

## 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 21, 2019	Completed by: Leslie Alvarado
Vendor Name, Address, Contact: NCI Affiliates, Inc. 110 East Alisal St., Salinas, Ca. 93901	
Vendor Number: HS1037	
Service Type and Code: Service Code 510 Community Based Day Program	

## Home and Community-Based Services (HCBS) Rules CONCEPT FORM

### **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: NCI's Community Based Day Program is a traditional program with a 3:1 staff to individual ratio, making community outings and employment resources limited. NCI is seeking to revamp our program to offer more opportunity around services that are desired by individuals including staying in-house for those who prefer or need due to medical reasons or choice.

### **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: NCI maintains current records including the IPP provided by the Regional Center for all participating individuals. When the individuals referred, NCI offers a tour of all programs that meet the person's desire. Individuals can also express a desire to change programs at any time. Upon this request, NCI will notify the Regional Center of such interest.

## Home and Community-Based Services (HCBS) Rules CONCEPT FORM

<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?</b> <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b></p> <p>Please explain: NCI provides both written and verbal explanation of the persons served rights upon entrance and annually at their planning meeting. NCI also has the persons served rights displayed in all sites. NCI also uses a consent form that allows us to share information as specified by the individual to protect the persons privacy and confidentiality. This form is reviewed annually and can be adjusted at any time by the person served. NCI staff use multiple medias to communicate with individuals depending on their needs for communication, including use of DynaVox, interpreter, bi-lingual and other means as needed.</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>
<p><b>Does the service and/or program meet this requirement?</b> <input type="checkbox"/> <b>Yes</b> <input checked="" type="checkbox"/> <b>No</b></p>	

## Home and Community-Based Services (HCBS) Rules CONCEPT FORM

Please explain: NCI's offers a large variety of activities that are usually streamlined to make the process of daily planning easier, which meets the desired standards for some but not all the individuals.

### **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: NCI tries to match staff to meet the needs of each individual, but often times finds out later, that compatibility isn't as one desires. We often do not know what characteristics would be beneficial to support individuals until after we have a trial and error situation. If we notice that a person is unhappy with their services we can review their schedule and make changes.

## Home and Community-Based Services (HCBS) Rules CONCEPT FORM

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></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><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</p> <p>Please explain: <a href="#">Click or tap here to enter text.</a></p>	
<p><b><u>Federal Requirement #7:</u></b></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><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</p> <p>Please explain: <a href="#">Click or tap here to enter text.</a></p>	

## Home and Community-Based Services (HCBS) Rules CONCEPT FORM

<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>	

**Home and Community-Based Services (HCBS) Rules  
CONCEPT FORM**

**CONTACT INFORMATION**

Contact Name: Leslie Alvarado  
Contact Phone Number: 831-424-3599  
Email Address: lalvarado@nciaffiliates.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

## Home and Community-Based Services (HCBS) Rules CONCEPT FORM

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).



## Home and Community-Based Services (HCBS) Rules CONCEPT FORM

Vendor name	NCI Affiliates, Inc
Vendor number(s)	HS1037
Primary regional center	San Andreas Regional Center
Service type(s)	Community Based Day Program
Service code(s)	510
Number of consumers currently served	Community Based Day Program 13 TDS 4
Current staff to consumer ratio	Community Based Day Program 1-3 TDS 1-1
<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>NCI are looking towards establishing more use of the person centered thinking tools to assist not only the individuals we serve but also the families and staff we support to be at the heart of decision-making. We recognize the importance of utilizing the tools that have continued to be taught at the Regional Center Level and hope to establish a leadership staff person that can provide ongoing training and support to the staff persons at our agency level to better support the individuals we currently serve.</p> <p>Using the funds to help hire and retain an onsite trainer would help keep current in the trainings of the PCT Community while ensuring the persons are given an opportunity to use the tools that will teach their support system how to better support them on a daily basis.</p>	
<b>Project Narrative Description:</b>	
<p>2. Please provide a brief summary narrative of the concept for which you are requesting funding, including justification for the funding.</p>	
<p>NCI are looking towards establishing more use of the person centered thinking tools to assist not only the individuals we serve but also the families and staff we support to be at the heart of decision-making. We recognize the importance of utilizing the tools that have continued to be taught at the Regional Center Level and hope to establish a leadership staff person that can provide ongoing training and support to the staff persons at our agency level to better support the individuals we currently serve.</p> <p>Using the funds to help hire and retain an onsite trainer would help keep current in the trainings of the PCT Community while ensuring the persons are given an opportunity to use the tools that will teach their support system how to better support them on a daily basis.</p>	

## Home and Community-Based Services (HCBS) Rules CONCEPT FORM

3. Identify which HCBS federal requirements this concept addresses that are currently out of compliance. Could be all or a subset of those identified as out of compliance on the evaluation.

1\_X\_ 2\_\_\_ 3\_\_\_ 4\_X\_ 5\_X\_ 6\_\_\_ 7\_\_\_ 8\_\_\_ 9\_\_\_ 10\_\_\_

4. For each HCBS out-of-compliance federal requirement that is being addressed by this concept, describe the barriers to compliance and why this concept is necessary. If this information is in the evaluation section, please copy it here.

