

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: 11/8/2019	Completed by: Louis Chiofalo
Vendor Name, Address, Contact: Solano Diversified Services, 1761 Broadway, Suite 250, Vallejo, Ca 94589	
Vendor Number: H13551, H83747	
Service Type and Code: Adult Day, 515	

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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: Individuals are able to participate in outings in the program thru a person centered schedule developed by them. SDS is limited in its resources for employment opportunities for day program participants and needs assistance in reaching out to local employers for those employment opportunities that match our participants preferences and skill sets.

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: All our participants have a Regional Center Individual Program Plan that is sent to us every 3 years. However, the forms vary and not all indicate different setting options.

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<p><u>Federal Requirement #3:</u> <i>Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> • Does the provider inform individuals, in a manner they can understand, of their rights to privacy, dignity, respect, and freedom from coercion and restraint? • Does the provider communicate, both verbally and in writing, in a manner that ensures privacy and confidentiality? • Do staff communicate with individuals based on their needs and preferences, including alternative methods of communication where needed (e.g., assistive technology, Braille, large font print, sign language, participants' language, etc.)?
<p>Does the service and/or program meet this requirement? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Please explain: SDS regularly informs the participant upon entrance to the program and annually about their rights. This is done thru an annual meeting where their rights are given to them and discussed by a staff member. SDS could benefit from additional assistive technology devices for those individuals who are non-verbal to assist them in their communication between staff and themselves during programming year round and during their person centered planning to ensure they are receiving the services they want and need.</p>	
<p><u>Federal Requirement #4:</u> <i>Optimizes but does not regiment individual initiative, autonomy, and independence in making life choices, including, but not limited to, daily activities, physical environment, and with whom to interact.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> • Does the provider offer daily activities that are based on the individuals' needs and preferences? • Does the provider structure their support so that the individual is able to interact with individuals they choose to interact with, both at home and in community settings? • Does the provider structure their support so that the individual is able to participate in activities that interest them and correspond with their IPP goals?
<p>Does the service and/or program meet this requirement? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please explain: SDS offers a variety of activities that the persons served have an interest in doing. This is accomplished by meeting with the individuals and developing a weekly</p>	

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schedule with the others in their assigned groups. This area could be strengthened by having more employment opportunities for those participants and also alternative communication devices (tablets, etc..) in order to ensure we are meeting the needs of those who are non-verbal.

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: When an intake is completed, the person is matched with a group that we feel would help them reach their potential and meet their wants and needs. A participant is assessed and at times this placement needs to change due to not being the right fit, or needs that cannot be met in that group.

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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:</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:</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:</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:</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:</p>	

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CONTACT INFORMATION

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Contact Phone Number: 707-552-9443
Email Address: louis@sds-inc.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

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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

Vendor name	Solano Diversified Services, Inc.
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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.

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Vendor number(s)	H13551, H83747
Primary regional center	North Bay
Service type(s)	Adult Day Program
Service code(s)	515
Number of consumers currently served	79
Current staff to consumer ratio	1:3
<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>Solano Diversified Services (SDS) currently is licensed for two Day Programs (one in Vallejo and one in Fairfield). Program Participants are transported to the program via SDS Transportation or other transportation and are provided a 6-hour programming day which can consist of the following domains: behavior, communication/social, community integration, employment, and recreation/leisure skills. We have begun utilizing Person Centered Planning strategies, when meeting with our Program Participants, to assist our staff in meeting the participants' needs in the areas identified. During our planning sessions, some individuals are non-verbal and finding alternate ways for them to communicate would help (i.e, tablet). Many persons also request employment opportunities. Although we have some sites, there is a great need to increase our employment sites to allow a greater % of persons to participate in Community Integrated Work. Currently 41% of our participants in the day program are working part-time. We would like to increase this to 75% over the next two years.</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>Solano Diversified Services received HCBS Funding to enable designated staff to become certified as Person Centered Planning Trainers. This certification process is almost complete and we are getting ready to formally train our staff in Person Centered Thinking and Planning. As our staff and agency continue to reframe how we approach planning for our participants, it is important that we are able to implement the Person Centered Plans we are developing. SDS is requesting additional tablets to use in each training room to assist those who are non-verbal communicators (10 tablets being requested). SDS is also going to utilize specialized services (Consultant) to assist with various programs and software. Currently we have 5 tablets between the 2 programs. We will increase tablets to 15. SDS is also requesting funds to hire a full-time Job and Community Resource Developer specifically for the day programs to use the information developed in the Person Centered Planning sessions to develop and create more meaningful community based activities and employment opportunities our participants</p>	

