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: 11/01/2019	Completed by: Madison Blanton, CA-Executive Director of OSBI
Vendor Name, Address, Contact: One Step Beyond Disability Services – 575 Old County Rd. San Carlos, CA 94070 – 650-532-0505	
Vendor Number: HG0063, HG0110, PG2269, PG2685, PG3075	
Service Type and Code: Transportation Services – 880, Community Integration Programs – 055, and Program Support - 110	

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

Federal Requirement #1:	Guidance:
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.	• 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: Currently, One Step Beyond Disability Services (OSBDS) Participants have access to choose their scheduled activities in integrated and non-integrated settings on a tri-annual basis. We do this to give participants an opportunity to browse the current activities and programs available and make the best choices based on their needs and preferences, plan staffing ratios based on activity/program interest, and allow program administration the opportunity to plan meaningful activities based on the season – this is especially true for community-based integrated activities and programs (i.e., paid work opportunities). We find that our intention is very person-centered because we provide comprehensive choices to each individual to build their schedule the way they want it. However, we find ourselves out of compliance in the actual implementation of the daily program of activities in the following ways: adherence to strict-staffing ratios, and lack of tracking processes regarding ongoing evaluation to ensure satisfaction with participant schedule choices specifically regarding integrated vs. non-integrated settings.

Federal Requirement #2:	Guidance:
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.	• 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: We have found through direct observation of IPP meetings involving OSBDS participants that only 9% actively participate in the development of their IPP, and only 40% attend their meetings. We have also found that only a small percentage of

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

OSBDS participants genuinely engage in our intake and discovery process upon initial enrollment to develop an individual support plan detailing the services and supports at OSBDS specifically. Because of this, we feel that we are out of compliance with current federal standards and could improve not only an individual's participation in the OSBDS ISP creation but in doing so, improving the individual's ability to fully participate in the development of their IPP as a whole.

Federal Requirement #3:	Guidance:
Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.	- 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: We find barriers to compliance lie to our lack of ability to offer program options in a multi-lingual fashion. 6% of participants prefer Spanish, 4% of individuals who have a hearing impairment and have difficulty with reading, and 27% of individuals who have minimal ability to communicate verbally and also have difficulty with reading. Because of this, we cannot entirely give these participants the option of choosing their daily activities. We also find ourselves out of compliance when developing Individual Support plans that do not include an adequate amount of input from the participant.

Federal Requirement #4:	Guidance:
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.	- 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

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

	them and correspond with their IPP goals?

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

Please explain: As with Requirement #1, we currently implement a Participant driven schedule changes three times per year based on the seasonal activities/programs that are of interest and are available. However, during the implementation of scheduled activities, we find ourselves out of compliance through the inability to adequately make schedule changes regularly due to strict staffing ratios. Also, through solicited participant feedback, we have found that we lack a process to initially implement individual schedules that fully meet their IPP/ISP goals, as well as a method for OSBDS participants to continuously evaluate their satisfaction throughout a semester to better plan for adaptations and adjustments as they become necessary.

Federal Requirement #5:	Guidance:
Facilitates individual choice regarding services and supports, and who provides them.	- 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: OSBDS has a variety of staff with a range of skills. When one is needed in one area over another, we can do our best to make a one for one shift in our daily schedule to support the needs of an individual at a given time.

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:

Federal Requirement #6:	Guidance:
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.	• 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?

Does the service and/or program meet this requirement? ☐ Yes ☐ No
Please explain: N/A – OSBDS does not provide residential services.

Federal Requirement #7:	Guidance:
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.*	• 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?

Does the service and/or program meet this requirement? ☐ Yes ☐ No
Please explain: N/A – OSBDS does not provide residential services

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

Federal Requirement #8:	Guidance:
Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.	• 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?

Does the service and/or program meet this requirement? ☐ Yes ☐ No
Please explain: N/A – OSBDS does not provide residential services

Federal Requirement #9:	Guidance:
Individuals are able to have visitors of their choosing at any time.	• 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?

Does the service and/or program meet this requirement? ☐ Yes ☐ No
Please explain: N/A – OSBDS does not provide residential services

Federal Requirement #10:	Guidance:
The setting is physically accessible to the individual.	• 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?

Does the service and/or program meet this requirement? ☐ Yes ☐ No
Please explain: N/A – OSBDS does not provide residential services

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

CONTACT INFORMATION

Contact Name:	Madison Blanton
Contact Phone Number:	650-532-0509
Email Address:	madisonblanton@osbi.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	One Step Beyond Disability Services
Vendor number(s)	PG2269 (San Mateo); PG3075 (San Carlos)
Primary regional center	Golden Gate Regional Center
Service type(s)	Community Integration Program
Service code(s)	055
Number of consumers currently served	44
Current staff to consumer ratio	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.

