

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

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

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

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

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

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

Date(s) of Evaluation: 11/17/2019	Completed by: Arlene Galvan
Vendor Name, Address, Contact: Mountain Shadows Ancillary Services 970 Los Vallecitos Blvd. Suite 140 San Marcos, CA 92069. Contact: Arlene Galvan	
Vendor Number: H50153 / HQ0977	
Service Type and Code: 510 Service Code ADC / 510 Service Code Tailored Day Service Option	

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: We currently are still working towards full compliance of Federal Requirement #1. With the past 2 years of HCBS funding from DDS we have been able to make great strides in achieving further compliance. By May 2020 we will have completed all our person-centered community integration plans for each and every MSOS participant. As an agency we provide services to a large percentage of individuals with Profound Intellectual and Multiple Disabilities (PIMD) and there are several more factors to consider when providing community integration activities for these specific individuals. Some of these factors include considering an individual's medical needs. For example, if an individual has a history of respiratory issues, specific weather may require them to stay at the site for the duration of the day, removing the choice of going out into the community. Another example is if a participant has a physician order to alternate between therapy bed and wheelchair due to skin integrity issues – this would limit this individual's community integration choices. For these reasons we have worked diligently with creating partnerships within the community where different individuals and/or groups come to our center and host an event. We would like to continue to carve out these opportunities but instead of the community only serving our center, we would like to give the opportunity for interested MSOS participants to provide a service where they can contribute to their community. Based on some of the person-centered community integration plans we have learned that social connection, belonging and meaningful purpose driven activities are of what is of interest to individuals.

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

<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</p> <p>Please explain: We currently have a current Individual Program Plan (IPP) prepared by the San Diego Regional Center Service Coordinator for each individual enrolled in our day program. Each IPP is uploaded into each participant's electronic chart using Therap software and staff has access to review as needed. Each IPP does review the individual's history of choice regarding residential placements.</p>	
<p><u>Federal Requirement #3:</u> <i>Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> • Does the provider inform individuals, in a manner they can understand, of their rights to privacy, dignity, respect, and freedom from coercion and restraint? • Does the provider communicate, both verbally and in writing, in a manner that ensures privacy and confidentiality? • 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: We currently provide a variety of methods to inform our program participants of their rights of privacy, dignity, respect, and freedom from coercion and restraint. Some methods include monthly "Rights Bingo" that is facilitated by our staff which provides a visual method as well as a verbal dialogue when reviewing client rights. At each participant's annual IPP meeting we review their rights. Additionally, we inform a participant's involved family member and/or preferred individual from their circle of support of their rights to privacy, dignity, respect and freedom from coercion and</p>	

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

restraint. We have visual posters hung throughout our program at an appropriate eye level for both non-ambulatory and ambulatory participants. We offer a self-advocacy learning session at a minimum of 2x per month for all individuals interested in learning about their rights. All written communication is sent and stored to ensure confidentiality. All verbal communication about a participant is discussed in private offices throughout the program as well. Furthermore, we have assistive technology for participants to utilize including 9 electronic tablets with Proloquo2go, electronic screen magnifier and staff fluent in participants preferred language (Spanish).

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: Outreach Services provides daily activities that are based on an individual's needs and preferences. Each participant has an IPP meeting facilitated by the Regional Center, the participant, involved family member, preferred person of choice, residential provider, and a day program representative. From the IPP meeting goals and objectives are agreed upon and Outreach Services provides a selection of activities that align with the developed objectives. Outreach Services also provides seasonal activities that meet the preferences of a wide range of individuals. At Outreach Services we structure our support to ensure participants are able to interact with individuals of their choice, and help to identify those they wish to not work with. If a participant has a preference, they communicate it with a supervisor who then records their preference and schedules that participant with his/her peers as requested. In addition to communicating it with the Program Director at any time, individuals participate in a person-centered community integration plan where they discuss characteristics of staff they prefer to work with including naming specific staff they prefer over others as well as identify peers they enjoy working with and those peers they do not want to work with throughout their day. All that information is documented on their community integration plan. For participants that are unable to communicate either verbally or with an assistive device the program supervisors observe to ensure that participants are enjoying their interaction with their peers. If a participant shows nonverbal cues that they are uncomfortable with particular individuals the program supervisor records it and ensures that the participant isn't grouped with those individuals. At any time, any program participant can decide they do

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

not want to interact with a specific peer and the Program Director will be able to address the concern and assist the participant is moving to another area of the center.

