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 2019	Completed by: Henry Bruell, President/CEO

Vendor Name, Address, Contact: <u>Vendor Name:</u> PathPoint, <u>Addresses:</u> Corporate Office - 315 W. Haley Street Suite 202 Santa Barbara CA 93101, Program Offices – 902 Laguna Street Santa Barbara, CA 93101 // 2450 Professional Parkway Santa Maria, CA 93455 // 11491 Los Olivos Valley Road San Luis Obispo, CA 93405 // 775 Grand Avenue Grover Beach, 93433 //1463 E. Los Angeles Ave Simi Valley, CA 93065 // 501 Marin Street Suite 112 Thousand Oaks, CA 91360, <u>Phone Number:</u> 805.966.3310 x1012, <u>Contact:</u> Harry.Bruell@PathPoint.org

Vendor Number: (1) LEAP: HT0107, (2) Seniors: H89262, (3) LSP: HT0020 (4) CAS: HT0087, (5) SEP: H89263 (6) LLC: HT0252, (7) CAP: H46117, (8) CLE: H01987, (9) Discoveries TO: PT1370, (10) Discoveries SV: PT1371

Service Type and Code: (1) Adult Developmental Center: 510, (2) Adult Developmental Center: 510, (3) Behavioral Management: 515, (4) Adult Developmental Center: 510, (5) Behavioral Management: 515, (6) Behavioral Management: 515, (7) Adult Developmental

Center: 510, (8) Project Life Skills: 505, (9) Community Integration Training: 055, (10) Community Integration Training: 055

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? \Box Yes \boxtimes No

Please explain: PathPoint cannot ensure that all individuals have access to a variety of options for services, activities, resources etc. and that their personal choices are well-informed because the organization does not document and evaluate the use and impact of person-centered tools. This especially affects individuals who speak Spanish and who are the most medically fragile.

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? $\ oxtimes$ Yes $\ oxtimes$ No

Please explain: All programs are voluntary. PathPoint uses person-centered planning, which ensures the informed choice of the individual. PathPoint integrates tools developed by The Learning Community for Person Centered Practices that allow participants to fully engage in the process of creating their annual plans and weekly schedules.

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.)?

Please explain: In partnership with People First, PathPoint created a community-based rights training for people supported and continues to share it throughout the community. PathPoint also converted to a cloud-based database that allows for private and secure data tracking.

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? $\ \square$ Yes $\ \boxtimes$ No

Please explain: PathPoint cannot ensure that all individuals have access to a variety of options for services, activities, resources etc. and that their personal choices are well-informed because the organization does not document and evaluate the use and impact of person-centered tools. This especially affects individuals who speak Spanish and who are the most medically fragile.

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?

Please explain: All programs are voluntary. PathPoint uses person-centered planning, which ensures the informed choice of the individual. PathPoint integrates tools developed by The Learning Community for Person Centered Practices that allow participants to fully engage in the process of creating their annual plans and weekly schedules.

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:

Federal Requirement #6:

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.

Guidance:

- 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?

, ,	 Guidance: 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
decorate their sleeping or living units within the lease or other agreement.	 Do individuals have the ability to lock their bedroom doors when they choose?
Does the service and/or program meet this Please explain: Click or tap here to enter text	requirement? ☐ Yes ☐ No

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

Federal Requirement #8: Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.	 Guidance: 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? 					
Does the service and/or program meet this requirement? ☐ Yes ☐ No Please explain: Click or tap here to enter text.						
Federal Requirement #9: Individuals are able to have visitors of their choosing at any time.	 Guidance: 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? 					
Does the service and/or program meet this requirement? ☐ Yes ☐ No Please explain: Click or tap here to enter text.						
Federal Requirement #10: The setting is physically accessible to the individual.	 Guidance: 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? 					
Does the service and/or program meet this Please explain: Click or tap here to enter text.						

CONTACT INFORMATION

Contact Name: Henry Bruell, President/CEO

Contact Phone Number: 805.966.3310 x1012

Email Address: Harry.Bruell@PathPoint.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

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.

Vendor name	PathPoint					
Vendor number(s)	(1) LEAP: HT0107, (2) Seniors: H89262, (3) LSP: HT0020 (4) CAS: HT0087, (5) SEP: H89263, (6) LLC: HT0252, (7) CAP: H46117, (8) CLE: H01987, (9) Discoveries TO: PT1370, (10) Discoveries SV: PT1371					
Primary regional center	Tri-Counties Regional Center					
Service type(s)	Adult Developmental Center, Behavioral Management, Community Integration Training, Project Life Skills					
Service code(s)	(1) 510, (2) 510, (3) 515, (4) 510, (5) 515, (6) 515, (7) 510, (8) 505 (9) 055, (10) 055					
Number of consumers currently served	493 people served					
Current staff to consumer ratio	Staff to consumer ratio (1) 1:3 (2) 1:4 (3) 1:3 & 1:1 (4) 1:4 (5) 1:3 & 1:1 (6) 1:3 & 1:1 (7) 1:3 (8) 1:8 (9) 1:4 (10) 1:4					

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.

