

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 15, 2019	Completed by: Thomas Carr, MS, CRC - Director of Day Programs
Vendor Name, Address, Contact: St. Madeleine Sophie's Training Center - 2119 E. Madison Avenue - El Cajon, CA 92019 - Debra Emerson, MBA, CEO demerson@stmcs.org 619-442-5129 ext. 101	
Vendor Number: HQ0053, HQ0254, HQ0688, HQ0098	
Service Type and Code: 505, 501, 515, 505	

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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: SMSC continues to make SIGNIFICANT PROGRESS to ensure all consumers have access to the greater community on a regular basis. We make every effort to get students out into the community when there are comparable sites available. Due to staffing and ratio requirements combined with limited funding availability, it continues to be difficult to offer ALL options to ALL consumers daily. The cost of transportation for community program travel needs has also increased. We encourage consumers to move along our program progression with the goal of competitive integrated employment, but we continue to meet resistance from families/care providers due to fear of community <i>dangers</i> and the potential of perceived loss of government financial support entitlements. We continue to make strides in changing the perception of what can be accomplished by individuals with I/DD. We continue to work through developing individual CHOICE-based planning and programming opportunities.</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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No Please explain: The Regional Center does maintain an IPP document but DOES NOT usually include information regarding different setting options. Due to pre-determined beliefs, coupled with financial and housing variables, <u>families/care providers may choose</u></p>	

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an activity that the consumer may not actually like. These are documented in the *IPP but may not truly reflect the choice of the consumer*. We continue to find that decisions are made based on family/custodian preferences rather than consumer preferences. With the implementation of PCP's at our organization, using a hybrid version called the Liberty Plan, we have been able to initiate the paradigm shift with the 35 PCP's that have thus far been developed where the individual and their dreams/desires are being included in the IPP.

Federal Requirement #3:

Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint

Guidance:

- Does the provider inform individuals, in a manner they can understand, of their rights to privacy, dignity, respect, and freedom from coercion and restraint?
- Does the provider communicate, both verbally and in writing, in a manner that ensures privacy and confidentiality?
- Do staff communicate with individuals based on their needs and preferences, including alternative methods of communication where needed (e.g., assistive technology, Braille, large font print, sign language, participants' language, etc.)?

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

Please explain: SMSC continues to focus on communicating to persons served in a manner that is appropriate for them. We serve 200 plus individuals who, based on their Client Development Evaluation Report (CDER) are classified as non-verbal or having complex communication challenges. We have begun using communication devices to help with the communication but continue to need to develop methods in which we can more effectively communicate verbally, visually and in writing with persons served.

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?

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

Please explain: SMSC has a variety of paid and volunteer employment, arts, recreation, health and fitness programs available to all our persons served. We continue to increase the number of community-based program options available (i.e. volunteer in a community-garden vs. SMSC's on-site garden, paid internships vs. volunteer work, fitness activities on site vs. fitness activities at community sites). Daily activity choices are restricted to SMSC program options. Increasing community-based activities continues to be limited due mainly to increased funding needed for maintaining required staffing/ratios as well as transportation requirements. As we learn more from the implementation of the new CHOICES program, we can target our program energies to *newer* areas of consumer interest (i.e. on-line banking, social media use). In some cases, individual plans may have limited options due to family/care provider input/restrictions.

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: The open-door policy at SMSC allows consumers to ask staff about their services or voice their concerns as needed, however modifications to their service plan depends on availability (*contingent on funding*) and their families/care providers permitting them to do so. Although the situation has improved somewhat because of the recent implementation of PCP's, it is not uncommon that the individual choice(s) takes the back seat to what families and caregivers want combined with what SMSC can offer within its program options.

