

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 HCBSreqs@dds.ca.gov.

Date(s) of Evaluation: 10/2019	Completed by: Alona Yorkshire
Vendor Name, Address, Contact: The Adult Skills Center, 16600 Sherman Way, Ste 240, Lake Balboa, CA 91406, 818-708-1756	
Vendor Number: PL1498	
Service Type and Code: Community Integration Training, 055	

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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: Although our program is 100% community based, we are still limited in providing the meaningful integrated activities and employment that are the foundation of HCBS changes. Primarily, our program is struggling to help our clients with community integrated employment options due to barriers related to their benefits and also related to viable transportation.

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: Current IPPs are on file for all clients and document setting choice.

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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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please explain: Individuals are informed of their rights upon admission to the program. Annually, staff hold a class about client rights and the participants receive another copy of their rights with the information to the local client rights advocate. The program adheres to the BACB high standards of confidentiality in the community and is HIPPA compliant in all it's communications. Staff speak multiple languages including Spanish, ASL, Russian, and others. Assistive technology and Braille as well in 2 cases, and as needed in the future. TSC has applied for discrepancy funding to address all materials being translated into Spanish.</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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	

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Please explain: Clients participate in the activity choices with the assistance of the staff in making a monthly schedule. All participant choices that are within reasonable distance and appropriateness are put onto the monthly schedule. Unfortunately, many of those individuals who express the desire for integrated employment do not have that choice because of the limitations of the program. Their choices are also limited by their lack of access to benefits counselors and a lack of viable transportation. Many of our clients who are either interested in employment or are already in PIP are limited in their choices due to a lack of understanding of how their benefits will be affected and their transportation options. Due to misinformation and a very complicated system our clients and their families feel that they HAVE to choose lower paying positions, less hours, or avoid employment altogether.

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: Please explain: Our clients frequently have opportunities to switch groups, staff, and activities. There is no rigid structure that prevents clients from requesting changes in staff, group, or environment.

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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: Click or tap here to enter text.</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: Click or tap here to enter text.</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: Click or tap here to enter text.</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: Click or tap here to enter text.</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: Click or tap here to enter text.</p>	

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CONTACT INFORMATION

Contact Name: Alona Yorkshire
Contact Phone Number: 310-666-1487
Email Address: ayorkshire@taschq.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.

More information on the HCBS rules and this form can be found at www.dds.ca.gov/HCBS.

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Vendor name	The Adult Skills Center
Vendor number(s)	PL1498
Primary regional center	North Los Angeles County Regional Center
Service type(s)	Community Integration Training – PIP, CIE
Service code(s)	055
Number of consumers currently served	100
Current staff to consumer ratio	1:1, 1:2, 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>For the past 4 years, TASC's Community Integration Training program has been a 100% community-based day service providing complete integration into the community. However, TASC is committed to continually evolve the daily activities towards the ultimate goal of community integrated employment. TASC was the first program in NLACRC area to become vendored for PIP and CIE and have been working hard to make sure these programs are effective in our community. Last year, we received funding to add job developers to the program which was a critical part of our current placements and community employment partnerships such as Denny's, Dave & Busters, and a variety of other local businesses. This proposal seeks to further remove the barriers to employment which we have identified as part of this effort.</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>TASC is seeking funding for 2 more employment positions that have been identified as crucial for maintaining employment outcomes and ensuring client choice. The first position identified is a Benefits Counselor. As we have been placing individuals in employment, many clients and their families are not wanting employment outcomes due to a complicated benefits system. Clients are being limited in their paid employment, the hourly wages they feel will not alter their benefits, and the amount of hours they are willing to work per week. We have seen cases where employment is turned down, a lower hourly amount is requested, or hours per week are limited. Some families have even pulled their loved ones out of community employment due to fear and misunderstanding of the system.</p> <p>The second position we have identified as a huge need is a Travel/Mobility Trainer. Unfortunately, many of our clients do not have access to viable transportation options</p>	

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which greatly limits their vocational choices. The addition of a travel trainer would greatly increase the job prospects of many individuals in our programs and their long term outcomes in those jobs.

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__ 3__ 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.

1. Although our program is 100% community based, we are still limited in providing the meaningful integrated activities and employment that are the foundation of HCBS changes. Primarily, our program is struggling to help our clients with community integrated employment options due to barriers related to their benefits and also related to viable transportation.

