

## Home and Community-Based Services (HCBS) Rules DEPARTMENT FUNDING GUIDANCE

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 <https://www.dds.ca.gov/initiatives/cms-hcbs-regulations/>.

Questions may be directed to [HCBSregs@dds.ca.gov](mailto:HCBSregs@dds.ca.gov).

Date(s) of Evaluation: 2/9/2021	Completed by: Cheryl White
Vendor Name, Address, Contact: The Cedars of Marin (aka Cedars), PO Box 947, Ross, CA 94957, Contact – Cheryl White (415) 526-1352. Main Campus, 60 Circle, Miller Creek, Novato Blvd., Brown Dr., Lamont, Walter, Dante, Michele Circle, Ferris Dr., 2 <sup>nd</sup> St., Community Connections, Fine Art Studios, Hands & Earth, Senior Program	
Vendor Number: H00366,H12147,H12146,H12342,H12343,H88813,H88842,H88891, H88892,HG0065,H12302,PG3007,PG0729,H12450	
Service Type and Code: ARFs, RCFE, Adult Day Programs. 915, 520, 094, 055	

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<p><b><u>Federal Requirement #1:</u></b> <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><b><u>Guidance:</u></b></p> <ul style="list-style-type: none"> <li>• Do individuals receive services in the community based on their needs, preferences and abilities?</li> <li>• Does the individual participate in outings and activities in the community as part of his or her plan for services?</li> <li>• If an individual wants to seek paid employment, does the home staff refer the individual to the appropriate community agency/resource?</li> <li>• Do individuals have the option to control their personal resources, as appropriate?</li> </ul>
<p><b>Does the service and/or program meet this requirement?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Please explain: Residents are supported to engage in community life based on their interests and preferences. Cedars Activities Coordinator helps residents access a myriad of community activities—quite often several times a week. It is a priority for Cedars residents to be included in local community life through their places of worship, relationships with neighbors, use of public facilities such as the library and by attending events, including local fairs and celebrations. Personal resources are available to residents in their home and support is provided based on individual need. Cedars day programs offer community-based activities including volunteering at local organizations, selling produce at a local farmstand, creating art in a studio alongside 32 other community artists, and working on a landscaping crew. Those interested in competitive employment are assisted with the referral process. However, more attention is needed to include a greater number of participants in a range of community-based activities. While community-based activities are on hold due to the COVID-19 pandemic, Cedars has offered regular virtual activity opportunities for participants to stay engaged in community events.</p>	
<p><b><u>Federal Requirement #2:</u></b> <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</i></p>	<p><b><u>Guidance:</u></b></p> <ul style="list-style-type: none"> <li>• Does the provider have a current regional center Individual Program Plan (IPP) on file for all individuals?</li> <li>• Does each individual's IPP document the different setting options that were considered prior to selecting this setting?</li> </ul>

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<i>and board.</i>	
<p><b>Does the service and/or program meet this requirement?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                  Please explain: Each resident file contains a regional center IPP, however the current regional center IPP and residential ISP do not document that different setting options were considered prior to selecting the current residence.</p>	
<p><b><u>Federal Requirement #3:</u></b>  <i>Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.</i></p>	<p><b><u>Guidance:</u></b></p> <ul style="list-style-type: none"> <li>• Does the provider inform individuals, in a manner they can understand, of their rights to privacy, dignity, respect, and freedom from coercion and restraint?</li> <li>• Does the provider communicate, both verbally and in writing, in a manner that ensures privacy and confidentiality?</li> <li>• 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.)?</li> </ul>
<p><b>Does the service and/or program meet this requirement?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                  Please explain: Rights are explained to individuals in myriad ways, but alternative methods of communication should be explored to ensure understanding. Ongoing staff development will ensure understanding of the true application of person-centered thinking as it relates to concepts of dignity, respect and freedom from coercion.</p>	
<p><b><u>Federal Requirement #4:</u></b>  <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><b><u>Guidance:</u></b></p> <ul style="list-style-type: none"> <li>• Does the provider offer daily activities that are based on the individual's needs and preferences?</li> <li>• 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?</li> <li>• 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?</li> </ul>

