

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

The Home and Community-Based Services (HCBS) rules ensure that people with disabilities have full access to, and enjoy the benefits of, community living through long-term services and supports in the most integrated settings of their choosing. In order to assist in determining eligibility for compliance funding, providers must complete this evaluation. Both "Yes" and "No" answers require an explanation. A "No" response *could* mean a service setting is out of compliance with the HCBS rules and is potentially eligible for funding to make necessary adjustments. Once this evaluation is completed, it should act as a guide for filling out the provider compliance funding concept, which is required for any provider to be eligible for compliance funding. **Completion of this evaluation is for the sole purpose of applying for compliance funding and does not take the place of future provider assessments that the Department may require to determine provider compliance with the HCBS settings rules. Only providers requesting compliance funding need to complete this evaluation.**

Federal Requirements #1-5 apply to providers of all services, including residential and non-residential settings. Federal Requirements #6-10 are additional requirements that apply only to provider-owned or controlled residential settings.

The column labeled "Guidance" contains a series of questions intended to help identify compliance or non-compliance with each requirement as it relates to the HCBS rules. While responses to these questions can help in the determination of whether or not a particular requirement is met, these responses may not be the sole factor in this determination.

More information on the HCBS rules and this form can be found at www.dds.ca.gov/HCBS.

Questions may be directed to HCBSregs@dds.ca.gov.

Date(s) of Evaluation: 11-16-2019	Completed by: Brandi Brooks
Vendor Name, Address, Contact: Absolute Managed Care I and II 1507 W. 47 th St Los Angeles, CA 90062 2033 W. Imperial Hwy Los Angeles, CA 90047	
Vendor Number: HX0738 HX0836	
Service Type and Code: ARF 915	

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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? X ☐ Yes ☐ No

Please explain:

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<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</p> <p>1. Please explain: Although we have already begun preparing for HCBS at the administrative and management levels, there are approximately 18 DSPs in our agency that will require intensive training and support to comply with HCBS rules and implementation. After careful evaluation of the cost to make the changes needed to become more person centered and meet the needs and wants of the individuals we service, we have identified a need for vital resources to support and facilitate this transition.</p> <p>(A) Person Centered Planning Training for individuals and staff The Person-centered Trainer will raise awareness of each individual's right to seek the supports that meets his/her needs, preferences, accessibility, cultural barriers and encourage self determination thinking process.</p> <p>(B) Person Centered Coordinator Will train and coordinate with existing staff and consumers in order to increase staff and consumer understanding of the rules of HCBS, the dedication of person centered thinking, planning and requirements, and choices for the individual's living environment and community as well as train the staff and teach the consumer how to make good choices for him/herself.</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 that ensures privacy and confidentiality?

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	<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: In order to become compliant with #3 Absolute Managed Care recognized that we need to train our existing staff to be able to communicate with alternative methods to meet our consumers needs.</p> <p>(a) Classes for American Sign Language</p> <p>(b) Funding to purchase and training to use assistive technology for our non-verbal consumers</p> <p>(c) Special adaptive writing supplies</p>	
<p><u>Federal Requirement #4:</u></p> <p><i>Optimizes but does not regiment individual initiative, autonomy, and independence in making life choices, including, but not limited to, daily activities, physical environment, and with whom to interact.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> Does the provider offer daily activities that are based on the individuals' needs and preferences? Does the provider structure their support so that the individual is able to interact with individuals they choose to interact with, both at home and in community settings? Does the provider structure their support so that the individual is able to participate in activities that interest them and correspond with their IPP goals?
<p>Does the service and/or program meet this requirement? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Please explain: Absolute Managed Care strives to meet and exceed the HCBS requirements for creating choices for consumers and provide greater community integration. We also strive to meet the person-centered planning approach presented by HCBS. However, we find that most of our consumers do not really understand the choices they may have in both their living environment and in the community.</p> <p>AIR CONDITIONING REPLACEMENT: Because of changing weather patterns we are finding those environments to be generally uncomfortable for several days at a time. As our population ages it becomes increasingly Important that the physical environment be comfortable. in addition to our ability to continually meet Community Care Licensing Regulatory requirements. Weather fluctuations that we have experienced over the past several years makes our compliance extremely difficult. especially when trying to maintain Interior temperatures between 68 and 72 degrees.</p>	

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OUTDOOR PHYSICAL ACTIVITIES : After asking the individuals at Absolute Managed Care what activity choices they would like to have around the house. We know they want choices to be more physically active at while at home. They would like a basketball hoop in the backyard, a place dedicated to use exercise equipment such as, stationary bikes, treadmill and a volleyball net. They would like raised planter boxes to grow their own choice of vegetables.

