

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

The Home and Community-Based Services (HCBS) rules ensure that people with disabilities have full access to, and enjoy the benefits of, community living through long-term services and supports in the most integrated settings of their choosing. In order to assist in determining eligibility for compliance funding, providers must complete this evaluation. Both "Yes" and "No" answers require an explanation. A "No" response *could* mean a service setting is out of compliance with the HCBS rules and is potentially eligible for funding to make necessary adjustments. Once this evaluation is completed, it should act as a guide for filling out the provider compliance funding concept, which is required for any provider to be eligible for compliance funding. **Completion of this evaluation is for the sole purpose of applying for compliance funding and does not take the place of future provider assessments that the Department may require to determine provider compliance with the HCBS settings rules. Only providers requesting compliance funding need to complete this evaluation.**

Federal Requirements #1-5 apply to providers of all services, including residential and non-residential settings. Federal Requirements #6-10 are additional requirements that apply only to provider-owned or controlled residential settings.

The column labeled "Guidance" contains a series of questions intended to help identify compliance or non-compliance with each requirement as it relates to the HCBS rules. While responses to these questions can help in the determination of whether or not a particular requirement is met, these responses may not be the sole factor in this determination.

More information on the HCBS rules and this form can be found at [www.dds.ca.gov/HCBS](http://www.dds.ca.gov/HCBS).

Questions may be directed to [HCBSregs@dds.ca.gov](mailto:HCBSregs@dds.ca.gov).

Date(s) of Evaluation: November 12, 2019	Completed by: Susie Pittman, CEO
Vendor Name, Address, Contact: Build Rehabilitation Industries, 12432 Foothill Blvd., Sylmar, CA 91342. Contact Susie Pittman	
Vendor Number: H32993, HL0302, HD0149,	
Service Type and Code: Service Code: 515, Service Type: Behavior Management Program, Work Activity Program (Sylmar), Work Activity Program (Burbank),	

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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: Build Options Program is a site based, behavior management day program. More than half of the individuals currently attending this program are non-verbal, with severe cognitive and behavioral challenges. Build has a history and reputation of accepting and working with the most challenging individuals who have had difficulties being accepted into any other program. This program at this time does not offer community opportunities for individuals or work related skill-building opportunities. Build's Work Activity Programs are not integrated, nor do they include community components or minimum wage pay scales. A typical day consists of working in groups around a table to assemble items, eating lunch on-site, and having the support and camaraderie of staff and co-workers. Several of the individuals working at both WAP sites are also either non-verbal, or have difficulty being understood by people who don't know them.

## **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 individual's 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: Each individual has a current IPP on file. The IPP outlines the various reasons why Build's day program or WAP program was considered as the best choice to meet the individual's needs.

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<p><b><u>Federal Requirement #3:</u></b>  <i>Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.</i></p>	<p><b><u>Guidance:</u></b></p> <ul style="list-style-type: none"> <li>• Does the provider inform individuals, in a manner they can understand, of their rights to privacy, dignity, respect, and freedom from coercion and restraint?</li> <li>• Does the provider communicate, both verbally and in writing, in a manner that ensures privacy and confidentiality?</li> <li>• 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.)?</li> </ul>
<p><b>Does the service and/or program meet this requirement?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Please explain: More than half of the individuals served in the day program are non-verbal and do not use any sort of communicative devices. Several others may be verbal, but have difficulty communicating effectively or clearly. Staff utilize physical signals in many cases to determine likes and dislikes of the individuals served. As part of the intake, personal rights are provided and explained to the best of our ability with the individual present, but in most cases these are explained to caregivers or conservators. All sensitive communication is done with dignity and privacy in mind.</p>	
<p><b><u>Federal Requirement #4:</u></b>  <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><b><u>Guidance:</u></b></p> <ul style="list-style-type: none"> <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>
<p><b>Does the service and/or program meet this requirement?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	

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Please explain: Activities are pre-planned by staff. Each classroom has a different activity, and individuals rotate when possible through the different activities. Activities are not individualized. Individuals do not always have choice over who is in their group or what staff is working with them- it depends on availability. The majority of individuals who attend this program have goals related to behaviors and safety, not employment. Goals are not always those chosen by the individual, due to their severe deficits in communication and cognitive function.

The WAP programs have specific tasks related to the work contracted for that day; individuals do not have a choice of work activity. Choice may be limited to where they sit.