PathPoint supports adults with developmental disabilities through Community Integration Services (CIS) provided during the day, five days a week. Highly-trained Direct Support Professionals (DSP) partner with individuals to learn new skills and actively engage in the community. Daily activities include art, gardening, cooking, volunteering, trips, and more. For the last three years, PathPoint has worked diligently to introduce person-centered thinking (PCT) throughout all CIS programs. The Community Integration Manager, Specialists, and Technology Specialists funded in previous grant cycles made substantial progress by working directly with people supported and introducing many PCT best practices to program staff. However, PathPoint has found some inconsistencies between programs, including the use of PCT tools to fully incorporate personal choice and community access. PathPoint is requesting funding to address these inconsistencies.

2. Please provide a brief summary narrative of the concept for which you are requesting funding, including justification for the funding.

PathPoint respectfully requests funds to further advance and refine the role of the specialized CIS staff, including the Community Integration Manager, Latinx Outreach Specialists, and Technology Specialists (aka the CIS specialists). Funding will be used to provide PCT training to all DSPs, establish evaluation and documentation procedures, and collaborate with PathPoint's Latinx Family Outreach Specialists to offer culturally responsive person-centered planning. The specialists will establish a systematic process to track and evaluate specific PCT practices and tools. By streamlining documentation and procedures, PathPoint will ensure program consistency and in turn, increase personal choice and community access for people supported, especially the most medically fragile. The team will re-evaluate and adjust PathPoint's forms, program designs, and Individual Service Plan (ISP) to make PCT resources easier and more accessible to use for programs that are not in full compliance. Finally, PathPoint will incorporate objectives from the organization's Disparities Funds grant project by

connecting the CIS specialist and Latinx Community Outreach Specialist positions. The staff will work together to develop culturally responsive PCT best practices for PathPoint's day programs, such as translating pertinent program forms, working with bilingual staff to create/update ISPs, incorporating cultural values/practices into program activities, and more.

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_X_ 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.

PathPoint's barriers to compliance with #1 & #4 requirement are related to training, evaluation, and documentation. Staff cannot ensure that all individuals have access to a variety of options for services, activities, resources etc. and that their personal choices are well-informed because the organization does not document and evaluate the use and impact of person-centered tools. This especially affects individuals who speak Spanish and who are the most medically fragile.

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.

In order to be compliant, PathPoint needs to ensure PCT best practices are consistently implemented across all day programs. The CIS specialists will facilitate consistency by tracking and evaluating the impact of PCT tools, integrating successful tools across programs, and continuing to train DSPs on best practices. People supported will benefit from highly trained staff who focus on community integration and incorporating informed personalized choice. By streamlining all PCT documentation and resources, PathPoint will increase accountability to people supported and other stakeholders. The collaboration between the Latinx Community Outreach Specialists and the CIS specialists will benefit individuals by ensuring staff and resources are culturally responsive to the diverse choices and needs of people supported.

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

The CIS specialists will participate in PCT training offered by the local regional center as well as other professional resources. The Community Integration Manager will attend advanced PCT training. This objective will be tracked though attendance. PathPoint is committed to professionalizing the CIS specialist positions by incorporating them into the organization's permanent staffing structure and career ladder for DSPs. The CIS specialists will track objectives to establish streamlined PCT best practices and resources for all programs by creating procedures and reports. PathPoint will create a timeline for reviewing and revising forms, program designs, and ISPs with leadership staff. The organization is tracking cultural competency training through the Disparities Funds grant project. Latinx Outreach Specialists will work with CIS specialist to make recommendations and report findings on the cultural responsiveness of PCT tools.

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.

Through community trainings, many people supported and their families engaged in conversation with staff about their personal rights and needs. The CIS specialists also meet with a team of people supported monthly to plan community integration activities, discuss barriers, and evaluate satisfaction. Individuals have reported that they enjoy the current structure of the community integration teams which make them feel valued and included. PathPoint involved people supported by conducting surveys and gathering individual feedback. Individuals reported that they were accessing the community more frequently but there were other interests and goals that they wanted explore. PathPoint used the information gathered from the people supported to develop the new project. The organization will continue to involve people supported by including them in evaluating PCT tools, creating their own support plans, and sharing about their experience to other providers and their peers. In fact, PathPoint recently hired a person supported as one of the organization's CIS specialists.

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

The purpose of PathPoint's concept is to evaluate and track its existing services in order to provide more consistent person-centered services for all people supported, especially individuals who may not have access to as many well-informed options such as people who speak Spanish or who are the most medically fragile. The organization will also share its outcomes with community partners, such as regional centers, group homes, employers, families, and other direct care providers to help integrate person-centered services for people supported by PathPoint's programs as well as the greater community.

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

The training, resources, and procedures developed through the project will be retained beyond the conclusion of funding. PathPoint will also continue to support the CIS specialist positions as a crucial part of the organization's program infrastructure. The results of the pilot will also help PathPoint understand how to work more effectively with community partners, the Regional Centers, families, and other agencies to provide more efficient staff training and resources for people supported after the conclusion of funding.