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: [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: 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 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 checked="" 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 checked="" 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 checked="" type="checkbox"/> No Please explain: Physical plants at each location meet Title 22 regulations but may lack the convenience and accommodations that are needed or preferred by individuals with physical or behavioral needs. We request funding for physical plant modifications at each location to improve</p>	

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Grab bars, walk-up ramp and walk-down rails

(2) commercial- or durable-quality washing machines and two commercial dryers, along with extended warranties, for daily linen and clothing. 1 set per each location.

Accessibility remodel to widen doors for aging in place. This term Aging -in-place is an important person-centered need for our population. Stability and familiarity have been proven to help reduce maladaptive behaviors and medical deterioration.

CONTACT INFORMATION

Contact Name: Brandi Brooks

Contact Phone Number: 214-240-4247

Email Address: absolutemanagedcare@icloud.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.

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Vendor name	Absolute Managed Care I and II
Vendor number(s)	HX0738 and HX0
Primary regional center	South Central Los Angeles Regional Center
Service type(s)	ARF
Service code(s)	915
Number of consumers currently served	8
Current staff to consumer ratio	4:2
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.	
We provide a safe loving home. Meals, transportation, daily support w hygiene, self care, community integration while focusing on making sure the consumers have a daily person - centered experience with the tools we currently have a looking forward to grow our knowledge ability to be more compliant the HCBS funding	
Project Narrative Description:	
2. Please provide a brief summary narrative of the concept for which you are requesting funding, including justification for the funding.	
We are requesting funding so that Absolute Managed Care will be a model and lead the way for person centered thinking and planning. We want our consumers to be able to understand they have choices, offer them more choices and honor them . I want a well trained staff that will help make our consumers lives more enjoyable and integrated.	
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__X_ 3__X_ 4__X_ 5___ 6___ 7___ 8___ 9___ 10___	
4. For each HCBS out-of-compliance federal requirement that is being addressed by this concept, describe the barriers to compliance and why this concept is necessary. If this information is in the evaluation section, please copy it here.	
Absolute Managed Care (AMC) is designed based on pre- existing rules, some of which need to be updated to meet HCBS requirements. In our programs we strive to provide excellent choices in housing and community integration for our consumers. However, the expanded rules now cause us to reevaluate our settings and programs and we find that most of the changes identified as necessary require funding not readily available to us. After careful evaluation of the	

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cost to make the changes needed to become more person centered and meet the needs and wants of the individuals we service, we have identified a lack of vital resources and support to facilitate transition.

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.

HCBS #1- EMPLOYMENT TRAINING

To comply with HCBS goal of ensuring that *"The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community"* including pursuit of employment opportunities, placement and retention skills.

HCBS #2- PERSON CENTERED

Person Centered Training and Planning will allow existing staff and consumers to increase their understanding of the rules of HCBS, the dedication of person centered thinking, planning and requirements, and choices for the individual's living environment and community as well as train the staff and teach the consumer how to make good choices for him/herself.

HCBS #3- ASSITIVE TECHNOLOGY and ASL TRAINING

Training our existing staff will allow staff to better communicate with all consumers verbal and non-verbal and introduce new technology and alternative communication methods to meet residents needs in the home and in the community. This is improve the consumers daily life by being able to communicate easier and be understood.

HCBS #4 PHYSICAL PLANT

Overall health and comfort, which further promotes social activities and personal health at the individuals home. Regulatory compliance. The consumers are asking for at home physical activities.

HCBS #10 – PHYSICAL ACCESS

Updating the doors, handrails and grab bars will allow improved accessibility throughout the home, especially with our aging consumer and allows them to age in place.

