

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: October 31, 2019	Completed by: Vivian Chung
Vendor Name, Address, Contact: Friends of Children with Special Needs (FCSN) Work, Integrate, Learn, Live (W.I.L.L.) Community-Integrated Training Program 1029 S. Bascom Ave, San Jose, CA 95128	
Vendor Number: ZS1039	
Service Type and Code: Community Integrated Training Program; Service Code: 055	

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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: Through 2018 HCBS grant, two FCSN Directors completed the 9-month “Train the Trainer” courses and obtained certificates in June, 2019. They had changed W.I.L.L. program formats, provided intensive PCP training to staff and developed more resources in the community to promote PCP implementation into daily practices. We try our best to arrange classes, vocational training and community outings based on clients’ interests, needs, abilities and IPP goals. When our clients express their interests in paid employment, we refer the clients to our Supported Employment Program to assist with career planning and employment services. However, we still do not have enough resources to support consumers on a more individualized basis to promote community integration and employment. Some clients expressed desires of exploring other community resources, industries and receive more vocational training in the community. In addition, due to high turnover rate (35%+), the new hired staff have not been fully trained about HCBS and PCT approaches to support clients. Our regular staff also need ongoing PCT training, consultation, and supervision to effectively use PCP tools and approaches to assist clients to understand what they really want, what are available and how to make choices.</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?

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

Please explain: Each client of FCSN W.I.L.L. Program has a current IPP document from San Andreas Regional Center. At the annual review meeting, the ID team identifies FCSN ZS1039 as the client's choice for Adult Community Integrated Training Program.

Federal Requirement #3:

Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.

Guidance:

- Does the provider inform individuals, in a manner they can understand, of their rights to privacy, dignity, respect, and freedom from coercion and restraint?
- Does the provider communicate, both verbally and in writing, in a manner that ensures privacy and confidentiality?
- Do staff communicate with individuals based on their needs and preferences, including alternative methods of communication where needed (e.g., assistive technology, Braille, large font print, sign language, participants' language, etc.)?

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

Please explain: FCSN has been educating our clients how to exercise their rights and voice preferences and likes. However, we have very basic and limited tools (= using pictures or icons printed on paper from internet) to communicate with clients with limited language skills or severe/profound intellectual disability. FCSN also does not have tools and methods to meet clients' extreme sensory needs. They might become agitated, aggressive toward self or others, unable to make choices and participate in preferred activities in the community.

Federal Requirement #4:

Optimizes but does not regiment individual initiative, autonomy, and independence in making life choices, including, but not limited to, daily activities, physical environment, and with whom to interact.

Guidance:

- Does the provider offer daily activities that are based on the individuals' needs and preferences?
- Does the provider structure their support so that the individual is able to interact with individuals they choose to interact with, both at home and in community settings?
- Does the provider structure their support so that the individual is able to participate in activities that interest them and correspond with their IPP goals?

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

Please explain: Though FCSN W.I.L.L. clients can choose preferred activities, classes, and outings, the current program format and curriculums are designed for group participation and not tailored for individual needs and choices. With 1:4 staff ratio, clients mostly interact with their peers in the same group. Our structure does not support clients to interact with the ones in different staffing groups, make person-centered choices and participate in individualized activities.

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: FCSN strives to match clients' preferences/needs with staff's strengths/personality/skills/experiences that can best serve and support clients. Currently, clients are not offered to choose a staff member that they prefer for support and receive training from. We alternate staffing arrangements when changes in staff/clients admitting/exiting the program or when clients' needs/conditions change. Clients are encouraged to voice their concerns and wishes but have very limited opportunities to modify their schedule and select staff to meet their individualized expectations. In addition, the community does not always welcome individuals with special needs for fully community integration nor provide employment opportunities to them.

