

## 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: November 21, 2019	Completed by: Wendy Carroll
Vendor Name, Address, Contact: Willing Workers, Inc. 4813 W. Washington Blvd., Los Angeles, CA 90016, (323)936-5950	
Vendor Number: H01769	
Service Type and Code: Adult Development, 510	

## 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: Consumers regularly have access to the greater community by participating in non-work activities, but there are limited community paid work experiences due to a need for employment opportunities/business creation. Consumers need support and training on how to manage and market a business, employment preparation, on-going job coach assistance self-advocacy. To meet the HCBS for consumers, it is important that the ratio is lowered in order to assist consumers to create and run a competitive business in an integrated setting in the community.

### **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: Willing Workers' Adult Development Program is a community based program. Consumers live at home with family or residential providers. We will honor family requests. Our policy is to attempt to ensure informed choice of each consumer.

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

### **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: All paid staff receive new hire training, on-going training and continuing education training related to the rights of consumers receiving services as outlined in the Lanterman Act. Individuals receives training regularly on self-advocacy, making informed choices and their rights under the Lanterman Act.

### **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?

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

Please explain: All consumers are encouraged to engage in activities of their choosing. They are encouraged to interact with whomever they choose. They are provided with options to meet their needs and preferences, such as the foods they buy and eat within the program. The goal to have successful and competitive businesses that are in the greater community, but not limited.

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

## **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: Consumers are given options that allow them to determine their own personal needs. But to accommodate their needs, there is a need for adaptive equipment and professional consultant that can train, guide and coach the staff and consumers for the business project that they will need to have a successful businesses.



## 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</p> <p>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</p> <p>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</p> <p>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: Wendy Carroll  
Contact Phone Number: 323-937-5950  
Email Address: willingworkers411@gmail.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

## 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).

Vendor name	Willing Workers, Inc.
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# Home and Community-Based Services (HCBS) Rules CONCEPT FORM

Vendor number(s)	H01769
Primary regional center	South Central Los Angeles Regional Center
Service type(s)	Adult Development Program
Service code(s)	510
Number of consumers currently served	35
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>On a typical day our consumers have various activities to work on in the program that related to their choice before and after lunch. They may also go to the community such as, movies, bank, museum and shopping.</p>	
Project Narrative Description:	
<p>2. Please provide a brief summary narrative of the concept for which you are requesting funding, including justification for the funding.</p> <p>The Consumers decided in a group meeting and individually what types of businesses that they wanted to engage in. We do not have the financial resources to hire individuals from the community to Silk Screening and Organic Gardening Trainer. The Designated Trainers will train the staff and consumers (1:1) on how to Silk Screen and Organic Gardening, how produce shirts and marketing, but not limited to. Consumers will have a choice regarding services and support regarding what they would like to do in the entertainment field and/or their role in the music process. Consumers will work with the local Silk Screening, music producer, musicians and Organic Gardening organizations in the community.</p>	
<p>3. Identify which HCBS federal requirements this concept addresses that are currently out of compliance. Could be all or a subset of those identified as out of compliance on the evaluation.</p> <p>1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input checked="" type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/></p>	
<p>4. For each HCBS out-of-compliance federal requirement that is being addressed by this concept, describe the barriers to compliance and why this concept is necessary. If this information is in the evaluation section, please copy it here.</p> <p>Because of lack of resources, we are unable to provide needed services to address disparities in services. Most consumers do not have access to the Silk Screening and Organic Gardening industry due to lack of training and education in the field. The consumer's need 1:1, self-advocacy, on-going job coaching and education to assist them in implementing the Urban Garden to Table Enterprises. In addition, we are not in compliance for those consumers who have hearing- Impairment, vision impaired, lack of fine motor skills and non-ambulatory. Need one to one consultant who are trained to assist the consumers who are hard of hearing, vision impaired, have a lack of fine motor skills and non-ambulatory.</p>	

