

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: October 2019	Completed by: Traci Hollinger, Senior Regional Director
Vendor Name, Address, Contact: Achievement House, Inc. 3003 Cuesta College Road, San Luis Obispo, CA. 93401, Traci Hollinger,	
Vendor Number: HT0483, HT0603, HT0604, HT0216	
Service Type and Code: Activity Center 505, Adult Development Center 510, Work Activity Program 954	

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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</p> <p>Please explain: Achievement House's Work Activity Program operates under the idea that work contracts are brought in house and the work is completed. Due to staffing ratio's and lack of transportation, these individuals have limited access to the community during the day program hours to fulfill activities of their interest. While Achievement House's Activity Center is a traditional licensed facility with a 1:8 ratio, additional staff is required when the group is interested in participating in activities outside of the program along with a vehicle that could be used for the aging population.</p>	
<p><u>Federal Requirement #2:</u> <i>The setting is selected by the individual from among setting options, including non-disability-specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> • Does the provider have a current regional center Individual Program Plan (IPP) on file for all individuals? • Does each individuals' IPP document the different setting options that were considered prior to selecting this setting?
<p>Does the service and/or program meet this requirement? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please explain: Achievement House maintains current records including the IPP provided by Regional Center for all participating individuals. When an individual is referred, AHI offers a tour of all programs offered that meet the desired goals and outcomes. AHI also reviews the choice policy and ensuring each individual knows they have choices within and outside of AHI. If any program changes occur, AHI will request an addendum to the current IPP to reflect such a change.</p>	

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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>Achievement House provides both written and verbal explanation of the persons served rights upon entrance and annually at their planning meeting. AHI also has the persons served rights displayed in all sites. AHI also uses a consent form that allows us to share information as specified by the individual to protect the persons privacy and confidentiality. This form is reviewed annually and can be adjusted at any time by the person served. AHI staff use multiple medias to communicate with individuals depending on their needs for communication, including use of a dyno Vox, interpreter, bi-lingual and other means as needed.</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: Achievement House offers a variety of programs but is sometimes limited in providing a larger array of activities due to staffing restrictions and limited mobility.</p>	

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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: Achievement House strives to have good staff to individual matching and is willing to adjust when necessary to protect both wellbeing of the individual and the individual served. However, due to ratio's and limited staff positions AHI is not always able to accommodate alternative staff.

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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></p> <p><i>The unit or dwelling is a specific physical place that can be owned, rented or occupied under a legally enforceable agreement by the individual receiving services, and the individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city or other designated entity. For settings in which landlord/tenant laws do not apply, the State must ensure that a lease, residency agreement or other form of written agreement will be in place for each participant and that the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law.</i></p>	<p><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</p> <p>Please explain: Click or tap here to enter text.</p>	
<p><u>Federal Requirement #7:</u></p> <p><i>Each individual has privacy in his/her sleeping or living unit:</i></p> <p><i>Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors as needed.</i></p> <p><i>Individuals sharing units have a choice of roommates in that setting.</i></p> <p><i>Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.</i></p>	<p><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</p> <p>Please explain: Click or tap here to enter text.</p>	

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

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CONTACT INFORMATION

Contact Name: Traci Hollinger
Contact Phone Number: 805-674-0558
Email Address: thollinger@achievementhouse.org

ACKNOWLEDGEMENT

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

I AGREE

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Existing regional center vendors may receive funding to make changes to service settings and/or programs to help them come into compliance with the HCBS rules. To be considered for funding, vendors must complete and submit this form and the provider 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 name	Achievement House, Inc.
Vendor number(s)	HT0483, HT0603, HT0604, HT0216
Primary regional center	Tri-Counties Regional Center
Service type(s)	Activity Center, Adult Development Center and Work Activity Program
Service code(s)	505, 510, 954
Number of consumers currently served	66
Current staff to consumer ratio	505- 1:8, 510- 1:3, 954- 1:15
<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>A typical day for our Activity center 505 consists of individuals participating in classroom-based learning with the occasional outing to participate in leisure activities. In order to facilitate outings based on the IPP, AHI needs an additional staff person to keep the ratio at the facility while others participate in the outings of their choice. Increasing the staffing would also allow for matching to occur when individuals feel the need to work with someone else.</p> <p>A typical day for our Adult Development Center 510 is spent in the community participating in volunteer work, leisure time, skills building and other activities that the individual express choice in. This group however is limited to accessing the community based on the routes of local transportation and could benefit from having a vehicle to use.</p> <p>A typical day for our Work Activity Program is to participate in house with work contracts that have been brought in for completion. This group typically spends the day at the location and limited access to community due to lack of transportation and staffing.</p>	
<p>Project Narrative Description: Support Staff and Additional Transportation</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 funding for two additional staff, one for each location, to provide quality matching and allow more inclusive community outings that fit the person served specific needs matching their IPP. We are also requesting 3 additional vehicles,</p>	

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allowing staff to transport individuals to participate in activities outside of typical day services.

