

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: 1/2019-11/2019	Completed by: Estreanda Yates
Vendor Name, Address, Contact: Living Independently Is For Everyone	
Vendor Number: HQ0479	
Service Type and Code: Day Program	

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Federal Requirement #1:

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

Guidance:

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

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

Please explain: Due to the 1:3 ratio and our transportation funding, client groups are typically assigned based on a clients geographical area. As a result, it is not possible to ensure every participant has sole choice and preference over the activities in which they chose to engage. Although we place an emphasis on ensuring client goals are being pursued and each group member enjoys several aspects of their scheduled program, it is not possible to attain requirement number one solely (#1) using our current transportation method.

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: Each individual we serve has a current IPP. We check and audit our books two times a year to ensure all the data is up to date and accurate. Most of the IPP's include the different setting options but not all of them.

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<p><u>Federal Requirement #3:</u> <i>Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> • Does the provider inform individuals, in a manner they can understand, of their rights to privacy, dignity, respect, and freedom from coercion and restraint? • Does the provider communicate, both verbally and in writing, in a manner that ensures privacy and confidentiality? • Do staff communicate with individuals based on their needs and preferences, including alternative methods of communication where needed (e.g., assistive technology, Braille, large font print, sign language, participants' language, etc.)?
<p>Does the service and/or program meet this requirement? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please explain: <u>We use a style of communication that is suitable for each client and we make sure we work through any communication barriers by providing different communication methods. Some of the communication methods we use outside of verbal and written is: ASL, pictures and assistive technology. All communication is done through our private database and we use client UCI numbers as identification markers to keep confidentiality.</u></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: Our staff are compensated for 100% of the client transportation which include pick up, drop off, and travel to community sites. We prioritize placing individuals in a group that we believe have similar goals and interests and we evaluate personalities and how they would best work together. In order to retain staff and limit turn over we</p>	

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need to make sure that transportation requests are reasonable, and the reimbursement can cover their gas as the prices fluctuate. That said, if one of our clients who lives in South Bay wants to attend an art workshop in North County San Diego, we are unable to authorize those type of travel expenses because it would cause financial hardship on our organization. We are not compensated enough money to cover this type of travel arrangement. The barrier being, we are unable to fully structure their routine based on individual preference and some of the resources they enjoy are outside of their community or with another support staff. Having a van would allow us to give the individuals we serve more options and access to a plethora of community resources of their interest.

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: Staff typically live within a short distance of their assigned group. It would be a financial burden for both the staff and the company to not maintain proximity when transporting the individuals we serve. In order to reduce the amount of driving, we make sure that the routes have individuals that work well together, and are set up so that the cost of transportation is economical for our staff members. Therefore, individuals don't always have a choice in who provides services to them; a van would help us make sure we can transport clients to staff with whom they would like to spend their day and engage in activities reflecting their personal preference.

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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 checked="" 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

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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	Living Independently Is for Everyone (L.I.F.E)
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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)	HQ0479
Primary regional center	Main Office
Service type(s)	Community Based Day Program
Service code(s)	510
Number of consumers currently served	100
Current staff to consumer ratio	1:3
<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>Our community-based day program provides services to over 100 individuals all throughout San Diego County at a 1:3 ratio. Our staff currently use their personal vehicles to pick up and drop off each individual we serve at their homes. Each individual is assigned a support staff who is responsible to cultivate a group schedule inclusive of every individuals goals and desires within the group. The schedule encompasses vocational training (also known as volunteer work), paid employment, community service, physical fitness, school or learning a specific trade of their interest. The staff are responsible to transport individuals to all the activities on the schedule.</p>	
<p>Project Narrative Description:</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>We are requesting four (4) twelve to fifteen seater passenger vans. We currently provide services to all areas within San Diego which include: South Bay, some parts of North County, East County San Diego and Central San Diego. The participants we serve have a variety of different goals and not being able to provide transportation outside of their neighborhood on a regular basis due to funding, limits our ability to ensure they have access to the community resources available to them and for them. Unfortunately, there are several goals that are attainable but unachievable with our current transportation limitations. It would be a financial burden on the company and the staff members to have them transport their clients outside of their community on a regular basis. Our staff usually stays within 5-10 miles of the individual's community which places unnecessary restrictions on the individual we serve because it limits them to resources outside of their 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__x 2__ 3__ 4_x 5_x 6__ 7__ 8__ 9__ 10__</p>	

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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.

Federal Requirement # 1: Our individuals are unable to have a schedule solely based on their needs, preference, and abilities because we cannot afford to transport them to all of the places they consider meaningful. When staff call out, this places another hardship on the company because the individuals are assigned to the support staff that has an opening for the day which may or may not entail a schedule of their choice. If we had a van, we would be able to make sure the individuals have choices to groups that have an opening schedule and have access to participate in another groups schedule that reflects their interest regardless of location.

Federal Requirement # 4 & # 5: Due to our financial limitations our transportation is significantly restricted. Individuals do not have full choice over how they would prefer to spend their time. Due to the cost of transportation in order to stay within our allotted budget determined by the rate for services, groups are determined by geographical locations and need to be within a certain range from other clients within the group. Therefore, client's schedules do not reflect many of the activities of their choice because some of those activities are outside of the areas we can authorize for travel. We do make some accommodations when we can, but unfortunately, we cannot do this on a regular basis because we're restricted due to the costs of transportation. The van would allow us to travel all throughout San Diego County so that we can take the individuals we serve to places they would like to go and with the support staff with whom they are most comfortable working with.