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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.
Because of lack of resources, we are unable to provide needed services to address disparities in services.
6. What are the proposed outcomes and objectives of the concept, and what are the methods of achieving and tracking them?
Each employee is required to have proper documentation for each consumer daily. Our method will be by providing our staff proper training for them to be able to assist our consumers' needs in the assigned project. The training for the consumer and employees will be ongoing to make sure they are up to date with the equipment and project process.
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 conducted consumer surveys, one to one and group meetings with the consumers and asked for their input. Most consumers expressed that they wanted to have their own businesses and presented their ideas of what kinds of businesses they wanted. As a result, the consumers in the Adult Development Program decided on an organic garden and silk screening businesses.
8. Please describe how the concept you propose will enable you to provide more person-centered services to your clients.
Each consumer requested what business they wanted to work on. It was the consumers idea on the business we have available. Each consumer will receive individual attention and instructions from the trainer from the community as well as from their coach.
9. Please address your plan for maintaining the benefits, value, and success of your project at the conclusion of 2019-20 HCBS Funding.
Each consumer requested what business they wanted to work on. It was the consumers idea on the business we have available. Each consumer will receive individual attention and instructions from the trainer from the community as well as from their coach.
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). <a href="http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=4629.7&amp;lawCode=WIC">http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=4629.7&amp;lawCode=WIC</a>
Part-Time Clerical Staff will be needed to make sure that all files and necessary reports are all maintained for the business.



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

Consultant(s) are from the community who will provide training to the Consumers and Staff for all aspects of the project. Additional Community professionals will be utilized, when necessary. Equipment, supplies, transportation, but not limited, will be used for the (place the name of the business here).

Marketing and branding will be essential to the business. The Consumers who choose to market and sell the business item, will receive training, as well. Consumers will be responsible for the artwork and internet sales, as well. They will receive trainings from the Consultants(s). Liability Insurance and Workers Compensation must be a part of the business because the Consumers will be paid as employees.

Payroll fees for a Payroll Service must be included, as well, as well as, Federal and State Taxes for all Consumers who are paid.

Transportation is a part of the business. Consumers will be going into the community marketing and selling to the public, as well, as meeting other business owners and customers.

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 be incurred during the program time frame.

The sustainability the program and concept should be maintained once the businesses are in full operation. The businesses should be able to continue to compensate the Consumers and purchase the required supplies once the business is operational. In addition, on-going training for the Consumers will occur.

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 \_\_\_\_ Yes. If Yes, FY(s) \_\_\_\_\_

Disparity Funding    ☒ No \_\_\_\_ Yes. If Yes, FY(s) \_\_\_\_\_

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.

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.

HCBS CONCEPT BUDGET							
Vendor Name		Willing Workers, Inc.-Adult Development					
Vendor Number(s)		H01769					
		Salary and Benefits	Year 1 Budget		Year 2 Budget		Total
			FTE	Annual Cost	FTE	Annual Cost	Cost
Personnel (salary + benefits)							
Part-time Clerical Staff		700.00	12.00	\$ 8,400	12.00	\$ 8,400	\$ 16,800
Position Description				\$ -		\$ -	\$ -
Position Description				\$ -		\$ -	\$ -
Position Description				\$ -		\$ -	\$ -
Position Description				\$ -		\$ -	\$ -
Position Description				\$ -		\$ -	\$ -
Position Description				\$ -		\$ -	\$ -
Position Description				\$ -		\$ -	\$ -
Personnel Subtotal				\$ 8,400		\$ 8,400	\$ 16,800
Operating expenses							
Silk Screening Trainers				\$ 48,000		\$ 48,000	\$ 96,000
Silk Screening Equipment				\$ 70,000			\$ 70,000
Silk Screening Supplies				\$ 60,000		\$ 60,000	\$ 120,000
Maintenance & Repairs				\$ 3,000		\$ 3,000	\$ 6,000
Marketing				\$ 9,000		\$ 9,000	\$ 18,000
Computer and Printer				\$ 3,000		\$ 3,000	\$ 6,000
Office Supplies				\$ 2,400		\$ 2,400	\$ 4,800
Organic Gardening Trainer				\$ 36,000		\$ 36,000	\$ 72,000
Gardening Equipment/Hothouse				\$ 10,000			\$ 10,000
Gardening Supplies				\$ 7,500		\$ 7,500	\$ 15,000
Operating Subtotal				\$ 248,900		\$ 168,900	\$ 417,800
Administrative Expenses							
Workers Compensation				\$ 900		\$ 900	\$ 1,800
Liability Insurance				\$ 2,000		\$ 2,000	\$ 4,000
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
Administrative Subtotal				\$ 2,900		\$ 2,900	\$ 5,800
Capital expenses							
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
Capital Subtotal				\$ -		\$ -	\$ -
Total Concept Cost				\$ 260,200		\$ 180,200	\$ 440,400

See Attachment F for budget details and restrictions

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

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Questions may be directed to [HCBSregs@dds.ca.gov](mailto:HCBSregs@dds.ca.gov).

