

## Home and Community-Based Services (HCBS) Rules CONCEPT FORM

The Home and Community-Based Services (HCBS) rules ensure that people with disabilities have full access to, and enjoy the benefits of, community living through long-term services and supports in the most integrated settings of their choosing. In order to assist in determining eligibility for compliance funding, providers must complete this evaluation. Both “Yes” and “No” answers require an explanation. A “No” response *could* mean a service setting is out of compliance with the HCBS rules and is potentially eligible for funding to make necessary adjustments. Once this evaluation is completed, it should act as a guide for filling out the provider compliance funding concept, which is required for any provider to be eligible for compliance funding. **Completion of this evaluation is for the sole purpose of applying for compliance funding and does not take the place of future provider assessments that the Department may require to determine provider compliance with the HCBS settings rules. Only providers requesting compliance funding need to complete this evaluation.**

Federal Requirements #1-5 apply to providers of all services, including residential and non-residential settings. Federal Requirements #6-10 are additional requirements that apply only to provider-owned or controlled residential settings.

The column labeled “Guidance” contains a series of questions intended to help identify compliance or non-compliance with each requirement as it relates to the HCBS rules. While responses to these questions can help in the determination of whether or not a particular requirement is met, these responses may not be the sole factor in this determination.

More information on the HCBS rules and this form can be found at [www.dds.ca.gov/HCBS](http://www.dds.ca.gov/HCBS).

Questions may be directed to [HCBSregs@dds.ca.gov](mailto:HCBSregs@dds.ca.gov).

Date(s) of Evaluation: November 15, 2019	Completed by: Ashley Guletz
Vendor Name, Address, Contact: AIM HIGHER Sacramento Day Program 4640 Orange Grove Ave., Sacramento, CA 95841 Phone Number: (916) 993-4191	
Vendor Number: HA0874 & HA 0875	
Service Type and Code: Adult Day Program Code 510	

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<p><b><u>Federal Requirement #1:</u></b></p> <p><i>The setting is integrated in, and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.</i></p>	<p><b><u>Guidance:</u></b></p> <ul style="list-style-type: none"> <li>• Do individuals receive services in the community based on their needs, preferences and abilities?</li> <li>• Does the individual participate in outings and activities in the community as part of his or her plan for services?</li> <li>• If an individual wants to seek paid employment, does the home staff refer the individual to the appropriate community agency/resource?</li> <li>• Do individuals have the option to control their personal resources, as appropriate?</li> </ul>
<p><b>Does the service and/or program meet this requirement? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</b></p> <p>Please explain: Many participants are denied the opportunity to access the community due to limited transportation capabilities. The first focus area is Community Integration. We are requesting additional funding for vehicles that can be used to transport clients to a wide variety of destinations determined by client choice; as well as, build connections within a particular community (depending on Client PCP) to routinely come to program and build relationships with each client. We would like to hire a specific person, Community Integration Coordinator, that will be assigned to developing and building connections within each client's community/PCP.</p>	
<p><b><u>Federal Requirement #2:</u></b></p> <p><i>The setting is selected by the individual from among setting options, including non-disability-specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.</i></p>	<p><b><u>Guidance:</u></b></p> <ul style="list-style-type: none"> <li>• Does the provider have a current regional center Individual Program Plan (IPP) on file for all individuals?</li> <li>• Does each individuals' IPP document the different setting options that were considered prior to selecting this setting?</li> </ul>
<p><b>Does the service and/or program meet this requirement? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</b></p> <p>Please explain: All participants have current IPPs and ISPs on file at the program.</p>	

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### **Federal Requirement #3:**

*Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.*

### **Guidance:**

- Does the provider inform individuals, in a manner they can understand, of their rights to privacy, dignity, respect, and freedom from coercion and restraint?
- Does the provider communicate, both verbally and in writing, in a manner that ensures privacy and confidentiality?
- Do staff communicate with individuals based on their needs and preferences, including alternative methods of communication where needed (e.g., assistive technology, Braille, large font print, sign language, participants' language, etc.)?

**Does the service and/or program meet this requirement?** ☒ Yes ☐ No

Please explain: [Click or tap here to enter text.](#)

### **Federal Requirement #4:**

*Optimizes but does not regiment individual initiative, autonomy, and independence in making life choices, including, but not limited to, daily activities, physical environment, and with whom to interact.*

### **Guidance:**

- Does the provider offer daily activities that are based on the individuals' needs and preferences?
- Does the provider structure their support so that the individual is able to interact with individuals they choose to interact with, both at home and in community settings?
- Does the provider structure their support so that the individual is able to participate in activities that interest them and correspond with their IPP goals?

