

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: 11/19/19	Completed by: Nannette Meldrum
Vendor Name, Address, Contact: Community Joint Venture (et.al) 150 W. Walnut Suit 200 Gardena, Ca. 90248 Nannette Meldrum Administrator/Clinical Director	
Vendor Number: HX0120 515, HX0339 063, 055; PX0452; HX0386, HX0460, HX0552, HX0553, PX0688, HX0855; HX0424, HX0725, HX0785; HX0182, HX0293; PX0929.	
Service Type and Code: wright Road Day Program (Behavioral, Community Activity Support Employment Services Community Integration Training); Community Joint Venture AFHA; Epic, Wright Res. Inc.; and Residential Homes; Maliyah's Place Day Program.	

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Federal Requirement #1:

The setting is integrated in, and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.

Guidance:

- Do individuals receive services in the community based on their needs, preferences and abilities?
- Does the individual participate in outings and activities in the community as part of his or her plan for services?
- If an individual wants to seek paid employment, does the home staff refer the individual to the appropriate community agency/resource?
- Do individuals have the option to control their personal resources, as appropriate?

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

Please explain: Partial compliance: We have recently opened our Employment Service division. We need to ensure all of our participants have options and access to employment services and supports.

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: As our participants come to inquire about any of our programs, they are provided with information to help them make an informed decision about all services and supports available in that setting.

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

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	<p>verbally and in writing, in a manner that ensures privacy and confidentiality?</p> <ul style="list-style-type: none"> • Do staff communicate with individuals based on their needs and preferences, including alternative methods of communication where needed (e.g., assistive technology, Braille, large font print, sign language, participants' language, etc.)?
<p>Does the service and/or program meet this requirement? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please explain: All of our participants have Zero Tolerance and Whistle Blower documents that have been reviewed and explained annually and as needed. All staff are mandated reporters and are provided with on-going training regarding the protection of participants rights to dignified respect and freedom from coercion or harm of any type.</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: Partial compliance we need to provide more opportunity and options for the types of activities that are part of one's life experiences and with whom they occur particularly in community settings..</p>	

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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: Participants are able to freely express and modify their choices regarding what they would like to do and with whom inside and outside the program and who they want to provide those selected services and supports, to the extent alternatives are available .

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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: All participants have residential agreements and have been given the opportunity to make a choice as to living in the home or not living in the home.</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 checked="" type="checkbox"/> No</p> <p>Please explain: Partial compliance not all of our Residential options or AFHA options have a private room available or locks on the bedroom doors. Participants are provided</p>	

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this information prior admittance paperwork being signed so that they can make an informed decision.

Federal Requirement #8:

Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.

Guidance:

- 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?

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

Please explain: Participants do not have complete capability to set their own daily schedules participially as it relates to working in the community.

Federal Requirement #9:

Individuals are able to have visitors of their choosing at any time.

Guidance:

- 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?

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

Please explain: Participants in an all setting are part of discussions and agree to sign Home Values that include visiting parameters so as not to impinge on the personal rights of peers or others in the household.

Federal Requirement #10:

The setting is physically accessible to the individual.

Guidance:

- Do individuals have the freedom to move about inside and outside the home or are they primarily restricted to one room or area?
- Are grab bars, seats in bathrooms, ramps for wheelchairs, etc., available so that individuals who need those supports can move about the setting as they choose?
- Are appliances and furniture accessible to every individual?

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

Please explain: All setting have the needed and necessary physical accessibility for participants living there.