Date(s) of Evaluation: November 21,2019	Completed by: Wendy Carroll
Vendor Name, Address, Contact: Willing Workers, Inc. Activity Program 4813 W. Washington Blvd., Los Angeles, CA 90016 (323)937-5950	
Vendor Number: H73611	
Service Type and Code: Activity, 505	

## 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: Consumers regularly have access to the greater community by participating in non-work activities, but there are limited community paid work experiences due to a need for employment opportunities/business creation. Consumers need support and training on how to manage and market a business, employment preparation, on-going job coach assistance self-advocacy. To meet the HCBS for consumers, it is important that the ratio is lowered in order to assist consumers to create and run a competitive business in an integrated setting in the community.

### **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: Willing Workers Activity Program is a community based program. Consumers live at home with family or residential providers. We honor family requests. Our policy is to attempt to ensure informed choice of each consumer.

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

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

Please explain: All paid staff receive new hire training, on-going training and continuing education training related to the rights of consumers receiving services as outlined in the Lanterman Act. Individuals receives training regularly on self-advocacy, making informed choices and their rights under the Lanterman Act.

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- 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?

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

Please explain: All consumers are encouraged to engage in activities of their choosing. They are encouraged to interact with whomever they choose. They are provided with options to meet their needs and preferences, such as the foods they buy and eat within the program. The goal to have successful and competitive businesses that are in the greater community, but not limited.

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

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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: Consumers are given options that allow them to determine their own personal needs. But to accommodate their needs, there is a need for adaptive equipment and professional consultant that can train, guide and coach the staff and consumers for the business project, that they will need to have a successful business.



## 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:

### **Federal Requirement #6:**

*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.*

### **Guidance:**

- 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?

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

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

### **Federal Requirement #7:**

*Each individual has privacy in his/her sleeping or living unit:*

*Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors as needed.*

*Individuals sharing units have a choice of roommates in that setting.*

*Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.*

### **Guidance:**

- 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?

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

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

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

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

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

### **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?

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

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

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

Contact Name: Wendy Carroll  
Contact Phone Number: 323-937-5950  
Email Address: willingworkers411@gmail.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

## 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).

Vendor name	Willing Workers, Inc
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# Home and Community-Based Services (HCBS) Rules CONCEPT FORM

Vendor number(s)	H73611
Primary regional center	South Central Los Angeles Regional Center
Service type(s)	Activity Program
Service code(s)	505
Number of consumers currently served	23
Current staff to consumer ratio	1:8
<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>On a typical day our consumers have various activities to work on in the program that related to their choice before and after lunch. They also go to the community such as, movies, bank, museum and shopping, but not limited to.</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>The Consumers decided in a group meeting and individually what types of businesses that they wanted to engage in. We do not have financial resources to hire a Construction, Handyman, Maintenance and Organic Gardening Instructor who can train the staff and Consumer. The Designated Trainers will train the staff and consumers (1:1) on how to design products for sale in the greater Community. Consumers will have a choice of training services and support regarding what they would like to produce for sale and/or their role in the Handyman/Maintenance or whatever their choice is. Consumers will work with the local Handyman and Maintenance Professionals. Consumers can have a choice regarding the business projects that they are interested in working on. Consumers will work with the local construction, handyman, maintenance instructor in the community.</p>	
<p>3. Identify which HCBS federal requirements this concept addresses that are currently out of compliance. Could be all or a subset of those identified as out of compliance on the evaluation.</p> <p>1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 ___ 4 ___ 5 <input checked="" type="checkbox"/> 6 ___ 7 ___ 8 ___ 9 ___ 10 ___</p>	
<p>4. For each HCBS out-of-compliance federal requirement that is being addressed by this concept, describe the barriers to compliance and why this concept is necessary. If this information is in the evaluation section, please copy it here.</p> <p>Because of lack of resources, we are unable to provide needed services to address disparities in services. Most consumers do not have access to the Maintenance and Janitorial industry due to lack of training and education in the field. The consumer's need 1:1, self-advocacy, on-going job coaching and education to assist them in implementing the Urban Garden to Table Enterprises. In addition, we are not in compliance for those consumers who have hearing-Impairment, vision impaired, lack of fine motor skills and non-ambulatory. Need one to one</p>	

