SAN ANDREAS REGIONAL CENTER
6203 San Ignacio Ave, Ste. 200
San Jose, CA 95119

TO: All Potential Request for Proposal Respondents

FROM: Mia Garza, Associate Director of Community Services
Gina Jennings, CRDP Specialist

DATE: September 15, 2026

RE: Request for proposal-Level 7 home serving four adults with neurocognitive disorders

Service Delivery Type: A Level 7 home for four adults with neurocognitive disorders, including Alzheimer's disease and other forms of dementia that affect memory and cognitive functioning.

Geographic Location(s): 15470 La Alameda Drive, Morgan Hill (Santa Clara County)

Contract Award: Startup funding up to $250,000 (Pending DDS Approval)

San Andreas Regional Center

San Andreas Regional Center (SARC) is a community-based, private nonprofit corporation that serves individuals and their families residing in Monterey, San Benito, Santa Clara, and Santa Cruz Counties. It is one of 21 regional centers in California. The State of California funds SARC to serve people with developmental disabilities, as required by the Lanterman Developmental Disabilities Services Act. Commonly known as the "Lanterman Act," this essential legislation was passed into law in 1969. The law declares that people with developmental disabilities and their families have the right to receive the services and supports they need to live like people without disabilities.

Service Description

San Andreas Regional Center (SARC) seeks an experienced residential service provider to develop and operate a Level 7 Community Care Facility (CCF) in Morgan Hill, California. The home will serve four adults with developmental disabilities who also experience Alzheimer's disease, other forms of dementia, or related neurocognitive disorders that affect memory, behavior, and daily functioning.

Residents will require individualized, 24-hour residential services due to their cognitive, medical, behavioral, and personal care needs. Services must be flexible and responsive as each resident's abilities and support needs change throughout the progression of the neurocognitive disorder.

Level 7 Residential Model

Under the California Department of Developmental Services (DDS) rate model, Level 7 homes provide highly individualized services for individuals with extraordinary needs that exceed Level 6 service requirements. A Level 7 home must provide one or more of the following:

- Staffing hours exceeding Level 6 requirements;
- Consultant hours exceeding Level 6 requirements; or
- Staff with specialized qualifications beyond those required of traditional direct service professionals, such as Registered Behavior Technicians, Certified Nursing Assistants, Licensed Vocational Nurses, Registered Nurses, or Licensed Psychiatric Technicians.

The rate for the home will be customized based on the approved staffing, clinical, consultant, training, and operational resources necessary to safely and effectively support its residents.

For this project, the provider must develop a staffing model that ensures awake, on-site support 24 hours per day, seven days per week. Staffing levels and professional qualifications must be sufficient to meet residents' assessed needs and comply with all applicable licensing, regulatory, program design, and funding requirements.

The home is intended to accommodate four residents, including individuals who are non-ambulatory or whose mobility may decline over time, as permitted by the facility's license and applicable fire clearance. Each resident will have a private bedroom.

Required Services and Supports

The selected provider must offer or coordinate comprehensive, person-centered, dementia-informed, behaviorally supportive, and trauma-informed services. The program must recognize that neurocognitive disorders, including Alzheimer's disease and other forms of dementia that affect memory and cognitive functioning, may present differently in individuals with developmental disabilities and that residents' needs are likely to change over time.

Services and supports must include, but are not limited to:

- Developing and maintaining a safe, accessible, and dementia-capable environment;
- Providing individualized routines, activities, and programming that promote familiarity, comfort, engagement, and meaningful choice;
- Supporting opportunities for socialization and continued connections with family, friends, and the community;
- Developing, implementing, and regularly updating an individualized care plan addressing neurocognitive disorders, including Alzheimer's disease and other forms of dementia, for each resident;
- Monitoring changes in cognition, communication, behavior, mobility, health, and daily functioning;
- Using positive, person-centered strategies to address behavioral and psychological symptoms associated with neurocognitive disorders, including Alzheimer's disease and other forms of dementia;
- Coordinating medical, nursing, behavioral, mental health, and other professional services;
- Providing individualized assistance with personal care and activities of daily living;
- Addressing changing nutritional, dietary, swallowing, hydration, and feeding-support needs;
- Promoting residents' health, safety, dignity, comfort, independence, and quality of life;
- Supporting residents throughout the progression of their conditions, including coordinating with legally authorized palliative, hospice, or end-of-life services when appropriate; and
- Maintaining continuity of care and minimizing unnecessary disruptions or relocations whenever safely and legally possible.

