

## 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: 11/12/2018 and 11/4/2019	Completed by: Jillian Van Leuven, Executive Director
Vendor Name, Address, Contact: 525 Chandler Avenue, Monterey Park, CA 91754, Jillian Van Leuven	
Vendor Number: H16105, H1603, H16106, HE0914, HE0490, P26549, PE2730	
Service Type and Code: 505 Day Training and Activity Center (DTAC), 510 Adult Development Center (ADC), 055 Community Integration Program (newly vended), 951 Residential Homes, 855 Extended Services Program, 091 DISCOVERY Program	

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### **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: MERCI's traditional programs (DTAC, ADC and group homes) primarily provide site-based activities and services with some opportunities for "community outings." The services provided are not necessarily based on the individual's needs or preferences but are instead devised around what staff believe the persons served need to learn or "fix." Staff are not currently trained in person-centered thinking and planning which is one of MERCI's biggest barriers in providing individualized services based upon the interests and choices of the individuals served. Additionally, because staff are not proficient in person centered thinking/planning, our new 055 program is not yet compliant.

Many of the individuals served have profound developmental disabilities. Twenty-five of these Individuals are non-ambulatory and non-transferable. Declining health due to their medical conditions, the natural aging process and/or, the progression of their Cerebral Palsy are a few of the reasons these individuals are non-transferable. Generic resources like ACCESS services are not reliable and often leave these individuals waiting for long periods of time, which interferes in being able to participate in community activities along with trying to cope with inclement weather. A lift van would allow individuals who are non-transferable access to the greater community which is currently not available.

MERCI's Discovery program occurs in the person's home as the program is designed for individuals with significant and/or declining health needs (have G-tubes, are confined to their bed, require stimulation and movement therapy, etc.). Once staff are trained in person centered thinking and planning, we may find opportunities for individuals based upon choice and need to be involved in the greater community.

Furthermore, employment has not been a priority and is rarely discussed as the individuals served have historically been deemed as not employable. We do not have staff with expertise in employment or training in customized employment.

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MERCI proposes to obtain funding for requisite staffing and training to ensure that the people served by the organization have the opportunity through person centered/individualized supports and services to participate in the greater community through increased access to integrated community settings. Additionally, we will utilize the HCBS funds for staff to become ACRE certified in community employment services/customized employment in order to provide individualized employment opportunities and supports for our clientele.

### **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 individuals' 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: At the time individuals were referred to MERCI, they were given choices of other traditional segregated settings as person-centered planning didn't exist. MERCI does have current regional center IPP's on file for all individuals that document their choice to attend MERCI. Once staff are trained and proficient in person centered thinking and planning, individuals may choose other MERCI services or opt to go to other setting based on each individual's unique needs and preferences.

### **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.)?

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

Please explain: MERCI staff reads individuals their Clients Rights on a monthly basis. These rights are provided in both verbal and written formats with pictures. Staff communicate through the use of communication books, flash cards, primary spoken language, and/or American Sign Language.

**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: Current day program (510, 505, 055) activities are based on what staff believe are the group's needs and preferences in 1:3, 1:4 or 1:8 ratios. Group home activities are provided based on staff's perceptions related to resident interests within a 1:3 ratio. Residents participate in monthly house meetings where group consensus determines which "community outings" become part of their schedule. MERCI proposes to utilize HCBS funding to increase our capacity to provide person centered services that optimize individual choice and autonomy in order to achieve more integration and participation with non-disabled individuals in inclusive community settings where individuals have choice on environment, what their daily activities are and with whom to interact.

**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**

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Please explain: MERCI currently relies on staff's perceptions of group choice for daily service activities. Participants are not able to choose staff as we have not been providing services based upon individual's having choice over which staff they desire to work with. Once staff are fully trained and equipped to provide person-centered/individualized planning, we will be able to support individuals to choose staff that match their individual characteristics based upon the person's interests and what skills/supports make for good staff to individual matches. Additionally, staff and individuals currently review their Individual Service Plans annually, once staff become versed in person centered thinking, individuals will be able to voice their concerns/change services on an ongoing basis.

