

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

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

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

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

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

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

Date(s) of Evaluation: November 1, 2019	Completed by: Wendy Forkas
Vendor Name, Address, Contact: Community Catalysts of California, 3750 Convoy Street, Suite 306, San Diego CA 92111. Claudia Hutchinson, COO	
Vendor Number: H50132	
Service Type and Code: Adult Day Program 510	

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<p><u>Federal Requirement #1:</u> <i>The setting is integrated in, and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> • Do individuals receive services in the community based on their needs, preferences and abilities? • Does the individual participate in outings and activities in the community as part of his or her plan for services? • If an individual wants to seek paid employment, does the home staff refer the individual to the appropriate community agency/resource? • Do individuals have the option to control their personal resources, as appropriate?
<p>Does the service and/or program meet this requirement? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Please explain: Barriers to compliance include: the lack of documented informed consumer choice about all options considered when deciding on services, and also if the individual was clearly informed about those options; competency of all staff on a clear understanding of informed decision making.</p>	
<p><u>Federal Requirement #2:</u> <i>The setting is selected by the individual from among setting options, including non-disability-specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> • Does the provider have a current regional center Individual Program Plan (IPP) on file for all individuals? • Does each individuals' IPP document the different setting options that were considered prior to selecting this setting?
<p>Does the service and/or program meet this requirement? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Please explain: We have copies of IPP for individuals served which include person-centered service plans that are based on the individuals' needs and preferences.</p>	
<p><u>Federal Requirement #3:</u> <i>Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> • Does the provider inform individuals, in a manner they can understand, of their rights to privacy, dignity, respect, and freedom from coercion and restraint? • Does the provider communicate, both

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	<p>verbally and in writing, in a manner that ensures privacy and confidentiality?</p> <ul style="list-style-type: none"> • Do staff communicate with individuals based on their needs and preferences, including alternative methods of communication where needed (e.g., assistive technology, Braille, large font print, sign language, participants' language, etc.)?
<p>Does the service and/or program meet this requirement? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Please explain: Our participant handbook has outdated language and has not been reviewed and updated to ensure that it meets all the new HCBS regulations particularly in regards person centered thinking.</p>	
<p><u>Federal Requirement #4:</u> <i>Optimizes but does not regiment individual initiative, autonomy, and independence in making life choices, including, but not limited to, daily activities, physical environment, and with whom to interact.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> • Does the provider offer daily activities that are based on the individuals' needs and preferences? • Does the provider structure their support so that the individual is able to interact with individuals they choose to interact with, both at home and in community settings? • Does the provider structure their support so that the individual is able to participate in activities that interest them and correspond with their IPP goals?
<p>Does the service and/or program meet this requirement? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Please explain: Not all staff are trained to fully understand their role in engaging program participants in the development of their goals and objectives, in engaging program participants in their program planning process, and in preparing program participants to make choices about how they spend their time and whom they spend it with.</p>	

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Facilitates individual choice regarding services and supports, and who provides them.

Guidance:

- Does the provider support individuals in choosing which staff provide their care to the extent that alternative staff are available?
- Do individuals have opportunities to modify their services and/or voice their concerns outside of the scheduled review of services?

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

Please explain: Individuals are given choice in staff with which they work and at any time can communicate with case managers if they would like to work with a different staff. To the extent that alternative staff are available, staffing changes are made to meet the need and request of individuals.

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Only providers of services in **provider-owned or controlled residential settings** need to complete the remainder of this evaluation. In **provider-owned or controlled residential settings**, in addition to the above requirements, the following requirements must also be met:

<p><u>Federal Requirement #6:</u> <i>The unit or dwelling is a specific physical place that can be owned, rented or occupied under a legally enforceable agreement by the individual receiving services, and the individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city or other designated entity. For settings in which landlord/tenant laws do not apply, the State must ensure that a lease, residency agreement or other form of written agreement will be in place for each participant and that the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> • As applicable, does each individual have a lease, residency agreement, admission agreement, or other form of written residency agreement? • Are individuals informed about how to relocate and request new housing?
<p>Does the service and/or program meet this requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No Please explain: Click or tap here to enter text.</p>	
<p><u>Federal Requirement #7:</u> <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><u>Guidance:</u></p> <ul style="list-style-type: none"> • Do individuals have a choice regarding roommates or private accommodations? • Do individuals have the option of furnishing and decorating their sleeping or living units with their own personal items, in a manner that is based on their preferences? • Do individuals have the ability to lock their bedroom doors when they choose?
<p>Does the service and/or program meet this requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No Please explain: Click or tap here to enter text.</p>	