Staff Qualifications and Training

All direct service and professional staff must meet applicable qualification, certification, competency, and continuing-training requirements. Staff must receive specialized training during onboarding and on an ongoing basis in areas that include:

- Intellectual and developmental disabilities and neurocognitive disorders, including Alzheimer's disease and other forms of dementia;
- Recognition of changes that may indicate cognitive decline;
- Person-centered and trauma-informed care;
- Dementia-related communication strategies;
- Positive behavioral supports;
- Behavioral and psychological symptoms associated with neurocognitive disorders, including Alzheimer's disease and other forms of dementia;
- Health, medication, nutrition, mobility, and fall-risk considerations;
- Emergency preparedness and resident safety; and
- Palliative and end-of-life support, as appropriate to each staff member's role.

Foundational training must be provided by a qualified and reputable organization, such as the National Task Group on Intellectual Disabilities and Dementia Practices (NTG), in addition to all training required by DDS, Community Care Licensing, the approved program design, and applicable statutes and regulations.

Licensing and Regulatory Requirements

The selected provider will be responsible for obtaining and maintaining the appropriate license from the California Department of Social Services, Community Care Licensing Division. The provider must comply with all applicable federal and state laws, regulations, licensing standards, DDS requirements, regional center policies, approved program design requirements, and subsequently adopted requirements applicable to the operation of the home.

Because neurocognitive disorders may occur at different ages and progress at different rates, eligibility will be based on each individual's assessed needs rather than a predetermined age range.

Property and Lease

The property is owned by a nonprofit housing organization. The selected residential service provider will lease the property from the nonprofit housing organization and will be responsible for obtaining and maintaining the required Community Care Licensing approval to operate the home.

Potential providers must have prior demonstrable experience in the following areas:

- Supporting people with intellectual and developmental disabilities (I/DD) who are aging and living with neurocognitive disorders, including Alzheimer's disease and other forms of dementia;
- Supporting people with I/DD who have enhanced needs;
- Owning or providing services in an Adult Residential Facility for Persons with Special Health Care Needs (ARFPSHN), a Level 2–7 Adult Residential Facility (ARF), or an Enhanced Behavioral Support Home (EBSH), or providing supported living services to individuals who are aging;
- Working with community-based social service agencies and resources;
- Working with people with I/DD and their families who are experiencing a crisis due to dementia care-related issues that require out-of-home placement;
- Working with and arranging services for individuals with I/DD, including those living with dementia and memory loss. Services may involve local healthcare professionals specializing in aging, former caregivers, mental health systems and providers, and behavioral support providers;
- Maintaining connections with groups and agencies that specialize in I/DD, dementia, and other neurocognitive disorders; and
- Successfully providing 24-hour care, support, and supervision seven days per week.

A provider must be able to work collaboratively with others in a multi-agency, interdisciplinary configuration, such as other regional centers, former caregivers, and day programs, to successfully support each individual.

Preferred Provider Requirements:

1. Experience with regional center and CRDP start-up processes.
2. Experience implementing Title 17 and Title 22 requirements.
3. Experience developing program designs and starting programs.
4. Experience with budget development.
5. Experience as an owner or operator of a Level 6 or 7 adult residential facility, or a comparable facility, with compliant quality assurance and audit reviews.

6. Previous experience working with individuals who are aging and living with dementia and memory loss and creating care plans based on each stage of the condition.
7. Demonstrated ability to work collaboratively with multi-agency, multidisciplinary teams in a highly regulated environment, including participating in regular quality reviews with SARC and DDS.

Board members and employees of regional centers are prohibited from submitting proposals. Refer to Section 54314 of Title 17 of the California Code of Regulations for a complete list of ineligible applicants.

