

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.

Questions may be directed to HCBSregs@dds.ca.gov.

Date(s) of Evaluation: 11/18/19	Completed by: Joe Jaquez-Executive Director, Augusta Osayande Program Director and Gary Keisler Program Director
Vendor Name, Address, Contact: Elk Grove Adult Community Training 8810 Elk Grove Blvd Elk Grove CA 95624	
Vendor Number: H02123, PA0033, PA0269, PA1932	
Service Type and Code: 055 Community Integration Program, 510 Activity Development Center	

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

Federal Requirement #1:

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.

Guidance:

- Do individuals receive services in the community based on their needs, preferences and abilities?
- Does the individual participate in outings and activities in the community as part of his or her plan for services?
- If an individual wants to seek paid employment, does the home staff refer the individual to the appropriate community agency/resource?
- Do individuals have the option to control their personal resources, as appropriate?

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

Please explain: Our program participants access the community based on their choices and needs for learning opportunities. The participants ISP is written to include community access. Should a participant want to seek paid employment the ID team moves to find an appropriate program to meet this need. Each participant has access to their personal resources at all times at program and while in the community.

Federal Requirement #2:

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.

Guidance:

- Does the provider have a current regional center Individual Program Plan (IPP) on file for all individuals?
- Does each individual's IPP document the different setting options that were considered prior to selecting this setting?

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

Please explain: Elk Grove Adult Community Training (EGACT) staff receive the Regional center 588 document outlining the services needed at the annual ISP meeting. Once the 588 is converted to a completed IPP, EGACT receives this document by mail.

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

<p><u>Federal Requirement #3:</u> <i>Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> • 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.)?
<p>Does the service and/or program meet this requirement? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Please explain: Although EGACT attempts to convey all information to clients and their representatives the knowledge base of person centered thinking is limited and can be strengthened to help staff and program meet the needs of our participants in respect to their communication needs and understanding of their individual rights.</p>	
<p><u>Federal Requirement #4:</u> <i>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.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> • 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?
<p>Does the service and/or program meet this requirement? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please explain: all participants are involved in the development in their daily and weekly schedule. This planning includes on site and community activities. These activities are also driven by the ISP and IPP documents</p>	

**Home and Community-Based Services (HCBS) Rules
CONCEPT FORM****Federal Requirement #5:**

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 have the ability to inform staff of their desire to work with particular staff. Program staff will make every attempt to honor these requests but can not always guarantee it. Should a participant want to modify services that have been written into the ISP and IPP documents program staff will assist in scheduling an ID team meeting to work on adjusting the services that are currently documented.

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

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><u>Federal Requirement #6:</u></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><u>Guidance:</u></p> <ul style="list-style-type: none"> • As applicable, does each individual have a lease, residency agreement, admission agreement, or other form of written residency agreement? • Are individuals informed about how to relocate and request new housing?
<p>Does the service and/or program meet this requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please explain: Click or tap here to enter text.</p>	
<p><u>Federal Requirement #7:</u></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><u>Guidance:</u></p> <ul style="list-style-type: none"> • Do individuals have a choice regarding roommates or private accommodations? • 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? • Do individuals have the ability to lock their bedroom doors when they choose?
<p>Does the service and/or program meet this requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please explain: Click or tap here to enter text.</p>	

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

<p><u>Federal Requirement #8:</u> <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><u>Guidance:</u></p> <ul style="list-style-type: none"> • Do individuals have access to food at any time? • Does the home allow individuals to set their own daily schedules? • Do individuals have full access to typical facilities in a home such as a kitchen, dining area, laundry, and comfortable seating in shared areas?
<p>Does the service and/or program meet this requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No Please explain: Click or tap here to enter text.</p>	
<p><u>Federal Requirement #9:</u> <i>Individuals are able to have visitors of their choosing at any time.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> • Are visitors welcome to visit the home at any time? • 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?
<p>Does the service and/or program meet this requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No Please explain: Click or tap here to enter text.</p>	
<p><u>Federal Requirement #10:</u> <i>The setting is physically accessible to the individual.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> • Do individuals have the freedom to move about inside and outside the home or are they primarily restricted to one room or area? • 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? • Are appliances and furniture accessible to every individual?
<p>Does the service and/or program meet this requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No Please explain: Click or tap here to enter text.</p>	

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

CONTACT INFORMATION

Contact Name: Joe Jaquez
Contact Phone Number: 916-685-7666
Email Address: jjaquez@egact.org

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

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

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.