## **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 work with specific staff when possible due to their specific deficits and needs, since familiarity with our individuals means that some behavioral outbursts may be lessened when an antecedent is noted. Individuals do not always get to choose who their staff will be. Most of the individuals we serve, as stated above, are non-verbal and have major cognitive deficits, but parents and conservators input is always welcome regarding the program and any changes to be made.

WAP participants have limited choices of staff to speak with and do have opportunities to express concerns. Some WAP participants are non-verbal or have difficulty with communication.



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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:

### **Federal Requirement #6:**

*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.*

### **Guidance:**

- 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: [Click or tap here to enter text.](#)

### **Federal Requirement #7:**

*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.*

### **Guidance:**

- 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: [Click or tap here to enter text.](#)

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

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

**CONTACT INFORMATION**

Contact Name:	Susie Pittman
Contact Phone Number:	818-485-8568
Email Address:	spittman@buildrehab.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.

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Vendor name	Build Rehabilitation Industries
Vendor number(s)	H32993,HL0302, HD0149
Primary regional center	North Los Angeles County Regional Center
Service type(s)	Behavior Management Program Work Activity Programs (2)
Service code(s)	515, 954, 954
Number of consumers currently served	515 program: 62, 954 Sylmar: 95, 954 Burbank: 44
Current staff to consumer ratio	515:1:3 staffing per Title 17, some 1:1 staffing and 2:1 staffing. 954 Sylmar:1:30 or 1:10, 954 Burbank: 1:12
<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>515 Program: A typical day consists of arrival and check in. Everyone exercises to music in the common area. People then break up into smaller groups. Some individuals have assigned staff and extra staffing, due to extreme behaviors and need for support. There are several classrooms situated around the main area that individuals may rotate through if they choose.. Everyone has lunch at the same time. After lunch is more classroom time, and then home. Many of the individuals are non-verbal without the capacity or equipment to communicate other than with physical movement or sounds, making communication difficult for people who are not familiar with them. Two individuals that we serve are deaf/blind. All individuals attending Options exhibit significant behaviors that hinder safe community access.</p> <p>Both WAP programs start by checking in and receiving assignments for the day. Sylmar WAP is a warehouse/packaging site, while Burbank WAP is labeling and stickers. Everyone breaks at the same time and has lunch at the same time. Both WAP's are not integrated settings and do not pay at minimum wage. Many have worked in this setting for years.</p>	
<b>Project Narrative Description:</b>	
<p>2. Please provide a brief summary narrative of the concept for which you are requesting funding, including justification for the funding.</p> <ol style="list-style-type: none"> <li>1. Purchase 100 I-Pads and several types of communication software for use with non-verbal and non-communicative individuals to use in the community with the public and staff. I-Pads are less expensive than specialized communication devices, and are user friendly, familiar and "normalized". I-Pads will also allow staff to carry medical information in a HIPAA compliant manner, and documentation in real time. I-Pads will not be specific to one individual and will stay with Build.</li> <li>2. Various applications for different types of communication for the I-Pads.</li> <li>3. Contracting with an AAC specialist for one year, for consultation and assessment for each individual using the I-Pads, so that we can procure the apps needed and staff/individuals can receive training.</li> <li>4. Two HCBS Compliance Coordinator positions-full time for two years to provide oversight to the Person Centered Planning process for each individual in the WAPs, day program, and future referrals. Will be lead for developing community goals and researching alternative programming. Main point of contact for work with each regional centers and families. They will work with both NLACRC and FDLRC.</li> </ol>	
<p>3. Identify which HCBS federal requirements this concept addresses that are currently out of compliance. Could be all or a subset of those identified as out of compliance on the evaluation.</p> <p>1_X__ 2__ 3_X__ 4_X__ 5__ 6__ 7__ 8__ 9__ 10__</p>	
<p>4. For each HCBS out-of-compliance federal requirement that is being addressed by this concept, describe the barriers to compliance and why this concept is necessary. If this information is in the evaluation section, please copy it here.</p>	
<p>Fed Req. #1, #4: A barrier for person-centered community participation/employment is the inability of individuals to communicate with non-disabled individuals in an easily understood manner. I-Pads are user friendly, have more applications for communication,</p>	

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are less expensive than specialized communication equipment, and are more "normal" and approachable to the public. Expressing choice and preferences, and engaging with non-disabled people in the community would be a big step in person centered service. Contracting with an Augmented AAC specialist for the first year will ensure the best fit between app and individual. A barrier for planning person-centered services is that to do it well, it should be a primary focus. Two HCBS Compliance Coordinators to serve nearly 200 current individuals to coordinate the PCP process and implementation would ensure that every individual served would have personalized services.