Please refer to the Request for Proposal and Submission Guidelines below for proposal requirements, submission timelines, the basis for the award, the anticipated selection schedule, and other important information.

RFP Orientation: Provided upon request via email to gjennings@sarc.org schedule before October 15, 2026.

Proposal Requirements

1. Appendix A – Proposal Title Page
2. Appendix B – Financial Statement
3. Appendix C – Statement of Obligations
5. Appendix D – Resumes, Statement of Qualifications, and References. Please include:
    1. Evidence that the applicant possesses the organizational skills, education, and experience necessary to complete a project of this scope.
    2. List of professional references with name, address, and phone number of at least one person/agency to verify fiscal stability and at least one person/agency to verify program/administrative experience.
    3. Statement with evidence of ability to work interactively and cooperatively with San Andreas and the diverse population of families within the San Andreas catchment area. Statement outlining the ability to work within the scope of Title 17 regulations governing vendorization and SARC policies and procedures.
6. Appendix E – Proposal Narrative Program Plan Summary for Level 7 home serving four adults with neurocognitive disorders—conditions that affect memory and cognitive functioning, including Alzheimer's disease and other forms of dementia.
7. Appendix F – The required information will be provided via email upon request.
8. Appendix G – Proposed Milestones for Start-Up Funds

Contract Requirements

The selected Service provider must enter a contract by December 31, 2026, to access start-up funding.

Estimated Service Duration

Start-Up will begin on January 1, 2027.
Direct services are expected to begin by July 1, 2027.

Assumptions and Agreements

Proposals will not be returned to the submitter. SARC reserves the right to dismiss any submission if it does not meet the criteria established in this RFP.

Submission Information

Proposals must be emailed to gjennings@sarc.org by 5pm November 1, 2026. Submissions must be on time. Late submissions will not be accepted.

Please use a readable font at 12 point.

Contact Persons For Additional Information or Clarification

Gina Jennings – gjennings@sarc.org
Mia Garza – mgarza@sarc.org

The Basis for Award of Contract

Criteria	Percentage	Score
Agency Experience and Background (including Appendix C - Statement of Obligations & Appendix D – Resumes, Qualifications, References)	20%	
Fiscal Responsibility (including Appendix B- Financial Statement)	20%	
Budgets (including Appendix F Workbook)	20%	
Proposal Narrative (including Appendix G - Program Summary)	20%	
Interview	20%	

Anticipated Selection Schedule

1. Proposals are due to San Andreas via email by 5:00 pm on November 1, 2026
2. Initial review period: November 2, 2026 – November 6, 2026
3. Announcement of those proposals moving to the interview phase:
   On or before November 13, 2026.
4. RFP Review Committee interview (held via the virtual Zoom platform):
   November 20, 2026, betwe11 a.m. am and 4 pm
5. Notification of selected service provider: December 1, 2026
6. Contract fully executed: December 31, 2026
7. The anticipated date start-up service will begin: July 1, 2027

Note: Applicants responding to this RFP who are currently vendored providers for San Andreas or any other regional center must have services in good standing. Providers with Substantial Inadequacies (SI's) or Type A deficiencies with Community Care Licensing in the past 24 months shall provide a written description of the SI(s) and/or Type A deficiencies and all corrections made. Applicants must also disclose any past, present, or pending licensure revocations, probation, or denials, including but not limited to CCL, Public Health Licensing, or any agency providing services to people with disabilities, children, or older adults.

APPENDIX A

TITLE PAGE

Request for Proposal – Fiscal Year 2026/2027

TO: Selection Committee	SUBMISSION INSTRUCTION
San Andreas Regional Center 6203 San Ignacio Avenue, Suite 200 San Jose, CA 95119 ATTENTION: Gina Jennings, CRDP Specialist	Please place a copy of Attachment B on top of the original and each of the following number of copies: Click or tap here to enter text.

Program Title

Click or tap here to enter text.

Name of Individual or Organization Submitting Proposal

Click or tap here to enter text.

Address of Individual or Organization Submitting Proposal

Click or tap here to enter text.

Signature of Person Authorized to Bind Organization

Click or tap here to enter text.

