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 nonresidential 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 <u>HCBSregs@dds.ca.gov.</u>

Date(s) of Evaluation: <u>Click or tap here to</u> enter text.	Completed by: Andrea Wells and Donna Norum			
Vendor Name, Address, Contact: OPARC,	9029 Vernon Ave., Montclair, CA 91763			
Vendor Number: H25907, H25908, H25909, H25844, H62653, HJ0914, HJ0529, HJ0531				
Service Type and Code: Adult Developmer Programs 515, Work Activity Program 954,				

CONCEPTFORM				
<b>Federal Requirement #1:</b> 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.	<ul> <li><u>Guidance:</u></li> <li>Do individuals receive services in the community based on their needs, preferences and abilities?</li> <li>Does the individual participate in outings and activities in the community as part of his or her plan for services?</li> <li>If an individual wants to seek paid employment, does the home staff refer the individual to the appropriate community agency/resource?</li> <li>Do individuals have the option to control their personal resources, as appropriate?</li> </ul>			
Does the service and/or program meet this requirement? ⊠ Yes ⊠ No Please explain: Most of our programs do not meet the Federal requirements. Currently individuals are participating in community activities and outings. However, the activities and outings are not part of their Person Centered Plans. Person Centered Plans and individual choices/needs/wants need to be developed for meaningful activities/outings. Individuals in our ADCs and Behavioral Programs have limited access to employment opportunities and activities. Resources for employment and activities that meet PCPs and individual choice need to be identified in the areas individuals are being served and/or where they live. The recent vendorization of OPARC's 055 program, several people in our WAP are transitioning to receiving services in the community. The plan is to have more individuals in the ADCs and Behavioral Programs taking advantage of the 055 program once PCPs and resources are developed.				
<b>Federal Requirement #2:</b> 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	<ul> <li><u>Guidance:</u></li> <li>Does the provider have a current regional center Individual Program Plan (IPP) on file for all individuals?</li> <li>Does each individuals' IPP document the different setting options that were considered prior to selecting this setting?</li> </ul>			

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

residential settings, resources available for

room and board.

Please explain: OPARC does have systems and procedures in place to both support and ensure the people we serve have the ability to choose the setting. With the 055 program, several have the option to participate in activities in the community. This program is

consistently growing, however, adequate staffing is limiting faster growth. As mentioned in #1, OPARC does have IPPs in place. However, the IPPs in the ADCs, Behavioral Programs, Supported Employment – Group, and WAP are not Person Centered Plans.

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

Please explain: OPARC has systems and procedures in place to both support and ensure rights of privacy, dignity, respect, and freedom from coercion and restraint. We have a variety of assistive technology devices available and are in use.

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.	<ul> <li><u>Guidance:</u></li> <li>Does the provider offer daily activities that are based on the individuals' needs and preferences?</li> <li>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?</li> <li>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?</li> </ul>				
Does the service and/or program meet this requirement? $\square$ Yes $\square$ No					

Please explain: OPARC has systems and procedures in place to support those we serve

in making life choices. However, limited staff training in Person Centered Thinking (PCT) results in generic goals and activities that don't achieve skills training and opportunities to maximize initiative, autonomy and independence. Through our current HCBS grant, our senior leadership is in the process of becoming PCT trainers and all current and new employees will begin receiving PCT training around March 2020. OPARC would like to begin the process of having Person Centered Plans in place for our ADC, Behavioral, SE-Group and WAP individuals so that we can begin to implement PCT with individual goals and activities. Meaningful PCPs take 5-10 hours to develop according to The Learning Community. Our current employees do not have the time to transition approximately 700 plans to be Person Centered Plans.

"Individual is able to interact with individuals they choose to interact with ..." – the PCPs need to be developed as well as resources to help facilitate individual choice and development of friends/acquaintances/etc. in the community – beyond family and paid support employees.

#### Does the service and/or program meet this requirement? $\square$ Yes $\square$ No

Please explain: OPARC has processes and procedures to support individuals' continuous opportunities to modify their services, access new services, and voice their concerns or ask questions regarding the services they receive. However, with the staffs' current limited training in PCT, there are, in turn, limitations to the support available. In addition, OPARC does support individuals in choosing which staff provides their care. However, staff shortages, transportation routes, activities, etc. can impact the ability to accommodate the choice.