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: As noted above individuals participate in completing a person-centered community integration plan where they discuss characteristics of staff they prefer to work with including naming specific staff they prefer over others. All that information is documented on their community integration plan. Furthermore, all our program directors have an open-door policy and participants are reminded that the program director is here for them and wants to hear their concerns. By providing reminders to our participants this allows them to discuss any concerns they may have such as changing their goals/objectives. The program director is at the center for all operating hours of the program.

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><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>	

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

<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>	

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

CONTACT INFORMATION

Contact Name: Arlene Galvan
Contact Phone Number: 760-750-2191
Email Address: agalvan@mtnshadows.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

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

Vendor name	Mountain Shadows Ancillary Services
-------------	-------------------------------------

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.

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

Vendor number(s)	H50153: Mountain Shadows Outreach Services (MSOS) HQ0977: MSOS Tailored Day Service Option
Primary regional center	San Diego Regional Center
Service type(s)	Adult Day Center / Community Integration Training Program / ADC - Tailored Day Service Option
Service code(s)	510
Number of consumers currently served	104 / 35 = Total 139 individuals
Current staff to consumer ratio	1:3 / 1:1 Staff to Participant 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>H50153: Service Setting: MSOS is located near apartments, public transportation, commercial offices, and retail shops. Our center is 10,000+ sq. ft and licensed for 120 people. The center has 10 programming rooms, 3 offices, 8 restrooms and 4 personal care rooms for the 62% of participants that require the use of a mechanical lift and changing table. Typical Day: Our program encourages active engagement of participants whether at the center or in the community. Each participant is offered personal care upon arrival. An electronic schedule board is displayed for participants to review which outlines Direct Support Staff (DSS) pairings, community locations and load times. Many participants require full assistance with mobility; in these cases, DSS assist them. DSS review the participant's ISP and inquire which goal they would like to work on. Participants with a Restricted Health Care Condition (RHCC) will receive their treatments at prescribed times (ex. GT Feedings, GT Hydration, Insulin, Oxygen, etc.). For individuals staying at the center they have the option to participate in various activities. Lunchtime is specified by the participant. Current barriers to HCBS compliance include a lack of opportunities for community engagement for individuals who face various medical barriers. HQ0977: Service Setting: MSTDSO is fully community based. Administrative offices are located in San Marcos. All services are provided in the community. Typical Day: Program staff meet participant at location of choice (school campus, volunteer site, community location, etc) or pick up participant from their home and help support their current ISP goals.</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>We are requesting funding for additional Person-Centered Planning training from Cornell University ILR School Yang-Tan Institute on Employment and Disability. Specifically, the 15-week online course is titled "Citizen-Centered Leadership Community of Practice" for our management team members in all of our day program services. This course is focused on what it means to be truly person-centered and to build social inclusion with people with disabilities through interactive webinars and a self-paced online theory-to-practice curriculum. We are requesting funding for 5 program managers. For more information on the course please visit: https://www.ytionline.org/webinarseries/7. We are requesting this additional training in order to increase our agency's knowledge of person-centered</p>	

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

practices in order to be continue to better serve each individual.

Additionally, we are also requesting funding to develop a “Library of Things” at Mountain Shadows Outreach Services. A “Library of Things” is similar to a library except you borrow other items not necessarily books. A “Library of Things” is situated in a community where members pay an annual fee to be able to borrow an item they need but don’t necessarily want to purchase. The member borrows items for a certain number of days and then returns the item. The purpose is multi-faceted. It provides a service to the community, it reduces an individual’s impact on the environment, it provides individuals of our existing day programs an opportunity to develop skills, increase their community engagement, increase programming choice, and be part of a meaningful purpose driven volunteer opportunity where they can serve their community. Items to be lent range from tools to adventure gear to kitchen appliances.

3. Identify which HCBS federal requirements this concept addresses that are currently out of compliance. Could be all or a subset of those identified as out of compliance on the evaluation.

1 X 2___ 3___ 4___ 5___ 6___ 7___ 8___ 9___ 10___

4. For each HCBS out-of-compliance federal requirement that is being addressed by this concept, describe the barriers to compliance and why this concept is necessary. If this information is in the evaluation section, please copy it here.