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

Vendor name	Elk Grove Adult Community Training
Vendor number(s)	H02123, PA0033, PA0269, PA1932
Primary regional center	ALTA
Service type(s)	Community integration program, Activity Development Center
Service code(s)	055, 510
Number of consumers currently served	165
Current staff to consumer ratio	1:2, 1:3, 1:6
<p>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.</p>	
<p>Elk Grove and Galt Adult Community training provides services to over 150 clients in the South Sacramento area. Clients are transported in the morning to a one of three different program sites. Two in Elk Grove and one in Galt. Once at program clients are offered the opportunity to participate in various community integration activities with their peers or remain on site. Staff provides support to clients as needed while in the community to help them work on individual goals. These outings are group outings and based on common interests and available opportunities.</p> <p>While at program clients participate in group or individual activities with their peers and staff. Activities are based on common interests and seasonal activities. While client interests are included in the decision making about activities and outings, many times decisions are made as a group, based on various limitations or by the supervisor. Currently most of our staff have not gone through any form of Person-Centered Thinking Training. Although several staff are familiar with concept most have had no formal training to speak of. Most of our long term staff have heard of Person Centered Thinking and some of the concepts for several years, but once again have no formal training.</p>	
<p>Project Narrative Description:</p>	
<p>2. Please provide a brief summary narrative of the concept for which you are requesting funding, including justification for the funding.</p>	
<p>Our staff do try and include the client's opinions and interest in mind when making decisions but have not been trained in Person Centered Thinking Training. We feel that proper PCT training would provide our staff the ability to learn how to focus more on the individual interests of our clients as well as increase their ability to better support the clients in making decisions about all aspects of their day. We feel that this training will</p>	

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

enable our clients to have more control over their own lives, have the life they want, and be recognized by our communities as a valuable member.

Person Centered Thinking training would also help our staff to find and focus on improved ways to communicate with our clients. This we hope will allow our clients to communicate their needs and preferences more effectively thus allowing them to be seen more as individuals with different opinions and desires. We hope this training would encourage our staff to increase their use of various alternate means of communication as well; assistive technology, sign language, braille, etc. as means to further our client's abilities to express themselves.

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___ 2___ 3 4___ 5___ 6___ 7___ 8___ 9___ 10___

Person Centered Thinking training would help to fulfill Federal requirement number three which ensures an individual's right of privacy, dignity and respect, and from freedom from coercion and restraint, specifically helping staff to focus on individuals based on their needs and preferences, including alternative communication methods if needed. We feel our staff and clients would benefit from Person Centered Thinking training.

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.

The biggest barrier to fulfill this requirement is the opportunity to properly train our staff in Person Centered Thinking. We would need two days (16hours) available to complete the training. We of course would need the funding to pay staff to attend. We would also need funding to pay for the training as well.

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.

For each of the out-of-compliance federal requirement that is addressed in this concept, having staff that have been trained to train others (trained trainers) will help ensure that there is continuity in the transfer of knowledge, especially as new staff are added to the agency. There will be availability of personnel who are able to not only identify each individual need but also provide them with the support needed to succeed.

The proposed outcomes and objectives of the concept are to have trained personnel who are able to:

- Listen to each client as an individual, identify their need and be respectful to what they have to contribute.
- Include each individual in the decision making process of their day to day activities, without been dismissive.
- To recognize each individual's unique talent, and explore various ways to help them tap into their identified potential fully.

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

- If there are obstacles to realizing each person's potential, helping seek alternative resources to achieving their desired goals in a manner that is satisfactory to the client.

6. What are the proposed outcomes and objectives of the concept, and what are the methods of achieving and tracking them?

Our proposed outcome and objectives is to have all staff trained in understanding and implementing the Person Centered Thinking, as well have trained trainers available to ensure continuity, especially as new staff are added to the agency. The outcome of having staff available that are adequately trained is a better understanding of not only what is "important to" the participant, but also what is "important for" the individual to achieve the goals and objectives that they desire. The individual Data Plan form will be utilized to track the success and shortcomings of goals and objectives set by participants and their planning team, for the purpose of tracking areas of success and identifying areas of shortcomings that can be modified or changed altogether.