**Does the service and/or program meet this requirement?** ☒ Yes ☐ No

Please explain: We offer a wide variety of activities and have monthly client council meetings to ask participants what activities they would prefer.

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*Facilitates individual choice regarding services and supports, and who provides them.*

**Guidance:**

- Does the provider support individuals in choosing which staff provide their care to the extent that alternative staff are available?
- Do individuals have opportunities to modify their services and/or voice their concerns outside of the scheduled review of services?

**Does the service and/or program meet this requirement? ☒ Yes ☐ No**

Please explain: Participants are encouraged to speak with the Director regarding any staff concerns, and very encouraged to ask for assistance from any staff they choose. A participant can request a planning team meeting at any time.



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Only providers of services in **provider-owned or controlled residential settings** need to complete the remainder of this evaluation. In **provider-owned or controlled residential settings**, in addition to the above requirements, the following requirements must also be met:

<p><b><u>Federal Requirement #6:</u></b></p> <p><i>The unit or dwelling is a specific physical place that can be owned, rented or occupied under a legally enforceable agreement by the individual receiving services, and the individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city or other designated entity. For settings in which landlord/tenant laws do not apply, the State must ensure that a lease, residency agreement or other form of written agreement will be in place for each participant and that the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law.</i></p>	<p><b><u>Guidance:</u></b></p> <ul style="list-style-type: none"> <li>• As applicable, does each individual have a lease, residency agreement, admission agreement, or other form of written residency agreement?</li> <li>• Are individuals informed about how to relocate and request new housing?</li> </ul>
<p><b>Does the service and/or program meet this requirement?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please explain: <a href="#">Click or tap here to enter text.</a></p>	
<p><b><u>Federal Requirement #7:</u></b></p> <p><i>Each individual has privacy in his/her sleeping or living unit:</i></p> <p><i>Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors as needed.</i></p> <p><i>Individuals sharing units have a choice of roommates in that setting.</i></p> <p><i>Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.</i></p>	<p><b><u>Guidance:</u></b></p> <ul style="list-style-type: none"> <li>• Do individuals have a choice regarding roommates or private accommodations?</li> <li>• Do individuals have the option of furnishing and decorating their sleeping or living units with their own personal items, in a manner that is based on their preferences?</li> <li>• Do individuals have the ability to lock their bedroom doors when they choose?</li> </ul>
<p><b>Does the service and/or program meet this requirement?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please explain: <a href="#">Click or tap here to enter text.</a></p>	

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<p><b><u>Federal Requirement #8:</u></b>  <i>Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.</i></p>	<p><b><u>Guidance:</u></b></p> <ul style="list-style-type: none"> <li>• Do individuals have access to food at any time?</li> <li>• Does the home allow individuals to set their own daily schedules?</li> <li>• Do individuals have full access to typical facilities in a home such as a kitchen, dining area, laundry, and comfortable seating in shared areas?</li> </ul>
<p><b>Does the service and/or program meet this requirement?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  Please explain: <a href="#">Click or tap here to enter text.</a></p>	
<p><b><u>Federal Requirement #9:</u></b>  <i>Individuals are able to have visitors of their choosing at any time.</i></p>	<p><b><u>Guidance:</u></b></p> <ul style="list-style-type: none"> <li>• Are visitors welcome to visit the home at any time?</li> <li>• Can individuals go with visitors outside the home; such as for a meal or shopping, or for a longer visit outside the home, such as for holidays or weekends?</li> </ul>
<p><b>Does the service and/or program meet this requirement?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  Please explain: <a href="#">Click or tap here to enter text.</a></p>	
<p><b><u>Federal Requirement #10:</u></b>  <i>The setting is physically accessible to the individual.</i></p>	<p><b><u>Guidance:</u></b></p> <ul style="list-style-type: none"> <li>• Do individuals have the freedom to move about inside and outside the home or are they primarily restricted to one room or area?</li> <li>• Are grab bars, seats in bathrooms, ramps for wheelchairs, etc., available so that individuals who need those supports can move about the setting as they choose?</li> <li>• Are appliances and furniture accessible to every individual?</li> </ul>
<p><b>Does the service and/or program meet this requirement?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  Please explain: <a href="#">Click or tap here to enter text.</a></p>	

**Home and Community-Based Services (HCBS) Rules  
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Contact Name:	Max Woodford
Contact Phone Number:	916.835.2933
Email Address:	mwoodford@aimhigherinc.com

**ACKNOWLEDGEMENT**

By checking the box below, I acknowledge that completion of this evaluation is for the sole purpose of applying for compliance funding and does not take the place of future provider assessments that the Department may require to determine provider compliance with the HCBS settings rules.