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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 checked="" type="checkbox"/> <b>Yes</b>   <input type="checkbox"/> <b>No</b></p> <p>Please explain: All individuals in MERCI's 2 group homes have admission agreements but there is no mention of eviction protection. MERCI does follow the termination criterion following an incident of endangerment of the health and safety of an individual or another by conducting a thorough investigation of the incident which involves collaboration with other agencies (APS, Regional Center, CCL, Ombudsman). Additionally, an interdisciplinary team meeting is held to determine if placement in the current home remains appropriate. Individuals are informed annually, during their IPP meeting how to re-locate and request new housing.</p>	

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<p><b><u>Federal Requirement #7:</u></b>  <i>Each individual has privacy in his/her sleeping or living unit:  Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors as needed.  Individuals sharing units have a choice of roommates in that setting.  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 checked="" type="checkbox"/> No</p> <p>Please explain: Individuals reside in single occupancy bedrooms with private bathrooms in most and shared bathrooms in a few. Each individual has the option to furnish and decorate their sleeping and living areas with their own personal items as the choose. Some of the bedroom doors do not currently have locks on them which will be changed immediately.</p>	
<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 checked="" type="checkbox"/> No</p> <p>Please explain: Currently, activities are determined based upon group consensus. If one person in a group of 6 or 3 does not want to attend a specific activity, then his/her 1:3 group would not be able to attend as well.</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>

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<p><b>Does the service and/or program meet this requirement?</b> <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b></p> <p>Please explain: Individuals make plans with friends and family at any time they wish. Residential staff support individuals in preparing for these outings/overnights/weekend trips and assist with any other requests made by individuals and/or their family/friends. Visitors are welcome at any time.</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 checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b></p> <p>Please explain: One of the 2 group homes is fully ADA compliant and accessible where individuals have the ability to participate in activities of daily living such as meal preparation and clean-up, recreating with other residents and the use of grab bars and seats while showering and toileting. The other group home has been upgraded to meet most of these same standards but has appliances in the kitchen that are not accessible to non-ambulatory individuals. Washers and dryers in both homes are not accessible to all residents.</p>	

### CONTACT INFORMATION

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### 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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## 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

Vendor name	Mentally and Educationally Retarded Citizens, Inc MERCI
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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 number(s)	H16105, H16103,
Primary regional center	Eastern Los Angeles Regional Center
Service type(s)	Day Training and Activity Center, Adult Developmental Center, Community Integration Training, Small Group Homes (2)
Service code(s)	505, 510, 055,
Number of consumers currently served	DTAC: 19, ADC: 51; CIT: new, Group homes:12; Discovery: 35, Extended Services: 18
Current staff to consumer ratio	DTAC: 1:8; ADC: 1:4; CIT: 1:3, Group home ratio 1:3, Discovery 1:1 and ESP 1:5
<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>Most individuals arrive at MERCI and leave MERCI through regional center transportation; hours of service are from 9am to 3pm, Monday through Friday. Services are provided on-site in MERCI classrooms with various activities including art/crafts, cooking, hygiene/grooming, group outings. Activities are based upon traditional MERCI curriculum. Ambulatory and non-ambulatory individuals go on community outings 2 to 3 times per week (library, local senior center, community walks, grocery store, etc.) for approximately 2 hours at a time. Discovery services occur in the person's home and include sensory stimulation, range of motion, medical assistance, accessing daily living skills. ESP AM- 7am to 9am and ESP PM-3pm to 6pm. Activities are mostly site based and include social recreational activities and on occasion community group outings.</p>	
<b>Project Narrative Description:</b>	
<p>2. Please provide a brief summary narrative of the concept for which you are requesting funding, including justification for the funding.</p>	
<p>MERCI's services and supports are based on the "medical model" along with staff determining activities based upon their perceptions of individual's needs. MERCI is requesting funding to change the way our organization provides supports and services through person centered staff training, key staff becoming PC trainers, key staff receiving PC coaching, hiring a dedicated staff to convene and facilitate person centered planning meetings and oversee PC plans, hiring a dedicated staff to facilitate volunteer, paid internship and paid employment, and purchasing a used mini-van with a lift.</p>	
<p>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.</p>	
<p>1__x_ 2__x_ 3___ 4__x_ 5__x_ 6___ 7__x_ 8___ 9___ 10___</p>	
<p>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</p>	

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information is in the evaluation section, please copy it here.