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:

<b>Federal Requirement #6:</b> 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.	-
<ul> <li>Please explain: <u>Click or tap here to enter text</u>.</li> <li><u>Federal Requirement #7:</u> Each individual has privacy in his/her sleeping or living unit:</li> <li>Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors as needed.</li> <li>Individuals sharing units have a choice of roommates in that setting.</li> <li>Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.</li> </ul>	<ul> <li><u>Guidance:</u></li> <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>
decorate their sleeping or living units within	<ul> <li>Do individuals have the ability to lock their bedroom doors when they choose?</li> <li>s requirement?</li></ul>

Federal Requirement #8: Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.	<ul> <li><u>Guidance:</u></li> <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>
Please explain: <u>Click or tap here to enter text</u>	-
Federal Requirement #9: Individuals are able to have visitors of their choosing at any time.	<ul> <li><u>Guidance:</u></li> <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>
Does the service and/or program meet this Please explain: Click or tap here to enter text	
Federal Requirement #10: The setting is physically accessible to the individual.	<ul> <li><u>Guidance:</u></li> <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>
Does the service and/or program meet this Please explain: Click or tap here to enter text	-

#### CONTACT INFORMATION

Contact Name:	Andrea Wells or Donna Norum
Contact Phone Number:	909- 982-4090, ext.156 or 909-285-6326
Email Address:	awells@oparc.org or dnorum@oparc.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.

#### $\boxtimes$ I AGREE

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	OPARC
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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.

Vendor number(s)	H25907, H25908, H25909, H25844, H62653, HJ0914, HJ0529, HJ0531 <u>Click or tap here to enter text</u> .				
Primary regional center	Inland Regional Center				
Service type(s)	Adult Developmental Centers, Behavior Management Programs, Work Activity Program, Supported Employme Group				
Service code(s)	510, 515, 954, 950				
Number of consumers currently served	769				
Current staff to consumer ratio	510- 1:4, 515- 1:4, 1:1; 954 1:18; 950 1:3, 1:4				
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.					
OPARC ADCs and Behavior Mod programs are at community sites. Our internal standard for community access is 80% of the program day. Typically participants meet at the site & then leave for pre-determined activities, volunteer, &/or paid employment. However, the majority of the activities/ employment are not tied to PCPs/goals. Many of our participants choose to stay on-site. As well as many of the families requesting that individuals stay on-site. OPARC has 21 SE groups working - performing a variety of tasks. Over the last 2 yrs, we've transitioned/started 11 groups that earn minimum wage. With the start-up of our 055 program, we have 42 enrolled (31 from WAP). We are encouraging participants in WAP to access the community-based option. Daily, there are substitute opportunities available to cover absences with SE Groups. Job Developers increased efforts to secure IPs, adding 52 since June 2018. We believe the people we support receive very good services but with proper staff training & additional positions to assist in developing PCP's, there will be a greater emphasis on the needs/desires of each person. A more personalized approach will lead to activities/services/creative options that challenge/enhance their ability to achieve & for OPARC to come into HCBS compliance.					
Project Narrative Description:					
2. Please provide a brief sum funding, including justification	nmary narrative of the concept for which you are requesting n for the funding.				
OPARC is requesting 2 employees, PCP Facilitators, to lead the transition to PCPs & Thinking. These individuals would begin to work with participants, employees, CSCs, caregivers, & families to develop PCPs that reflect the participant's choices/ goals. OPARC has over 700 participants. The transition of all these plans is Herculean. The PCP Facilitators will be key players in doing outreach & education with participants &					

other stakeholders to make sure they understand why PCPs are being developed & addressing fears of change by encouraging participants & families, along with reassuring them of safety. In addition, employees would be getting role modeling /training on the development of PCPs/participant goals/needs/etc. Case Managers,

Assistant Managers & Program Managers would then begin to develop PCPs with the oversight of the Facilitators. Developing PCPs/goals are wonderful. However, resources/opportunities/transportation need to be found & coordinated to implement these PCPs/goals – so that they meet the individual choice & lessen saturation of participants at one location in the community. OPARC would like an Integration Specialist to develop & find resources for participants that meet their goals/PCPs in the areas that they receive services &/or live.