☒ I AGREE

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Existing regional center vendors may receive funding to make changes to service settings and/or programs to help them come into compliance with the HCBS rules. To be considered for funding, vendors must complete and submit this form and the provider compliance evaluation form as one packet to the regional center with which it has primary vendorization.

### Instructions:

- The concept form on the next page must be used, may not exceed four pages plus the budget worksheet and any cost back up, and must be kept in Arial 12-point font. Submit the form in Microsoft Word or PDF format. An extra half page is permitted to answer questions about prior funding, but the rest of the concept must be within the standard page requirements.
- There has been a significant change in the form and process compared to prior years. **In order to receive funding, this 2019-20 form must be used.**
- For providers that operate programs with several vendor numbers involved in one concept, one evaluation and concept form should be submitted and should list all vendor numbers for related/included programs. If multiple programs owned by the same parent company have different compliance evaluations or concepts, additional applications can be submitted but should be attached in the same document as the other owned programs so they can be reviewed together.
- The results of the evaluation should be clearly laid out in the section referring to identification of federal requirements that are currently out of compliance, which the concept will address.
- The concept form includes detailed information that describes the funding requests and supports how the requests will assist the provider to come into compliance.
- There should be a clear link between what is being requested and the federal requirement currently out of compliance.
- Concepts should demonstrate how the requested change in service delivery will impact individuals in offering more choices or opportunities in the community.

### Strengths of previously funded concepts:

- Identified the need as well as proposed a plan to provide outreach and information regarding the HCBS rules to individuals served and members of their support teams.
- Discussed the need for additional funds in order to effectively support individuals served on a more individualized basis in overcoming barriers to community integration and employment, as appropriate.
- Prioritized the preferences of individuals served and utilized their feedback in the development of the concept.
- Implemented train-the-trainer certification for person-centered planning/thinking and training regarding the HCBS rules.
- Enabled residents to age in place and exercise more choice and independence.

More information on the HCBS rules and this form can be found at [www.dds.ca.gov/HCBS](http://www.dds.ca.gov/HCBS).

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Vendor name	Sacramento Adult Day Program
Vendor number(s)	HA0874/HA0875
Primary regional center	Alta Regional Center
Service type(s)	Adult Day Program
Service code(s)	510
Number of consumers currently served	43/43
Current staff to consumer ratio	1:4/1:3
1. Please provide a brief description of the service/setting that includes what a typical day consists of and how services are currently provided. This response must include the baseline/current levels for any aspects of the program for which the concept proposes funding.	
Participants choose from 5 different classes, three times a day.	
<b>Project Narrative Description:</b>	
2. Please provide a brief summary narrative of the concept for which you are requesting funding, including justification for the funding.	
New vans and the addition of a community integration coordinator.	
3. Identify which HCBS federal requirements this concept addresses that are currently out of compliance. Could be all or a subset of those identified as out of compliance on the evaluation.	
1 <u>X</u> 2 <u>  </u> 3 <u>  </u> 4 <u>  </u> 5 <u>  </u> 6 <u>  </u> 7 <u>  </u> 8 <u>  </u> 9 <u>  </u> 10 <u>  </u>	
4. For each HCBS out-of-compliance federal requirement that is being addressed by this concept, describe the barriers to compliance and why this concept is necessary. If this information is in the evaluation section, please copy it here.	
Unable to take participants into the community as often as they'd like/proper inclusive transportation/lack of community integration coordinator.	
5. For each out-of-compliance federal requirement that is addressed in this concept, please explain how the concept will bring the vendor into compliance.	
Take more participants into community/ will have someone to solely concentrate on community integration.	
6. What are the proposed outcomes and objectives of the concept, and what are the methods of achieving and tracking them?	
First, by adding additional vans to our transportation, we will increase the number of clients that can access the community. We intend to purchase smaller vans to ensure we can meet	