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

consultant who are trained to assist the consumers who are hard of hearing, vision impaired, have a lack of fine motor skills and non-ambulatory.
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.
Because of lack of resources, we are unable to provide needed services to address disparities in services.
6. What are the proposed outcomes and objectives of the concept, and what are the methods of achieving and tracking them?
Each employee is required to have proper documentation for each consumer daily. Our method will be by providing our staff proper training for them to be able to assist our consumers' needs in the assigned project. The training for the consumer and employees will be ongoing to make sure they are up to date with the equipment and project process.
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 conducted consumer surveys, one to one and group meetings with the consumers and asked for their input. Most consumers expressed that they wanted to have their own businesses and presented their ideas of what kinds of businesses they wanted. As a result, the consumers in the Activity Program selected Construction, Handyman, Maintenance businesses.
8. Please describe how the concept you propose will enable you to provide more person-centered services to your clients.
Each consumer requested what business they wanted to work on. It was the consumers idea on the business we have available. Each consumer will receive individual attention and instructions from the trainer from the community as well as from their coach.
9. Please address your plan for maintaining the benefits, value, and success of your project at the conclusion of 2019-20 HCBS Funding.
Each consumer requested what business they wanted to work on. It was the consumers idea on the business we have available. Each consumer will receive individual attention and instructions from the trainer from the community as well as from their coach.
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). <a href="http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=4629.7&amp;lawCode=WIC">http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=4629.7&amp;lawCode=WIC</a>
Part-Time Clerical Staff will be needed to make sure that all files and necessary reports are all maintained for the business.



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

Consultant(s) are from the community who will provide training to the Consumers and Staff for all aspects of the project. Additional Community professionals will be utilized, when necessary. Equipment, supplies, transportation, but not limited, will be used for the (place the name of the business here).

Marketing and branding will be essential to the business. The Consumers who choose to market and sell the business item, will receive training, as well. Consumers will be responsible for the artwork and internet sales, as well. They will receive trainings from the Consultants(s). Liability Insurance and Workers Compensation must be a part of the business because the Consumers will be paid as employees.

Payroll fees for a Payroll Service must be included, as well, as well as, Federal and State Taxes for all Consumers who are paid.

Transportation is a part of the business. Consumers will be going into the community marketing and selling to the public, as well, as meeting other business owners and customers.

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 anticipated that the project will be fully operational within the 12-month period. Training of consumers will be continued by staff, that cost will be eliminated. The cost of transportation and fuel and the Maintenance and/or Janitorial Consultant will be absorbed into the company budget. Consumer's should be identified, fully trained and ready to work and run the Urban Garden to Table Enterprise.

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 \_\_\_ Yes. If Yes, FY(s) \_\_\_\_\_

Disparity Funding ☒ No \_\_\_ Yes. If Yes, FY(s) \_\_\_\_\_

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.

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.

HCBS CONCEPT BUDGET						
Vendor Name		Willing Workers, Inc.-Activity				
Vendor Number(s)		H73611				
	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						
Construction/Handyman/Maintenance Instructor			\$ 38,000		\$ 38,000	\$ 76,000
Equipment			\$ 25,000		\$ 15,000	\$ 40,000
Handyman and Maintenance Supplies			\$ 28,000		\$ 28,000	\$ 56,000
Maintenance & Repairs			\$ 1,600		\$ 1,600	\$ 3,200
Marketing			\$ 5,000		\$ 5,000	\$ 10,000
Adaptive Equipment			\$ 6,000			\$ 6,000
Office Supplies			\$ 2,400		\$ 2,400	\$ 4,800
						\$ -
						\$ -
						\$ -
Operating Subtotal			\$ 106,000		\$ 90,000	\$ 196,000
Administrative Expenses						
Workers Compensation			\$ 900		\$ 900	\$ 1,800
Liability Insurance			\$ 2,000		\$ 2,000	\$ 4,000
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Administrative Subtotal			\$ 2,900		\$ 2,900	\$ 5,800
Capital expenses						
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Capital Subtotal			\$ -		\$ -	\$ -
Total Concept Cost			\$ 108,900		\$ 92,900	\$ 201,800

See Attachment F for budget details and restrictions

## 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: November 21, 2019	Completed by: Wendy Carroll
Vendor Name, Address, Contact: Willing Workers, Inc., 4813 W. Washington Blvd., Los Angeles, CA 90016, (323)937-5950	
Vendor Number:H73638	
Service Type and Code: Behavior Management, 515	

# 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: Consumers regularly have access to the greater community by participating in non-work activities, but they are limited to community paid work experiences due to a need for employment opportunities/business creation. Consumers need support and training on how to manage and market a business, employment preparation, on-going job coach assistance self-advocacy. To meet the HCBS for consumers, it is important that the ratio is lowered in order to assist consumers to create and run a competitive business in an integrated setting in the community.