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

The proposed outcomes will be to be compliant with the HCBS Rules by implementing our person- centered concept. Our methods to implementing these concepts will be to hire training specialist and coaches to train existing staff. Send staff, management and individuals in the home through additional training. We will use the Specialist to track training and outcomes. We will interview licensed contractors to improve the plant. We will price shop best values for new appliance and AC installation.

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

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were taken to identify the interests and desires of the individuals and who was involved in that process.

We asked our verbal residents, "What would make it easier for you to _____?" This question has enabled us to **identify both (a) barriers to meeting one's IPP goals or personal life goals and to (b) identify remedies that can close the gap between their goals and daily outcomes.** The proposal(s) herein are the culmination of **asking of and observing** each of the 8 individuals that we serve; asking DSPs, Consultants and staff of all other positions about both barriers and possible remedies; identifying which of the ten areas are unmet.

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

It will ensure that *"The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community"* including pursuit of employment opportunities, placement and retention skills. It will also ensure that each individual is given the opportunity to make safe and goal oriented choices that are person-centered and valuable to them.

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

At the conclusion of our project, Absolute Managed Care will have all staff and individuals will be trained on the person -centered concept. Accessibility modification to the facility will allow us to meet the needs and desires for our consumers to have safer mobility in the home and age in place if desired. The proposed concepts here will be a great value to the individuals we serve.

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

1. Train four (4) managers in ACRE training- \$2400

2. Train seven existing DSP staff in Certified Employment Support Professional (CESP) certification courses- \$ \$5000

3. Person Centered Planning Training for individuals and staff - \$2600

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5. **Person Centered Coordinator/trainer- \$60,000/yr- 12months**
6. **ASSISTIVE TECHNOLOGY and ASL TRAINING - \$1500**
7. **HVAC System - \$12,000**
8. **Basketball Hoop- \$600 + installation 1/ home = \$1200**
9. **Stationary Bikes- \$300 1/home = \$600**
10. **Treadmills- \$500 1/home =1000**
11. **Elevated Raised Planter Box for gardens- (6) boxes= \$1700- 3/ home**
12. **Widen 8 Doors- \$3500**
13. **Grab Bars and handrails- \$1100**
14. **Commercial or Durable Washers and Dryers- (2) sets \$6500**

Total Request \$ 99,200.00

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.

Staff training and sustainability support we receive from the Employment Specialist and Person Center Coordinator will be documented and tracked. When the training is complete, the trained staff and management team will continue the learned practice, train and support new incoming staff and consumers.

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 _____
 Disparity Funding ____ No ____ Yes. If Yes, FY(s) _____
 CPP Funding ____ No x Yes. If Yes FY(s) 2018 _____

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.

Walk in Showers for aging consumers, vehicle to transport for choice in community activities.
 Person Centered Planning Training

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.

The current request for funding is not redundant. This time are asking for different staff training, in addition to a specialist for sustainability. We are asking for different necessary plant improvements and appliances to better assist the residents. The consumers are asking for at home physical activities.

HCBS CONCEPT BUDGET						
Vendor Name		Absolute Managed Care I and II				
Vendor Number(s)		HX0738. HX0836				
	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						
Person Centered Coordinator/Trainer			\$ 60,000			\$ 60,000
Employment Specialist/Job Developer						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Operating Subtotal			\$ 60,000			\$ 60,000
Administrative Expenses						
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Administrative Subtotal			\$ -		\$ -	\$ -
Capital expenses						
ACRE /CESP/ PCP Training			\$ 10,000			\$ 10,000
Assistive Technology & ASL Training			\$ 1,500			\$ 1,500
HVAC			\$ 12,000			\$ 12,000
Basketball Hoops			\$ 1,200			\$ 1,200
Exercise Equipment			\$ 1,700			\$ 1,700
Elevated Planted Boxes (6)			\$ 1,700			\$ 1,700
Widen Doors			\$ 3,500			\$ 3,500
Grab Bars and Handrails			\$ 1,100			\$ 1,100
Commercial Washers & Dyers (2) sets			\$ 6,500			\$ 6,500
Capital Subtotal			\$ 39,200		\$ -	\$ 39,200
Total Concept Cost			\$ 99,200			\$ 99,200

See Attachment F for budget details and restrictions