#1. NCI's Community Based Day Program is a traditional program with a 3:1 staff to individual ratio, making community outings and employment resources limited. NCI is seeking to revamp our program to offer more opportunity around services that are desired by individuals including staying in-house for those who prefer or need due to medical reasons or choice.

#4. NCI's offers a large variety of activities that are usually streamlined to make the process of daily planning easier, which meets the desired standards for some but not all the individuals.

#5. NCI tries to match staff to meet the needs of each individual, but often times finds out later, that compatibility isn't as one desires. We often do not know what characteristics would be beneficial to support individuals until after we have a trial and error situation. If we notice that a person is unhappy with their services we can review their schedule and make changes.

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.

NCI's Community Based Day Program operates a 1:3 ration and is working towards meeting each person's desire to learn work skills that are more person centered focused and assisting them with either staying in house or working towards accessing the community. Using the PCT tools NCI will be able to develop more strategic plans with Individuals.

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

Currently NCI dabbles in the use of PCT tools but could benefit greatly by allowing more individuals planning process using PCT tools. The concept works to facilitate a more person-centered approach to help individuals be more at the heart of their planning. This will not allow people to choose their own path, but also show case the people that are important, the dreams they want to achieve and allow others to know how to better support them.

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.

## Home and Community-Based Services (HCBS) Rules CONCEPT FORM

Some individuals seek more community service opportunities and integration, while others prefer to stay at the facility and participate in sedentary activities. NCI would like to offer additional opportunities for community integration to individuals that meet their needs and goals, including employment skills by offering opportunities that include volunteering and paid work choices. In order to help create clear paths, NCI hopes to facilitate a more Person Centered approach with each person. This will foster an attitude of independence and choices in their life that allow them to learn and participate in daily activities outside of the program.

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

The goal would be to bring on a PCT Trainer that could provide ongoing support to everyone impacted by the program. This person would continue to support management staff and direct support staff to better utilize the PCT tools that allow individuals more say in their planning process. Yes, the concept works to facilitate a more person-centered approach to help individuals be more at the heart of their planning. This will not allow people to choose their own path, but also show case the people that are important, the dreams they want to achieve and allow others to know how to better support them.

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

Utilizing the person to continue in training, compliance and oversight of case management in not only the Community Based Day Program and Tailored Day Program but in other areas as needed.

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)

To hire and retain a staff person that is a trainer or could become a trainer with an educational background. We estimate the wages would be about \$75,000 for an annual salary including training, transportation and scheduling.

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

## Home and Community-Based Services (HCBS) Rules CONCEPT FORM

<p>12. Have you or the organization you work with been a past recipient of DDS funding? If yes, what fiscal year(s)?</p>	<p>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 type="checkbox"/> No <input checked="" type="checkbox"/> Yes. If Yes FY(s) _____          If yes to any question be sure to answer questions 13 and 14.</p>
<p><b>For providers who have received prior HCBS, Disparity or CPP Funding from DDS</b></p>	
<p>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.</p>	
<p>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.</p>	

HCBS CONCEPT BUDGET	Person Centered Trainer					
Vendor Name	NCI Affiliates, Inc					
Vendor Number(s)	HS1037					
	Salary and Benefits	Year 1 Budget		Year 2 Budget		Total
		FTE	Annual Cost	FTE	Annual Cost	Cost
Personnel (salary + benefits)						
Position Description PCT Trainer	3700	12.00	\$ 44,400		\$ -	\$ 44,400
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Personnel Subtotal			\$ 44,400		\$ -	\$ 44,400
Operating expenses						
Trainer Orientation 2 day observation			\$ 450			\$ 450
Portofolio Coaching			\$ 1,500			\$ 1,500
Demo Coaching			\$ 3,000			\$ 3,000
Candidate Demo 1 & 2 &3			\$ 9,000			\$ 9,000
Trainer Prep 1&2			\$ 900			\$ 900
Trainer Prep (Zoom Conf)			\$ 1,575			\$ 1,575
Trainer Prep			\$ 450			\$ 450
Participants Workbooks			\$ 2,400			\$ 2,400
Hospitality for Participants (\$5 each)			\$ 750			\$ 750
Banner Sets			\$ 300			\$ 300
Operating Subtotal			\$ 20,325		\$ -	\$ 20,325
Administrative Expenses						
Supervisor			\$ 1,200			\$ 1,200
Computer, IT assistance			\$ 3,000			\$ 3,000
Cellphone			\$ 1,275			\$ 1,275
Transportation			\$ 4,800			\$ 4,800
						\$ -
						\$ -
						\$ -
						\$ -
Administrative Subtotal			\$ 10,275		\$ -	\$ 10,275
Capital expenses						
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Capital Subtotal			\$ -		\$ -	\$ -
Total Concept Cost			\$ 75,000		\$ -	\$ 75,000

See Attachment F for budget details and restrictions