

## 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: October 31, 2019	Completed by: Barbara Nelson, Executive Director
Vendor Name, Address, Contact: Diane Cathey Center, 2800 School St. Fortuna, CA 95540	
Vendor Number: HR0088	
Service Type and Code: Community Integration, Code: 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: Diane Cathey Center (DCC) clients work with their individual support teams and DCC management to create an Individual Service Plan; which dictates their unique hopes for the services they receive. That service plan is then used to help clients create daily schedules they can follow to work towards accomplishing their goals. Should a client express an interest in receiving employment, we offer them a referral to our employment assistance program, called Breaking Barriers, or encourage them to contact their Regional Center Service Coordinator to seek outside programs.

### **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: DCC keeps a copy of each client's Redwood Coast Regional Center IPP on file. Each IPP documents the other programs each client considered prior to receiving services from DCC.

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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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</b></p> <p>Please explain: Unfortunately, we are still encountering some roadblocks to assisting our clients in communicating their wants and needs. We believe that with a little more training, our staff could become more proficient at understanding our clients and, therefore, their individual wants and needs. We feel that Person Centered Thinking Training would be the perfect training to accomplish this. The DCC would like to send all our staff to a Person Centered Thinking training in our local area that will be hosted by Chase Inc. in the future. We simply need more funds to do so; however, we do have an Individual Rights poster displayed prominently in our facility. In addition, we train our staff to communicate using sign language and provide IPADs and/or flashcards for clients who need assistance in communicating their needs. We, also, keep written documents pertaining to client information under lock and key. When communicating verbally, we ensure we are in a secure and private location to do so.</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>

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

Please explain: DCC follows daily activity schedules for each individual served that was developed from input from client support teams and information contained in their IPP. We, also, allow clients to have visitors during program hours should they wish to do so.

**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: Because our program operates on a mostly 1:2 basis, it is not always possible for clients to choose which staff provide their services. Clients do not always agree on who should work with them. We feel that, with the funding to do so, attending Person Centered Thinking Training at Chase Inc. will teach our staff and management better ways to overcome this issue. We do have a Team Leader and Executive Director who are always available for clients to voice their concerns outside scheduled service reviews.

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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>	

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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>	

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**CONTACT INFORMATION**

Contact Name: Barbara Nelson, Executive Director  
Contact Phone Number: (707)725-5860  
Email Address: centerdcc@yahoo.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](http://www.dds.ca.gov/HCBS).



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Vendor name	Diane Cathey Center
Vendor number(s)	DCC: HR0088
Primary regional center	Redwood Coast Regional Center
Service type(s)	Community Integration
Service code(s)	055
Number of consumers currently served	12
Current staff to consumer ratio	1:1 and 1:2
<p>1. Please provide a brief description of the service/setting that includes what a typical day consists of and how services are currently provided. This response must include the baseline/current levels for any aspects of the program for which the concept proposes funding.</p>	
<p>When clients arrive they begin following their individual daily schedules, which may include of any of the following activities: community gardening jobs, delivering paper routes, taking the bus to the grocery store, volunteering at the library, going to the gym, visiting the local pet rescue, preparing client meals, group art projects, visiting the coffee shop, household chores, educational development activities, computer skill building exercises, and neighborhood walks.</p>	
<p><b>Project Narrative Description:</b></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>DCC is requesting funding to attend Person Centered Thinking Training, in our local area, hosted by Chase Inc. once the training becomes available. We require funding to pay the wages of staff who attend the training, cover the cost to transport staff to the training, pay for materials, and pay stipends to DCC clients or client family members who choose to attend. We feel this will benefit our clients by teaching them new ways to communicate their needs and providing our staff with more tools to better understand them.</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___ 2___ 3_X 4___ 5_X 6___ 7___ 8___ 9___ 10___</p>	
<p> </p>	

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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 to compliance the DCC is facing are concerning communications between staff and clients. We serve clientele who require higher levels of support. This causes issues surrounding the understanding of client wants, needs, and desires. Person Centered Thinking Training is necessary for the DCC to meet Requirement #3 because it will give us the tools to understand our clients, their wants, and needs better and, in turn, aid us in overcoming barriers to communication between clients and staff. This will also aid us in achieving compliance with Requirement #5 because understanding our clients better will also help our staff brainstorm new methods of overcoming the obstacles to client choice that our program is currently facing.

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.

It is our hope that Person Centered Thinking Training will aid our staff in better understanding the individuals who receive services from the DCC. A greater understanding of our clients will create a domino effect that will allow us to achieve compliance with Requirements #3 and #5 by affording us the necessary tools to provide exceptional communication methods to our clients, which will in turn, aid our clients in better exercising their right of choice. By providing better means of aiding our clients in exercising their right of choice, our staff will be more equipped to accommodate the requests of every client, especially concerning clients choosing which staff provide their services.