## **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: Willing Workers' Behavior Management Program is a community based program. Consumers live at home with family or residential providers. We will honor family requests. Our policy is to attempt to ensure informed choice of each consumer.

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

### **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: All paid staff receive new hire training, on-going training and continuing education training related to the rights of consumers receiving services as outlined in the Lanterman Act. Individuals receives training regularly on self-advocacy, making informed choices and their rights under the Lanterman Act.

### **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?

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

Please explain: All consumers are encouraged to engage in activities of their choosing. They are encouraged to interact with whomever they choose. They are provided with options to meet their needs and preferences, such as the foods they buy.

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

### **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: Consumers are given options that allow them to determine their own personal needs. But to accommodate their needs, there is a need for adaptive equipment and professional consultant that can train, guide and coach the staff and consumers for the business project that they will need to have a successful businesses.



## 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>  <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>  <i>Each individual has privacy in his/her sleeping or living unit:  Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors as needed.  Individuals sharing units have a choice of roommates in that setting.  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</p> <p>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</p> <p>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</p> <p>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: Wendy Carroll- Executive DirectorContact Phone Number: 323-937-5950Email Address: willingworkers411@gmail.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

## 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.
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- 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).

Vendor name	Willing Workers, Inc
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# Home and Community-Based Services (HCBS) Rules CONCEPT FORM

Vendor number(s)	H73638
Primary regional center	South Central Los Angeles Regional Center
Service type(s)	Behavior Management Program
Service code(s)	515
Number of consumers currently served	22
Current staff to consumer ratio	1:3
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.	
On a typical day our consumers have various activities to work on in the program that related to their choice before and after lunch. They may also go to the community such as, movies, bank, museum and shopping.	
Project Narrative Description:	
2. Please provide a brief summary narrative of the concept for which you are requesting funding, including justification for the funding.	
The Consumers decided in a group meeting and individually what types of businesses that they wanted to engage in. We do not have the financial resources to hire a Music Producer who has the ability to train the staff and consumers (1:1) on music production, singing, how entertainer, how produce CD/ USB, but not limited to. Consumers will work with the local music producer and musicians from the greater community. We do not have the financial resources to hire a Producer who has the ability to train the staff and consumers (1:1) on music production, singing, how entertainer, how produce CD/ USB, but not limited to. Consumers can have a choice regarding services and support regarding what they would like to do in the entertainment field and/or their role in the music process. Consumers will work with the local entertainers/producers in the community.	
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 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 ___ 4 ___ 5 <input checked="" type="checkbox"/> 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.	
Most consumers do not have access to the entertainment industry and due to lack of training and education in the field. The consumer need employment preparation, self-advocacy, on-going job coaching and education to assist them in implementing the music ventures. In addition, we are not in compliance for those consumers who are hard of hearing, vision impaired, lack of fine motor skills and non-ambulatory. Need one to one consultant who are trained to assist consumers who are hard of hearing, vision impaired, have a lack of fine motor skills and non-ambulatory.	

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

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.
Because of lack of resources, we are unable to provide needed services to address disparities in services.
6. What are the proposed outcomes and objectives of the concept, and what are the methods of achieving and tracking them?
Each employee is required to have proper documentation for each consumer daily. Our method will be by providing our staff proper training for them to be able to assist our consumers' needs in the assigned project. The training for the consumer and employees will be ongoing to make sure they are up to date with the equipment and project process.
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 conducted consumer surveys, one to one and group meetings with the consumers and asked for their input. The majority of consumers expressed that they wanted to have their own businesses and presented their ideas of what kinds of businesses they wanted. As a result, the consumers in the Behavior Management Program decided on Music Production.
8. Please describe how the concept you propose will enable you to provide more person-centered services to your clients.
Each consumer requested what business they wanted to work on. It was the consumers idea on the business we have available. Each consumer will receive individual attention and instructions from the trainer from the community as well as from their coach.
9. Please address your plan for maintaining the benefits, value, and success of your project at the conclusion of 2019-20 HCBS Funding.
Each consumer requested what business they wanted to work on. It was the consumers idea on the business we have available. Each consumer will receive individual attention and instructions from the trainer from the community as well as from their coach.
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). <a href="http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=4629.7&amp;lawCode=WIC">http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=4629.7&amp;lawCode=WIC</a>
Part-Time Clerical Staff will be needed to make sure that all files and necessary reports are all maintained for the business. Consultant(s) are from the community who will provide training to the Consumers and Staff for