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<p><b>Does the service and/or program meet this requirement?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Please explain: While significant attention is paid to offering daily activities and supports at home, at day program, and in the community that are based on individual needs and preferences, more work is needed for universal implementation of person-centered practices within the limits of prescribed structures and routines.</p>	
<p><b><u>Federal Requirement #5:</u></b> <i>Facilitates individual choice regarding services and supports, and who provides them.</i></p>	<p><b><u>Guidance:</u></b></p> <ul style="list-style-type: none"> <li>• Does the provider support individuals in choosing which staff provide their care to the extent that alternative staff are available?</li> <li>• Do individuals have opportunities to modify their services and/or voice their concerns outside of the scheduled review of services?</li> </ul>
<p><b>Does the service and/or program meet this requirement?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Please explain: Improved usage of documentation of resident preferences and concerns is necessary to better meet participant needs to ensure that all staff are aware of how individuals would like their support to be provided. Achieving this could mitigate barriers that limit personal choice such as staffing shortages, funding shortfalls, and disparate regulations.</p>	
<p><b><u>Federal Requirement #6:</u></b> <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><b><u>Guidance:</u></b></p> <ul style="list-style-type: none"> <li>• As applicable, does each individual have a lease, residency agreement, admission agreement, or other form of written residency agreement?</li> <li>• Are individuals informed about how to relocate and request new housing?</li> </ul>
<p><b>Does the service and/or program meet this requirement?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	

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Please explain: : A residential agreement and resident/participant handbooks were developed as part of the previous funding cycle.	
<p><b><u>Federal Requirement #7:</u></b> <i>Each individual has privacy in his/her sleeping or living unit:</i></p> <ul style="list-style-type: none"> <li>. Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors as needed.</li> <li>. Individuals sharing units have a choice of roommates in that setting.</li> <li>. Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.</li> </ul>	<p><b><u>Guidance:</u></b></p> <ul style="list-style-type: none"> <li>• Do individuals have a choice regarding roommates or private accommodations?</li> <li>• 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?</li> <li>• Do individuals have the ability to lock their bedroom doors when they choose?</li> </ul>
<p><b>Does the service and/or program meet this requirement?</b> <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b></p> <p>Please explain: All but 4 residents have a single bedroom. Locks have been purchased for all resident bedrooms and are in the process of being installed. All residents have the option to furnish and decorate their bedrooms as they please.</p>	
<p><b><u>Federal Requirement #8:</u></b> <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><b><u>Guidance:</u></b></p> <ul style="list-style-type: none"> <li>• Do individuals have access to food at any time?</li> <li>• Does the home allow individuals to set their own daily schedules?</li> <li>• Do individuals have full access to typical facilities in a home such as a kitchen, dining area, laundry, and comfortable seating in shared areas?</li> </ul>
<p><b>Does the service and/or program meet this requirement?</b> <input type="checkbox"/> <b>Yes</b> <input checked="" type="checkbox"/> <b>No</b></p> <p>Please explain: All residents have access to common areas in the home and have access to food at any time unless doctor's orders or IPP guidance direct otherwise. There are barriers to setting individual daily schedules based on day program hours, funded staffing models and transportation. While Cedars makes every effort to accommodate individual preferences regarding daily schedules, these parameters limit the ability to do this consistently.</p>	
<p><b><u>Federal Requirement #9:</u></b> <i>Individuals are able to have visitors of their choosing at any time.</i></p>	<p><b><u>Guidance:</u></b></p> <ul style="list-style-type: none"> <li>• Are visitors welcome to visit the home at any time?</li> <li>• 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?</li> </ul>