One Step Beyond Disability Services (OSBDS) is a 5-day per week community integration program that provides dynamic programs and services to individuals who have intellectual disability (ID) so they may achieve their life goals and fully participate in their community. The typical day for an OSBDS Participant includes 2 previously scheduled community-based integrated or center-based non-integrated activities, one in the morning and one in the afternoon. Participants have lunch after the morning activity and before the afternoon activity either in the community or at one of our program locations. Previously scheduled activities vary; for example, exercising at the YMCA, volunteer work in the community, or music, art, or computer classes at our program location. Although we offer a wide variety of options to our participants, individualized choices within the implementation of our schedule daily are restricted by our 1:3 staff to program participant ratio.

Activity choices are coordinated with input from the participant, their social worker, their family members, guardians, or other support individuals of their choosing. This input is used to develop an Individual Support Plan (ISP) detailing how OSBDS can support the individual to reach defined goals and objectives and an individualized schedule of M-F activities. Although we feel our intake process, assessment materials, and variety of program opportunities are person-centered, the following information led us to discover current compliance issues:

- ISP process is only fully accomplished in 27% of instances due to an ongoing lack of qualified staff and the financial resources to hire
- 43% of participants feel that their individualized daily schedule only partially reflects their choices and some activities that do not fully relate to their ISP goals and objectives.
- OSBDS participant choices/satisfaction levels, though documented, are not tracked regularly. Thus, some of our participants are not fully satisfied with their daily schedule, requiring frequent adjustments or accommodation.
- OSBDS participants are not involved in the development of their OSBDS annual report, nor do 51% of individuals attend their IPP meetings or engage in a meaningful way.
- OSBDS program materials and collateral are only available in English.

Project Narrative Description:

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

2. Please provide a brief summary narrative of the concept for which you are requesting funding, including justification for the funding.
To improve our ability to be fully compliant with the HCBS final rule the following proposal initiatives are requested: 1) Financial support to hire a Participant Intake and Support Plan Specialist (SPS), resulting in an enhanced, standardized, and fully implemented person-centered intake and ISP development. The SPS will be certified in Person-Centered Planning (PCP) and provide regular training to staff on best practices regarding the utilization of person-centered program delivery, as well as providing oversight during tri-annual day program schedule development, developing improved participant satisfaction tracking processes, and creating an annual review process that engages participants in the development of their annual progress report and participation in their IPP meeting. 2) Financial support to hire temporary staff position(s) to translate current program information and create new program forms in multi-lingual options (Spanish, large-font print, and adapted language for non-readers). 3) Financial support to hire 2 "Lead" Direct Support Providers (1 for each program location) to support participant needs outside daily set ratios and to provide person centered support to participants who want/need to adapt their schedules for the day.
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>X</u> 3<u>X</u> 4<u>X</u> 5___ 6___ 7___ 8__ _ 9__ _ 10___
Based on our evaluation and solicited feedback from OSBDS participants and their supports, we feel that we are not entirely in compliance with federal regulations 1-4.
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.
1) Participant choice to participate in integrated vs. non-integrated settings is restricted due to our inability to make individual changes to daily schedules due to set 1:3 staff to participant ratios, and current admin. staff's lack of PCP knowledge. 2) Participants do not fully participate in the planning or implementation of their OSBDS ISP/Annual Progress reports/or GGRC IPP meetings. 3) OSBDS does not offer multi-lingual options in its communications, excluding many from the full opportunity to participate in many aspects of our program planning. 4) Participant choice in scheduled activities is restricted due to our inability to make individual changes to our schedule daily because of set 1:3 staff to participant ratios, and a lack of PCP knowledge from current admin. staff.
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) Utilizing out of ratio staff, an increase in knowledge and support from PCP training, and SPS intervention, will provide intermittent individualized support when adaptations in the schedule are necessary regarding the setting of the activity/program/service.

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

2) Our SPS will enhance, adapt, and implement new processes that consider PCP best practices when developing participant ISP's and Annual Reports, providing participants with a guaranteed seat at the table and more engaged role during their IPP meetings.

3) With the hiring of temporary staff translators, preferably GGRC clients, OSBDS will have more inclusive communication materials to meet the needs of current and prospective participants.

4) Utilizing out of ratio staff, an increase in knowledge and support from PCP training, and SPS intervention, we can provide intermittent individualized support when adaptations in the schedule are necessary regarding participant activity/program/service choices.