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.

These concepts will allow all participants to have a voice and say in their services, and would ensure proper tracking, accountability, and implementation of the PCP process for each individual.

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

Proposed Outcome #1: In the first year, half of those individuals in the WAP with barriers to communication will be participants in the community with non-disabled peers at least 50% of their program day. The HCBS Compliance Coordinators will be responsible for tracking and overseeing the PCP planning process, using a database of individuals who will be assessed for assistive technology and tracking the dates of assessment, creation of a plan, implementation of the plan, and training of staff on the plan/equipment.

Proposed Outcome #2: Within 4 months of approval, both HCBS Compliance Coordinators will be hired and begin the training and PCP oversight process with individuals. Within two years, all individuals currently participating in the Work Activity Programs will have PCP implemented and tracked, using the same methods as #1.

Proposed Outcome #3: Within the first year, with assistance from I-Pads and the AAC consultant, participants in the Options day program will begin to actively participate in their PCP. The same methods of tracking would be used.

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.

During training for staff for implementing person-centered planning, it was noted that a large number of individuals have communication issues that become barriers for community integration, participation and employment. During informal talks with staff, many individuals expressed loneliness and a desire to connect with their community and work outside of the WAP or day program.

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

HCBS Compliance Coordinators will ensure that every person has the opportunity to make a person-centered plan, with implementation and follow-through. I-Pads will allow for user-friendly communication that is "normalized", and allow for community access while keeping sensitive medical and other information HIPAA compliant. Contracting with an AAC specialist will ensure appropriate apps are purchased and that staff and individuals are trained to use them.

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

I-Pads purchased will be the latest on the market today to ensure that they are useful for many years with apps that are most effective and user friendly. I-Pads will stay with Build as tools to integrate individuals in the community. After the first two years, if the HCBS Compliance Coordinators are successful at fulfilling the goal of person-centered services for all individuals served, these positions will be maintained by Build.

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



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consultants or training, administrative expenses/indirect costs, and capital costs (assets lasting more than 2 years). If project spans 2 years or occurs in phases, budget should be separated by phase/year.

Administrative costs, if any, must comply with DDS' vendor requirements, including a cap of 15% of the sum of personnel/benefits, consulting, and operating costs (must exclude capital costs).

[http://leginfo.legislature.ca.gov/faces/codes\\_displaySection.xhtml?sectionNum=4629.7&lawCode=WIC](http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=4629.7&lawCode=WIC)

100 I-Pads with cases + sales tax @ 565.07 ea =\$56,507.00

AAC Consultation for one year @\$400.00 per month= \$4,800.00

Specialized Applications approx. \$300.00 per I-Pad = \$30,000.00

Two HCBS Compliance Coordinators, each \$62, 400.00 per year +25% fringe =\$78,000.00 per year each for two years = \$312,000.00

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.

I-Pads and Apps: not applicable, AAC consultation is contracted, HCBS Compliance Coordinator positions will be maintained once funding ceases if positions are successful at meeting compliance.

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) 2018-2019\_  
Disparity Funding ☒ No ☐ Yes. If Yes, FY(s) \_\_\_\_\_  
CPP Funding ☒ No ☐ Yes. If Yes FY(s) \_\_\_\_\_

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

## For providers who have received prior HCBS, Disparity or CPP Funding from DDS

13. If your organization has received prior funding from any of the above sources, please provide an update on the prior funding project. You may copy and paste from progress update(s) previously provided to regional centers or DDS.

The 2018-2019 funding project is approximately 30% completed. Management staff have been trained in a Person-Centered Planning program and will be receiving train the trainer certification so that we can begin the process of person-centered planning with individuals moving out of the Work Activity Programs first, then will begin working with individuals in other programs.

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 request was specific to Person Centered Planning Training of staff so that person-centered plans could be developed for individuals leaving the WAP. The current funding request builds on the prior funding request as PCP will be made available for all individuals participating in Build Programming.