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 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.

Achievement House offers a variety of programs but remains limited in providing a larger array of day program activities due to staffing restrictions and limited mobility. Currently Achievement House's Activity Center is a traditional licensed facility with a 1:8 ratio. Achievement House strives to provide quality staffing to individual matching, adjusting when necessary to protect both the wellbeing of the individual served. However, due to ratio's and limited staff positions AHI cannot always accommodate alternative staffing.

Achievement House's Work Activity Program provides in-house contracted work. Unfortunately, due to staffing ratio's and lack of transportation, individuals in the work activity program have limited access to the community.

To provide better matching, more inclusive community outings and compliance with HCBS and each person's IPP, AHI needs additional staff and a vehicle that accommodates out aging population.

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 federal requirements address staff matching as the individuals see fit and being able to access their larger community. For Achievement House to meet these standards additional staff and vehicles would allow individuals to have the choice in staff matching, the ability to break away from the group setting and actively participate in community events.

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

The proposed outcomes will be increased outings individuals to participate in activities of choice. It will also provide vehicles to the fleet that are easier for the aging population to get in and out of making accessibility to the community simpler.

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.

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Individuals served participate in a client advisory committee to discuss the things each program needs. It has been expressed that our Activity Center participants would like to go out more often but need a more accessible van and additional staffing. This also applies to our Community Based Day Program, who currently has individual served that have mobility concerns and don't feel comfortable riding public transportation, they often borrow a vehicle from another department when its available but would like one of their own to travel about to volunteer and possible employment sites. Our Work Activity Program is primarily focused on work projects, but there are times that individuals like to take a break and having the additional staff and vehicle would allow that to happen more often.

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

Achievement House will be able to provide more opportunities to individuals served and allow them to choose in more activities that they feel they would benefit from. If a person thinks volunteering at a pet center is important to them, we would be able to map that out for them to participate. Having a staff person and extra vehicle would be the way.

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

Achievement House would be able to show higher satisfaction with the individuals served throughout the year, which could help increase the attendance of each participant. We would utilize this continued vehicle to and add them to our current fleet. As for staff they would become knowledgeable of who we serve, and we could use them to grow our programs even more.

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

Major cost of \$108,330. Would go to the cost of the vehicles. Staff wage and benefits would start at \$72,800 but would later be absorbed by the agency.

11. Please address sustainability of funding sources for all programs or concepts requiring any funding past the time frame of the requested grant, especially those that involve staff or other long-term costs. Please mark "not applicable" if costs will all be incurred during the program time frame.

Not Applicable.

12. Have you or the organization you work	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) _____
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with been a past recipient of DDS funding? If yes, what fiscal year(s)?	CPP Funding <u> X </u> 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.	
NCI Affiliates, Inc. was accepted for HSBS Funding in 2018-2019 for Person Centered Thinking Trainers to be hired and begin training staff in house. We currently have 2 staff members in progress of becoming trainers. Our goal is to be complete by mid 2020.	
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.	
Our 2018-2019 request was for PCT trainers, and this request is to assist individuals in meeting their personal goals by helping them access the community with staffing they feel most comfortable.	

HCBS CONCEPT BUDGET	Staff Matching and Transportation					
Vendor Name	Achievement House, Inc.					
Vendor Number(s)	HT0483, HT0603, HT0604, HT0216					
	Salary and Benefits	Year 1 Budget		Year 2 Budget		Total
		FTE	Annual Cost	FTE	Annual Cost	Cost
Personnel (salary + benefits)						
Activity Center Instructor	3033.33	12.00	\$ 36,400		\$ -	\$ 36,400
Work Activity Instructor	3033.33	12.00	\$ 36,400		\$ -	\$ 36,400
			\$ -		\$ -	\$ -
			\$ -		\$ -	\$ -
			\$ -		\$ -	\$ -
			\$ -		\$ -	\$ -
			\$ -		\$ -	\$ -
			\$ -		\$ -	\$ -
			\$ -		\$ -	\$ -
Personnel Subtotal			\$ 72,800		\$ -	\$ 72,800
Operating expenses						
Fuel and Vehicle Expenses			\$ 13,680			\$ 13,680
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Operating Subtotal			\$ 13,680		\$ -	\$ 13,680
Administrative Expenses						
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Administrative Subtotal			\$ -		\$ -	\$ -
Capital expenses						
Nissan NV Passenger Vans			\$ 36,110		\$ -	\$ 36,110
Nissan NV Passenger Vans			\$ 36,110		\$ -	\$ 36,110
Nissan NV Passenger Vans			\$ 36,110		\$ -	\$ 36,110
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Capital Subtotal			\$ 108,330		\$ -	\$ 108,330
Total Concept Cost			\$ 194,810		\$ -	\$ 194,810

See Attachment F for budget details and restrictions