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every client's own community. Smaller vans will promote positive person-centered outings; versus large outings in the community and not client focused. Progress will be tracked using client daily documentation and case notes. The daily documentation will track the number of clients attending outings in the community and/or job opportunities. Next, with the addition of the Community Integration Coordinator (CIC), we will be able to coordinate volunteer and fully integrated enrichment opportunities. Additional services will be accessible to clients, such as community-based skills training, mobility training (accessing public transportation) and development of skills in a community setting based on client's choices by hiring an employee to be assigned to developing and building connections within each client's community. AIM HIGHER will ensure the needs and desires for community access/integration are met as established in the person-centered planning process.

7. Please describe how and/or what was done to include input from the individuals served in developing this concept? Discuss not only the development of the concept, but also what steps were taken to identify the interests and desires of the individuals and who was involved in that process.

Participants have provided feedback about their desire to be out in the community. However, due to limited transportation capabilities, we are requesting additional funding for vehicles that can be used to transport clients to a wide variety of destinations determined by client choice, as well as, build connections within a particular community (depending on Client PCP) to routinely come to program and build relationships with each client. Additional vans and a Community Integration Coordinator will greatly assist the capability of granting participant's desires, requests, and goals.

8. Please describe how the concept you propose will enable you to provide more person-centered services to your clients.

Participants would have a more fulfilling range of choices with greater community access, thus creating more natural relationships with the people in participant's communities. This will also allow for more volunteer/employment opportunities, creating a better quality of life for our participants.

9. Please address your plan for maintaining the benefits, value, and success of your project at the conclusion of 2019-20 HCBS Funding.

First, depending on each outing and location; vehicles may take multiple trips in a day and can increase the number of clients receiving opportunities in the community. AIM HIGHER anticipates having majority of clients (more than 50%) out in the community participating in various volunteer, training/schooling, recreational, employment seeking and job opportunities. The Community Integration Coordinator (CIC) will be expected to be knowledgeable of the HCBS Requirements and expectations. AIM HIGHER will have on-going evaluations during the first 30 days and following a 90-day period. Next, the CIC's success will be measured by having a minimum of three on-going relationships with each program participants community by July 2021. In addition, the CIC's success will be measured by the number of clients that are participating in the community daily/weekly basis. Each client's daily documentation will track data/goals/successes while in the community.



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10. Write a brief narrative below explaining each major cost category and timeline. Complete the budget template at the end of the concept sheet. An excel version with formulas is available. When applicable, budgets should include personnel/benefits, operating costs such as consultants or training, administrative expenses/indirect costs, and capital costs (assets lasting more than 2 years). If project spans 2 years or occurs in phases, budget should be separated by phase/year.

Administrative costs, if any, must comply with DDS' vendor requirements, including a cap of 15% of the sum of personnel/benefits, consulting, and operating costs (must exclude capital costs).

[http://leginfo.legislature.ca.gov/faces/codes\\_displaySection.xhtml?sectionNum=4629.7&lawCode=WIC](http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=4629.7&lawCode=WIC)

### July 2020 – September 2020

- Begin building systems & structures for community integration. Ensure there is purpose behind each outing in the community. Make certain that all clients have the opportunity for natural bonds and relationships described in the HCBS rules within the community. Guarantee community integration is client choice and sustainable. Work with PCP team to ensure each individual's needs are met regarding community integration.
- Begin building opportunities for particular schooling, practices or needs depending on the individual's PCP. Create benchmarks and expectations for the position outlined in the HCBS rule. Work with PCP team to ensure each individual's needs are met regarding competitive integrated employment.
- Develop Community Integration Coordinator job description and requirements based on the needs of community integration described in the HCBS rules.
- If needed, adjust Program Design.

### October 2020– December 2020

- Hire/promote Community Integration Coordinator and ensure a full understanding of requirements. Begin building partnerships and implement structure/system.
- Hire additional drivers for community outings.

### January 2021 – March 2021

- Adjust any or all systems and structures with the Community Integration Coordinator to ensure all needs and expectations are met from the PCP team and HCBS rule.
- Implement any changes.

### May 2021 – July 2021

- Final re-evaluation of Community Integration Coordinator additional capabilities.
- Continuing to ensure expectations are met and sustainable.