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<p><b>Does the service and/or program meet this requirement?</b> <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b></p> <p>Please explain: Visitors are welcomed and encouraged. Residents also enjoy visits and vacations with family and friends, sometimes for a night or two and sometimes for several weeks at a time. During the Shelter in Place order, Cedars has suspended indoor visitations and created a safety policy for both outdoor visits and leaving/returning to Cedars. Many residents have stayed connected with family and friends over video calls, which staff help facilitate when needed.</p>	
<p><b><u>Federal Requirement #10:</u></b> <i>The setting is physically accessible to the individual.</i></p>	<p><b><u>Guidance:</u></b></p> <ul style="list-style-type: none"> <li>• Do individuals have the freedom to move about inside and outside the home or are they primarily restricted to one room or area?</li> <li>• 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?</li> <li>• Are appliances and furniture accessible to every individual?</li> </ul>
<p><b>Does the service and/or program meet this requirement?</b> <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b></p> <p>Please explain: Cedars group homes are accessible for all residents – adaptations include elevators, adapted utensils, and ramps. Residents are encouraged to enjoy all shared areas of the facility and can choose to move about as they wish indoors and outdoors in gardens and patios.</p>	

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**CONTACT INFORMATION**

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**ACKNOWLEDGEMENT**

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

I AGREE

## **Home and Community-Based Services (HCBS) Rules DEPARTMENT FUNDING GUIDANCE**

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 backup, 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.
- Using a form from previous years will negatively impact a concept score, so please ensure the current FY 20-21 form is 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 and opportunities.

### **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 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 a sustainable plan for person-centered planning/thinking and training regarding the HCBS rules.
- Enabled residents to age in place and exercise more choice and independence.

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Vendor name	Main Campus, 60 Circle, Miller Creek, Novato Blvd., Brown Dr., Lamont, Walter, Dante, Michele Circle, Ferris Dr., 2 <sup>nd</sup> St., Community Connections, Fine Art Studios, Hands & Earth, Senior Program
Vendor number(s)	H00366,H12147,H12146,H12342,H12343,H88813,H88841,H88842,H88891,H88892,HG0065,H12302,PG3007,H12450
Primary regional center	Golden Gate Regional Center
Service type(s)	ARFs, RCFE, Adult Day Programs
Service code(s)	915, 520, 094, 055
Number of consumers typically and currently served	Residential – 100 Day Program – 155 (this number includes some residents)
Typical and current staff-to-consumer ratio	Staffing determined by Level of Care (2, 3, 4c, and 4i) Day program ratios – 1:4, 1:3 and variable
1. Please provide a brief description of the service/setting. Include what a typical day consists of during regular program as well as how services are currently being provided. This response must include the baseline/current levels for any aspects of the program for which the concept proposes funding.	
<p>Cedars supports adults with developmental disabilities through residential and day programs. Cedars 10 group homes and Ross Residences support 100 individuals overall. All residences are licensed and service levels range from Level 2 – Level 4i. Prior to the pandemic, residents attended day programs of their choosing or worked in integrated settings. Residents are now Sheltering in Place at home or staying with family members. Residential staff are working 24/7 to provide support and enriching activities while adhering to comprehensive safety protocols to minimize potential virus exposure. Cedars 4 day programs offer a variety of engaging activities for 155 participants. Typically, participants work and learn as artists, volunteers at local organizations, weavers, gardeners, chefs, animal caretakers, co-op members and more. Day program staff have reimagined programs by offering lively remote services for participants to stay engaged from home. Staff and participants have increased skills and Cedars has invested in infrastructure to support these new ways of connecting while considering how to incorporate the best of what we've learned when sites reopen. Cedars is a forward-thinking organization, dedicated to advancing our knowledge and application of PCT principles in supporting our participants to lead creative, productive, and joyous lives built on their preferences.</p>	
<p><b>Project Narrative Description:</b> While filling out this section, reflect on how services are typically provided and how that might have changed in the past year. Think about what has been learned in the past year and how that might shape services going forward. Funding awarded through this concept can span the course of up to two years which would allow time to shape services to be more person-centered and align with the HCBS federal requirements.</p>	
2. Please provide a brief summary narrative of the concept for which you are requesting funding, including justification for the funding.	
In the past 3 years, we have dedicated significant time and resources into	