**#1:** Because MERCI's services and supports are based on staff's perceptions and outdated group-based curriculum/activities, services do not support full access to the greater community or employment. Many of the individuals served have profound developmental disabilities. Twenty-five of these Individuals are non-ambulatory and non-transferable. Declining health due to their medical conditions, the natural aging process and/or, the progression of their Cerebral Palsy are a few of the reasons these individuals are non-transferable. Generic resources like ACCESS services are not reliable and often leave these individuals waiting for long periods of time, which interferes in being able to participate in community activities along with trying to cope with inclement weather. A lift van would allow individuals who are non-transferable access to the greater community which is currently not available. **#2:** At the time individuals were referred to MERCI, they were given choices of other traditional segregated settings. **#4:** MERCI staff currently determine/choose the daily activities, physical environment and with whom individuals have access in which to interact. **#5:** MERCI currently relies on staff's perceptions of group choice for daily service activities. Participants are not able to choose staff. **#7:** Some of the bedroom doors do not currently have locks on them which will be changed immediately (without HCBS funding support).

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.

**#1:** Training ALL staff in person centered thinking will start the organizational change process. Then having 2 staff trained/certificated to train new staff will ensure continued compliance and increase staff's capacity to understand and provide person centered services and supports; thus, increasing the opportunities for ALL MERCI participants to have full access to the greater community. Having 1 staff responsible for PC oversight, will increase MERCI's ability to provide quality/HCBS compliant services. Additionally, having staff trained and ACRE certified in Employment Services, with one staff person responsible for coordinating employment and paid internship opportunities, individuals will have access to employment (CIE). Purchasing a used lift mini-van will provide access for individuals who are non-ambulatory and who cannot transfer. **#2:** Once person centered planning/thinking occurs, individuals will be supported to look/evaluate their current services settings as well as understand other options which may result in choosing different settings and/or services. **#4:** Staff training and coaching will allow staff to team up with individuals and their families to devise an individualized plan that includes weekly/monthly activities related to each person's unique desires, skills and needs to be included in the greater community. Additionally, it will allow staff to be able to provide training/education regarding the person-centered planning process and outcomes expectations for individuals and families. **#5:** Daily/weekly activities will be determined based upon each individual's PC plan and individuals will be able to choose their direct support staff based upon availability. **#7:** Will be accomplished without HCBS funding.

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

**#1 Outcome:** All staff obtain the 2-day PC thinking training. **#1 Tracking Method:**

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Staff sign-in sheets/certificates of completion. **#2 Outcome:** 2 staff are trained to become PC trainers. **#2Tracking Method:** Sign-sheets/certification obtained. **#3 Outcome:** 1 staff hired to provide PC planning/goal setting oversight. **#3Tracking Method:** HR file. **#4 Outcome:** 5 person-centered plans are developed by 12/31/2020. **#4Tracking Method:** PC meeting minutes documented, plans in confidential case files. **#5Outcome:** 2 staff obtain Employment Services ACRE certified training. **#5 Tracking Method:** ACRE certifications obtained. **#6 Outcome:** 1 staff hired to develop volunteer sites, paid internships and paid employment. **#6Tracking Method:** HR file. **# Outcome:** 2 volunteer sites, 2 paid internships and 1 employment (CIE) are developed by 12/31/2020. **#7Tracking Method:** Participant schedules/case notes; PIP's documented on regional center form; case file documents. **#8 Outcome:** 1 used mini-van from Rollx purchased. **#8Tracking Method:** Receipt/purchase of sale documented. **#9Outcome:** Community-based activities increase a minimum of 25% for both ambulatory and non-ambulatory participants by 12/21/2020. **#9Tracking Method:** Weekly activity schedules are monitored and tabulated to determine percentage of increase. **#10 Outcome:** 15 individuals and their families/circles of support obtain training regarding PC planning, community opportunities and employment-related opportunities by 12/31/2020. **#10Tracking Method:** Meeting minutes in case files.

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.