CONTACT INFORMATION

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 Contact Phone Number: 619-442-5129 ext. 101
 Email Address: demerson@stmisc.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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Vendor name	St. Madeleine Sophie's Training Center
Vendor number(s)	HQ0053, HQ0254, HQ0688, HQ0098
Primary regional center	San Diego Regional Center
Service type(s)	Activity Center (AC) 505, Adult Development Center (ADC) 501, Behavior Modification Program (BMod) 515, Senior Program 505
Service code(s)	505, 501, 515, 505
Number of consumers currently served	400 total consumers
Current staff to consumer ratio	Current staff to consumer ratio is: AC - 1 staff to 6 consumers, ADC - 1 staff to 4 consumers, Bmod - 1 staff to 3 consumers, Seniors - 1 staff to 6 consumers.
<p><i>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.</i></p>	
<p>SMSC operates 3 sites: 1) Our main campus on 6 acres on the outskirts of El Cajon with 6 buildings and a 2-acre organic garden and vineyard; 2) Sophie's Gallery Art Program - a storefront with exhibition and studio space and a gift shop in Downtown El Cajon; and 3) Sophie's Kensington Gallery in San Diego. SMSC has a fleet of 43 paratransit vans and buses that transport students between home, campus, community outings, and work/volunteer sites. Persons served come to SMSC from 8:30 am to 2:30 pm five days a week, year-round. Each program focuses on developing methods to assist persons served in realizing their full potential. Persons served also choose to participate in the Adaptive Computer Lab; Aquatics & Special Olympics Swim Team; Culinary Arts; Dance, Music, Performing Arts; Organic Garden; Reading; Sign Language; Sophie's Gallery Art Program; and Speech Therapy. SMSC has a variety of on-site and community-based paid and volunteer employment opportunities.</p>	
<p><i>Project Narrative Description</i></p> <p><i>2. Please provide a brief summary narrative of the concept for which you are requesting funding, including justification for the funding.</i></p>	
<p>The HCBS grant funds received in 2017 allowed SMSC to begin to address barriers #1 and #2. The 2018 proposal moved the program into the next phase of implementing HCBS compliance by further addressing barriers #1, #2, #4 and #5. This request is for continuation funding of the current grants in-process to implement <i>Person Centered Planning (PCP)</i> for the 400+ individuals who attend SMSC. With this large of a total census, <u>it will realistically take an additional year</u> to complete these plans as well as add them into each Individual Personal Plan (IPP)</p> <ul style="list-style-type: none"> - Four (4) CHOICE Specialists: a) Develop individualized, self-determined community interests with each consumer. One specialist assigned to 100 clients. b) Train staff on 	

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the participant's CHOICE Plan and how to implement the plans on a day-to-day basis with community-focused activities. 3) Enable participants' day-to-day choices when the participant prefers an alternative to a scheduled activity.

- Continue **funding for one (1) Career Counselor/Job Developer** to develop paid and volunteer opportunities and/or internships that support our clients' career preferences.
- We will continue education/training by providing one 8-hour **PCP training** for all SMSC staff members and a one 4-hour **PCP training** for the SMSC Board of Trustees.

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 xx 2 xx 3 ___ 4 xx 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.

Barriers to compliance may include:

- # 1) The need for continued education of family/care provider, consumers, staff as to the implementation of HCBS compliant services;
- # 4) Needed funding for SMSC transitional assessment, training and compliance planning activities; and
- #2) and #4) Lack of available staff under current funding/ratio compliance restrictions to allow for a full-range of community-integrated program and employment options.

5. For each out-of-compliance federal requirement that is addressed in this concept, please explain how the concept will bring the vendor into compliance.

- The CHOICE Specialists will develop individualized, self-determined community interests with each consumer, and enable participants' day-to-day choices when the participant prefers an alternative to a scheduled activity.
- The Career Counselor/Job Developer will develop paid opportunities, volunteer opportunities and/or internships that support our clients' career preferences.
- The training of new staff members will help them to better understand the person-centered planning process and enable them to support and provide choices for persons served.
- The training of board members will educate them on the person-centered planning process and its importance when making governance decisions for the organization.

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

- Approximately 400 PCP's will be completed and implemented by the end of the combined grant periods (March 2022). These will be tracked through client record-keeping. - There will be an increase in community-based opportunities for work and leisure which will be evaluated for effectiveness and summarized annually. – Provide one 8-hour (PCP) training for all new/untrained SMSC staff members and one 4-hour (PCP) training for the SMSC Board of Trustees.

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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.

CHOICE staff have been meeting with individuals to develop their PCP. We use a *Career Occupational Preference System* (COPS) assessment tool. - Next, we meet with the individual to discuss the results and then plan a PCP meeting, identifying those persons the individual wishes to attend. Choices Specialists and Choices Program staff are included in these meetings. - A follow-up meeting is held with the complete Interdisciplinary team (ID team) which includes family members, caregivers, conservators and the Regional Center, where applicable. Here, the individual shares what they wish to accomplish and how the ID team can support the individual's identified goals.- From this meeting, the ID team determines how to rewrite the Individual Personal Plan (IPP) to assure that individual's goals are clearly identified and attainable as well as meets the criteria to be added to the IPP.