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understanding HCBS & PCT principles, while working to embed them into organizational practices for the greatest impact on participants' quality of life. We plan to address the barriers to real life application of these concepts by developing a HCBS/PCT Implementation Guide to complement new PCT Policy and Procedures (P&P) designed to assist staff in implementation of HCBS regulation and will be used to enhance ongoing staff development. Cedars PCP Coordinator will work with a team of staff and participants to develop and roll out the P&Ps and implementation guide. These team members will become PCT Leaders and will support the ongoing role of the PCP Coordinator as it grows to include the management of learning systems for staff and people served. Staff development will continue to be a core aspect of our efforts to ensure HCBS compliance, including leveraging technology to meet ongoing learning objectives. OttoLearn and Open Future Learning online platforms, implemented in the current project, and ongoing documentation of individual planning through the use of the PCP database continue to frame our work. Side by side training will be piloted as a way of delivering information to people served and those who support them. The PCP Coordinator will also produce a staff training video that features individuals describing how they want to be supported in context of the regulations which will complement the individual videos to be imbedded in the PCP database. The limitations of COVID-19 SIP orders have been an opportunity to refine our understanding of how best to use technology in a decentralized and now isolated workforce. New work groups focused on ways to improve organization-wide communications and training will assist and inform the project's ongoing success.

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\_X\_\_ 3\_X\_\_ 4\_X\_\_ 5\_X\_\_ 6\_\_\_ 7\_\_\_ 8\_X\_\_ 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.

**1.** Individual choice may be limited to known and systemically prescribed routines - increasing ways to express preferences mitigates this. **2.** RC IPPs do not document that different setting options were considered prior to selecting the current residence. **3.** Staff need ongoing support on PCT related to dignity, respect, and freedom from coercion. **4.** Prescribed structures limit individual choice - improved person-centered practices should mitigate this. **5.** Barriers such as staffing shortages, regulatory issues, and funding shortfalls limit participant choice - offering practical guidance will improve outcomes. **8.** Systemic barriers to setting individual daily schedules based on day program hours, funded staffing models and transportation limit the ability for individuals to have consistent control in these areas - clear guidance about policy interpretation can increase personal choice.

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 by March 2023.

The goal of this concept is to improve staff understanding and application of PCT principles and promote increased opportunities for resident input about the supports they receive. Deepening the understanding and application of PCT principles can mitigate these barriers, resulting in greater individualization across environments, and

