

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 18, 2019	Completed by Kathy Piazza, Program Director
Vendor Name, Address, Contact: The Village: Adult Day and Community Center, 25 E. Pine St., Lodi CA 95240 Attn: Kathy Piazza	
Vendor Number: HV0539	
Service Type and Code: Adult Day Program, Service Code 510	

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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: Due to lack of transportation options, program participants do not adequately engage in community life, have opportunities to make choices regarding their spending, and receive services in the community to the same degree as people not receiving Medicaid HCBS.</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 Please explain: Every consumer had a choice of day programs before enrolling in The Village. An Individual Program Plan is in place for each consumer.</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>Please explain: In addition to being provided with a copy of their Personal Rights (LIC 613) each consumer is made aware of their right to privacy, dignity, respect and freedom from coercion and restraint through ongoing conversations and modelling of appropriate behavior. All consumer files are kept in a locked cabinet and written communications with consumers or their designee are sent in sealed envelopes.</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?

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

Please explain: Due to lack of transportation options, program participants cannot fully express autonomy and independence in daily activities, physical environment and with whom they interact.

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: Consumer to staff preferences are respected and honoured whenever possible. Daily, consumers are encouraged to express their preferences for day program activities and necessary changes are addressed.

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Only providers of services in **provider-owned or controlled residential settings** need to complete the remainder of this evaluation. In **provider-owned or controlled residential settings**, in addition to the above requirements, the following requirements must also be met:

<p><u>Federal Requirement #6:</u> <i>The unit or dwelling is a specific physical place that can be owned, rented or occupied under a legally enforceable agreement by the individual receiving services, and the individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city or other designated entity. For settings in which landlord/tenant laws do not apply, the State must ensure that a lease, residency agreement or other form of written agreement will be in place for each participant and that the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> • As applicable, does each individual have a lease, residency agreement, admission agreement, or other form of written residency agreement? • Are individuals informed about how to relocate and request new housing?
<p>Does the service and/or program meet this requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No Please explain: N/A</p>	
<p><u>Federal Requirement #7:</u> <i>Each individual has privacy in his/her sleeping or living unit:</i></p> <ol style="list-style-type: none"> 1. <i>Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors as needed.</i> 2. <i>Individuals sharing units have a choice of roommates in that setting.</i> 3. <i>Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.</i> 	<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?

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<p>Does the service and/or program meet this requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please explain: N/A</p>	
<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</p> <p>Please explain: N/A</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</p> <p>Please explain: N/A</p>	

**Home and Community-Based Services (HCBS) Rules
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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 requirement? ☐ Yes ☐ No

Please explain: N/A

**Home and Community-Based Services (HCBS) Rules
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Contact Name: Kathy Piazza

Contact Phone Number: (209) 712-0903

Email Address: kpiazza@villageadcc.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.

**Home and Community-Based Services (HCBS) Rules
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Vendor name	The Village: Adult Day and Community Center
Vendor number(s)	HV0539
Primary regional center	Valley Mountain Regional Center
Service type(s)	Adult Day Program
Service code(s)	510
Number of consumers currently served	18, during 2020 expended expansion with increase our total consumers served to approximately 42
Current staff to consumer ratio	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.	

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Project Narrative Description:

The Village: Adult Day and Community Center is a center based program which provides an adult day program for people with intellectual and developmental disabilities. In this person centered environment, daily programming decisions are driven by our consumers and made to reflect each individual service plan. The staff to consumer ratio is 1:4.

Daily, consumers choose their activities for the day which may include, but not be limited to, home cooking, technology driven learning, outings in the community, creative activities and community outreach.

Community outings are a popular activity and are mandated by many of the ISP's represented in our program. Because the center is based in the small town of Lodi, transportation options are limited. Staff can accompany consumers on walks to various locations in the downtown area such as shops, coffee shops or the library. The center is also near the Grapeline, a local bus line, that makes a loop to visit big box store anchored shopping areas.

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

In response to our consumers request for more frequent, individualized and varied community outings, The Village requests funding for a handicapped accessible van. *It is our goal to participate in the greater community, not just the places we can walk to or visit on the bus loop available to us, through visiting integrated settings, engaging in community life, creating opportunities for consumers to exercise control of their personal resources and receive services in the community to the same degree of access as other individuals.*

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___

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

Federal Requirement #1

Due to lack of transportation options, the consumers we serve, many of whom are fragile ambulators, are restricted in their movements in the following ways: lack of access to the greater community, to integrated settings, to engage in community life, control personal resources and receive services. Specifically, consumers would like the option to travel in small groups to locations currently not accessible to them by walking or taking the bus line available to us. Furthermore, due to limited activities available in a small town, many desirable community locations require long bus rides and cannot be accomplished during program hours.