CONTACT INFORMATION

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Contact Phone Number: 310 851-4900 office 5620209-5801 cell

Email Address: Nannettem@corprt.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	Community Joint Venture et.al
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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 name	Community Joint Venture et.al
Vendor number(s)	HX0120 515, HX0339 063, 055; PX0452; HX0386, HX0460, HX0552, HX0553, PX0688, HX0855; HX0424, HX0725, HX0785; HX0182, HX0293; PX0929
Primary regional center	South Central Los Angeles Regional Center
Service type(s)	wright Road Day Program (Behavioral, Community Activity Support, Employment Services Community Integration Training); Community Joint Venture AFHA; Epic, Wright Res. Inc.; and Residential Homes; Maliyah's Place Day Program.
Service code(s)	515, 063 ; 904;915;113;055
Number of consumers currently served	170
Current staff to consumer ratio	Staff to consumer ratios range from, 1:2 & 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>We strive to enhance the Quality of Life, empower and advocate for our Participants. All participants are working on communication, behavioral, social and self-help skills as well. Our program opportunities include wright Road Day Program has three divisions (1-3 Behavior Management, 1:4 Community Activity Support, Employment Services Community Integration Training). The participants are present from 9am to 2pm. All participants are involved in a variety of pre-vocational on-site activities and limited off site activities that include work readiness skill building and community access and community integration. Participants have access to a computer room, laundry room, kitchen, ground maintenance and reception area to build skills. Community Joint Venture AFHA provides a participants with support from both the Home Provider and agency staff as needed and necessary in all aspect of daily life; 1:2 Epic, Wright Res. Inc.; and Residential Homes provide participants with a esthetically pleasing home with individual choices and options presented; 1:3 Maliyah's Place Day Program is designed to provide a unique self-directed day program experience for the participants who may have sensory challenges and who's cognitive abilities are more compromised.</p> <p>Our current barriers to full compliance with the HCBS rules stem from a general lack of staff's understanding of the practices and concepts involved in Personal Centered Thinking and Planning in all of our vendor settings. We need to make an agency wide cultural shift in how we provide support and advocate for finding creative solutions to participants plans for their individual lives. We need to think, talk and document progress, needs, and aspirations in a Person-Centered manner.</p>	
Project Narrative Description:	

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2. Please provide a brief summary narrative of the concept for which you are requesting funding, including justification for the funding.

The proposed project emphasizes education to enable all staff in all settings to facilitate informed choice and decision making for all of our participants. The larger goal is to produce a fundamental change in our staff's philosophy directly impacting our participants empowerment, self-advocacy, control of life choices and social interactions and experiences. The in-depth training, we are seeking, with trainers who have worked with the people we serve, will allow Administrators to provided continued clear and consistent PCT/PCP training for current and new staff.

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 / 4 / 7 / 8 / 9

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 Partial compliance: We have recently opened our Employment Service division. We need to ensure all of our participants have options and access to employment services and supports. #4 Partial compliance we need to provide more opportunity and options for the types of activities that are part of one's life experiences and with whom they occur particularly in community settings. #7: Partial compliance not all of our Residential options or AFHA options have a private room available or locks on the bedroom doors. Participants are provided this information prior admittance paperwork being signed so that they can make an informed decision. #8 Participants do not have complete capability to set their own daily schedules particiially as it relates to working in the community. #9 Participants in an all setting are part of discussions and agree to sign Home Values that include visiting parameters so as not to impinge on the personal rights of peers or others in the household.

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.

The concept will bring the vendor into compliance as result of the specific PCT and PCP training modules using a Train the Trainer model. All staff will be trained. The process will enable the shift in conceptual thinking, practices, tools, and materials utilized by all staff with the goal of fully engaging and including each participant in the decisions for and resulting daily activities they choose to create their individual life experience.

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

The objective is to have our Trainers train all existing staff and new staff as they are hired for any setting in PCT and PCP to improve and enhance Quality of Life in all aspects for all participants. Staff will typically be trained in small groups. Sign in sheets and certificates will be provided to all staff at the time of completion of training modules. The Administrative Trainers will participate in the following: 2-day Person Centered Thinking training; H S A will

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facilitate a PCT Trainer Orientation using Zoom, following initial PCT Training, Regular coaching calls with Trainer Candidates, using Zoom and Slack. Candidates to develop a portfolio of skill examples, and to submit two-person centered descriptions and two one-page descriptions.,2-day PCT Training for Trainer Candidates to observe, and then Trainer Candidates will deliver the 2-day Person Centered Thinking training., Leadership / Planning Team meetings to check in and monitor progress toward objectives and Team 15 – a monthly series of coaching calls and team exercises to create a community of practice with program managers and staff to embed person centered approaches in daily work. Overview of Plan Facilitation (2 days) plus Facilitating One Page Profiles and Person-Centered Reviews Train the Trainer (7 days) H S A will deliver a 2-day workshop on Person Centered Plan Facilitation. Four employees will participate in the train the trainer course “Facilitating One Page Profiles and Person-Centered Reviews” This includes supplemental instruction on facilitation skills and developing outcomes and goals. Four participants will be observed while facilitating a person-centered review and receive feedback.

