

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: 11/13/19	Completed by: Joan McKinney
Vendor Name, Address, Contact: Vocational Visions, 26041 Pala Ave. Mission Viejo, Ca. 92691, Joan McKinney 949-837-7280 ext. 221	
Vendor Number: PM0109, PM0522, H13609	
Service Type and Code: 063 Community Day Support Services, 510 Adult Development Center	

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<p><u>Federal Requirement #1:</u> <i>The setting is integrated in, and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> • Do individuals receive services in the community based on their needs, preferences and abilities? • Does the individual participate in outings and activities in the community as part of his or her plan for services? • If an individual wants to seek paid employment, does the home staff refer the individual to the appropriate community agency/resource? • Do individuals have the option to control their personal resources, as appropriate?
<p>Does the service and/or program meet this requirement? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Please explain: Vocational Visions is not able to meet this requirement at this time. Participants are limited in their choices to integrate into the community due to lack of transportation. The ability of individuals to seek employment, volunteer and participate in paid employment is limited due to transportation being a barrier.</p>	
<p><u>Federal Requirement #2:</u> <i>The setting is selected by the individual from among setting options, including non-disability-specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> • Does the provider have a current regional center Individual Program Plan (IPP) on file for all individuals? • Does each individuals' IPP document the different setting options that were considered prior to selecting this setting?
<p>Does the service and/or program meet this requirement? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please explain: All individuals have a current regional center IPP on file.</p>	
<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

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	<p>that ensures privacy and confidentiality?</p> <ul style="list-style-type: none"> • 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: Staff communicate with individuals based on their needs and preferences. Use of PECS, a communication board, and use of Spanish are examples of alternative methods of communication. Privacy and confidentiality are ensured by holding meetings in a conference room, only with those persons that are invited by the individual to the meeting.</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> <p>Please explain: Though much effort is put into providing activities and support to individuals based on their needs and preferences, the possibility of the individual choosing to interact with individuals in the community is limited by transportation.</p>	

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Federal Requirement #5:

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

Guidance:

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

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

Please explain: Individuals have the option to discuss modifications to their services at any time. Nothing is set in stone. The programs Individual Service plan is a fluid documents, that changes in time with the individual based on their needs and desires.

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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></p> <p><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</p> <p>Please explain: N/A</p>	
<p><u>Federal Requirement #7:</u></p> <p><i>Each individual has privacy in his/her sleeping or living unit:</i></p> <p><i>Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors as needed.</i></p> <p><i>Individuals sharing units have a choice of roommates in that setting.</i></p> <p><i>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</p> <p>Please explain: N/A</p>	

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

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CONTACT INFORMATION

Contact Name: Joan McKinney
Contact Phone Number: 949-837-7280 ext. 221
Email Address: JMcKinney@VocationalVisions.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 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	Vocational Visions
Vendor number(s)	PM0109, PM0522, H13715
Primary regional center	Regional Center of Orange County
Service type(s)	Community Activities Support Services, Adult Day Care, Adult Dev Center
Service code(s)	063, 855, 510
Number of consumers currently served	137
Current staff to consumer ratio	1:1, 1:2, 1:3, 1:4
<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>Vocational Visions programs provide daily activities both on site and in the community based on the individual's needs, preferences, and individualized goals based on their Individual Program Plan and Individual Support Plan. Services are currently provided on site by purchasing program supplies for activities, creating a weekly program schedule which incorporates practicing independent living skills, group activities for those individuals that enjoy socializing, and arts and crafts for our individuals who enjoy being creative as well as promoting self-advocacy, individual choices, and independence. Currently access to the community, although limited, to allow individuals access to appropriate community resources and opportunities is attempted by use of company vehicles driven by staff, public bus system, and ACCESS. Opportunities in the community include volunteer work, community college classes, dining, and shopping.</p> <p>The barriers that are preventing us from fully complying with the HCBS regulations are transportation. Transportation to community based options are limited due to a variety of reasons. Our programs utilize the public bus system, however, there is only one bus route within walking distance of our facility. This bus route has limited stops which hinders individualized community access for each of our participants. Not only that, the bus is only able to pick up 1-2 wheelchairs when picking up passengers at the stop, whether they are able to pick up our wheelchairs is also determined by whether or not they have already picked up passengers in wheelchairs. Sometimes the bus will not even stop because they see our individuals with their wheelchairs, they just keep driving on by. ACCESS is another public system that is used by our programs, however, when scheduling ACCESS they too are limited on how many wheelchairs they can transport, they usually accommodate 3-4 wheelchairs at a time. The vehicles our agency utilizes in each program are limited due to costs of purchasing vehicles with and without a lift.</p>	

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Project Narrative Description:

2. Please provide a brief summary narrative of the concept for which you are requesting funding, including justification for the funding.