HCBS CONCEPT BUDGET	Fy2019-2020					
Vendor Name	Build Rehabilitation Industries					
Vendor Number(s)	H32993, HL0302, HD0149					
	Salary and Benefits	Year 1 Budget		Year 2 Budget		Total
		FTE	Annual Cost	FTE	Annual Cost	Cost
<b>Personnel (salary + benefits)</b>						
HCBS Compliance Coordinator	78000	2.00	\$ 156,000	2.00	\$ 156,000	\$ 312,000
AAC Specialist (contracted)	4800	1.00	\$ 4,800		\$ -	\$ 4,800
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Personnel Subtotal			\$ 160,800		\$ 156,000	\$ 316,800
<b>Operating expenses</b>						
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Operating Subtotal			\$ -		\$ -	\$ -
<b>Administrative Expenses</b>						
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Administrative Subtotal			\$ -		\$ -	\$ -
<b>Capital expenses</b>						
100 I-Pads, cases, + tax			\$ 56,507			\$ 56,507
Applications @\$300.00 per I-Pad			\$ 30,000			\$ 30,000
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Capital Subtotal			\$ 86,507		\$ -	\$ 86,507
Total Concept Cost			\$ 247,307		\$ 156,000	\$ 403,307

**See Attachment F for budget details and restrictions**

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Questions may be directed to [HCBSregs@dds.ca.gov](mailto:HCBSregs@dds.ca.gov).

Date(s) of Evaluation: November 12, 2019	Completed by: Susie Pittman
Vendor Name, Address, Contact: Build Rehabilitation Industries, 12432 Foothill Blvd., Sylmar, CA 91342, Contact Susie Pittman	
Vendor Number: H32993	
Service Type and Code: Service Code: 515, Service Type: Behavior Management Program.	

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

### **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: Build Options Program is a site based, behavior management day program. More than half of the individuals currently attending this program are non-verbal, with severe cognitive and behavioral challenges. Build has a history and reputation of accepting and working with the most challenging individuals who have had difficulties being accepted into any other program. This program at this time does not offer community opportunities for individuals or work related skill-building opportunities. A typical day consists of classroom work geared towards achieving personal and social goals while staff teach self-regulation, minimizing behavioral excesses and maximizing appropriate behavioral responses. Limited choices are offered in each classroom but are not individualized to each person.

### **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: Each individual has a current IPP on file. The IPP outlines the various reasons why Build Options program was considered as the best choice to meet the individual's needs behaviorally and socially.

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

## **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: More than half of the individuals served in this program are non-verbal and do not use any sort of communicative devices. Several others may be verbal, but have difficulty communicating effectively or clearly. Staff utilize physical signals in many cases to determine likes and dislikes of the individuals served. As part of the intake, personal rights are provided and explained to the best of our ability with the individual present, but in most cases these are explained to caregivers or conservators. All sensitive communication is done with dignity and privacy in mind.

## **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: Activities are pre-planned by staff. Each classroom has a different activity, and individuals rotate when possible through the different activities. Activities are not individualized. Individuals do not always have choice over who is in their group or

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

what staff is working with them- it depends on availability. The majority of individuals who attend this program have goals related to behaviors and safety, not employment. Goals are not always those chosen by the individual, due to their severe deficits in communication and cognitive function.

## **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 work with specific staff when possible due to their specific deficits and needs, since familiarity with our individuals means that some behavioral outbursts may be lessened when an antecedent is noted. Individuals do not always get to choose who their staff will be. Most of the individuals we serve, as stated above, are non-verbal and have major cognitive deficits, but parents and conservators input is always welcome regarding the program and any changes to be made.



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Only providers of services in **provider-owned or controlled residential settings** need to complete the remainder of this evaluation. In **provider-owned or controlled residential settings**, in addition to the above requirements, the following requirements must also be met:

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

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

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

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

**CONTACT INFORMATION**

Contact Name:	Susie Pittman
Contact Phone Number:	(818) 485-8568
Email Address:	SPittman@Buildrehab.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](http://www.dds.ca.gov/HCBS).