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including internships and volunteer sites.
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_x__ 4_x__ 5__ 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 and why this concept is necessary. If this information is in the evaluation section, please copy it here.
<p>#1) Individuals in the program are able to participate in community based activities” thru a person centered schedule developed by them. However we would like to continue to enhance opportunities for program participants to interact more meaningfully with their community. SDS is limited in the employment opportunities for day program participants and needs assistance in reaching out to local employers to identify or create community integrated work opportunities that our participants are able to complete.</p> <p>#3) SDS consistently informs the participant upon entrance to the program and annually about their rights. This is done thru an annual meeting where the rights are read and discussed with them by staff members and given to them to sign. SDS would benefit from additional assistive technology devices for those individuals who are non-verbal to assist them in their communication between staff and themselves during programming year round and during their person centered planning to ensure they are receiving the services they want and need. #4) SDS offers a variety of activities that the persons served have an interest in doing. This is accomplished by meeting with the individuals and developing a weekly schedule with the others in their assigned groups. This area could be strengthened by having more employment opportunities for those participants and also alternative communication devices (tablets, etc..) in order to ensure we are meeting their needs for those who are non-verbal. .</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>SDS would benefit from hiring a dedicated person to network with the local community to identify and/or create job opportunities (including Paid Internships) which match the strengths and needs of the participants as specified in their person centered planning sessions. The Job Developer will be looking for both individual and group contract work in the community. This assists our agency in meeting the Employment First Initiative and the Community Integrated Employment.</p> <p>In order to ensure that all participants are receiving the services they want and need some individuals who are non-verbal are not able to always voice what it is they want. Communication devices (tablets, etc..) will help the participant in knowing that their voice is heard.</p>
6. What are the proposed outcomes and objectives of the concept, and what are the methods of achieving and tracking them?

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#1) The Outcome would be more individuals working in the community. We would like to increase our baseline from 41% to 75% of individuals working either part-time or full-time in either an individual job or group contract job site. This will be tracked through our Performance Measurement and Management System which tracks our agency objectives for CARF.

#2) The tablet usage for the non-verbal participants will be tracked through their ISP Goals and Objectives developed for their communication/social goals.

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.

SDS staff continuously solicit input from the persons that are served in our day programs. Many participants state that they would like to learn to use the tablet to increase their skills. We also feel many participants would benefit from using the tablet to communicate their interests, preferences and needs. Employment opportunities fluctuate and this past year it has been difficult to meet all the demands of running a program and also creatively developing new opportunities. Our program and participants would benefit from new contracts and opportunities procured by the new Job Developer.

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

Participants with communication barriers would be able to communicate more easily with SDS Staff by using a tablet. In addition, many of the person-centered choices expressed by our participants include the desire to work more.

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

#1) Tablets: No ongoing funding required.

#2) Job Developer: Job Developer's continued salary and benefits will be paid through fees for service (job coaching fees) and CIE Incentive Funds when participants are hired and also from additional contracts that are procured for our participants.

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

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<p>Budget (Also see Attachment C-Budget Worksheet)</p> <p>1) Tablets (Samsung) 10 tablets @ 149.99 each + Tax \$12.56 = \$162.55 each Total Tablet Costs for 10 = \$1625.50</p> <p>2) Consultant/Software/Apps = \$5000</p> <p>3) Job Developer Salary: Salary \$51,600 per year FICA \$3947.40 Workers Comp: \$428.28 Sick Leave: \$650.88 Vacation Leave (13 days): \$2820.48 Holiday Pay (10 days): \$2169.60 Medical/Dental (Average Cost): \$447/month (med). Dental: 53.32/month Annual Medical Dental Cost: \$6003.84 TOTAL FOR JOB DEVELOPER SALARY/BENEFITS PER YEAR: \$67,620.48 (Grant is for a 2-year cycle) for a total of \$135,241.</p>	
<p>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.</p>	
<p>#2) Job Developer: Job Developer's continued salary and benefits will be paid through Fees for Service (Job Coaching) CIE Incentive Funds when participants are hired and also from additional contracts that are procured for our participants. SDS is committed to ensuring on-going support to ensure new and creative opportunities are developed.</p>	
<p>12. Have you or the organization you work with been a past recipient of DDS funding? If yes, what fiscal year(s)?</p>	<p>HCBS Funding ___ No ___x_ Yes. If Yes, FY(s)18-20 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.</p>
<p>For providers who have received prior HCBS, Disparity or CPP Funding from DDS</p>	
<p>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.</p>	
<p>As of this date, our 2 staff are attending the Certification for Person Centered Train the trainer and it will be complete in December. They will begin to train all the direct service staff in the 2-day Certification over the next 6 month period.</p>	
<p>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.</p>	
<p>Our original funding request provided a grant for 2 staff persons to become Certified in Person-Centered Training for Train the Trainer and also for all SDS Staff to receive the 2-day Person Centered Thinking Certification.</p>	

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HCBS CONCEPT BUDGET	Solano Diversified Services					
Vendor Name	Solano Diversified Services					
Vendor Number(s)	H13551, H83747					
	Salary and Benefits	Year 1 Budget		Year 2 Budget		Total
		FTE	Annual Cost	FTE	Annual Cost	Cost
Personnel (salary + benefits)						
Job Developer	67620.48	1.00	\$ 67,620	1.00	\$ 67,620	\$ 135,241
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Personnel Subtotal			\$ 67,620		\$ 67,620	\$ 135,241
Operating expenses						
Consultant for Tablet Software/Software/App			\$ 5,000			\$ 5,000
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Operating Subtotal			\$ 5,000		\$ -	\$ 5,000
Administrative Expenses						
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Administrative Subtotal			\$ -		\$ -	\$ -
Capital expenses						
10 Tablets			\$ 1,626		\$ -	\$ 1,626
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Capital Subtotal			\$ 1,626		\$ -	\$ 1,626
Total Concept Cost			\$ 74,246		\$ 67,620	\$ 141,866

See Attachment F for budget details and restrictions