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

all aspects of the project. Additional Community professionals will be utilized, when necessary. Equipment, supplies, transportation, but not limited, will be used for the (place the name of the business here).

Marketing and branding will be essential to the business. The Consumers who choose to market and sell the business item, will receive training, as well. Consumers will be responsible for the artwork and internet sales, as well. They will receive trainings from the Consultants(s). Liability Insurance and Workers Compensation must be a part of the business because the Consumers will be paid as employees.

Payroll fees for a Payroll Service must be included, as well, as well as, Federal and State Taxes for all Consumers who are paid.

Transportation is a part of the business. Consumers will be going into the community marketing and selling to the public, as well, as meeting other business owners and customers.

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.

The sustainability the program and concept should be maintained once the businesses are in full operation. The businesses should be able to continue to compensate the Consumers and purchase the required supplies once the business is operational. In addition, on-going training for the Consumers will occur.

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 \_\_\_ Yes. If Yes, FY(s) \_\_\_\_\_

Disparity Funding    ☒ No \_\_\_ Yes. If Yes, FY(s) \_\_\_\_\_

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**

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.

HCBS CONCEPT BUDGET							
Vendor Name		Willing Workers, Inc., Behavior Management					
Vendor Number(s)		H73638					
		Salary and Benefits	Year 1 Budget		Year 2 Budget		Total
			FTE	Annual Cost	FTE	Annual Cost	Cost
Personnel (salary + benefits)							
Part-time Clerical Staff		1,500.00	12.00	\$ 18,000	12.00	\$ 18,000	\$ 36,000
Position Description				\$ -		\$ -	\$ -
Position Description				\$ -		\$ -	\$ -
Position Description				\$ -		\$ -	\$ -
Position Description				\$ -		\$ -	\$ -
Position Description				\$ -		\$ -	\$ -
Position Description				\$ -		\$ -	\$ -
Position Description				\$ -		\$ -	\$ -
Position Description				\$ -		\$ -	\$ -
Personnel Subtotal				\$ 18,000		\$ 18,000	\$ 36,000
Operating expenses							
Music Producer				\$ 60,000		\$ 60,000	\$ 120,000
CD, Mastering/Photo Shoot & Grapics				\$ 5,820		\$ 5,820	\$ 11,640
300 USB				\$ 4,464		\$ 4,464	\$ 8,928
Studio Equipment				\$ 6,154		\$ 200	\$ 6,354
Marketing				\$ 18,000		\$ 18,000	\$ 36,000
Online Branding				\$ 264		\$ 264	\$ 528
Office Supplies				\$ 2,400		\$ 2,400	\$ 4,800
Transportation to shoot locations				\$ 2,800		\$ 2,800	\$ 5,600
Musicians(Professional Singers & Musicians)							\$ -
							\$ -
Operating Subtotal				\$ 99,902		\$ 93,948	\$ 193,850
Administrative Expenses							
Workers Compensation				\$ 900		\$ 900	\$ 1,800
Liability Insurance				\$ 2,000		\$ 2,000	\$ 4,000
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
Administrative Subtotal				\$ 2,900		\$ 2,900	\$ 5,800
Capital expenses							
Building Upgrade to support equipment				\$ 9,000		\$ 6,000	\$ 15,000
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
Capital Subtotal				\$ 9,000		\$ 6,000	\$ 15,000
Total Concept Cost				\$ 129,802		\$ 120,848	\$ 250,650

See Attachment F for budget details and restrictions

## 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: <a href="#">Click or tap here to enter text.</a>	Completed by: Wendy Carroll
Vendor Name, Address, Contact: Willing Workers, Inc., 4813 W. Washington Blvd., Los Angeles, CA 90016, (323)937-5950	
Vendor Number: PX0476	
Service Type and Code: Creative Arts, 094	

## 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: Consumers regularly have access to the greater community by participating in non-work activities, but there are limited community paid work experiences due to a need for employment opportunities/business creation. Consumers need support and training on how to manage and market a business, employment preparation, on-going job coach assistance self-advocacy. To meet the HCBS for consumers, it is important that the ratio is lowered in order to assist consumers to create and run a competitive business in an integrated setting in the community.