11. Please address sustainability of funding sources for all programs or concepts requiring any funding past the time frame of the requested grant, especially those that involve staff or other long-term costs. Please mark "not applicable" if costs will all be incurred during the program time frame.

\*AIM HIGHER plans to maintain both the Community Integration Coordinator and Job Developer positions after the funding contract has ended to ensure HCBS requirements are met and continued.

12. Have you or the organization you work with been a past recipient

HCBS Funding    \_\_\_ No   X   Yes. If Yes, FY(s) 2016-2017  
 Disparity Funding   X   No \_\_\_ Yes. If Yes, FY(s) \_\_\_\_\_  
 CPP Funding          X   No \_\_\_ Yes. If Yes FY(s) \_\_\_\_\_

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of DDS funding? If yes, what fiscal year(s)?	If yes to any question be sure to answer questions 13 and 14.
<b>For providers who have received prior HCBS, Disparity or CPP Funding from DDS</b>	
13. If your organization has received prior funding from any of the above sources, please provide an update on the prior funding project. You may copy and paste from progress update(s) previously provided to regional centers or DDS.	
Please see attached document.	
14. If your organization received prior funding, please explain how the current funding request is not redundant with any prior funding received and/or builds on the prior funding but was not part of the original funding.	
We will use for different programs to continue to grow our community integration.	



**HCBS TRANSITION FUNDING PROPOSAL**  
**TIMELINE OF MILESTONES PROGRESS REPORT (FINAL) 2016-2017**

JULY 2017	<ol style="list-style-type: none"> <li>1. Build Systems, Procedures, Protocols               <ol style="list-style-type: none"> <li>a. Person Centered Planning</li> <li>b. ISP Requirements</li> <li>c. Daily Documentation</li> <li>d. On-Going Case Notes</li> <li>e. Grievance Procedure</li> <li>f. Day-To-Day Programming</li> <li>g. Opportunities to make multiple choices within program and community</li> </ol> </li> <li>2. Client Council – Strategy Plan</li> <li>3. Programming Structure – with multiple choices</li> <li>4. Staff Structure – Organizational Chart</li> </ol> <p><i>Changes have been made within the setting towards HCBS compliance. A client choice system has been implemented and the documentation has been updated. ISP and Daily Documentation has changed to be person centered. Goals and objective are specific and measurable. Specific data collection now occurs at the time of the activity.</i></p>
AUGUST 2017	<ol style="list-style-type: none"> <li>1. Client Council Update &amp; Meeting with meeting notes</li> <li>2. Grievance Procedure updated and implemented</li> <li>3. Instructor Introduction (Floor Leaders)               <ol style="list-style-type: none"> <li>a. HCBS Requirements &amp; Expectations</li> <li>b. AIM HIGHER plan and expectations for following months</li> <li>c. Introduce new systems, procedures and protocols</li> <li>d. Daily Documentation Discussion</li> <li>e. Case Note Training</li> <li>f. Grievance Procedure</li> <li>g. Day to Day Programming Discussion</li> <li>h. Open Forum – Take suggestions and concerns to re-evaluate</li> </ol> </li> <li>4. Re-evaluate plan and make any necessary changes</li> <li>5. <b>Milestone #1 Projected Completion: Build New Systems, Procedures &amp; Protocols regarding HCBS - COMPLETED</b></li> </ol>
SEPTEMBER 2017	<ol style="list-style-type: none"> <li>1. All Staff Introduction to recent changes, requirements &amp; expectations</li> <li>2. Staff Training Part 1 – 6 Hour In-Service Training               <ol style="list-style-type: none"> <li>a. HCBS Requirements &amp; Expectations</li> <li>b. AIM HIGHER plan and expectations for following months</li> <li>c. Introduce new systems, procedures and protocols</li> <li>d. Daily Documentation</li> <li>e. Case Note</li> <li>f. ISP &amp; Goals</li> <li>g. Grievance Procedure</li> <li>h. Day to Day Programming Logistics</li> </ol> </li> </ol>