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\_X\_\_ 2\_X\_\_ 3\_\_\_ 4\_\_X\_ 5\_X\_\_ 6\_\_\_ 7\_\_\_ 8\_\_\_9\_\_ 10\_\_

4. For each HCBS out-of-compliance federal requirement that is being addressed by this concept, describe the barriers to compliance & why this concept is necessary. If this information is in the evaluation section, please copy it here.

#1, 2, 4 & 5. Current plans are not truly person-centered. PCPs are time consuming for employees to develop & they are often working with individuals to ensure ratios. All participants in WAP are not able to transition at once, due to staffing and inability to plan quality activities for so many. Participants in Day Programs have limited choice due to not having PCPs & resources to work towards those goals. Having the PCP Facilitators will speed up the process for getting meaningful PCPs in place/identifying goals/choice, & the Integration Specialist will assist in finding resources & coordinating activities for individuals with similar desires/goals.

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, 2, 4 & 5. The PCP Facilitators & Integration Specialist will allow OPARC to create PCPs in a more timely fashion & as a result we will be able to pinpoint desired & appropriate activities, resources & coordinate schedules/transportation among all programs with the Route Coordinator ensuring we don't saturate destinations. Individual goals & choice will be acted upon more meaningfully. While we have transitioned individuals to the 055 program, we have many more to go. The Learning Community recommends 5-10 hrs per PCP. Our current employees do not have the time or skill with their current duties & knowledge to accommodate this great need. The PCP Facilitators will be responsible for transitioning of IPPs to PCPs, role modeling, overseeing managers as they begin to develop PCPs, & final reviewing of PCPs as they are developed/revised, they will ensure managers & stakeholders truly understand the importance of individual choice /preferences, supporting individuals in meeting their goals. Helping them to transition out of "the old way of thinking" into the "new".

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

Currently we have developed 0 PCP's. Once PCP Facilitators are hired/trained, at the onset of the grant, we anticipate having them begin developing PCPs. Develop 8 PCP's 1<sup>st</sup> qtr, 18 2<sup>nd</sup> qtr, 34 3<sup>rd</sup> qtr, 44 4<sup>th</sup> qtr, & 16 mthly thereafter for a total period of 2 yrs. (The thought being that they will be showing employees how to facilitate PCPs & eventually oversee the employees developing PCPs as well). Transition 2-3 people from

the WAP to 055 program per month. Once the Integration Specialist is hired/trained, they would begin developing resources for individual PCPs & coordinating individuals with same interests/goals/desires. The Integration Specialist would develop 10 resources the 1<sup>st</sup> qtr, 20 2<sup>nd</sup> qtr, 30 3<sup>rd</sup> qtr, 40 4<sup>th</sup> qtr & 10 mthy thereafter for a total of 2 yrs. Unmeasurable, is the reviewing goals in PCPs, talking to individuals about goals as needed/the resources found – if they are working/liked/etc., coordinating like-minded/interested individuals at resources, communicating with managers, families, caregivers, etc.

7. Please describe how &/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 & desires of the individuals & who was involved in that process.

OPARC gathers participant input on a regular basis through surveys, input mtgs and assessments to make changes to supports & culture change. Individuals from WAP, ADC-Montclair & Summit Services-Upland were asked about the concept & if they felt it would be beneficial. Individuals were receptive to the idea & felt it would be helpful to have people in place to develop their plans to be Person Centered & to add community integration activities/work/volunteer opportunities related to their individual goals.

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

Developing PCPs will allow us to work towards PC goals/services with the individuals we support. Educating families about PCT & reassuring them of safety concerns will support moving towards being PC. An Integration Specialist will enable us to take our PCP from ideas/goals to implementation of those ideas/goals.

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

At the end of the funding, we will review the need for the positions. We anticipate that we will maintain one PCP Facilitator to oversee new PCPs, develop PCPs, & help facilitate/track revisions as needed. The goal is to have the PCP Facilitators jump start the PCPs & role model/oversee employees on development of appropriate & meaningful PCPs, so that all managers are able to develop them, not just the PCP Facilitators. Integration Specialist – we hope we will not need to maintain the position. The need is great to find & record community resources. Each program can then access the centrally maintained data & add to it as appropriate.

10. Write a brief narrative below explaining each major cost category & 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, & 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, & operating costs (must exclude capital costs).

Salaries, benefits, supervision of EEs, laptops & mthly usage fee for phones & mileage - to travel/work at various sites/locations. Marketing materials for integration education.

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.