### **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: Willing Workers Creative Arts Program is a community based program. Consumers live at home with family or residential providers. We will honor family requests. Our policy is to attempt to ensure informed choice of each consumer.

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

### **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: All paid staff receive new hire training, on-going training and continuing education training related to the rights of consumers receiving services as outlined in the Lanterman Act. Individuals receives training regularly on self-advocacy, making informed choices and their rights under the Lanterman Act.

### **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?

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

Please explain: All consumers are encouraged to engage in activities of their choosing. They are encouraged to interact with whomever they choose. They are provided with options to meet their needs and preferences, such as the foods they buy and eat within the program. The goal to have successful and competitive businesses that are in the greater community, but not limited.

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

## **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: Consumers are given options that allow them to determine their own personal needs. But to accommodate their needs, there is a need for adaptive equipment and professional consultant that can train, guide and coach the staff and consumers for the business project that they will need to have a successful business



## 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:

### **Federal Requirement #6:**

*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.*

### **Guidance:**

- 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?

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

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

### **Federal Requirement #7:**

*Each individual has privacy in his/her sleeping or living unit:  
Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors as needed.  
Individuals sharing units have a choice of roommates in that setting.  
Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.*

### **Guidance:**

- 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?

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

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

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

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

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

### **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?

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

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

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

Contact Name: Wendy Carroll  
Contact Phone Number: 323-937-5950  
Email Address: willingworkers411@gmail.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

## 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).

Vendor name	Willing Workers, Inc.
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# Home and Community-Based Services (HCBS) Rules CONCEPT FORM

Vendor number(s)	PX0476
Primary regional center	South Central Los Angeles Regional Center
Service type(s)	Creative Arts Program
Service code(s)	094
Number of consumers currently served	16
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>On a typical day our consumers have various activities to work on in the program that related to their choice before and after lunch. They may also go to the community such as, movies, bank, museum and shopping.</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>The Consumers decided in a group meeting and individually what types of businesses that they wanted to engage in. We do not the financial resources to hire a Designer/Artist Trainer who has the ability to train the staff and consumers (1:1). We do not have the financial resources to hire individuals from the community to provide Designer/Artist Training. The Designated Trainers will train the staff and consumers (1:1) on how to design products for sale in the greater Community. Consumers will have a choice of training services and support regarding what they would like to produce for sale and/or their role in the music process or whatever their choice is. Consumers will work with the local Designer Artists in the community.</p>	
<p>3. Identify which HCBS federal requirements this concept addresses that are currently out of compliance. Could be all or a subset of those identified as out of compliance on the evaluation.</p> <p>1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 ___ 4 ___ 5 <input checked="" type="checkbox"/> 6 ___ 7 ___ 8 ___ 9 ___ 10 ___</p>	
<p>4. For each HCBS out-of-compliance federal requirement that is being addressed by this concept, describe the barriers to compliance and why this concept is necessary. If this information is in the evaluation section, please copy it here.</p> <p>Most consumers do not have access to the entertainment industry and due to lack of training and education in the field. The consumer need employment preparation, self-advocacy, on-going job coaching and education to assist them in implementing the music ventures. In addition, we are not in compliance for those consumers who are hard of hearing, vision impaired, lack of fine motor skills and non-ambulatory. Need one to one consultant who are trained to assist consumers who are hard of hearing, vision impaired, have a lack of fine motor skills and non-ambulatory.</p>	
<p>5. For each out-of-compliance federal requirement that is addressed in this concept, please</p>	