We currently are still working towards full compliance of Federal Requirement #1. With the past 2 years of HCBS funding from DDS we have been able to make great strides in achieving further compliance. By May 2020 we will have completed all our person-centered community integration plans for each and every MSOS participant. As an agency we provide services to a large percentage of individuals with Profound Intellectual and Multiple Disabilities (PIMD) and there are several more factors to consider when providing community integration activities for these specific individuals. Some of these factors include considering an individual’s medical needs. For example, if an individual has a history of respiratory issues, specific weather may require them to stay at the site for the duration of the day, removing the choice of going out into the community. Another example is if a participant has a physician order to alternate between therapy bed and wheelchair due to skin integrity issues – this would limit this individual’s community integration choices. For these reasons we have worked diligently with creating partnerships within the community where different individuals and/or groups come to our center and host an event. We would like to continue to develop community partnerships but instead of the community only serving our center, we would like to give the opportunity for interested MSOS participants to provide a service where they can contribute to their community. Based on some of the person-centered community integration plans we have learned that social connection, belonging and meaningful purpose driven activities are of what is of interest to individuals.

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: By developing a “Library of Things” this allows the MSOS setting to be further integrated into the greater community and MSOS participants to have an expanded opportunity to further engage in their community by providing a type of service that is a benefit to local residents. This type of program allows MSOS to take the first steps in becoming a community hub where MSOS and its participants are serving the North County community. Furthermore, a “Library of Things” will provide opportunities for any of our day program participants to learn employment skills in order to help support those that have identified that competitive integrated

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

employment is an individual goal that they would like to pursue in their future. Furthermore, welcoming and serving community members means increased social connections to each of our participants which in turn builds community and accomplishes a true sense of belonging. For individuals that may not be able to leave the center due to medical concerns on any particular day having a program like this in existence continues to offer a continued community option for those individuals to choose and participate with the assistance they need to ensure their health and well-being.

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

Proposed Outcome #1: Five program managers will complete outlined 15-week training Person Centered Training as evidenced by obtaining completion certificates.

Proposed Outcome #2: Develop a fully functional “Library of Things” that provides the North County community access to a lending library of things. **Objective 1:** Develop online lending portal and standard operating procedures. **Objective 2:** Set up lending space environment in Outreach Day Program (if need to expanded we will look at other Mountain Shadows office space). **Objective 3:** Purchase foundation of supplies including tools, garden supplies, adventure gear, and kitchen cook wear. In addition, we will also be soliciting donations from our agency network. **Objective 4:** Train interested day program participants in the operations of the program. **Objective 5:** Promote and market the “Library of Things” to our local community via various platforms. **Objective 6:** Schedule a grand opening and invite the community. We will achieve each of these outcomes/objectives with our current Mountain Shadows management and administrative staff being assigned different tasks. The Director of Program Developmental will track all outcomes/objectives as they are completed and will provide assistance and support in order to achieve each item within the developed project timeline.

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.

November 18 – 20, 2019 - MSOS hosted an open forum to discuss the current HCBS funding opportunity. Current interested MSOS participants attended. The HCBS Final Rule was reviewed by a facilitator with a Power Point presentation and time was dedicated to discuss ideas for funding. MSOS facilitator brought the concept of developing a “Library of Things” based on programs like this being successful in other states and countries. The overall consensus of MSOS participants was an expressed desire for the creation of a Library of Things. Each participant showed great interest in the creation of the library as well as the desire to participate in its creation and day-to-day operations. Several participants were excited about the community connection aspect of the Library. They were interested in who would be coming from the community, meeting new people, and possibly forging connections with them. It was expressed that it might open the door for new ideas for the facility based on the community members who take an interest in being a part of the library who have connections elsewhere. Some of the suggestions the participants gave for items to have in the library were: cooking/kitchen equipment like waffle makers, pancake makers, rice cookers, and even a wok. Other suggestions were art equipment like easels, adaptive equipment such as communication devices, camping pop-ups, and musical equipment. Overall, even the participants who expressed shyness with wanting to be a part of running the shop, wanted the idea to come to life and were enthusiastic about its potential.

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

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

Additional training in person centered practices will be very useful in order to provide further person-centered services to our clients by being able to continually use best practices when working with each of our participants. It is important to have multiple tools in your tool box and that is the same with ensuring we are able to utilize multiple person-centered planning resources. Everyone is unique and has different paths, PCP are not cookie-cutter designs – our agency is trained in the Learning Community Person Centered Thinking curriculum and we would like to expand our knowledge base in order to continue to provide quality services. By developing a “Library of Things” we are able to provide opportunities for learning and connection to those individuals who have outlined in their person-centered plan that they would like to provide a service to the community, increase their interaction/connection with the community and learn new skills. Because we support many individuals who are medically fragile and require support this allows also for those individuals to be able to have increased choices for the same; learning, connection and community engagement while at the same time ensuring their health.