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<p><u>Federal Requirement #8:</u> <i>Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> • Do individuals have access to food at any time? • Does the home allow individuals to set their own daily schedules? • Do individuals have full access to typical facilities in a home such as a kitchen, dining area, laundry, and comfortable seating in shared areas?
<p>Does the service and/or program meet this requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No Please explain: Click or tap here to enter text.</p>	
<p><u>Federal Requirement #9:</u> <i>Individuals are able to have visitors of their choosing at any time.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> • Are visitors welcome to visit the home at any time? • Can individuals go with visitors outside the home; such as for a meal or shopping, or for a longer visit outside the home, such as for holidays or weekends?
<p>Does the service and/or program meet this requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No Please explain: Click or tap here to enter text.</p>	
<p><u>Federal Requirement #10:</u> <i>The setting is physically accessible to the individual.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> • Do individuals have the freedom to move about inside and outside the home or are they primarily restricted to one room or area? • Are grab bars, seats in bathrooms, ramps for wheelchairs, etc., available so that individuals who need those supports can move about the setting as they choose? • Are appliances and furniture accessible to every individual?
<p>Does the service and/or program meet this requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No Please explain: Click or tap here to enter text.</p>	

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CONTACT INFORMATION

Contact Name: Claudia Hutchison
Contact Phone Number: 858-292-2022
Email Address: Claudia.hutchinson@communitycatalysts.org

ACKNOWLEDGEMENT

By checking the box below, I acknowledge that completion of this evaluation is for the sole purpose of applying for compliance funding and does not take the place of future provider assessments that the Department may require to determine provider compliance with the HCBS settings rules.

I AGREE

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Existing regional center vendors may receive funding to make changes to service settings and/or programs to help them come into compliance with the HCBS rules. To be considered for funding, vendors must complete and submit this form and the provider

Vendor name	Community Catalysts of California
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compliance evaluation form as one packet to the regional center with which it has primary vendorization.

Instructions:

- The concept form on the next page must be used, may not exceed four pages plus the budget worksheet and any cost back up, and must be kept in Arial 12-point font. Submit the form in Microsoft Word or PDF format. An extra half page is permitted to answer questions about prior funding, but the rest of the concept must be within the standard page requirements.
- There has been a significant change in the form and process compared to prior years. **In order to receive funding, this 2019-20 form must be used.**
- For providers that operate programs with several vendor numbers involved in one concept, one evaluation and concept form should be submitted and should list all vendor numbers for related/included programs. If multiple programs owned by the same parent company have different compliance evaluations or concepts, additional applications can be submitted but should be attached in the same document as the other owned programs so they can be reviewed together.
- The results of the evaluation should be clearly laid out in the section referring to identification of federal requirements that are currently out of compliance, which the concept will address.
- The concept form includes detailed information that describes the funding requests and supports how the requests will assist the provider to come into compliance.
- There should be a clear link between what is being requested and the federal requirement currently out of compliance.
- Concepts should demonstrate how the requested change in service delivery will impact individuals in offering more choices or opportunities in the community.

Strengths of previously funded concepts:

- Identified the need as well as proposed a plan to provide outreach and information regarding the HCBS rules to individuals served and members of their support teams.
- Discussed the need for additional funds in order to effectively support individuals served on a more individualized basis in overcoming barriers to community integration and employment, as appropriate.
- Prioritized the preferences of individuals served and utilized their feedback in the development of the concept.
- Implemented train-the-trainer certification for person-centered planning/thinking and training regarding the HCBS rules.
- Enabled residents to age in place and exercise more choice and independence.