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

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Contact Phone Number: (408) 725 8000 x 201
Email Address: vivian@fcsn1996.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

Vendor name	Friends of Children with Special Needs
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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 number(s)	ZS1039
Primary regional center	San Andreas Regional Center
Service type(s)	Community Integrated Training Program
Service code(s)	055
Number of consumers currently served	52
Current staff to consumer ratio	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>FCSN W.I.L.L. caters to clients' culture, unique aspirations and wishes as much as we can. A typical day/week consists of <u>Work</u> (landscaping, janitorial, clerical), <u>Integrate</u> (museums, malls, parks, bowling, community centers), <u>Learn</u> (music, arts/crafts, fun clubs) and <u>Live</u> (exercise, cooking, health education, self-care tasks). Due to limited community resources, insufficient assistive technology devices, and lack of manpower to explore new opportunities, clients' choices and career goals are not always met.</p>	
<p>Project Narrative Description: FCSN needs a PCT Specialist to use "Train-the-Trainer" concepts to train staff, implement person-centered planning for all clients, develop resources, evaluate PCT implementations and make system-wide changes; uses Assistive Technology Devices for effective communication; and Sensory Tools for soothing clients' sensory needs in order to maximize learning and autonomy. FCSN will engage more in community events and renovate FCSN website to raise disability awareness, promote true community integration, establish collaborations with community resources and share resources with providers.</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>1) Establish a PCT Specialist Position to: a) develop more classes, community activities, vocational training types/sites, employment opportunities and community outings for clients to have more choices to engage in community life and maximize employment opportunities; b) actively explore community resources and establish partnerships for our clients to choose and truly integrate; c) form a committee to gather clients' inputs for new training area/ community outings; d) prioritize clients' preferences and empower them to actively participate in scheduling activities; e) assist with staffing arrangement and facilitate clients' choices regarding training and supports, and who provides them; f) train the new hires and regular staff to ensure fully PCT implementations; g) evaluate the effectiveness of PCT implementations and make necessary system-wide changes.</p> <p>2) Purchase Assistive Technology Devices for staff to assist clients with limited language skills to communicate preferences/needs, make choices and engage in community life.</p> <p>3) Convert a room to a Sensory Room to help clients with sensory sensitivity soothe emotions, reduce stressors and have sensory integration in a safe environment so they can participate in community activities, maximize learning and become productive.</p> <p>4) Engage in Community Events: The PCT Specialist explores and engages our clients in community events to raise disability awareness for community members to know our clients, accept and integrate with them, and offer employment opportunities.</p>	

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5) **Renovate FCSN Website** to add a HCBS page so the PCT Specialist can provide updates/PCT practices and create videos as a platform to share actual implementations and available resources with service providers and community partners.

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 X 4 X 5 X 6 ___ 7 ___ 8 ___ 9 ___ 10 ___

See details in the self-assessment session (pg. 2-4) in this grant proposal.

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.

Barriers to compliance: 1) The 52 clients we serve have different functioning levels, health conditions, needs and interests. With 1:4 staff ratio, it is hard to meet each client's choices and staffing wishes; 2) Limited community resources, distances, travel time and expenses for clients to access; 3) Community activity schedule and employment opportunities do not fall into day program operating hours; 4) Staff do not have solid PCT skills to assist clients; 5) Due to high staff turnover rate (35%+), the new hires are not fully trained for PCT practices; 6) Clients are too agreeable or don't know how to make choices; and 7) Client's families do not understand and support PCT concepts and implementations.

Why this concept is necessary: 1) Modify services and program structures; 2) Clients are grouped based on similar interests/needs, participate in activity planning, and select staff that can best support them; 3) Explore and establish resources with affordable fees; 4) Use "Train-the-Trainer" curriculum to train staff; 5) Provide training to clients and parents.

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.

Federal Req. #1—a) More classes, community activities and meaningful collaborations are established to support clients on a more individualized basis to engage in community life, maximize competitive employment opportunities, and receive services in the community; b) New hires are trained with PCT concepts and tools to support clients; c) Staff, clients and families receive ongoing PCT training for effective implementations to support clients' choices

Federal Req. #3- Clients with limited expressive language skills and sensory sensitivity can have devices to communicate and tools to reduce stressors, thus, maximize their learning, autonomy and independence. Staffs use the augmentative and sensory tools to help clients.

Federal Req. #4 & #5- a) FCSN's new structure will support clients to choose whom they want to interact with and which staff they want to receive support and training from; b) Raising disability awareness, engaging in community events, giving back to community through volunteer works and sharing PCT stories/updates at FCSN website will broaden community collaborations, expand partnerships and build cohesive community integration.