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.

We use a Participants Satisfaction Survey with services and supports being offered and what participants would like to have otherwise, Individual Assessment tools to identify a person interests in social and employment areas. We utilize Learning Evaluations to determine if the information being delivered and the content is considered useful to the Participant and if they wish to have further instruction in a particular area.

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

Our concept addresses the need for the development and expansion of the overall person-centered approach, so all staff working in the programs listed above can learn using the comprehensive and detailed training modules that will address all aspects of PCT and PCP principles , policies and practices in a variety of program contexts and settings.

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

Once the PCT and PCP modules have been delivered to the Administrators, who will become Certified Trainers, all current staff and newly hired staff will likewise be provided the same training and material content of the PCT and PCP by an Administrator Certified Trainer. The PCT and PCP training will become a mandatory part of the required job related training.

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

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costs). http://leginfo.ca.gov/faces/codes_displaySection.xhtml?sectionNum=4629.7&lawCode=WIC	
Subcontractor cost for year 1 & 2 \$81,026; Administrative fees \$8,102; Total contact cost \$89,129.00	
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.	
NA	
12. Have you or the organization you work with been a past recipient of DDS funding? If yes, what fiscal year(s)?	HCBS Funding <input type="checkbox"/> No <input type="checkbox"/> Yes. If Yes, FY(s) _____ Disparity Funding <input 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) 2016 to 2017 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.	
These were Start Up Funds for Maliyah's Place Day Program. All funds were utilized as required, and receipts were provided to SCLARC. The Project was completed 2018.	
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 CPP Funding Start Up funding for Maliyah's Place Day Program. Funds were used for Construction, Furnishings, Electronics for operations, Safety equipment to meet Regional Center and CCL guidelines for operation.	

HCBS CONCEPT BUDGET	Person Center Thinking & Person Center Planning					
Vendor Name	Community Joint Venture, Inc.					
Vendor Number(s)	PX0452					
	Salary and Benefits	Year 1 Budget		Year 2 Budget		Total
		FTE	Annual Cost	FTE	Annual Cost	Cost
Personnel (salary + benefits)						
Clinical Administrator			\$ -		\$ -	\$ -
Program Director			\$ -		\$ -	\$ -
Program Manager			\$ -		\$ -	\$ -
Employment Services Manager			\$ -		\$ -	\$ -
			\$ -		\$ -	\$ -
			\$ -		\$ -	\$ -
			\$ -		\$ -	\$ -
			\$ -		\$ -	\$ -
Personnel Subtotal			\$ -		\$ -	\$ -
Operating expenses						
PCT Subcontractor Cost			\$ 26,400		\$ 26,400	\$ 52,800
Instructional Items			\$ 1,333		\$ 1,333	\$ 2,666
Advertising & Outreach			\$ 780		\$ 780	\$ 1,560
In-state Travel			\$ 10,500		\$ 13,500	\$ 24,000
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Operating Subtotal			\$ 39,013		\$ 42,013	\$ 81,026
Administrative Expenses						
Administrative Fees -			\$ 4,051		\$ 4,051	\$ 8,102
Supplemental Instruction on Facilitation						\$ -
Developing Outcomes and Goals						\$ -
Observation of Facilitating PCR						\$ -
						\$ -
						\$ -
						\$ -
Administrative Subtotal			\$ 4,051		\$ 4,051	\$ 8,102
Capital expenses						
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Capital Subtotal			\$ -		\$ -	\$ -
Total Concept Cost			\$ 43,064		\$ 46,064	\$ 89,128

See Attachment F for budget details and restrictions