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

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Vendor number(s)	H50132
Primary regional center	San Diego Regional Center
Service type(s)	Adult Day Program
Service code(s)	510
Number of consumers currently served	45
Current staff to consumer ratio	1:3 ratio
<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>Community Catalysts of California (CCC), operates a community-based day program for adults with developmental disabilities. Services include social and vocational skills training. A typical day for a consumer consists of volunteer work for up to two hours daily, involvement in community activities, a lunch break, and social or recreation time. CCC provides its own transportation.</p>	
<p>Project Narrative Description: The proposed project emphasizes the need for further education and reinforcement in informed choice and decision making for our participants. This is a part of our larger goal to reset and refine our philosophy and culture of empowerment, self-advocacy, control over life choices, and control over social interaction choices.</p>	
<p>2. Please provide a brief summary narrative of the concept for which you are requesting funding, including justification for the funding.</p>	
<p>This can best be achieved by in-depth training of all team members beginning with DSPs to fully understand their role in engaging program participants in the development of their goals and objectives, in engaging program participants in their program planning process, and in preparing program participants to make choices about how they spend their time and whom they spend it with. We will work to participants actively engaged in making choices daily.</p> <p>We will achieve this by collaborating with a Person-Centered Thinking trainer to provide DSP education and with expertise on individual choice and informed decision making. Funds would be utilized to cover the cost of the administering and holding the workshops and the cost to have all our direct support staff attend the training. Additionally, in order to maintain sustainability, funds would be utilized to have key staff within the agency become trainers, so these critical concepts are taught to all incoming employees. These concepts and competencies would be solidified in an update to our program design.</p> <p>Additionally, we will identify and work with a person-centered thinking specialist to review and update our program design and participant admission documentation to reflect concept innovations adopted and updated language. Funds would be utilized to employ a person to sift through our program design and update the language to what is currently in use, and to ensure that it is used consistently throughout the various documents. Additionally, this person would review our participant handbook and revise it to ensure that it is participant focused.</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 ___ 3 <input checked="" type="checkbox"/> 4 <input checked="" type="checkbox"/> 5 ___ 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</p>	

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information is in the evaluation section, please copy it here.
<p>1) The lack of documented informed consumer choice about all options considered when deciding on services, and if the individual was clearly informed about those options; competency of all staff on a clear understanding of informed decision making.</p> <p>3) Our participant handbook has outdated language and has not been reviewed and updated to ensure that it meets all the new HCBS regulations particularly in regards person centered thinking.</p> <p>4) Not all staff are trained to fully understand their role in engaging program participants in the development of their goals and objectives, in engaging program participants in their program planning process, and in preparing program participants to make choices about how they spend their time and whom they spend it with.</p>
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.
<p>1). Providing Person Centered Thinking training would ensure staff are focused on providing and documenting the consumer's choice in services.</p> <p>3) Our participant handbook would be person centered and meet HCBS regulations.</p> <p>4) Staff trained in Person Centered Thinking training would then use and focused consumers choice when providing services.</p>
6. What are the proposed outcomes and objectives of the concept, and what are the methods of achieving and tracking them?
<ul style="list-style-type: none"> • All Day Program Staff trained in Person Centered Thinking by either attending the training or trained by a staff who has been trained in the train the trainer model in the Person-Centered Thinking training. This will be measured through attendance sheets. • Once trained in Person Centered Thinking, Staff will apply the training while working with individuals resulting in an increase of informed consumer choice about all options considered when deciding on services, and also individual being clearly informed about those options; This will be measure through client QA survey forms with an expected increase in clients stating they have had and are given choice in activities. • Competency of staff will increase in a clear understanding of informed decision making; This will be measured by a pre-test post-test comparison before and following the training. • Staff will complete documentation in a more Person-Centered thinking format. This will be measured by case managers in reviewing documentation completed by staff. • Client handbook will use person centered thinking wording with the individual the primary focus. This will be measured by consultant reviewing the old version of the handbook to the new handbook version and comparing the use of Person-Centered Thinking wording and focus on the individual within both with new version showing an increased usage and focus. There will be an increase on client QA surveys reflecting the handbook is person centered and focuses on them as an individual.
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.
Information was used from completed client QA Survey forms as well as by directly asking clients for feedback on personal choice. Several individuals communicated that they would like more personalized choices in activities and that staff did not always ask them what they preferred when planning activities. Individuals also expressed training for staff is always good.
8. Please describe how the concept you propose will enable you to provide more person-

