

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: November 12, 2019	Completed by: Shayne Aloe
Vendor Name, Address, Contact: Kreative Community Services, Inc. 5111 Telegraph Avenue #247, Oakland, CA 94609, Contact: Shayne Aloe	
Vendor Number: HN0481	
Service Type and Code: Adult Day Program, 055	

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<p><u>Federal Requirement #1:</u> <i>The setting is integrated in, and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> • 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?
<p>Does the service and/or program meet this requirement? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Please explain: Individuals attending KCS are provided individualization to the extent possible. Limitations to full access include (1) comprehensive understanding of each individual's preferences and abilities, (2) comprehensive understanding of each individual's interest and abilities related to pre-vocational/vocational training and/or employment, and (3) pairing preferences and abilities to community resources and/or opportunities. These limitations are specific to the individuals in the program that have limited or no functional communication, this is the majority of the individuals referred to KCS.</p>	
<p><u>Federal Requirement #2:</u> <i>The setting is selected by the individual from among setting options, including non-disability-specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> • 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?
<p>Does the service and/or program meet this requirement? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please explain: NBRC provides current IPP to KCS. When invited/requested KCS actively participates in IDT discussion on setting options.</p>	

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Federal Requirement #3:

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

Guidance:

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

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

Please explain: KCS provides information verbally and in writing as appropriate.

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: Individuals attending KCS are provided choice of daily activities to every extent possible. Barriers to choice within the program include comprehensive understanding of each individual's preferences and abilities.

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Federal Requirement #5:

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

Guidance:

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

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

Please explain: Individuals in the program are provided access to a variety of staff to ensure compatibility and comfort, this is assessed for each individual being served, with the individuals directly when possible, KCS staff and KCS management and specialists. Individuals have access to a team of specialists and management at KCS who are always available to assist in modifications and/or concerns.

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

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

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CONTACT INFORMATION

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Email Address: Shayne@KreativeServicesInc.com

ACKNOWLEDGEMENT

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

I AGREE

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

Instructions:

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

Strengths of previously funded concepts:

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

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Vendor name	Kreative Community Services, Inc.
Vendor number(s)	HN0481
Primary regional center	North Bay Regional Center
Service type(s)	Adult Day Program
Service code(s)	055
Number of consumers currently served	30
Current staff to consumer ratio	1:2
<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>Kreative Community Services (KCS) programs are made up of five components: (1) Person Centered Planning, (2) Behavior Management, (3) Functional Skills Training, (4) Community Integration, and (5) Quality of Life. A variety of approaches are considered, as appropriate, and supports are provided to ensure each individual's success in areas identified upon admission to the program. At this time KCS has successfully developed and integrated processes for many of these components (e.g., Behavior Management and Functional Skills Training with the assistance of Board Certified Behavior Analyst) but is deficient in the ability to successfully incorporate person centered planning and community integration into the programming due to the majority of the individual's served having limited or no functional communication. KCS believes that all individuals are able to participate with the appropriate approaches, supports and plans; therefore, the funding would be used to focus on a solution to person centered practices for individuals with limited ability to communicate these preferences.</p>	
<p>Project Narrative Description:</p>	
<p>2. Please provide a brief summary narrative of the concept for which you are requesting funding, including justification for the funding.</p>	
<p>KCS will create a position dedicated to Person Centered Practices and Discovery. The person hired for this position will be responsible to:</p> <ol style="list-style-type: none"> 1) Attend Person Centered Practices (PCP) Training 2) Attend Discovery Training 3) Establish a process for PCP/Discovery at KCS 4) Administer PCP/Discovery with KCS Individuals and Interdisciplinary Teams 5) Train KCS staff in PCP/Discovery 6) Support KCS staff in implementation of PCP/Discovery plans 	
<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 <u>X</u> 2 ___ 3 ___ 4 <u>X</u> 5 ___ 6 ___ 7 ___ 8 ___ 9 ___ 10 ___</p>	