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

- Within two years of funding, 100% of OSBDS intakes and ISP's will include meaningful engagement by the participant, as measured by a post evaluation survey taken after the 2021 annual IPP meeting.
- Within two years of funding, 100% of OSBDS annual IPP/ISP reports and meetings will include meaningful engagement by the participant, as measured by a post evaluation survey taken after the 2021 annual IPP meeting.
- Within two years of funding, 100% of participants will feel satisfied that their individualized daily schedule reflects their choices and correlates with ISP goals and objectives, as measured by post evaluation after tri-annual schedule development.
- Within two years of funding, OSBDS will develop and provide PCP Training to all employees on an annual basis.
- Within two years of funding, 100% of weekly participant satisfaction surveys will be documented and compiled to provide monthly reports to program administrators for the purpose of adapting individualized schedules/ISP goals, etc.
- Within two years post funding, OSBDS program communications and materials will be available in multi-lingual formats.

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.

One Step Beyond conducted in-person surveys with each participant to evaluate their satisfaction with their involvement with the IPP/ISP process. Through these surveys and conversations, we discovered OSBDS was not meeting HCBS Final Rule person-centered requirements resulting in this concept to improve on our ability to support participant opinions and choices.

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

To fully comply with HCBS Final Rule Expectations and provide a high-quality person-centered program for our participants, OSBDS requires more human resources and support than our current financial structure can provide. This additional support will provide the workforce necessary to accomplish the tasks detailed earlier in this plan.

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

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

Training provided in PCP across all levels of our organization will increase our ability to provide PCP at all levels of our organization, thus limiting the need to further increase the amount of support plan staff in the future, as the skills will be developed and utilized throughout the organization.

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

This concept primarily requires funding for personnel costs (i.e., salaries and benefits) for the SPS for 2 years, temporary staff to translate communications, and 2 "Lead Staff" over the course of 1 year. Other operational costs are PCP certification for the SPS and additional costs for in-house training for existing and future staff.

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.

Our business model is based on growth by scale. As our organization grows, financial revenues allow for the addition of non-ratio/administrative roles to sustain the quality and support the development of our programs and services. We believe the threshold to support this role without external funding will come after 1.5 years of implementation.

12. Have you or the organization you work with been a past recipient of DDS funding? If yes, what fiscal year(s)?	HCBS Funding X No ___ Yes. If Yes, FY(s)_____ Disparity Funding X No ___ Yes. If Yes, FY(s) _____ CPP Funding X 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.

OSBDS has not received prior funding.

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.

OSBDS has not received prior funding.

HCBS CONCEPT BUDGET								
Vendor Name		One Step Beyond Disablity Services						
Vendor Number(s)		PG2269 & PG3075						

	Salary and Benefits	Year 1 Budget		Year 2 Budget		Total	
		FTE	Annual Cost	FTE	Annual Cost		Cost
Personnel (salary + benefits)							
Participant Intake and Support Plan Specialist ($30/hr.)	62,400	1.00	$ 62,400	0.50	$ 31,200	$	93,600
Temp Translator - Spanish ($20/hr. for 160 hrs.)	3200	1.00	$ 3,200	1.00	$ 3,200	$	6,400
Temp Translator - Large Font ($20/hr. for 160 hrs.)	3200	1.00	$ 3,200	1.00	$ 3,200	$	6,400
Temp Translator - Adaptive for Non-Readers ($20/hr. for 160	3200	1.00	$ 3,200	1.00	$ 3,200	$	6,400
Lead Direct Support Provider ($17.50/hr.)	36,400	0.75	$ 27,300	-	$ -	$	27,300
Lead Direct Support Provider ($17.50/hr.)	36,400	0.75	$ 27,300	-	$ -	$	27,300
Position Description			$ -		$ -	$	-
Position Description			$ -		$ -	$	-
Position Description			$ -		$ -	$	-
Personnel Subtotal			$ 126,600		$ 40,800	$	167,400
Operating expenses							
PCP certification Training (2 Day) - Travel/Lodging			$ 350			$	350
PCP certification Training (2 Day) - Training cost			$ 125			$	125
						$	-
						$	-
						$	-
						$	-
						$	-
						$	-
						$	-
						$	-
Operating Subtotal			$ 475		$ -	$	475
Administrative Expenses							
						$	-
						$	-
						$	-
						$	-
						$	-
						$	-
						$	-
						$	-
Administrative Subtotal			$ -		$ -	$	-
Capital expenses							
						$	-
						$	-
						$	-
						$	-
						$	-
						$	-
						$	-
						$	-
						$	-
Capital Subtotal			$ -		$ -	$	-
Total Concept Cost			$ 127,075		$ 40,800	$	167,875

See Attachment F for budget details and restrictions