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

<p>explain how the concept will bring the vendor into compliance.</p>
<p>The majority of consumers do not have access to the designer crafts due to lack of training and education in the field. The consumer needs employment preparation, self-advocacy, on-going job coaching and education to assist them in implementing the designer crafts. In addition, we are not in compliance for those consumers who are hard of hearing, vision impaired, lack of fine motor skills and non-ambulatory. Need one to one consultant who are trained to assist consumers who are hard of hearing, vision impaired, have a lack of fine motor skills and non-ambulatory.</p>
<p>6. What are the proposed outcomes and objectives of the concept, and what are the methods of achieving and tracking them?</p>
<p>Each employee is required to have proper documentation for each consumer daily. Our method will be by providing our staff proper training for them to be able to assist our consumers' needs in the assigned project. The training for the consumer and employees will be ongoing to make sure they are up to date with the equipment and project process.</p>
<p>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.</p>
<p>We conducted consumer surveys, one to one and group meetings with the consumers and asked for their input. Most consumers expressed that they wanted to have their own businesses and presented their ideas of what kinds of businesses they wanted. As a result, the consumers in the Creative Arts selected Designing Craft Artist.</p>
<p>8. Please describe how the concept you propose will enable you to provide more person-centered services to your clients.</p>
<p>Each consumer requested what business they wanted to work on. It was the consumers idea on the business we have available. Each consumer will receive individual attention and instructions from the trainer from the community as well as from their coach.</p>
<p>9. Please address your plan for maintaining the benefits, value, and success of your project at the conclusion of 2019-20 HCBS Funding.</p>
<p>Each consumer requested what business they wanted to work on. It was the consumers idea on the business we have available. Each consumer will receive individual attention and instructions from the trainer from the community as well as from their coach.</p>
<p>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.</p> <p>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).</p> <p><a href="http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=4629.7&amp;lawCode=WIC">http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=4629.7&amp;lawCode=WIC</a></p>



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

Part-Time Clerical Staff will be needed to make sure that all files and necessary reports are all maintained for the business.

Consultant(s) are from the community who will provide training to the Consumers and Staff for all aspects of the project. Additional Community professionals will be utilized, when necessary. Equipment, supplies, transportation, but not limited, will be used for the (place the name of the business here).

Marketing and branding will be essential to the business. The Consumers who choose to market and sell the business item, will receive training, as well. Consumers will be responsible for the artwork and internet sales, as well. They will receive trainings from the Consultants(s). Liability Insurance and Workers Compensation must be a part of the business because the Consumers will be paid as employees.

Payroll fees for a Payroll Service must be included, as well, as well as, Federal and State Taxes for all Consumers who are paid.

Transportation is a part of the business. Consumers will be going into the community marketing and selling to the public, as well, as meeting other business owners and customers.

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.

The sustainability the program and concept should be maintained once the businesses are in full operation. The businesses should be able to continue to compensate the Consumers and purchase the required supplies once the business is operational. In addition, on-going training for the Consumers will occur.

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 \_\_\_ Yes. If Yes, FY(s) \_\_\_\_\_  
 Disparity Funding ☒ No \_\_\_ Yes. If Yes, FY(s) \_\_\_\_\_  
 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.

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.

HCBS CONCEPT BUDGET						
Vendor Name		Willing Workers, Inc.-Creative Arts				
Vendor Number(s)		PX0476				
	Salary and Benefits	Year 1 Budget		Year 2 Budget		Total
		FTE	Annual Cost	FTE	Annual Cost	Cost
Personnel (salary + benefits)						
Designer Crafts Artist Trainer	3,000.00	12.00	\$ 36,000		\$ -	\$ 36,000
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Personnel Subtotal			\$ 36,000		\$ -	\$ 36,000
Operating expenses						
Equipment			\$ 1,500		\$ 1,500	\$ 3,000
Supplies			\$ 28,000		\$ 28,000	\$ 56,000
Marketing			\$ 6,000		\$ 6,000	\$ 12,000
transportation			\$ 2,000		\$ 2,000	\$ 4,000
Office Supplies			\$ 2,400		\$ 2,400	\$ 4,800
Adaptive Equipment			\$ 6,000			\$ 6,000
						\$ -
						\$ -
						\$ -
						\$ -
Operating Subtotal			\$ 45,900		\$ 39,900	\$ 85,800
Administrative Expenses						
Workers Compensation			\$ 900		\$ 900	\$ 1,800
Liability Insurance			\$ 2,000		\$ 2,000	\$ 4,000
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Administrative Subtotal			\$ 2,900		\$ 2,900	\$ 5,800
Capital expenses						
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Capital Subtotal			\$ -		\$ -	\$ -
Total Concept Cost			\$ 84,800		\$ 42,800	\$ 127,600

See Attachment F for budget details and restrictions