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

Outcomes and Objectives

- 1) Clients choose classes, community activities & vocational training based on their interests
- 2) Staff implement PCT concepts into daily practices and assist clients in making choices
- 3) Staffing are arranged based on clients' choices and staff's skills/strengths/personality
- 4) Community welcomes our clients for fully integration and offer employment opportunities

Methods of achieving and tracking

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- 1) Hire a PCT Specialist by the end of first month of the grant cycle
- 2) Develop total of 10 new classes, 8 vocational training sites and 6 employment opportunities
- 3) New hires receive a series of PCT training within the first three months of employment
- 4) Staff receive ongoing PCT training, consultation, and supervision for implementing PCT
- 5) Form a committee in the first quarter and meet with clients/families/staff on a quarterly basis to gather inputs and evaluate the effectiveness of PCT implementations
- 6) Purchase 10 iPads and 5 applications (e.g., Mytalktools, AAC, Proloquo2go, Touch Chat) in the first quarter. Staff and clients are trained to use the devices by the end of first quarter.
- 7) Establish a sensory room with sensory products of auditory equipment, tactile tools and visual products in the second quarter. Staff and clients are trained how to use the tools.
- 8) Renovate FCSN website, add an HCBS page, create videos, and share stories
- 9) Provide monthly PCT training to clients and two trainings to families or circle of support
- 10) Engage clients in six community events and conduct four community outreach events

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.

Two staff obtained the "Train the Trainer" certificates in June 2019. They had provided intensive PCP training to staff, developed new formats of PCT ISP and PCT tools, established vocational training resources in the community, and changed program formats to identify and support clients' choices and preferences. Staff met with clients on a monthly basis to discuss clients' vocational training interests and outing choices.

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

- 1) With a PCT Specialist: a) have a variety of activities, training and community resources for clients to choose; b) Promote clients to make choices & engage in schedule planning; c) Staff, clients and families are trained to nurture client's choices and self-direction; d) Clients can choose whom they want to interact with and which staff to best support them.
- 2) With Assistive Technology Devices: a) Clients gain confidence and autonomy to communicate; b) Staff use the augmentative devices that clients can understand.
- 3) With Sensory Tools: Clients can have a safe environment and sensory tools to soothe emotions and reduce stressors to maximize learning and integrate into community.
- 4) Through community involvements and renovated FCSN website, clients integrate into the more inclusive and supportive community and have more employment opportunities.

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

FCSN Program Manager will supervise and monitor the success of the project. FCSN Program Director will develop an evaluation system and analyze the effectiveness of the project and make necessary changes.

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

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Total Budget Request (Two-year Project): \$334,608

1. Personnel Budget: \$253,600

- a. PCT Specialist Salary: \$140,400 (\$25/hr, 40hrs/wk, 52 wks/yr, 2 yrs, 35% benefits)
- b. Staff Training: \$100,000/yr. (\$2,000/yr, 2 yrs for 25 staff)
- c. IT Specialist: \$ 13,200 (\$55/hr, 10 hrs/m, 12 m/yr, 2 yrs)

2. Operating Expenses: \$32,000

- a. Client/Family training materials: \$3,000
- b. Expenses of community resources (facility rental, membership fees, 2 yrs): \$8,000
- c. Expenses of community outreaches: \$3,000
- d. Website renovation: \$15,000
- e. Consultants: \$3,000

3. Administrative Expenses: \$23,256

- a. General management cost: \$19,656 (\$35/hr, 4hrs/wk, 52wks/yr, 2 yrs, 35% benefits)
- b. Admin support (billing, purchasing): \$3,600 (\$150/m, 12 m/yr, 2 yrs)

4. Capital Costs: \$25,752

- a. Assistive Technology Devices: \$8,252 (15x iPads)
- b. Augmentative and alternative communication applications \$1,500
- c. Sensory Room adaptation/installation: \$10,000
- d. Sensory Tools/Equipment: \$6,000

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 long-term costs. Please mark "not applicable" if costs will all be incurred during the program time frame.

It is our priority to truly practice HCBS final rules. FCSN Board of Directors and Executives value clients' rights, dignity, choices and community involvements. We will seek community grants and conduct fundraisers to sustain the project after HCBS grant concludes.