MERCI has been asking individuals and their families what activities/services/supports that they would like to see occur/increase during annual ISP/IPP meetings over the past year. During the past few months, we have also been completing PCP "one sheets" with participants and their circle of support, have been sharing HCBS regulations and asking individuals for input during our weekly on-site participant meetings. Participants desire more community activities, volunteer work and some want paid work. Some of the themes of interest include art, shopping, volunteering, working with animals and being involved in recreational activities. As a result of these conversations, MERCI has already begun collaborations for volunteer work at the Langley Senior Center, the Bruggemeyer Library and the Boys and Girls Club of Monterey Park.

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

Training in PC thinking and Employment Services along with hiring additional staff will drastically improve MERCI's ability to provide person-centered services. Additionally having a lift-van will allow us to support non-ambulatory/not-able-to-transfer individuals to participate in the greater community.

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

MERCI has been approved for an 055 Community Integration Program which will allow participants who can cope with day-long community activities access to their non-disabled counterparts. For participants who due to the significance of their physical

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limitations (limited to no self-help skills) are more limited in their ability to be out in the community for long periods of time, we are confident we will be able to discover more creative ways to continue to provide greater access to the community through person-centered thinking/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](http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=4629.7&lawCode=WIC)

**HCBS Compliance Manager**- PC planning and goal setting oversight and quality assurance. **Community Integration Coordinator**- develops volunteer sites, Paid internships and CIE opportunities. **Person Centered Training**- cost to have all staff trained. **Person Centered Certification**- cost to have 2 staff certified to train in Person Centered Thinking. **ACRE Certified Training**- The cost to have 2 staff certified in job development. **Mini van w/lift**- to support our non-ambulatory individuals in greater community access.

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.

With staff being trained in PC thinking we will provide more individualized services in our existing programs. All existing and future participants will be provided services using PC planning best practices and approaches once staff obtain training and we have a dedicated staff person initially, to ensure plans/meetings occur and are implemented. The mini-van assists non-ambulatory/not-able-to-transfer individuals to access the greater community. We will also submit a program design for Discovery (discovering personal genius) that will pay for the employment specialist, hopefully by the end of the grant period. The ACRE employment services training will provide staff with the needed information to establish customized employment outcomes and the initial dedicated employment specialist's will ensure that we follow-through with CE best practices.

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

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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.

## MERCI 2019 HCBS Concept

Employment Position	WORK DEPT	RATE PER HOUR	PAYROLL PER MONTH	GROSS PAYROLL	PAYROLL TAXES PER MONTH EMPLOYER'S CONTRIBUTIONS			Employee Benefits	Workers Comp
					SS	MED	TOTAL	3%	2%
HCBS Compliance Manager	Services	30.210	4,833.33	4,833.33	299.67	48.33	348.00	145.00	96.67
Community Integration Coordinator	Services	26.000	2,520.00	2,520.00	156.24	25.20	181.44	75.60	50.40
Total Monthly Salaries HCBS Concept				7,353.33	455.91	73.53	529.44	220.60	147.07
Total Annual Salaries HCBS Concept				88,239.96	5,470.88	882.40	6,353.28	2,647.20	1,764.80

### Staff Training

Training Name	Staff #	Cost
Person Centered Thinking Train the Trainer	2	\$11,698
Person Centered Thinking and Planning	70	\$9,000
Customized Employment ACRE Certified Training by Griffin-Hammis	2	\$1,200
		\$21,898

### Development

Mini Van w/ Lift from Rollx	\$35,000
Support in writing a Discovery Program Design	\$1,500
Person Centered Planning & Customized Employment Consultation	\$11,500
\$48,000	

Total HCBS Concept Budget	\$168,902.74
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	Budget Narrative
HCBS Compliance Manager	Provides Person Centered Planning/goal setting oversight and quality assurance of HCBS services
Comm. Integration Facilitator	Develops volunteer sites, paid internships and competitive integrated employment opportunities
Person Centered Training	The cost to have all MERCI staff trained
ACRE Certified Training	The cost to have the employment facilitators trained in CIE/CE
Person Centered Certification	The cost to have a few staff certified to train Person Centered Thinking to MERCI staff
Development/Consultation	Consultant that support the writing of the Discovery Service Design
Mini van w/lift from Rollx	Used to support our non-ambulatory/ not-able-to transfer individuals in accessing the greater community