AIM HIGHER  
ADULT DISABILITY SERVICES

	<ul style="list-style-type: none"><li>i. 6-Hour Training Budget attached</li><li>3. Create Job Descriptions for Job Developer &amp; Community Integration Coordinator</li><li>4. <b>Milestone #2 Projected Completion: Staff Introduction &amp; Training - COMPLETED</b></li></ul>
OCTOBER 2017	<ul style="list-style-type: none"><li>1. Create job posting<ul style="list-style-type: none"><li>a. Community Integration Coordinator</li><li>b. Job Developer</li></ul></li><li>2. Staff Training Part 2 – 6 Hour In-Service Training<ul style="list-style-type: none"><li>a. Seeing Programming &amp; client choice in Role Play Scenarios</li><li>b. Client Choice in Role Play Scenarios in program/community setting</li><li>c. Daily Documentation – how to execute during the programming hours as clients rotate through multiple choice activities throughout the day</li><li>d. Programming Structure and Transition of activities/choices</li></ul></li><li>3. Purchase of 2 vehicles<ul style="list-style-type: none"><li>a. One 7 passenger van</li><li>b. One 4 passenger van with 2 wheelchair access</li></ul></li><li>4. <b>Milestone #7 Projected Completion: Vehicles - COMPLETED</b></li></ul>
NOVEMBER 2017	<ul style="list-style-type: none"><li>1. Finalize all systems, procedures &amp; protocols<ul style="list-style-type: none"><li>a. All staff members are expected to be knowledgeable of the new AIM HIGHER procedures and HCBS requirements</li><li>b. All staff members are expected to be knowledgeable of the day to day programming, on-going case notes and daily documentation</li><li>c. All staff members are expected to be knowledgeable of client choices and activities</li><li>d. All staff members are expected to be knowledgeable of client goals, objectives and personal centered planning</li></ul></li><li>2. Hire and/or conduct interviews for<ul style="list-style-type: none"><li>a. Community Integration Coordinator</li><li>b. Job Developer</li></ul></li><li>3. Finalize and submit updated Program Design</li><li>4. <b>Milestone #4 Projected Completion: Updated Program Design – <i>This milestone was not completed during the HCBS funding period as changes are continuing to be made and this is still in progress.</i></b></li><li>5. <b>Milestone #5 Projected Completion: Community Integration Coordinator - COMPLETED</b></li><li>6. <b>Milestone #6 Projected Completion: Job Developer – <i>This milestone was not completed.</i></b></li></ul>
DECEMBER 2017	<ul style="list-style-type: none"><li>1. Stakeholders Meeting<ul style="list-style-type: none"><li>a. Introduce and discuss HCBS/DDS requirements</li><li>b. Discuss AIM HIGHER's plan</li><li>c. Person Centered Planning, Goals &amp; ISPs</li><li>d. Client Choice</li></ul></li></ul>

	<ul style="list-style-type: none"> <li>e. Day-To-Day Programming</li> <li>f. January 2018 Launch Date</li> <li>g. Open Forum – Answer any questions</li> <li>h. Determine 30 Day Follow Up Meeting Date</li> <li>i. Meeting Minutes &amp; Signatures sent to Regional Center</li> </ul> <ul style="list-style-type: none"> <li>2. Purchase of 2 vehicles               <ul style="list-style-type: none"> <li>a. Two 10 passenger vans</li> </ul> </li> <li>3. Expected January 2018 Launch Date</li> <li>4. <b>Milestone #3 Projected Completion: Stakeholders Meeting – A meeting was held with our participant council to review the changes and ask for feedback directly from our participants in how the proposed changes will allow for increase independence and choice.</b></li> <li>5. <b>Milestone #7 Projected Completion: Vehicles - COMPLETED</b></li> </ul>
JANUARY 2018	<ul style="list-style-type: none"> <li>1. 30 Day Follow Up Stakeholders Meeting               <ul style="list-style-type: none"> <li>a. Re-Evaluate AIM HIGHER's programming</li> <li>b. Overview of the next few months expectations</li> <li>c. Answer any questions</li> <li>d. Discuss AIM HIGHER's next steps with community integration and employment</li> </ul> </li> <li>2. Job Developer Expectation               <ul style="list-style-type: none"> <li>a. To have a minimum of 2 community partnerships and employment opportunities</li> <li>b. Individually or Group</li> </ul> </li> <li>3. Community Integration Coordinator               <ul style="list-style-type: none"> <li>a. To have a minimum of 3 on-going relationships with each program participants community</li> </ul> </li> </ul>
FEBRUARY 2018	<ul style="list-style-type: none"> <li>1. Continue Programming Launch               <ul style="list-style-type: none"> <li>a. Fix any or all errors of consumer choice</li> <li>b. Conduct any trainings as they arise</li> <li>c. Continue to establish Consumer Council</li> <li>d. Are we meeting HCBS Requirements?</li> </ul> </li> <li>2. Evaluate effectiveness of Job Developer &amp; Community Integration Coordinator</li> </ul> <p>The Community Integration Coordinator was able to successfully facilitate multiple opportunities to access the community based on participant interests. Many of our participants expressed interest in volunteering / community service. We have the following volunteer sites in place: Pet Smart – Folsom. Kiwanis Family House, A Kid's Life Preschool &amp; Childcare, Orangevale Food Bank, Roseville Public Library, Goodwill Industries, ReNew Boutique, Sacramento Bicycle Kitchen and Blue Line Arts</p>
MARCH 2018	<ul style="list-style-type: none"> <li>1. Final Assessment of Technology Needs               <ul style="list-style-type: none"> <li>a. Computers – Staff use, Client use and purpose</li> <li>b. Tablets – Staff use, Client use and purpose</li> </ul> </li> </ul>