Contact Person for Project

Click or tap here to enter text.

Telephone Number of Contact Person

Click or tap here to enter text.

Email Address of Contact Person

Click or tap here to enter text.

Name of Parent Corporation(s), if applicable

Click or tap here to enter text.

PROPOSAL CONTACTS

Applicant or Organization Contact Person

Click or tap here to enter text.

Author of Proposal, if Different from Individual Submitting Proposal

Click or tap here to enter text.

APPENDIX B

FINANCIAL STATEMENT

All respondents must complete this statement for the last complete fiscal year and the current fiscal year to date.

Financial Item	Last Complete FY	Current FY to Date
CURRENT ASSETS		
Cash in Bank	Enter amount	Enter amount
Accounts Receivable	Enter amount	Enter amount
Notes Receivable	Enter amount	Enter amount
Equipment / Vehicles	Enter amount	Enter amount
Inventory	Enter amount	Enter amount
Deposits / Prepaid Expenses	Enter amount	Enter amount
Life Insurance (Cash Value)	Enter amount	Enter amount
Investment Securities	Enter amount	Enter amount
TOTAL CURRENT ASSETS	**Enter amount**	**Enter amount**
FIXED ASSETS		
Buildings and/or Structures	Enter amount	Enter amount
Long-Term Investments	Enter amount	Enter amount
Potential Judgments and Liens	Enter amount	Enter amount
TOTAL FIXED ASSETS	Enter amount	Enter amount
TOTAL CURRENT AND FIXED ASSETS	Enter amount	Enter amount
CURRENT LIABILITIES		
Accounts Payable	Enter amount	Enter amount
Notes Payable	Enter amount	Enter amount
Taxes Payable	Enter amount	Enter amount
TOTAL CURRENT LIABILITIES	Enter amount	Enter amount

Financial Item	Last Complete FY	Current FY to Date
LONG-TERM LIABILITIES		
Notes / Contracts	Enter amount	Enter amount
Real Estate Mortgages	Enter amount	Enter amount
TOTAL LONG-TERM LIABILITIES	Enter amount	Enter amount
TOTAL CURRENT AND LONG-TERM LIABILITIES	Enter amount	Enter amount
Equity	Enter amount	Enter amount
TOTAL LIABILITIES AND EQUITY	Enter amount	Enter amount
OTHER INCOME - REVENUE FROM OTHER SOURCES		
Enter source	Enter amount	Enter amount
Enter source	Enter amount	Enter amount
LINE OF CREDIT		
Amount Available		Enter amount

APPENDIX C

STATEMENT OF OBLIGATIONS

All respondents must complete this statement.

Current Services

1. Services for Individuals with Developmental Disabilities

Is your organization currently providing services to individuals with developmental disabilities?

☐ No ☐ Yes

If yes, provide the following information for each service. Attach additional pages if needed.

Program/Service Name	Click or tap here to enter text.
Location	Click or tap here to enter text.
Type of Service	Click or tap here to enter text.
Capacity	Click or tap here to enter text.
Regional Center(s), if applicable	Click or tap here to enter text.

2. Other Related Services

Is your organization currently providing related services to individuals who do not have developmental disabilities?

☐ No ☐ Yes

If yes, provide the following information for each service. Attach additional pages if needed.

Program/Service Name	Click or tap here to enter text.
Location	Click or tap here to enter text.
Type of Service	Click or tap here to enter text.
Capacity	Click or tap here to enter text.

Other Funding

1. Current Grants or Other Funding

Is your organization currently receiving grants or other funding from any source to develop or operate services for individuals with developmental disabilities?

☐ No ☐ Yes

If yes, provide the following information.

Funding Source	Click or tap here to enter text.
Amount of Funding	Click or tap here to enter text.
Funding Period	Click or tap here to enter text.
Purpose and Scope of Funded Project	Click or tap here to enter text.

2. Funding Currently Being Sought

Is your organization currently seeking grants or other funding from any source to develop services during Fiscal Year 2026–2027?

☐ No ☐ Yes

If yes, provide the following information.

