

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: November 2019	Completed by: Heidi Morgan, BCBA-D
Vendor Name, Address, Contact: Essential Behavioral Support PO Box 157 Capitola, CA 95010 (Contact is Heidi Morgan)	
Vendor Number: HS1192; HS1193; HS1194	
Service Type and Code: Enhanced Behavioral Support Homes (Adults) 901	

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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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No Please explain: Click or tap here to enter text.</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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No Please explain: Staff at EBSI do an excellent job in their support roles. However, additional training is needed to differentiate applied behavior analytic support from person-centered support.</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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Please explain: Staff at EBSI do an excellent job in their support roles. However, additional training is needed to differentiate applied behavior analytic support from person-centered support.</p>	
<p><u>Federal Requirement #4:</u> <i>Optimizes but does not regiment individual initiative, autonomy, and independence in making life choices, including, but not limited to, daily activities, physical environment, and with whom to interact.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> • Does the provider offer daily activities that are based on the individuals' needs and preferences? • Does the provider structure their support so that the individual is able to interact with individuals they choose to interact with, both at home and in community settings? • Does the provider structure their support so that the individual is able to participate in activities that interest them and correspond with their IPP goals?
<p>Does the service and/or program meet this requirement? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please explain: Staff at EBSI do an excellent job in their support roles. However, additional training is needed to differentiate applied behavior analytic support from person-centered support.</p>	
<p><u>Federal Requirement #5:</u> <i>Facilitates individual choice regarding services and supports, and who provides them.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> • 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?

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

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

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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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please explain: We have SARC and CCL-approved admission agreements. We do not have lease/tenant agreements.</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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 checked="" type="checkbox"/> No</p> <p>Please explain: Staff at EBSI do an excellent job in their support roles. However, additional training is needed to differentiate applied behavior analytic support from person-centered support. In addition, we have experienced 2019 power outages with threaten food choices, ability to choose to stay at home instead of relocation, and ability to have power.</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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?

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<p>Does the service and/or program meet this requirement? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please explain: Click or tap here to enter text.</p>
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CONTACT INFORMATION

Contact Name:	<u>Dr. Heidi Morgan</u>
Contact Phone Number:	<u>831-818-7981</u>
Email Address:	<u>hmorgan@teamebsi.com</u>

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.

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Vendor name	Essential Behavioral Support, Inc. (EBSI)
Vendor number(s)	HS1192, HS1193, HS1194
Primary regional center	San Andreas Regional Center
Service type(s)	Enhanced Behavioral Support Home
Service code(s)	901
Number of consumers currently served	8-12
Current staff to consumer ratio	Highly individualized; varies by individual rate sheet
<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>Each individual's day is highly individualized, based on the activities and supports authorized on their own rate sheets. Some attend day program and others benefit from an individual, in-home program. All individuals benefit from strong behavioral support and consultation. The needs of the persons in each home are extensive.</p>	
Project Narrative Description:	
<p>2. Please provide a brief summary narrative of the concept for which you are requesting funding, including justification for the funding.</p> <p>All individuals benefit from strong behavioral support and consultation. However, we would like to further the training of staff to understand regulations, our agency program design, and other aspects of providing person-centered support in an EBSH environment. We are also requesting alternate power sources so that individuals can choose to remain at home during power outages, if they so choose and if safe.</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_x_ 3_x_ 4___ 5___ 6___ 7___ 8_x_ 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>In this agency, individuals have the benefit of individual budgets to meet their needs. Staff who provide the authorized services need more training in order to balance applied behavior analytic services while at the same time upholding rights and person-centered principles. The barriers to providing certified supports (BCBA and RBT) in an enhanced behavioral support environment are that interventions that are not tempered by trauma-</p>	

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informed care, person-centered thinking and HCBS Finale Rule may unintentionally violate rights. Secondly, barriers to remaining safely in one's own home during power outages include loss of power. Unfortunately, we are not able to request solar roofs or backup solar energy that can go off grid, as we do not own the properties. However, we have identified backup generators that may be permissible to use in the event of outages. This is a second-best alternative to solar power and will also enable consumer medications to be kept in safe order during extended local outages.

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.

Development of agency-specific and accessible e-learning courses will offer two groups of individuals with training and education – uncertified direct support staff and certified behavioral staff (RBTs). The myCAREMATTERS platform that we have proposed collaborating with our sister agency (Essential CEU Institute) to create will provide a HIPAA compliant platform on which individuals' person-centered plans, data, reports and other confidential materials can be stored, along with staff agency documents that the individual and/or our agency or regulating agencies may need continuous access to. This facilitates individual supports and person-centered planning. Lastly, alternate power sources will provide increased choice during outages.