With the provision of additional vehicles, one that can transport 7 passengers including wheelchairs, one small passenger vehicle to individualize community integration for participants and allow for transport to various places in the community, this will alleviate transportation limitations and increase community integration opportunities for the individuals we serve. Though use of public transportation would be our primary plan, our goal is to provide access to the community tailored to each of our participants wants, needs, and desires. Also, many of our participants are non-ambulatory and require specialized appropriate transport options, hence our request for the addition of another wheelchair accessible van to allow everyone access to the community. Having available and reliable transportation will allow staff to transport individuals to more locations in the community, determined by their needs and desires, more tailored and individualized to fit each participant.

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 2 3 4 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.

The barriers that are preventing us from fully complying with the HCBS regulations are transportation. Transportation to community based options are limited due to a variety of reasons. Our programs utilize the public bus system, however, there is only one bus route within walking distance of our facility. Not only that, the bus is only able to pick up 1-2 wheelchairs when picking up passengers at the stop, whether they are able to pick up our wheelchairs is also determined by whether or not they have already picked up passengers in wheelchairs. Sometimes the bus will not even stop because they see our individuals with their wheelchairs, they just keep driving on by. ACCESS is another public system that is used by our programs, however, when scheduling ACCESS they too are limited on how many wheelchairs they can transport, they usually accommodate 3-4 wheelchairs at a time. The vehicles our agency utilizes in each program are limited due to costs of purchasing vehicles with a lift.

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.

Having 2 additional vehicles that can transport more passengers will alleviate transportation barrier, and increase integration opportunities for participants. Having a small passenger vehicle will allow more individualized planning and open up more opportunities for individuals.

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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The proposed outcome will be a higher percentage of participants having opportunities to be integrated into the community. The method of tracking will be through our quarterly evaluations compiled by each department. The total percentage of time spent in the community will be calculated and compared to previous quarters.

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.

Our organization has been working with individuals to figure out what is important to them and what we can do to support them in the environment of their choosing. Our organization also hired a community access specialist to assist in identifying various community outlets for the participants. In the person-centered annual meeting the group discusses with the individual what their preferences are and develop goals based on their wants and needs.

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

Participants in our program will have more individualized opportunities based on their needs and desires. There will be more opportunity for individuals to choose where they would like to go in the community. Individuals in wheelchairs will have more opportunities to explore various places in the community based on their goals and desires.

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

The benefits and value of reliable and accessible transportation is increased community integration and inclusion for participants. The success of this project at conclusion of funding year is an increase in participants at volunteer sites and more individualized community opportunities and a larger portion of those participants in wheelchairs to have the opportunity to go out in the community to explore various sites, becoming more integrated with the community and learning and growing in experiences.

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 estimated cost associated with purchasing a minivan modified to accommodate wheelchairs is approximately \$60,847.47

The estimated cost associated with purchasing a small passenger vehicle is \$25,167.

Purchasing the vehicles will take 3-4 months total.

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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.

All vehicle costs for purchase will be incurred during the program time frame. Vocational Visions is consistently identifying funding sources and fundraising opportunities throughout the year to help support the needs of the programs.

12. Have you or the organization you work with been a past recipient of DDS funding? If yes, what fiscal year(s)?

HCBS Funding ___ No ___ Yes. If Yes, FY(s) _____

Disparity Funding ___ No ___ Yes. If Yes, FY(s) _____

CPP Funding ___ No ___ Yes. If Yes FY(s) _____

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.

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.

HCBS CONCEPT BUDGET						
Vendor Name		Vocational Visions				
Vendor Number(s)		PM0109, PM0522, H13609				
	Salary and Benefits	Year 1 Budget		Year 2 Budget		Total
		FTE	Annual Cost	FTE	Annual Cost	Cost
Personnel (salary + benefits)						
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Personnel Subtotal			\$ -		\$ -	\$ -
Operating expenses						
Insurance for two vehicles			\$ 2,400		\$ 2,400	\$ 4,800
Fuel for two vehicles			\$ 2,800		\$ 2,800	\$ 5,600
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Operating Subtotal			\$ 5,200		\$ 5,200	\$ 10,400
Administrative Expenses						
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Administrative Subtotal			\$ -		\$ -	\$ -
Capital expenses						
Minivan with lift			\$60,847.47			\$ 60,847
Small passenger vehicle			\$25,167			\$ 25,167
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Capital Subtotal			\$ 86,014		\$ -	\$ 86,014
Total Concept Cost			\$ 91,214		\$ 5,200	\$ 96,414

See Attachment F for budget details and restrictions