4. Clients participate in the activity choices with the assistance of the staff in making a monthly schedule. All participant choices that are within reasonable distance and appropriateness are put onto the monthly schedule. Unfortunately, many of those individuals who express the desire for integrated employment do not have that choice because of the limitations of the program. Their choices are also limited by their lack of access to benefits counselors and a lack of viable transportation. Many of our clients who are either interested in employment or are already in PIP are limited in their choices due to a lack of understanding of how their benefits will be affected and their transportation options. Due to misinformation and a very complicated system our clients and their families feel that they HAVE to choose lower paying positions, less hours, or avoid employment altogether.

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.

We hope to address the limitations and barriers to client employment choices by providing the needed supports through this concept. The addition of a Benefits Counselor and a Transportation Mobility Trainer will greatly address the current barriers to compliance by client and family education and training.

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

TASC's expected outcomes for this proposal are that all individuals whose choice is to pursue employment in their community are not discouraged or limited from that choice due to the 2 largest identified barriers addressed in this concept. First, each individual and family will have access to a Benefits Counselor to guide them through the complicated benefits process. This will be monitored through case notes and documented in client file. Currently, 12 families and clients have either opted out of an employment placement or expressed that they are only available for a fraction of the hours because of the fear of altering their benefits. We hope to document the impact of

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education with a benefits counselor on the variety of employment choices. Secondly, client choices are being limited by their lack of transportation. Once a job is identified for a client, a transportation plan will be documented into their ISP including training through a Transportation/Mobility Trainer. Lack of transportation training has impacted the ability of the client to accept a job offer and to maintain employment in 4 of 24 cases in PIP and is an identified need for 6 others. We hope to show improvement through case notes on each of the cases and keeping track of the outcomes.

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.

TASC conducts 4 annual surveys of families, clients, staff, and regional center CSCs. The two largest needs identified in the surveys across all the categories are community integration/socialization and employment. Moreover, there two barriers were identified through the current 24 clients enrolled in PIP.

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

Many of our clients who are either interested in employment or are already in PIP are limited in their choices due to a lack of understanding of how their benefits will be affected and their transportation options. Due to misinformation and a very complicated system our clients and their families feel that they HAVE to choose lower paying positions, less hours, or avoid employment altogether. Secondly,, their choices are limited due to limited transportation and access to mobility training.

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

It is TASC's plan to continue to grow our employment department to serve all of our programs and offer vocational choices to every individual we serve. The ongoing costs of these positions will be financially sustained through CIE payments and successful client transition to Supported Employment.

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

The costs of this proposal are the salaries and benefits for the 2 proposed positions.

1. Benefits Counselor - \$22/hr -plus benefits and costs of employment \$60,000
2. Travel Mobility Trainer - \$18/hr -plus benefits and costs of employment \$50,000

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

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long-term costs. Please mark "not applicable" if costs will all be incurred during the program time frame.	
The ongoing costs of these positions will be financially sustained through CIE payments and successful client transition to Supported Employment.	
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 <u>X</u> Yes. If Yes, FY(s) <u>2018-19</u> ___ Disparity Funding <u>X</u> No ___ Yes. If Yes, FY(s) _____ CPP Funding <u>X</u> 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.	
TASC has successfully hired 2 job developers which has resulted in a huge growth in our PIP and CIE programs as well as community business partnerships that will create more jobs in the months and years to come. In the 3 months since their hire, we have placed 24 individuals in PIP and of those 6 have been referred to DOR due to the anticipation of their hire.	
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.	
This proposal builds on the successful growth of our employment first policy and programming. Although TASC has been successful in securing employment for clients, the 2 major areas that create barriers and ultimately cause job instability are benefits and transportation. We know that with the addition of these 2 crucial components, TASC can continue to ensure that community integrated employment is a viable option for all clients.	

HCBS CONCEPT BUDGET						
Vendor Name		The Adult Skills Center				
Vendor Number(s)		PL1498				
	Salary and Benefits	Year 1 Budget		Year 2 Budget		Total
		FTE	Annual Cost	FTE	Annual Cost	Cost
Personnel (salary + benefits)						
Benefits Counselor \$22/hr plus benefits	60,000	1.00	\$ 60,000		\$ -	\$ 60,000
Travel Mobility Trainer \$18/hr plus benefits	50,000	1.00	\$ 50,000		\$ -	\$ 50,000
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Personnel Subtotal			\$ 110,000		\$ -	\$ 110,000
Operating expenses						
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Operating Subtotal			\$ -		\$ -	\$ -
Administrative Expenses						
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Administrative Subtotal			\$ -		\$ -	\$ -
Capital expenses						
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Capital Subtotal			\$ -		\$ -	\$ -
Total Concept Cost			\$ 110,000		\$ -	\$ 110,000

See Attachment F for budget details and restrictions