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

We propose the development of specific e-learning courses on enhanced behavioral support homes, regulations, and the person-centered implementation of these principles. We would also like to update the e-learning platform of our sister agency, Essential CEU Institute, to allow for (a) assignments to courses that our agency can see but that others may not, such as program design; (b) access to closed captioning of courses for accessibility. These are easily tracked as permanent products and will be made immediately accessible to EBSI staff, as well as outside reviewers. (We have had at least one request for closed captioning accommodations for individuals and/or staff.) The myCAREMATTERS platform would be created in phases – starting with emergency and identification information then progressing to secure progress notes and data tracking, initial and ongoing person-centered plans, photo storage and important forms storage (HIPAA compliant).

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.

EBSI holds at least monthly IBST meetings. At each, we have discussed with individuals and their teams the barriers to effective teamwork, communication, and person-centered planning. We have also discussed accessibility and the impact of power outages on continuity of care.

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

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The e-learning, myCAREMATTERS support platform, and alternative power supply options will provide individual opportunities to direct supports, make choices regarding supports, and will enable individuals who choose to move the opportunity to securely share their person-centered plans, life photos, and important documents.

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

Once created, these programs and supplies will be self-sustaining. They will have direct impact on the quality of our operations and supports at EBSI homes. They may also create a structure that can be shared with other vendors who are interested, although this is not our primary goal.

The alternative power generator is the second best solution to solar (which we cannot provide), and will enable the critical components of the home to run in the absence of power through PG and E.

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

- **Agency-specific e-learning courses:** Collaboration with Essential CEU Institute to create EBSI employee onboarding, EBSH regulations, program design courses with competency assessments. **\$23,200**
- **MyCAREMATTERS platform development and technical development:** Development of a HIPAA complaint hub for person-centered, regulation-compliant planning, report writing, document storing and photo storing materials for individuals and their teams will also be able to track and measure RBT supervision and consultant hours. **Platform development by behavior analysts: \$180,000; Technical team development and HIPAA-compliant features: \$300,000**
- **Accessibility updates on all e-learning courses available to staff:** We will build closed captioning capabilities into the Essential CEU platform's new and existing courses to accommodate ADA needs to fully engage the platform. **\$10,000**
- **Updates to all new and existing e-learning courses to allow assignments:** This feature will be built into the Essential CEU platform's courses so that Administrators and Licensee can direct individuals, employees and other stakeholders to specific courses that will benefit person-centered support of the moment. Example: Trauma-Informed Support course. **\$10,000**
- **Generac Whole-House Power generators to keep food fresh and limited power in place during outages:** Unless PG and E limits our use of generators during power outages (due to spark potential), we can otherwise keep the entire house powered for up to 2-3 days using Generac generators. This will include three

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generators (one for each home) and will cover the generator itself, installation, tax, delivery and fees. We would like to accomplish these purchases before the next fire season and especially before Fall 2020. **\$40,000 for all three homes**

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.

N/A

12. Have you or the organization you work with been a past recipient of DDS funding? If yes, what fiscal year(s)?	HCBS Funding	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes.	If Yes,
	FY(s)	_____		
	Disparity Funding	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes.	If Yes, FY(s)

CPP Funding	<input checked="" type="checkbox"/> No	<input type="checkbox"/> 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.

N/A

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.

N/A

HCBS CONCEPT BUDGET						
Vendor Name		Essential Behavioral Support, Inc. (EBSI)				
Vendor Number(s)		HS1192; HS1193; HS1194				
	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			\$ -		\$ -	\$ -
Personnel Subtotal			\$ -		\$ -	\$ -
Operating expenses						
Agency-specific e-learning courses on EBSH & regs			\$ 23,200			\$ 23,200
myCAREMATTERS platform development			\$ 90,000		\$ 90,000	\$ 180,000
myCAREMATTERS technical team development			\$ 150,000		\$ 150,000	\$ 300,000
Updating e-learning to closed captioning			\$ 10,000			\$ 10,000
Updating e-learning platform to allow assignments			\$ 10,000			\$ 10,000
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Operating Subtotal			\$ 283,200		\$ 240,000	\$ 523,200
Administrative Expenses						
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Administrative Subtotal			\$ -		\$ -	\$ -
Capital expenses						
Generac House Generators x 3 homes plus install and related taxes, delivery and other fees			\$ 40,000			\$ 40,000
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Capital Subtotal			\$ 40,000		\$ -	\$ 40,000
Total Concept Cost			\$ 323,200		\$ 240,000	\$ 563,200

See Attachment F for budget details and restrictions