Federal Requirement #4

Program does not meet the standard of promoting individual initiative, autonomy, and choice for consumers because all community outings must be agreed to as a group, thereby limiting person centered planning.

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

Providing private transportation in a standard size van will promote person centered planning. Individuals will be able to choose from a far greater variety of community activities based on their preferences and abilities. Consumers will be able to travel farther during program hours to the more populous and diverse surrounding communities. Individuals will have greater choice in the locations where they may expend their personal resources.

Federal Requirement #4

Access to a private van will increase person centered planning by enabling individuals to make choices about their daily activities away from the day program center. Results of access to the greater community will include increased independence and choice in daily activities, physical environment and social interactions in integrated environments.

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

Proposed Objectives

To create a person centered program where individuals unique likes, dislikes and preferences are respected and planned for by offering choice of community outings and engagement.

Proposed Outcomes and Tracking

The program will measure and track the effectiveness of our transportation by tracking who initiates and participates in each outing, the purpose of the outings and the individual service plan goal that is met.

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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Through discussions with consumers and their designees, by creating ways to address all ISP goals, and by utilizing person centered thinking in all planning the program has identified the need for private transportation as a way for the people we serve to reach their goals and enhance lives daily. The program determined that a large capacity van would not promote individualized community outings and that a small 5-8 passenger van would better suit that goal.

The following comments about transportation come from program participants. Please note that some are direct quotes and some are comments derived from conversations:

"It'd be easier to get around (with a private vehicle.)" M.P.

"We could go wherever we want in our van. The bus is boring." H.R.

On the city bus the group has to sit separately.

We'd have more time for activities because we can go when we want and don't have to wait for the bus pick ups.

"A van is cleaner than a city bus." N.P.

"Don't have to stand in line to pay for bus tickets and it's faster so we could go more places"
D.L.

We could take out of town trips that the bus doesn't go to.

(The bus) is dirty and I got lice. A.F.

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

Private transportation will enable us to provide more person centered services to our participants through access to the greater community. We will no longer be bound by the time and distance constraints placed on us through the use of limited public transportation and the distance our participants can walk to resources.

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

With proper care and maintenance, the van type that we hope to purchase is expected to last up to 400,000 miles which will enable the program to continue to provide person centered community outings for years to come.

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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

The total costs related to this vehicle purchase are approximately \$69,700

The following is the breakdown of costs:

Vehicle with tax \$48,000

Conversion Cost to make wheelchair accessible \$20,000

Annual Insurance \$1,200

Maintenance \$500 (first year only)

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.

The only expenses which will continue passed the framework of the requested grant will be maintenance and insurance. The day program budget will take these costs into account during annual planning.

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) _____

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

CPP Funding ☐ 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.

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N/A
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.
N/A

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HCBS CONCEPT BUDGET									
Vendor Name		The Village: ADCC							
Vendor Number(s)		HV0539J							
	Salary and Benefits	Year 1 Budget		Year 2 Budget		Total Cost			
		FTE	Annual Cost	FTE	Annual Cost				
Personnel (salary + benefits)									
Position Description			\$ -		\$ -		\$ -		
Position Description			\$ -		\$ -		\$ -		
Position Description			\$ -		\$ -		\$ -		
Position Description			\$ -		\$ -		\$ -		
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Position Description			\$ -		\$ -		\$ -		
Position Description			\$ -		\$ -		\$ -		
Personnel Subtotal			\$ -		\$ -		\$ -		
Operating expenses									
							\$ -		
							\$ -		
							\$ -		
							\$ -		
							\$ -		
							\$ -		
							\$ -		
							\$ -		
Operating Subtotal			\$ -		\$ -		\$ -		
Administrative Expenses									
							\$ -		
							\$ -		
							\$ -		
							\$ -		
							\$ -		
							\$ -		
							\$ -		
Administrative Subtotal			\$ -		\$ -		\$ -		
Capital expenses									
Vehicle purchase			48,000				\$ -		
Conversion			20,000				\$ -		
Annual Insurance			1,200				\$ -		
Maintenance			500				\$ -		
							\$ -		
							\$ -		
							\$ -		
Capital Subtotal			\$19,700.00		\$ -		\$ -		
Total Concept Cost			\$19,700.00		\$ -		\$ -		

See Attachment F for budget details and restrictions