult with SCLARC's Clinical Team for the appropriateness of the social recreational activity requested by the individual we support. Additionally, SCLARC may at its discretion, request for a signed letter and/or a prescription by a licensed medical professional and/or primary care physician authorizing the individual's full participation to the service requested.
 8. Camping Services for day or overnight stay, must be provided within the State of California and must not exceed \$1,250.00 per fiscal year (birth month to birth month). Camping Services must meet regulations and laws set by the State of California.
 9. Horseback Riding/Equestrian services must meet the following requirements:
 - a. Equestrian Facilities and/or Providers must have and meet Certified Horsemanship Association (CHA) certification standards in Arena Safety, Facility Safety for Horses and Riders, and has Emergency Equipment in place.
 - b. Equestrian Facilities must pass Concentrated Animal Feeding Operations (CAFOs) regulations set by the State of California.

C. Procedure for Referral and Review

1. When an individual requests one of the following services - Social/recreational, camping or an equestrian service – the Service Coordinator shall discuss whether the request meets the criteria of this policy. The Service Coordinator shall determine whether generic community resources were explored. If required, Service Coordinators will initiate consultation and/or assessment with the appropriate Planning Team and/or clinical team to review the need and recommend the appropriate level of service.
2. Requests for purchase of this service should be forwarded to the Program Manager and POS Committee for review and approval before forwarding to Fiscal Department.
3. On an annual basis, a review of the individual will be conducted to indicate a need for a socialization experience in addition to what is currently available to the Individual served. The IPP Planning team will assess whether the individual is making sufficient progress in the program to justify continued funding. The review and recommendation for

continuation of services may consider programming alternatives with fewer restrictions and/or supports. The identified need will be documented in the Individual Program Plan.

4. Any request for Individuals to receive additional funding in their Self-Determination Individual Budgets for Social/Recreational Services will need to meet the requirements in this policy and demonstrate that funding already allocated in the budget cannot meet the requested need.