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

Vendor name	Build Rehabilitation Industries
Vendor number(s)	H32993
Primary regional center	North Los Angeles County Regional Center
Service type(s)	Behavior Management Program
Service code(s)	515
Number of consumers currently served	62
Current staff to consumer ratio	1:3 staffing per Title 17, some 1:1 staffing and 2:1 staffing.
<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>Individuals arrive and check in. Everyone exercises to music in the common area. People then break up into smaller groups. Some individuals have assigned staff and extra staffing, due to extreme behaviors and need for support. There are several classrooms situated around the main area. Classrooms provide art materials, music, current event topics, etc. Everyone has lunch at the same time. After lunch is more classroom time, and then home. There are no trips into the community. There is no targeted vocational training. Many of the individuals are non-verbal without the capacity or equipment to communicate other than with physical movement or sounds, making communication difficult for people who are not familiar with them. Two individuals that we serve are deaf/blind. All individuals attending Options exhibit significant behaviors that hinder safe community access.</p>	
<b>Project Narrative Description:</b>	
<p>2. Please provide a brief summary narrative of the concept for which you are requesting funding, including justification for the funding.</p> <p>1. Expand the space to include a vocational center of 2200 square feet. This area will have stations where individuals may train and develop skills for work in a supported environment. We plan to purchase sturdy tables and chairs, and kiosks against a wall where individuals can choose to practice. Purchase training and practice materials. Practicing skills in a familiar and behaviorally supportive environment will enhance individuals' ability to eventually access community volunteer or employment opportunities.</p> <p>2. A Community Integration Specialist position-full time for two years to work with each individual and their circle of support to develop a person centered community plan based on their IPP goals and individual input. Researching activities and opportunities for volunteerism and or employment, determining behavioral strategies with input from BCBA. Once the plan is in place, individuals can begin accessing the community and exploring their interests.</p>	
<p>3. Identify which HCBS federal requirements this concept addresses that are currently out of compliance. Could be all or a subset of those identified as out of compliance on the evaluation.</p> <p>1_X_ 2__ 3__ 4_X_ 5__ 6__ 7__ 8__ 9__ 10__</p>	
<p>4. For each HCBS out-of-compliance federal requirement that is being addressed by this concept, describe the barriers to compliance and why this concept is necessary. If this information is in the evaluation section, please copy it here.</p> <p>Fed Req. #1: One barrier for community participation is families, caregivers and stakeholders who are nervous about safety in recognition of the extreme needs of the majority of the individuals we serve. The Community Integration Specialist would assist with the specialized and individualized planning that would take place to ensure that community and vocational access is purposeful, and that community resources (such as specialized bathrooms) are mapped and noted.</p> <p>Fed. Req. # 1: A barrier to employment is that many individuals in the Options day program have not worked or volunteered, and have extreme behavioral and cognitive deficits that preclude "learning on the job". The vocational center with stations to learn</p>	

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

various skills through task analysis, would address the introduction and practice of those skills that would lead to a supported volunteer and /or employment situation.

Fed. Req. #4: Both the Community Integration Specialist and the vocational training center can address the barriers to presenting daily activities and choices for community involvement, vocation, and person-centered 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. Providing targeted skill development specific to employment of the individual's choice in the vocational center will provide experience and practice in a familiar setting that can be extrapolated to community employment with supports. The focus will be to develop different types of training stations based on input from individuals.
2. The Community Integration Specialist will address goals and plan purposeful community participation with each individual and their team, being mindful of and strategizing for the complex needs of each individual. This will allow individuals to explore their community and engage in community life while mitigating risk.

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

Proposed Outcome #1: During the first year, ½ of the people served in the program will have an individualized plan for community access in place and implemented. After the second year, everyone receiving services will have an individualized plan for community access in place and implemented. This will be part of the overall intake process and ongoing, and will be tracked through the roster and progress reports by the Community Integration Specialist.

Proposed outcome #2: During the first six months of operation, through PCP at least 10 individuals will use the vocational training space for 50% of their program day, getting one step closer to being able to enter into supported employment or a volunteer opportunity. Choice will be documented in the IPP, and progress will be tracked in semi-annual reports.

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.

The development of these concepts to meet HCBS final rule came out of many conversations over the past year with parents and conservators of the individuals regarding their fears and perceived barriers to community participation and employment. These concepts were developed to present more options to individuals, to mitigate concerns, and to push against those barriers. Individuals who could communicate would informally indicate desires for community engagement or employment.

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

Use of the Community Integration Specialist ensures that each plan developed is person centered and is focused on community access and participation. The vocational center will provide focused skill building for those individuals who choose to find employment, and will be based on the individual's preferences.