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<p>sustainable HCBS compliance in all areas. Establishing clear policy and procedure rooted in HCBS regulations is a necessary next step toward compliance. <b>1.</b> Using tools to explain and document participant preferences will increase awareness of individual preferences and better inform planning for community engagement, especially through the use of video. <b>2.</b> Increasing ways to gather information about individual preferences will better document true choice of settings. <b>3.</b> Implementation guide and related training will support cultural shift in understanding and application of PCT &amp; HCBS principles, especially issues related to rights, dignity, respect and freedom from coercion. <b>4, 5 &amp; 8.</b> Staff development and increased knowledge and inclusion of individual preferences will further individualize supports and activities at home and in the community and reduce the impact of inherent systemic barriers.</p>
<p>6. What are the proposed outcomes and objectives of the concept, and what are the methods of achieving and tracking them?</p>
<p><b>1.</b> Improved application of PCT/HCBS principles and related P&amp;P in DSP day-to-day functions through the development and use of the Implementation Guide. <b>2.</b> Augmented staff development, including leveraging technology and online learning platforms. Tracked by use of training tools, and feedback from staff and participants. <b>3.</b> Document participant preferences on how they want to be supported through the creation of a staff training video. <b>4.</b> Incorporate staff and participant input, and add project sustainability, by creating a team of staff and participant representatives to develop and roll out the P&amp;Ps and Implementation Guide. This team will become PCT leaders to support the ongoing work of the PCP Coordinator <b>5.</b> Project evaluation will include focus groups and surveys of staff and participants to assess baseline, midterm and end of project knowledge of HCBS and PCT principles.</p>
<p>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.</p>
<p>Participants were asked open-ended questions about how they like and do not like to be supported by staff, and had responses such as “It takes a while for me to open up to staff and for them to get to know me, but once we get to know each other we form strong bonds” and “It’s important that staff take the time to talk to me 1 on 1 when I’m upset”. The guide will be developed with input gathered from Cedars residents, participants, and staff about the typical issues that arise when attempting to implement person centered plans and operate within HCBS guidelines.</p>
<p>8. Please describe how the concept you propose will enable you to provide more person-centered services to your clients.</p>
<p>While we believe that the P&amp;P from the previous grant is an important aspect of ensuring HCBS compliance, we have learned that this alone does not always result in meaningful change for the individuals we support. As identified in the white paper, which describes findings from the early phases of our work, DSPs are one of the key “environmental factors” which influence the outcomes for the people we support. P&amp;P to be implemented by DSPs must include meaningful and applicable tools about how to implement them in real life, address perceived conflicts across regulatory guidance, and be in sync with ongoing staff development efforts. The Implementation Guide will address this need, with practical tools to help staff</p>

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<p>address the barriers to operationalizing PCT and HCBS compliance. The tools may include vignettes, problem-solving strategies, and solution-oriented guidance to be meaningfully applied in day-to-day situations. Utilizing video to capture participants' preferences on how they want to be supported will reinforce centering participant voice at the core of providing more person-centered services.</p>	
<p>9. Please address your plan for maintaining the benefits, value, and success of your project at the conclusion of 2020-21 HCBS Funding.</p>	
<p>The team of PCT leaders will support the work of the PCP Coordinator, whose role will grow to include the management of learning systems and database usage for staff and people served. We have found that without this leadership, the strategies devised in this project fall the wayside under the pressures of day-to-day program operations. The Implementation Guide could be a living document, updated over time to include practical applications and outcomes of HCBS compliance. We plan to share the completed P&amp;P, video, and Implementation Guide with other providers if the regional center is interested. We will also consider ways to make these resources into more customizable templates for other organizations to utilize. We feel that sharing our resources and assessing opportunities for others to adopt these methods could be an effective way to assist with meaningful change in service delivery, as is the aim of the HCBS regulations. Additionally, Cedars has a committee working on staff training and development and has dedicated focus on PCT in the organizational strategic plan, which greatly supports the efforts of this project.</p>	
<p>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). This information can be found at this <a href="#">link</a>.</p>	
<p>The primary project expense is the salary and benefits of the PCP Coordinator – the project manager - for 2 years. Additionally, a total of \$31,720 is being requested for operating, administrative, and capital expenses-- including annual database subscriptions &amp; video equipment to effectively track participant preferences, and phone allowances for staff to use the learning platforms on their devices (mandated by labor law). Additional tablets at each residence allows for one for staff use and one for assisting residents to capture PCP media and cross-setting communication.</p>	
<p>11. Please address sustainability of funding sources for all programs or concepts requiring any funding past the timeframe of the requested funding, especially those that involve staff or other long-term costs. Please mark “not applicable” if costs will all be incurred during the program timeframe; up to two years.</p>	
<p>While raising funds is complex given the need is not readily understandable to most funders, Cedars is committed to the continuation of the PCP Coordinator position, assuming a positive fiscal position and board approval. Cedars annually budgets for staff training and IT sustainability, so the new systems will be preserved.</p>	
<p>12. Have you or the organization you</p>	<p>HCBS Funding ___ No ___X_ Yes. If Yes, FY(s) __17/18,__19/20_____</p>