\*Progress Report



**AIM HIGHER**  
ADULT DISABILITY SERVICES

	<ol style="list-style-type: none"><li>2. Consumer Council Meeting<ol style="list-style-type: none"><li>a. Follow Up with council members</li><li>b. Discuss the past 90 days</li><li>c. Any changes/suggestions?</li><li>d. Meeting minutes sent to Regional Center</li></ol></li><li>3. Self-Evaluation of 90 Days<ol style="list-style-type: none"><li>a. Client Choice</li><li>b. Community Integration</li><li>c. Daily Documentation</li><li>d. Case Notes</li><li>e. Programming Schedule &amp; Structure</li><li>f. Make any adjustments as needed</li></ol></li></ol>
APRIL 2018	<ol style="list-style-type: none"><li>1. Staff Meeting<ol style="list-style-type: none"><li>a. Feedback of new systems</li><li>b. Programming Schedule &amp; Structure</li><li>c. Daily Documentation</li><li>d. Case Notes</li></ol></li><li>2. <b>Milestone #8 Projected Completion: Technology - COMPLETED</b></li></ol>
MAY 2018	<ol style="list-style-type: none"><li>1. Consumer Council Meeting</li></ol>
JUNE 2018	<ol style="list-style-type: none"><li>1. Final Stakeholders Meeting<ol style="list-style-type: none"><li>a. Overview of year's timeline</li><li>b. Did we meet Stakeholder's expectation?</li><li>c. Are we meeting HCBS requirements?</li><li>d. Meeting minutes &amp; Signatures sent to Regional Center</li></ol></li><li>2. HCBS Specialist Katherine Weston Evaluation – Meeting was held at ACRC on January 11, 2019 to review our project. Present at this meeting was Max Woodford, Branae Owens, Eric Rector, Shirley Skadan-Smith and Katherine Weston.</li></ol>



HCBS CONCEPT BUDGET							
Vendor Name		Sacramento Adult Day Program					
Vendor Number(s)		HA0874 & HA0875					
		Salary and Benefits	Year 1 Budget		Year 2 Budget		Total
			FTE	Annual Cost	FTE	Annual Cost	Cost
Personnel (salary + benefits)							
Community Intergration Coordinator		31200	1.00	\$ 31,200		\$ -	\$ 31,200
Benefits & Taxes		7974.72	1.00	\$ 7,975		\$ -	\$ 7,975
				\$ -		\$ -	\$ -
				\$ -		\$ -	\$ -
				\$ -		\$ -	\$ -
				\$ -		\$ -	\$ -
				\$ -		\$ -	\$ -
				\$ -		\$ -	\$ -
				\$ -		\$ -	\$ -
Personnel Subtotal				\$ 39,175		\$ -	\$ 39,175
Operating expenses							
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
Operating Subtotal				\$ -		\$ -	\$ -
Administrative Expenses							
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
Administrative Subtotal				\$ -		\$ -	\$ -
Capital expenses							
2019 Ford Transit 10 passenger van				\$ 40,000		\$ -	\$ 40,000
2019 Ford Transit 10 passenger van				\$ 40,000		\$ -	\$ 40,000
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
Capital Subtotal				\$ 80,000		\$ -	\$ 80,000
Total Concept Cost				\$ 119,175		\$ -	\$ 119,175

See Attachment F for budget details and restrictions