Funding Source	Click or tap here to enter text.
Amount Requested	Click or tap here to enter text.
Purpose and Scope of Proposed Project	Click or tap here to enter text.

<u>Planned Service Expansion</u>

Is your organization planning to develop or expand existing services during Fiscal Year 2026–2027 through a Letter of Intent, grant funding, or another funding source outside of San Andreas Regional Center?

☐ No ☐ Yes

If yes, provide the following information.

Regional Center, Agency, or Funding Source	Click or tap here to enter text.

Type of Service or Project	Click or tap here to enter text.
Location	Click or tap here to enter text.
Anticipated Capacity	Click or tap here to enter text.
Current Status and Expected Start Date	Click or tap here to enter text.

Regional Center Vendor, QIP, and Independent Audit Status

1. Regional Center Vendor Status

Is your organization currently vendored by a California regional center?

☐ No ☐ Yes

If yes, provide the following information for each applicable vendorization. Attach additional pages if needed.

Legal Vendor Name	Click or tap here to enter text.
Regional Center	Click or tap here to enter text.
Vendor Number	Click or tap here to enter text.
Service Code and Service Type	Click or tap here to enter text.
Program Name and Location	Click or tap here to enter text.

2. Quality Incentive Program (QIP) Status

If your organization is currently vendored by a regional center, indicate its current QIP status as shown on the California Department of Developmental Services website or as communicated by DDS.

☐ Requirements completed/current

☐ Requirements partially completed

☐ Requirements not completed

☐ Status pending or under review

☐ Not listed

☐ Not applicable

Reporting Period	Click or tap here to enter text.
Explanation of Pending or Incomplete Requirements	Click or tap here to enter text.

Regional Center Vendor, QIP, and Independent Audit Status

1. Independent Audit or Independent Review Report

Is your organization required to submit an independent audit or independent review report under applicable statutory, regulatory, contractual, or DDS requirements?

☐ No ☐ Yes ☐ Unsure

If yes, indicate the current status.

☐ Completed and submitted to DDS

☐ Completed and submitted to the vendoring regional center

☐ Completed and submitted to both DDS and the vendoring regional center

☐ Completed but not yet submitted

☐ In progress

☐ Past due or incomplete

Most Recent Reporting Period	Click or tap here to enter text.
Date Submitted to DDS, if applicable	Click or tap here to enter text.
Date Submitted to Regional Center, if applicable	Click or tap here to enter text.
Explanation of Pending, Overdue, or Incomplete Requirement	Click or tap here to enter text.

Documentation Notice: SARC may request documentation verifying your organization's vendor status, QIP status, and submission of any required independent audit or independent review report.

Certification

I certify that the information provided in this statement is complete and accurate to the best of my knowledge.

Authorized Representative	Click or tap here to enter text.
Title	Click or tap here to enter text.
Signature	Click or tap here to enter text.
Date	Click or tap here to enter text.

APPENDIX D

Statement of Qualifications/Resumes/References
Request for Proposal – Fiscal Year 2026/2027
(Submit full resumes and reference list as attachments here.)

APPENDIX E

Level 7 home serving four adults with neurocognitive disorders—conditions that affect memory and cognitive functioning, including Alzheimer's disease and other forms of dementia.

Proposal Narrative Program Plan Summary

APPENDIX F

The required information will be provided via email upon request. Please contact gjennings@sarc.org to obtain the materials. The information may be completed separately and submitted as an attachment with the RFP packet.

APPENDIX G

PROPOSED MILESTONES FOR START-UP FUNDS

No.	Description of Task/Milestone	Task Completion Date (Projected)	Amount of Payment Earned Upon Completion of Task
1.	Click or tap here to enter the task or milestone.	MM/DD/YYYY	$0.00
2.	Click or tap here to enter the task or milestone.	MM/DD/YYYY	$0.00
3.	Click or tap here to enter the task or milestone.	MM/DD/YYYY	$0.00
4.	Click or tap here to enter the task or milestone.	MM/DD/YYYY	$0.00
5.	Click or tap here to enter the task or milestone.	MM/DD/YYYY	$0.00
		Total	$0.00

Note: Payment is earned upon completion of each listed task or milestone.