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) 2017 / 2018
 Disparity Funding ___ No x Yes. If Yes, FY(s) 2018 / 2019
 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.

See attachment (next page)

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.

All the itemized requests in this project are new and not redundant with any prior funding received. Our current management team members already stretch too thin to add more tasks. We need a specialist to ensure fully implementing HCBS Final Rules. The assistive technology devices, applications, and sensory tools will allow us to better serve clients, respect their rights, discover potentials and participate in community lives based on their preferences. More community involvement and new website will be a platform for us to raise disability awareness and build a more supportive and inclusive community.

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2018 HCBS Grant Report

I. Become a Person Centered Program

1. **HCBS Stakeholder Meeting:** an HCBS Stakeholders Meeting was hosted on 8/18/2018.
2. Train the Trainer: two staff received certificates in June 2019
3. Staff Training: Through intensive PCP training, staff have been implementing best PCP practices and approaches to support clients in achieving their PCT goals.
4. Client Training: Staff met with their assigned clients on a weekly basis to plan for activities and outings. Majority of the clients have become more confident in decision making, being creative in their planning and voicing their opinions
5. Program Modification for person-centered approaches

II. Employment

- 1) Three curriculums (Busser, Receptionist, and Workplace Etiquette) were developed for pre-employment training
- 2) Four types of job training (Food Services, Landscaping, Retail, Receptionist) provided to clients which were tailored to the learning style of each client. Trainers assisted clients in filling out job applications and preparing for interviews
- 3) Three new vocational training sites (Bascom Community Center, Mayfair Community Center, and Valley Medical Center) were developed.
- 4) Two competitive individual placements were accomplished.

III. Intranet Web Page for Employment

- 1) Developed "Employment Section" on FCSN Website
- 2) Created an "Employment Video" Clip <http://fcsn1996.org/supported-employment-program/>

HCBS CONCEPT BUDGET	\$ 334,608						
Vendor Name	Friends of Children With Special Needs						
Vendor Number(s)	ZS1039						
	Salary and Benefits	Year 1 Budget		Year 2 Budget		Total	
		FTE	Annual Cost	FTE	Annual Cost	Cost	
Personnel (salary + benefits)							
PCT Specialist	70200	1.00	\$ 70,200	1.00	\$ 70,200	\$ 140,400	
Staff Training	2000	25.00	\$ 50,000	25.00	\$ 50,000	\$ 100,000	
IT Specialist	6600	1.00	\$ 6,600	1.00	\$ 6,600	\$ 13,200	
Position Description			\$ -		\$ -	\$ -	
Position Description			\$ -		\$ -	\$ -	
Position Description			\$ -		\$ -	\$ -	
Position Description			\$ -		\$ -	\$ -	
Position Description			\$ -		\$ -	\$ -	
Personnel Subtotal			\$ 126,800		\$ 126,800	\$ 253,600	
Operating expenses							
Client and Family Training materials			\$ 2,000		\$ 1,000	\$ 3,000	
Expenses of Accessing Community Resources			\$ 4,000		\$ 4,000	\$ 8,000	
Expenses of Community Outreach Events			\$ 1,500		\$ 1,500	\$ 3,000	
FCSN Website Renovation			\$ 15,000			\$ 15,000	
Consultants			\$ 3,000			\$ 3,000	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
Operating Subtotal			\$ 25,500		\$ 6,500	\$ 32,000	
Administrative Expenses							
General Management Cost			\$ 9,828		\$ 9,828	\$ 19,656	
Admin Support			\$ 1,800		\$ 1,800	\$ 3,600	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
Administrative Subtotal			\$ 11,628		\$ 11,628	\$ 23,256	
Capital expenses							
Assistive Technology Devices			\$ 8,252			\$ 8,252	
Augmentative Communication Applications			\$ 1,500			\$ 1,500	
Sensory Room Installation			\$ 10,000			\$ 10,000	
Sensory Tools and Equipment			\$ 6,000			\$ 6,000	
						\$ -	
						\$ -	
						\$ -	
Capital Subtotal			\$ 25,752		\$ -	\$ 25,752	
Total Concept Cost			\$ 189,680		\$ 144,928	\$ 334,608	

See Attachment F for budget details and restrictions