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.

Federal Requirement # 1: If we have vans that can help transport over half of the individuals we serve all throughout the community, we would be able to have more daily activities reflective of their needs and abilities. In addition, we would have more individuals that have more access to activities in the community as opposed to being confined to their community.

Federal Requirement # 4 & # 5: The vans would provide more opportunities for the individuals we serve to engage in activities based on their personal preference. Individuals would also have more choice and say regarding their services and the activities in which they can choose from would expand tremendously. As a result, enhancing our transportation would give the individual we serve a significant amount of options. Transportation is undoubtedly our barrier to becoming more person centered. Acquiring vans would provide us the support we need to become more HCBS compliant.

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

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We have three outcomes:

- 1) 100% of the individuals we serve will have more control over the activities and the staff with whom they are assigned to during program.
- 2) 100% of the individuals we serve will be able to have a voice in the activities they would like to be a part of and have a say in day to day activities they are a part of.
- 3) 100% of the individuals we serve will have access to an additional source of transportation which would give them more access to community resources and activities of their personal choice.

Method: Acquiring four vans that seat a minimum of twelve to fifteen people.

Tracking: Each individual we serve will have a personal support plan that will include the places they would like to go, the staff of their preference, and their goals for program. We will evaluate these goals on a quarterly basis to ensure each individual is meeting one or all of the following objectives depending on their personal needs.

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 a survey and learned a few things 1) most of the people desire relationships and meaningful experiences with people they enjoy being with during program more than they enjoy work. 2) most of the activities they enjoy are not work related but recreational activities and classes (fitness, art, math, cooking). 3) the most appreciated and requested activities are our monthly social enhancement events – of which we can only do once a month due to transportation costs.

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

The individuals we serve will have increased control over their activities and they will not be confined to their community or the group within their geographical location or a specific schedule.

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

Our executive team will meet on a bi-weekly basis to review the weekly reports and data provided by the managers and support staff that contain both client preferences and actual outcomes. Each case manager will be responsible to collect progress notes and datasheets that will identify and examine whether or not the individual is engaging in activities of their choice. The collection of data will help us determine both effective and ineffective methods. In total, we will make it a priority to keep this at the forefront of our company efforts by becoming more HCBS compliant and person-centered.

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

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<p>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>http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=4629.7&lawCode=WIC</p>	
<p>15 Passenger Van (4): \$40,000 x 4 = \$160,000 Gas: \$1000 x 12 months = \$12,000 Quarterly Maintenance: \$400 x 4 = \$1,600 Vehicle Insurance(s): \$500 x 12 = \$6,000 General Upkeep Of Vehicle for 12 months (Car wash, tires, normal wear and tear) = \$5,000 Total Requested Budget: \$184,600</p>	
<p>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.</p>	
<p>In order to continue with the funding for the vans after the grant funds have been exhausted, we would continue with our current plan and reduce the amount of staff that drive their personal vehicles. This would reduce our current transportation expenses by almost \$6,000 a month. The funds will be reallocated to our transportation budget and wear and tear expenses for the van operation and maintenance.</p>	
<p>12. Have you or the organization you work with been a past recipient of DDS funding? If yes, what fiscal year(s)?</p>	<p>HCBS Funding <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. If Yes, FY(s) _____ Disparity Funding <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. If Yes, FY(s) _____ CPP Funding <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. If Yes FY(s) _____ If yes to any question be sure to answer questions 13 and 14.</p>
<p>For providers who have received prior HCBS, Disparity or CPP Funding from DDS</p>	
<p>13. If your organization has received prior funding from any of the above sources, please provide an update on the prior funding project. You may copy and paste from progress update(s) previously provided to regional centers or DDS.</p>	
<p>n/a</p>	
<p>14. If your organization received prior funding, please explain how the current funding request is not redundant with any prior funding received and/or builds on the prior funding but was not part of the original funding.</p>	
<p>n/a</p>	

HCBS CONCEPT BUDGET		TRANSPORTATION				
Vendor Name		LIVING INDEPENDENTLY IS FOR EVERYONE				
Vendor Number(s)		HQ0479				
	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						
4 PASSENGER VANS			\$ 160,000		\$ -	\$ 160,000
GAS			\$ 12,000		\$ -	\$ 12,000
MAINTENANCE			\$ 1,600		\$ -	\$ 1,600
INSURANCE			\$ 6,000		\$ -	\$ 6,000
GENERAL UPKEEP/WEAR AND TEAR			\$ 5,000		\$ -	\$ 5,000
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
Operating Subtotal			\$ 184,600		\$ -	\$ 184,600
Administrative Expenses						
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
Administrative Subtotal			\$ -		\$ -	\$ -
Capital expenses						
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
Capital Subtotal			\$ -		\$ -	\$ -
Total Concept Cost			\$ 184,600		\$ -	\$ 184,600

See Attachment F for budget details and restrictions