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

The proposed outcome for Requirement #3 is that our staff will gain a new understanding of our clients through new methods of communication. The proposed outcome for Requirement #5 is that our staff will have gained tools to assist our clients in working through conflicts when choosing which staff provide their services. Meeting both of these requirements through access to Person Centered Thinking Training will also help minimize potential conflicts between staff and clients because staff will have learned to be more respectful and understanding of individual needs and differences.

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.

Program staff interviewed clients individually to gain their input about this proposed project. The client decision to pursue this project was unanimously in favor.

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

Our staff will be able to provide more person-centered services by applying the tools learned from attending Person Centered Thinking Training at Chase Inc. This will be

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accomplished by clients learning ways to their wants and needs to staff better. In turn, our staff will be more willing to listen and take their direction.

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

We plan to maintain the success of this project by having regular meetings with staff and clients to refresh concepts learned from Person Centered Thinking Training. In addition, new staff will receive Person Centered Thinking Training from the Team Leader; who will pass along the information they learned from attending Person Centered Thinking Training. In addition, if the training becomes available again, new staff will be encouraged to attend should funds allow.

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)

Our payroll amount covers the cost of wages for ten workers during a two-day period in which they would attend a Person Centered Thinking Training in our local area. The mileage amount we listed was calculated to cover the cost of a 60 mile round trip for ten workers at a rate of \$0.55 per mile. The materials amount we proposed was calculated to cover the cost of materials for 10 employees. The stipend amount we are requesting is to cover the cost to send ten individuals (clients and/or their family members) from our center to the training, as well, and pay them each a \$500 stipend.

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.

Not Applicable

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 X Yes.

If Yes, FY(s) 2016

Disparity Funding X No \_\_\_ Yes. If Yes, FY(s) \_\_\_\_\_

CPP Funding X No \_\_\_ Yes. If Yes FY(s) \_\_\_\_\_

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

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

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

We received prior funding to hire a job specialist and build a green house on site at our program. The Job Specialist worked diligently to assist one individual working through the PIP program at a local pet shop. We have secured a second PIP for an additional client at a local creative reuse store. We also restructured our program and hired a second Job Specialist.

Our greenhouses are in full working order, as well. We just had our first successful harvest. The greenhouses produced tomatoes, cucumbers, lettuce, kale, flowers, and various plants starts that clients chose to sell. Our clients are currently in the process of planning for next year's planting season. In the future, those that are learning skills in the greenhouses may branch out into community produce sales such as farmer's markets; thus, creating community-based employment opportunities.

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 request is not redundant because our organization has never attended a Person Centered Thinking Training before.

HCBS CONCEPT BUDGET						
Vendor Name						
Vendor Number(s)						
	Salary and Benefits	Year 1 Budget		Year 2 Budget		Total
		FTE	Annual Cost	FTE	Annual Cost	Cost
<b>Personnel (salary + benefits)</b>						
Wages for Employee 1	39477	0.01	\$ 395		\$ -	\$ 395
Wages for Employee 2	33863	0.01	\$ 339		\$ -	\$ 339
Wages for Employee 3	30724	0.01	\$ 307		\$ -	\$ 307
Wages for Employee 4	30724	0.01	\$ 307		\$ -	\$ 307
Wages for Employee 5	32184	0.01	\$ 322		\$ -	\$ 322
Wages for Employee 6	30724	0.01	\$ 307		\$ -	\$ 307
Wages for Employee 7	30724	0.01	\$ 307		\$ -	\$ 307
Wages for Employee 8	30724	0.01	\$ 307		\$ -	\$ 307
Wages for Employee 9 and 10	61448	0.01	\$ 614		\$ -	\$ 614
<b>Personnel Subtotal</b>			<b>\$ 3,206</b>		<b>\$ -</b>	<b>\$ 3,206</b>
<b>Operating expenses</b>						
Mileage Compensation for 10 Employees			\$ 660			\$ 660
Materials for 10 Employees			\$ 500			\$ 500
Attendance Stipends			\$ 5,000			\$ 5,000
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
<b>Operating Subtotal</b>			<b>\$ 6,160</b>		<b>\$ -</b>	<b>\$ 6,160</b>
<b>Administrative Expenses</b>						
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
<b>Administrative Subtotal</b>			<b>\$ -</b>		<b>\$ -</b>	<b>\$ -</b>
<b>Capital expenses</b>						
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
<b>Capital Subtotal</b>			<b>\$ -</b>		<b>\$ -</b>	<b>\$ -</b>
<b>Total Concept Cost</b>			<b>\$ 9,366</b>		<b>\$ -</b>	<b>\$ 9,366</b>

See Attachment F for budget details and restrictions