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<p>work with been a past recipient of DDS funding? If yes, what fiscal year(s)?</p>	<p>Disparity Funding ___ No ___ Yes. If Yes, FY(s) _____ CPP Funding ___ No ___ Yes. If Yes, FY(s) _____ CRDP Funding ___ No ___ Yes. If Yes, FY(s) _____ If yes to any question be sure to answer questions 13 and 14.</p>
<p><b>For providers who have received prior HCBS, Disparity, CPP or CRDP Funding from DDS</b></p>	
<p>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.</p>	
<p>The FY 19/20 grant project has greatly advanced our work. Some accomplishments include: completing the development of a user-friendly database application that facilitates person-centered planning by integrating person-centered outcomes (preferences &amp; rights) with service data (health care, residential, day program, conservatorship, safety, and IPP), and initiated an Individual Support Plan team model that improves stakeholder collaboration using staff development coaching/training modalities. So far, we have seen improvements in technology use for communication and training, and have a greater understanding of staff dynamics that create inconsistent supports and plans for how to offset negative effects for a sustainable system.</p>	
<p>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.</p>	
<p>The previous HCBS Funding we received set a strong foundation for which to build on in our efforts towards HCBS Compliance. Our goal of a systemic, cultural shift requires an ongoing effort to ensure it is carried out in an intentional, informed, and consistent way. As outlined in our whitepaper, there is no “silver bullet” for achieving compliance. A full cultural shift requires utilizing many channels – policy, training, and implementation, including ways to incorporate PCT into the regular workflow of staff. The project must also be responsive, incorporating learnings as we progress forward.</p>	

HCBS CONCEPT BUDGET	
Vendor Name	The Cedars of Marin
Vendor Number(s)	13,H88842,H88891, H88892,HG0065,H12302,PG3007,PG0729,H12450

	Year 1 Budget			Year 2 Budget		Total
	Wage and Benefits	FTE	Annual Cost	FTE	Annual Cost	Cost
<b>Personnel (wage + benefits)</b>						
Person Centered Planning Coordinator			\$ 100,600		\$ 101,600	\$ 202,200
<i>Above includes benefitsand employer payroll costs</i>			\$ -		\$ -	\$ -
			\$ -		\$ -	\$ -
			\$ -		\$ -	\$ -
			\$ -		\$ -	\$ -
			\$ -		\$ -	\$ -
			\$ -		\$ -	\$ -
			\$ -		\$ -	\$ -
<b>Personnel Subtotal</b>			<b>\$ 100,600</b>		<b>\$ 101,600</b>	<b>\$ 202,200</b>
<b>Operating expenses</b>						
Ottolearn Platform			\$ 1,200		\$ 1,200	\$ 2,400
Open Futures Learning			\$ 1,200		\$ 1,200	\$ 2,400
Video Equipment Rental			\$ 3,000		\$ 3,000	\$ 6,000
Filemaker Consultant 2hrs/mo, \$125hr			\$ 3,000		\$ 3,000	\$ 6,000
Required DSP Phone Allowance			\$ 15,000		\$ 15,000	\$ 30,000
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
<b>Operating Subtotal</b>			<b>\$ 23,400</b>		<b>\$ 23,400</b>	<b>\$ 46,800</b>
<b>Administrative Expenses</b>						
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
<b>Administrative Subtotal</b>			<b>\$ -</b>		<b>\$ -</b>	<b>\$ -</b>
<b>Capital expenses</b>						
13 ipads (incl. cases & set up)			\$ 8,320			\$ 8,320
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
<b>Capital Subtotal</b>			<b>\$ 8,320</b>		<b>\$ -</b>	<b>\$ 8,320</b>
<b>Total Concept Cost</b>			<b>\$ 132,320</b>		<b>\$ 125,000</b>	<b>\$ 257,320</b>

See Attachment F for budget details and restrictions