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

We plan to continue to expand the “Library of Things” program on a yearly basis. Specifically, we will be increasing the inventory of items we lend, increase community membership, as well as one day offering paid work opportunities for individuals who have historically faced barriers to employment. An example of our agency commitment to special programs is our current Mountain Shadows: Painting Our World Radiantly mural project (M:POWR). In 2013 we began a mural project where we partnered with community artists, art organizations and California State University-San Marcos. Six years later through other grant funding we have a resident artist that is paid a stipend along with employing a San Diego Regional Center client recipient part time during Fall and Spring semesters to help assist the operations of the program while expanding the mission to include not only art but also music through drumming circles. We have also increased participation in this project’s events to not only Mountain Shadows participants but to other adults with intellectual/developmental disabilities in the North County community. We are committed to carve out creative programming.

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&law

The major costs include: **1.** Cost of the person-centered course by Cornell University at \$1,200 per person. The next course will be offered in Spring Semester 2020. **2.** Start-up items such as commercial grade storage, purchase of select start-up items to begin the “Library of Things” such as camping gear, tools, etc., MyTurn software in order to have inventory online along with membership information, computer with large screen, commercial quality metal barcodes, and bar code scanners. Each of these items for the “Library of Things” will be purchased within the 3 months of funding approval.

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.

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

We are requesting the initial startup capital/operating cost of the development of the "Library of Things." As an agency we are committed to securing other funding sources for this program as it continues to grow and develop. Any funds raised with memberships dues will go directly into further developing the program and covering operating funds such as the software's annual membership fee.

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) 17/18 & 18/19

Disparity Funding No Yes. If Yes, FY(s) _____

CPP Funding No Yes. If Yes FY(s) 2018 & 2019

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.

HCBS FY 17/18: We have completed 4/5 funding milestones. Milestone #3 is incomplete which is the completion of the train the trainer certification. We will complete this milestone mid-December 2019. We have one last wrap up coaching session with Mr. Joe Donofrio.

HCBS FY 18/19: We have completed 1/5 funding milestones. Milestone 2 will be completed at the end of December 2019. Milestone 3 is currently in progress. Milestones 4 & 5 have not been completed.

CPP Funding 2018 & 2019: We were awarded the RFP to begin a Day Program and In-Home Day Program for individuals moving out of the state developmental centers. All funding has been exhausted and additional start-up funds were awarded in June 2019. Currently both programs are in operation serving multiple individuals. Vendor # PY1559 and #PY1581

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.

This year's funding concept is not redundant with our last two funding requests. We thought outside of the box to request funding for a creative service delivery option for MSOS participants that would allow us to become further in compliance with the final rule. We have been awarded funding to complete PCT Training however, as explained in the concept we would like to further expand our agency PCP resources. The prior two funding cycles we were able to employ a Community Integration Coordinator to help develop person-centered community integration plans as well as further develop partnerships with outside organizations in order to increase options for day program participants. The current concept no longer requests funding for a position since our current employees will and have absorbed what has already been developed by this position.

HCBS CONCEPT BUDGET						
Vendor Name	Mountain Shadows Ancillary Services					
Vendor Number(s)	H50153 / HQ0977					
	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						
5- 15-Week Person Centered Practice Course			\$ 6,000			\$ 6,000
My Turn Software			\$ 540			\$ 540
AlumiGuard Metal Asset Tags & Supplies			\$ 525			\$ 525
Standard Scanners (2)			\$ 144			\$ 144
Start-up items for lending (various)			\$ 6,699			\$ 6,699
Laptop			\$ 800			\$ 800
Commercial Storage			\$ 4,166			\$ 4,166
						\$ -
						\$ -
						\$ -
Operating Subtotal			\$ 18,874		\$ -	\$ 18,874
Administrative Expenses						
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Administrative Subtotal			\$ -		\$ -	\$ -
Capital expenses						
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Capital Subtotal			\$ -		\$ -	\$ -
Total Concept Cost			\$ 18,874		\$ -	\$ 18,874

See Attachment F for budget details and restrictions