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centered services to your clients.	
By educating our staff on Person Centered Thinking, they will then be able to implement person centered thinking strategies and processes into to their daily work routine and interactions with our participants.	
9. Please address your plan for maintaining the benefits, value, and success of your project at the conclusion of 2019-20 HCBS Funding.	
Sustainability will be achieved by having multiple key staff trained as trainers, guaranteeing that all incoming employees will be taught on the same principles and competencies. This addition would be reflected as an update to our program design. Updating the participant handbook to current language will communicate to all our participants, both current, as well as that yet to be served, that the focus of our services is centered on the individual. We also will make seats available in the workshops for staff from Towards Maximum Independence and ARC Imperial Valley to attend.	
10. Write a brief narrative below explaining each major cost category and timeline. Complete the budget template at the end of the concept sheet. An excel version with formulas is available. When applicable, budgets should include personnel/benefits, operating costs such as consultants or training, administrative expenses/indirect costs, and capital costs (assets lasting more than 2 years). If project spans 2 years or occurs in phases, budget should be separated by phase/year. Administrative costs, if any, must comply with DDS' vendor requirements, including a cap of 15% of the sum of personnel/benefits, consulting, and operating costs (must exclude capital costs). http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=4629.7&lawCode=WIC	
Consultant in Person Centered Thinking and DSP education provider (training fees, materials, travel and lodging costs, etc.) = \$13,000 // Staff wages to attend training = \$7053 // Facility cost to hold training+ \$1,500 // Administrative cost to organize, secure consultant and facility, marketing, etc., \$3,000 // Person-centered thinking consultation to updated & rewrite handbook = \$4,000 Total: \$28,553 (see attached budget sheet for more detail)	
11. Please address sustainability of funding sources for all programs or concepts requiring any funding past the time frame of the requested grant, especially those that involve staff or other long-term costs. Please mark "not applicable" if costs will all be incurred during the program time frame.	
Not Applicable	
12. Have you or the organization you work with been a past recipient of DDS funding? If yes, what fiscal year(s)?	HCBS Funding <input checked="" type="checkbox"/> No ___ Yes. If Yes, FY(s) _____ Disparity Funding <input checked="" type="checkbox"/> 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.	

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NA
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.
NA

HCBS CONCEPT BUDGET							
Vendor Name		Community Catalysts of California					
Vendor Number(s)		H50132					
	Salary and Benefits	Year 1 Budget		Year 2 Budget		Total	
		FTE	Annual Cost	FTE	Annual Cost	Cost	
Personnel (salary + benefits)							
Direct Service Aide	360.2	15.00	\$ 5,403		\$ -	\$ 5,403	
Regional Director	2200	0.75	\$ 1,650		\$ -	\$ 1,650	
Position Description			\$ -		\$ -	\$ -	
Position Description			\$ -		\$ -	\$ -	
Position Description			\$ -		\$ -	\$ -	
Position Description			\$ -		\$ -	\$ -	
Position Description			\$ -		\$ -	\$ -	
Position Description			\$ -		\$ -	\$ -	
Position Description			\$ -		\$ -	\$ -	
Personnel Subtotal			\$ 7,053		\$ -	\$ 7,053	
Operating expenses							
PCP Consultant trainer - includes travel, lodging, train			\$ 13,000			\$ 13,000	
PCP Consultant to review & revise handbook			\$ 4,000			\$ 4,000	
Facility rental - 2 days			\$ 1,500			\$ 1,500	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
Operating Subtotal			\$ 18,500		\$ -	\$ 18,500	
Administrative Expenses							
Costs to organize, secure space, run event, etc.			\$ 3,000			\$ 3,000	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
Administrative Subtotal			\$ 3,000		\$ -	\$ 3,000	
Capital expenses							
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
Capital Subtotal			\$ -		\$ -	\$ -	
Total Concept Cost			\$ 28,553		\$ -	\$ 28,553	

See Attachment F for budget details and restrictions