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

The furnishings purchased for the vocational center will be chosen for their sturdiness, so that they last for years. As person-centered planning occurs for each individual, we'll be able to customize the training each person receives to their strengths and desires for employment. Build has a background in packaging and labeling or that is a natural place to start. The Community Integration Specialist will remain an integral part of staffing after funding is concluded if the data indicates success for the individuals we serve.



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

10. Write a brief narrative below explaining each major cost category and timeline. Complete the budget template at the end of the concept sheet. An excel version with formulas is available. When applicable, budgets should include personnel/benefits, operating costs such as consultants or training, administrative expenses/indirect costs, and capital costs (assets lasting more than 2 years). If project spans 2 years or occurs in phases, budget should be separated by phase/year.

Administrative costs, if any, must comply with DDS' vendor requirements, including a cap of 15% of the sum of personnel/benefits, consulting, and operating costs (must exclude capital costs).

[http://leginfo.legislature.ca.gov/faces/codes\\_displaySection.xhtml?sectionNum=4629.7&lawCode=WIC](http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=4629.7&lawCode=WIC)

The Community Integration Training Specialist is a full time position at \$20.00 per hour. The total cost for the position, plus 25% fringe for two years is approximately \$103,200.00. This is \$51,600.00 per year. The Vocational Training program requires 10 tables at 4 people each at \$3540.00, 5 single tables at \$1305.00, and 46 chairs at \$3,381.00 plus tax and shipping for a total of \$10,000.00. Materials will cost approximately \$10,000.00 for the first two years.

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 ongoing cost to the vocational training center after the initial cost of furnishings will be materials only. Material costs in the future will be funded through fundraising and donations. Build plans to absorb the costs of employment for the Community Integration Specialist position after two years if the data indicates that the community person centered plans are successful.

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, Y(s) 2018-2019  
Disparity Funding    ☒ No \_\_\_ Yes. If Yes, FY(s) \_\_\_\_\_  
CPP Funding    \_\_\_ ☒ No \_\_\_ Yes. If Yes FY(s) \_\_\_\_\_

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

### For providers who have received prior HCBS, Disparity or CPP Funding from DDS

13. If your organization has received prior funding from any of the above sources, please provide an update on the prior funding project. You may copy and paste from progress update(s) previously provided to regional centers or DDS.

The 2018-2019 funding project is approximately 30% completed. Management staff have been trained in a Person-Centered Planning program and will be receiving train the trainer certification so that we can begin the process of person-centered planning with individuals moving out of the Work Activity Programs.

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 request was specific to Person Centered Planning Training of staff so that person-centered plans could be developed for individuals leaving the WAP. The current funding request builds on the prior funding request as individuals participating in the Behavior Management Program will be benefiting from staff training.

**Home and Community-Based Services (HCBS) Rules  
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HCBS CONCEPT BUDGET		FY 2019-2020					
Vendor Name		Build Rehabilitation Industries					
Vendor Number(s)		H32993					
		Salary and Benefits	Year 1 Budget		Year 2 Budget		Total
			FTE	Annual Cost	FTE	Annual Cost	Cost
Personnel (salary + benefits)							
Community Integration Specialist		51600	1.00	\$ 51,600	1.00	\$ 51,600	\$ 103,200
Position Description				\$ -		\$ -	\$ -
Position Description				\$ -		\$ -	\$ -
Position Description				\$ -		\$ -	\$ -
Position Description				\$ -		\$ -	\$ -
Position Description				\$ -		\$ -	\$ -
Position Description				\$ -		\$ -	\$ -
Position Description				\$ -		\$ -	\$ -
Personnel Subtotal				\$ 51,600		\$ 51,600	\$ 103,200
Operating expenses							
Training Materials				\$ 10,000			\$ 10,000
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
Operating Subtotal				\$ 10,000		\$ -	\$ 10,000
Administrative Expenses							
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
Administrative Subtotal				\$ -		\$ -	\$ -
Capital expenses							
10 tables @ \$389.00 each (Inc. tax + shipping)				\$ 3,890			\$ 3,890
5 tables @ \$285.00 each (Inc. tax + shipping)				\$ 1,425			\$ 1,425
46 chairs \$85.00 each (Inc. tax + shipping)				\$ 3,910			\$ 3,910
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
Capital Subtotal				\$ 9,225		\$ -	\$ 9,225
Total Concept Cost				\$ 70,825		\$ 51,600	\$ 122,425

See Attachment F for budget details and restrictions