We intend to keep one PCP Facilitator after funding stops. We anticipate the need for the duties/position to lessen over time & if we need to continue – the duties will be distributed to current positions – as duties change due to HCBS Day Program changes

12. Have you or the organization you work	HCBS Funding NoX_ Yes. If Yes, FY(s)20 <u>16-17, 17-18,18-</u> 19.				
with been a past recipient	Disparity Funding <u>X</u> No <u>Yes.</u> If Yes, FY(s)				
of DDS funding? If yes,	CPP Funding <u>X</u> No Yes. If Yes FY(s)				
what fiscal year(s)?	If yes to any question be sure to answer questions 13 & 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 & paste from progress update(s) previously provided to regional centers or DDS.

**2016-17 Add 2 Job Developers:** i. # of consumers who participate in establishing vocational objectives that include CIE as an option 354

ii. # of opportunities resulting in exposure to community employment including those that start as volunteerism, PIP, or external situational analysis 236

iii. # of CIE placements/PIP's 3 iv. Participation in employment activities/sites where typically developing & I/DD individual work or explore job opportunities 94

v. # of consumers have the option for community integration. 431

**2017-18 Add work opportunities to Behavior Program:** 15 additional people are working in volunteer jobs, 5 are currently working in Paid Internship Program

2018-19 Train 2 Person Centered Thinking Trainers: Trainers have begun coaching

14. If your organization received prior funding, please explain how the current funding request is not redundant with any prior funding received &/or builds on the prior funding but was not part of the original funding.

PCP Trainers will be training all EE on PCT. Our new request: PCP Facilitators will facilitate/oversee the implementation of PCPs. The Integration Specialist – making the PCPs/goals possible by finding & coordinating resources. This is the last piece needed in our 4 year effort to implement PCP/PCT to employees and individuals – agency wide.

				1			
HCBS CONCEPT BUDGET							
Vendor Name							
Vendor Number(s)							
		Year 1	Budget	Ye	ar 2 Budget		Total
	Salary and						
	Benefits	FTE	Annual Cost	FTE	Annual Cos	t	Cost
Personnel (salary + benefits)							
PCP FACILITATOR	57789	1.00 \$	57,789	1.00	\$ 57,789	\$	115,578
PCP FACILITATOR	57789	1.00 \$	57,789	1.00	\$ 57,789	\$	115,578
INTEGRATON SPECIALIST	53764	1.00 \$	53,764	1.00	\$ 53,764	\$	107,528
Position Description		\$	-		\$-	\$	-
Position Description		\$	-		\$-	\$	-
Position Description		\$	-		\$ -	\$	-
Position Description		\$	-		\$ -	\$	-
Position Description		\$	-		\$ -	\$	-
Position Description		\$	-		\$ -	\$	-
Personnel Subtotal		\$	169,342		\$ 169,342		338,684
Operating expenses		Ļ	200,0 .2		+	T.	
STAFF MILEAGE		\$	15,225		\$ 15,488	\$	30,713
STAFF DEVELOPMENT	-	\$	1,800		\$ 2,100	\$	3,900
	-	\$	1,800		\$ 1,800		3,600
MARKETING & OUTREACH	-	\$	3,000		\$ 4,000	\$	7,000
	-	<b>,</b>	5,000		у <del>1</del> ,000	\$	-
	-					\$	-
	-					\$	-
	-					\$	-
	-					\$	
	-					\$	-
Operating Subtotal	_	\$	21,825		\$ 23,388		45,213
		Ş	21,825		ə 25,580	Ş	45,215
Administrative Expenses	3	C.	12 500		¢ 42.500	L é	25,000
CHIEF PROGRAM OFFICER (SUPERVISION Share Cost	.)	\$	12,500		\$ 12,500		25,000
	-					\$	-
	-					\$	-
	-					\$	-
	-					\$	-
	-					\$	-
	-					\$	-
	_					\$	-
Administrative Subtotal		\$	12,500		\$ 12,500	\$	25,000
Capital expenses						1.	
LAPTOPS	_	\$	2,400			\$	2,400
	_					\$	-
	_					\$	-
						\$	-
						\$	-
						\$	-
						\$	-
						\$	-
		_				\$	-
Capital Subtotal		\$	2,400		\$-	\$	2,400
Total Concept Cost		\$	206,067		\$ 205,230	\$	411,297

See Attachment F for budget details and restrictions