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<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 information is in the evaluation section, please copy it here.</p>
<p>Federal Requirement #1: Individuals attending KCS are provided individualization to the extent possible. Limitations to full access include (1) comprehensive understanding of each individual’s preferences and abilities, (2) comprehensive understanding of each individual’s interest and abilities related to pre-vocational/vocational training and/or employment, and (3) pairing preferences and abilities to community resources and/or opportunities. These limitations are specific to the individuals in the program that have limited or no functional communication, this is the majority of the individuals referred to KCS.</p>
<p>Federal Requirement #4: Individuals attending KCS are provided choice of daily activities to every extent possible. Barriers to choice within the program include comprehensive understanding of each individual’s preferences and abilities.</p>
<p>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.</p>
<p>Utilizing the concepts of PCP and Discovery KCS intends to develop processes to ensure comprehensive understanding of each individual’s preferences and abilities, interests and abilities related to pre-vocational/vocational training and/or employment, and provide pairing to community resources and/or opportunities as appropriate. By establishing processes and training staff this will be part of the programming at KCS.</p>
<p>6. What are the proposed outcomes and objectives of the concept, and what are the methods of achieving and tracking them?</p>
<p>Proposed outcomes include hiring a person dedicated to Attendance of Person Centered Practices (PCP) and Discovery Training, Establishing a process for PCP/Discovery at KCS, Administering PCP/Discovery with KCS Individuals and Interdisciplinary Teams, Training KCS staff in PCP/Discovery, and supporting KCS staff in implementation of PCP/Discovery plans. Methods for achieving and tracking these outcomes will include an agreed upon timeline of deliverables from the person hired into the position (e.g., obtain training, establish a process for KCS that is adopted by the Directors, train staff, implement the process, deliver plans for each individual in the program).</p>
<p>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.</p>
<p>KCS has few individuals with functional communication skills but through the other processes established since the program began it is evident that individualization of programming is critical to the quality of life of the individuals served at KCS. Of the few individuals we do serve with functional communication skills they have clearly explained that they wish to have their choices, preferences and vocational goals worked toward. However, a common barrier has been their ability to express specific preferences and choices as well as what vocational goals should be worked toward. For example, we have an individual that has clearly communicated he would like</p>

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to earn money and have a job but is unable to provide information on specific interests or ways he could make money that he would be capable of and/or willing to do.

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

Person Centered Practices and Discovery will allow the embedding of processes that support people to maximize their quality of life. Further, these processes will offer training and support directly to staff to develop plans that guide outcomes based on what is important to the individuals that KCS serves. Person Centered Practices and Discovery are an evidence-based practices that improve outcomes for individuals with disabilities.

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

With established processes and staff training in the concepts of PCP and Discovery this will become a fundamental aspect to how KCS will assess, establish and provide services to all individuals in the program and those referred in the future. The plan is to create a process that will become embed in the philosophy of service provision for KCS.

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

Hire a person/consultant dedicated to learning PCP & Discovery, develop a process KCS will adopt in its programming and plans for individuals served and train staff in these processes.

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.

The requested funding will provide the ability to establish the PCP/Discovery training, processes and administration of these services to all current individuals being served at KCS. The proposal allows for these aspects to be established and a process to be embed for all future referred individuals. Ongoing staff training in the PCP/Discovery processes established will be ensured by KCS management through the in-service training time KCS has allocated within the scope of the program design.

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) 15-16

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

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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.

Prior CPP Funding was used during start up to fund the construction, equipment and supplies for the day program. The funding was exhausted prior to the program starting services with individuals referred to KCS.

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.

The prior funding was used to establish the program start up; specifically, the construction and set up of the program to begin service.

HCBS CONCEPT BUDGET						
Vendor Name		Kreative Community Services				
Vendor Number(s)		HN0481				
	Salary and Benefits	Year 1 Budget		Year 2 Budget		Total
		FTE	Annual Cost	FTE	Annual Cost	Cost
Personnel (salary + benefits)						
PCP & Discovery Specialist	100,000	1.00	\$ 100,000	1.00	\$ 100,000	\$ 200,000
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Personnel Subtotal			\$ 100,000		\$ 100,000	\$ 200,000
Operating expenses						
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Operating Subtotal			\$ -		\$ -	\$ -
Administrative Expenses						
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Administrative Subtotal			\$ -		\$ -	\$ -
Capital expenses						
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Capital Subtotal			\$ -		\$ -	\$ -
Total Concept Cost			\$ 100,000		\$ 100,000	\$ 200,000

See Attachment F for budget details and restrictions