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

The completion of 400 PCP's and the corresponding needs and interest analysis will allow for increasingly customized and expanded program opportunities.

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

We will continue with PCP program fulfillment and expanding community program options to achieve and surpass the expectations of HCBS compliance.

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

- (4) HCBS Choice Specialists (\$20/hr. @ 2080 hrs./yr. plus 15% benefits and taxes) = \$191,000; already hired so will remain on to assist in the completion of PCPs
- Career Counselor/Job Developer (\$50,000 annual salary plus 15% benefits and taxes) = \$57,500; already hired so will remain on to find employment/volunteer and other program choices revealed in PCPs
- PCP Staff Training; 2 offered in year 1 and 2 offered in year 2 using SMSC staff trained as PCP trainers – (\$16/hr. for 4 hrs. and \$24/hr. for 4 hrs. overtime for an estimated 110 staff) - \$17,600
- PCP Board Training; offered in year 1 using SMSC staff trained as PCP trainers (\$19/hr. @ 4 hours for 2 staff) - \$152

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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.

SMSC has already absorbed the four (4) previously grant funded CHOICES Program Support Staff into our 2019 annual budget - We will need one additional year of funding for the four (4) Choice Specialists and (1) Career Counselor/Job Developer before we are able to absorb them into our annual budget (2021-22). Once all staff and board members are trained on PCP, maintaining training for new staff/board members will be possible through the SMSC annual budgeting process.

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 X Yes. If Yes,
- FY(s) 2016-17, 2017-18, 2018-19

Disparity Funding X No ___ Yes. If Yes, FY(s)

CPP Funding X 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.

FY 16-17 – All milestones were met, and the grant was completed.

FY 17-18 – This is in progress. SMSC has hired new staff and is in the process of completing individual Choice plans. 60 plans have been completed. Program participants are also participating in more community art activities and the online individual artist portfolio program is in process.

FY 18-19 – This is in progress. Person Centered Planning training has begun, quotes for the iPads has been acquired, and training with persons served on the iPads has begun with those already owned by SMSC. A quote for the new grant funded van has been procured.

14. If your organization received prior funding, please explain how the current funding request is not redundant with any prior funding received and/or builds on the prior funding but was not part of the original funding.

The staffing will allow SMSC to continue to provide and implement Person Centered Plans while finding new job and community activities that meet the goals and choices of clients. The training continues to ensure the long-term success of the Person-Centered Planning program at SMSC.

HCBS CONCEPT BUDGET							
Vendor Name		St. Madeleine Sophie's Training Center					
Vendor Number(s)		HQ0053, HQ0254, HQ0688, HQ0098, HQ0403					
	Salary and Benefits	Year 1 Budget		Year 2 Budget		Total	
		FTE	Annual Cost	FTE	Annual Cost	Cost	
Personnel (salary + benefits)							
HCBS Choice Specialist	47750	4.00	\$ 191,000		\$ -	\$ 191,000	
Career Counselor/Job Developer	57500	1.00	\$ 57,500		\$ -	\$ 57,500	
			\$ -		\$ -	\$ -	
PCP Staff Training (8 hours)	160	55.00	\$ 8,800	55.00	\$ 8,800	\$ 17,600	
PCP Board Training (4 hours)	76	2.00	\$ 152		\$ -	\$ 152	
			\$ -		\$ -	\$ -	
			\$ -		\$ -	\$ -	
			\$ -		\$ -	\$ -	
			\$ -		\$ -	\$ -	
Personnel Subtotal			\$ 257,452		\$ 8,800	\$ 266,252	
Operating expenses							
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
Operating Subtotal			\$ -		\$ -	\$ -	
Administrative Expenses							
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
Administrative Subtotal			\$ -		\$ -	\$ -	
Capital expenses							
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
Capital Subtotal			\$ -		\$ -	\$ -	
Total Concept Cost			\$ 257,452		\$ 8,800	\$ 266,252	

See Attachment F for budget details and restrictions