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.

During a client led Self Advocacy meeting the participants were informed about a training that a few staff had attended on Person Centered Thinking. As information was shared participants wanted to know if the staff working with them were trained. Staff and clients began talking about all staff getting trained and the impact it would have on their services.

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

The concept we propose will enable us work towards identifying what is "important to" the individual as well as what is "important for" the individual. Learning what is important to an individual will offer a unique perspective to understanding the things that makes them feel happy, comfortable and safe, like; their rituals and routines, the people in their lives and the relationships they have formed, places they like to visit, the pace at which they like to do things, and most importantly, the things that they value. Support staff will also be trained to identify what is important for each individual's overall well-being. This will include but not limited to; health issues and concerns, how to prevent, seek treatment or manage identified conditions, safety issues which could be environmental, physical or emotional and the fear that they may have.

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

Our plan for maintaining the benefit and success of our project at the conclusion of 2019-20 HCBS, Funding, is to have trained trainers available. This will ensure continuity in the transfer of knowledge, skills and tools, already acquired to others, especially as new staff are added to the agency. Each trained support staff will have the training and ability to

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

communicate with program participants by utilizing the mode of communication that is most suitable and understood by that individual. This will include but not limited to; sign language, PECS, various forms of communication devices including speech and translation apps on tablets etc. Being able to communicate will ensure that each participant receives services that are tailored to their wants and needs, which is the goal of the Person Centered Planning.

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

The funding for this concept will fund 16 hours per staff members payroll costs, consultants for the training in (person centered thinking, Person centered thinking and Person Centered Train the trainer), training materials and providing meals for trainers and all staff. EGACT will have 4 supervising staff trained to train other staff in person centered thinking.

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.

EGACT is prepared to incorporate the cost of on-going trainings, supplies and maintaining the certifications in our annual program budget.

12. Have you or the organization you work with been a past recipient of DDS funding? If yes, what fiscal year(s)?

HCBS Funding No Yes. If Yes, FY(s) _____

Disparity Funding No Yes. If Yes, FY(s) _____

CPP Funding No Yes. If Yes FY(s) _____

If yes to any question be sure to answer questions 13 and 14.

For providers who have received prior HCBS, Disparity or CPP Funding from DDS

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.

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.

HCBS CONCEPT BUDGET	2019-2020					
Vendor Name	Elk Grove Adult Community Training					
Vendor Number(s)	H02123, PA0033, PA0269, PA1932					
	Salary and Benefits	Year 1 Budget		Year 2 Budget		Total
		FTE	Annual Cost	FTE	Annual Cost	Cost
Personnel (salary + benefits)						
Executive Director	863	1.00	\$ 863		\$ -	\$ 863
Program Director	663	2.00	\$ 1,326		\$ -	\$ 1,326
Site Coordinator	441	2.00	\$ 882		\$ -	\$ 882
Community Skills Trainer	377	8.00	\$ 3,016		\$ -	\$ 3,016
Para Professional	256	2.00	\$ 512		\$ -	\$ 512
Facility Manager			\$ -		\$ -	\$ -
Maintenance	320	1.00	\$ 320		\$ -	\$ 320
Community Skills Assistant	255	61.00	\$ 15,555		\$ -	\$ 15,555
Administrative Employees	490	3.00	\$ 1,470		\$ -	\$ 1,470
Personnel Subtotal			\$ 23,944		\$ -	\$ 23,944
Operating expenses						
Person centered thinking consultants			\$ 25,000			\$ 25,000
Trainin Materials			\$ 1,600			\$ 1,600
meals day of training			\$ 2,400			\$ 2,400
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Operating Subtotal			\$ 29,000		\$ -	\$ 29,000
Administrative Expenses						
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Administrative Subtotal			\$ -		\$ -	\$ -
Capital expenses						
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Capital Subtotal			\$ -		\$ -	\$ -
Total Concept Cost			\$ 52,944		\$ -	\$ 52,944

See Attachment F for budget details and restrictions