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

Wages and benefits: Community Integration Specialists (0.66 FTE over grant term), Community Integration Technology Specialists (0.38 FTE over grant term), Latinx Outreach Specialists (0.12 FTE over grant term), Community Integration Manager (0.9 FTE over grant term)

Vehicle expenses – expenses for the CIM to travel to PathPoint locations throughout the region to support the specialists. Expenses for the Specialists to travel to trainings.

Training – PCT training expenses for specialists and CIM including the two-day PCT and attendance to the California Gathering for Person Centered Practices.

Instructional equipment: such as iPads, applications, books, and other educational materials for individuals to use within the programs for training purposes.

Professional Translation: expenses for professionally translating program materials including forms and documentation.

Administrative costs – 15% based on PathPoint's internal cost allocation plan. The policy and detailed budget will be provided if awarded.

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.

All of PathPoint's programs are collaborative, leveraged, and cost-effective. PathPoint approaches foundations and other philanthropic agencies to support its day programs annually. PathPoint's programs are also supported by gifts from individual donors and in-kind contributions.

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)16/17 and 18/19	
Disparity Funding	No _x Yes. If Yes, FY(s) _18/19 and 19/20	
CPP Funding	_x_ No Yes. If Yes FY(s)	
If yes to any quest	ion 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.

PathPoint used 16/17 HCBS funding to create the CIS specialist positions as well as CIS teams consisting of the specialized staff and people supported. Funds were used for the teams to develop person-centered services, personal rights training, and HCBS final rule presentations for the community. For 18/19, HCBS funds were used to focus on supporting individuals who have the highest needs by using assistive technology to increase communication, autonomy, and choice. The Community Integration Manager received assistive technology certification and is now training the specialists. The specialists also work with community partners and families to incorporate assistive technology into daily lives. The Disparities Funds grant award from 18/19 supported an agency-wide assessment of cultural competency, diversity training for leadership staff, development of in-house staff cultural competency trainers, and Spanish translation for marketing and outreach materials. For 19/20 PathPoint was awarded Disparity Funds to develop the Latinx Outreach Specialist position, which focuses on engaging with Latinx families, addressing barriers to navigating the system, gathering feedback to improve services, providing interpretation/translation support, and building community connections.

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.

PathPoint's concept for 20/21 does not replicate past projects because it focuses on program fidelity to ensure that each and every individual has full access to the community and informed personal choices. This concept combines information gathered in both the HCBS projects as well as the Disparities Funds project to streamline culturally responsive PCT best practices throughout the organization.

HCBS CONCEPT BUDGET	TCRC									
Vendor Name										
Vendor Number(s)				5117, (8) CI						
	Year 1 Budget			ıdget	Yea	r 2 B	Sudget		Total	
		Salary and								
		Benefits	FTE	Aı	nnual Cost	FTE	4	Annual Cost		Cost
Parsannal (salary Lhanafits		Deficition		,						555.
Personnel (salary + benefits)		73023	0.45	\$	32,860	0.45	\$	32,860	\$	65,721
CIS Manager CIS Staff		44867	0.43	\$	14,721	0.43	\$	14,721	\$	29,442
CITS Staff		42873	0.33	\$	8,039	0.33	\$	8,039	\$	16,077
Latinx Staff		50224	0.19	\$	3,139	0.19	\$	3,142	\$	6,281
Position Description		30224	0.06	\$	3,139	0.00	\$	3,142	\$	0,201
Position Description				\$	-		\$	-	\$	-
Position Description				\$	-		\$	-	\$	-
Position Description		1		\$			\$	-	\$	
Position Description		1		\$	-		\$	-	\$	-
·					-			-		-
Personnel Subtotal				\$	58,759		\$	58,761	\$	117,520
Operating expenses										
Mileage		4		\$	2,441		\$	2,441	\$	4,882
Instructional	· ·			\$	6,000		\$	6,000	\$	12,000
Professional 7		1		\$	1,750		\$	1,750	\$	3,500
PCT Tra		1		\$	872		\$	872	\$	1,743
CA Gath				\$	-		\$	2,805	\$	2,805
CIS Manage	r Training	_		\$	500		\$	500	\$	1,000
		_							\$	-
									\$	-
									\$	-
									\$	-
Operating Subtotal				\$	11,563		\$	14,368	\$	25,930
Administrative Expenses	_									
Administrative Expenses				\$	10,759		\$	10,759	\$	21,518
									\$	-
									\$	-
									\$	-
									\$	-
									\$	-
									\$	-
									\$	-
Administrative Subtotal				\$	10,759		\$	10,759	\$	21,518
Capital expenses					,			,		, -
Talpital expenses									\$	_
		-							\$	_
		-							\$	-
									\$	_
		-							\$	-
		-							\$	-
		-							\$	
									\$	-
									\$ \$	-
Capital Cubtatal		J		ć			ć			-
Capital Subtotal				\$	-		\$	-	\$	401077
Total Concept Cost				\$	81,080		\$	83,888	\$	164,968