

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.

Date(s) of Evaluation: 1/27/2021	Completed by: Sheri Artis
Vendor Name, Address, Contact: Social Vocational Services, Inc. 2030 Addison Street, Suite 700, Berkeley, CA 94704 Contact Sheri Artis	
Vendor Number: H12395, H88893, H88922, PG3082, PG3081	
Service Type and Code: 055, 510, 515	

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<p><u>Federal Requirement #1:</u> <i>The setting is integrated in, and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> • Do individuals receive services in the community based on their needs, preferences and abilities? • Does the individual participate in outings and activities in the community as part of his or her plan for services? • If an individual wants to seek paid employment, does the home staff refer the individual to the appropriate community agency/resource? • Do individuals have the option to control their personal resources, as appropriate?
<p>Does the service and/or program meet this requirement? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Please explain: Individuals served by SVS through vendored programs with Golden Gate Regional Center, do access the community and utilize community services. However, the ability to fully research all available community options could be more extensive. Individuals receive support from direct staff to access the community. If an individual expresses their desire for paid work, our Employment Specialist meets with the individual to determine what type of work is desired and seeks to find paid work. SVS staff do not handle individual's money</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 individual's IPP document the different setting options that were considered prior to selecting this setting?
<p>Does the service and/or program meet this requirement? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Please explain: Individuals choosing to participate in an SVS program have their needs and desires taken into consideration. However, the extent to which this matches with the client's requests is limited by the ability of SVS staff to completely research accessible, integrated settings. Once the weekly schedule is developed there is limited daily choice between activity and/or settings.</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 Please explain: New staff receive 2 days of orientation which familiarizes them with not only agency policies and procedures, but Title 17 and 22 regulations, person-centered planning, community integration, client rights, abuse reporting, HIPPA regulations, age appropriate activities, professional behavior and universal precautions. All of these topics are reviewed at a monthly in-service training as well.</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 individual's needs and preferences? • Does the provider structure their support so that the individual is able to interact with individuals they choose to interact with, both at home and in community settings? • Does the provider structure their support so that the individual is able to participate in activities that interest them and correspond with their IPP goals?
<p>Does the service and/or program meet this requirement? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Please explain: : Please explain: Individuals suggest and discuss activities for their weekly schedules. Everyone that wishes to choose an activity can do so. The limitation is the necessity of participating in an activity which an individual did not choose due to the group ratio. The client does not get to choose their staff person or the individuals in their group and the scheduling of activities is not predominantly focused on an individual as it</p>	

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is group oriented and intended to serve individuals in a cooperative group setting.

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: Individuals are encouraged to make decisions daily. Groupings of participants as well as staff that supervise the groups can be changed at the request of participants to ensure like interests are achieved. Schedules can be altered or changed at the request of the individual. Group cooperation is encouraged as in trying new and foreign activities that a peer has chosen. Individual choices are supported in a manner that leaves them feeling empowered to make decisions. Individuals have opportunities to express their satisfaction informally with staff day to day and formally on a satisfaction survey after 30 days of attending and annually thereafter.

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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: Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors as needed. Individuals sharing units have a choice of roommates in that setting. Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> • Do individuals have a choice regarding roommates or private accommodations? • Do individuals have the option of furnishing and decorating their sleeping or living units with their own personal items, in a manner that is based on their preferences? • Do individuals have the ability to lock their bedroom doors when they choose?
<p>Does the service and/or program meet this requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No Please explain: N/A</p>	

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

CONTACT INFORMATION

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Contact Name: Sheri Artis
Contact Phone Number: (415) 896-5777 Ext. 10006
Email Address: sartis@svsinc.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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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.

More information on the HCBS rules and this form can be found at <https://www.dds.ca.gov/initiatives/cms-hcbs-regulations/>.

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Vendor name	Social Vocational Services, Inc.
Vendor number(s)	H12395, H88893, H88922, PG3082, PG3081
Primary regional center	Golden Gate Regional Center
Service type(s)	Adult Day Program
Service code(s)	055, 510, 515
Number of consumers typically and currently served	177
Typical and current staff-to-consumer ratio	1:3
<p>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>	
<p>The day programs are staffed at a one to three staff to client ratio in a combination of community and licensed facility based settings. Though PCP has been shared with a percentage of SVS GGRC area case managers, the extent to which it permeates our day to day programming has been somewhat limited. SVS believes that hiring a full time Person Centered Planning Coordinator who is formally trained on PCP/T providing SVS administrators in the will much better “embed” PCP/T into our day to day futures planning for the individuals we serve. The Person Centered Planning Coordinator will be a new to SVS full-time staff position.</p>	
<p>Project Narrative Description: 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>	
<p>2. Please provide a brief summary narrative of the concept for which you are requesting funding, including justification for the funding.</p>	
<p>In an effort, then, to enhance our outreach activities, we are proposing that we assimilate the current “best practices” in this burgeoning field. We feel that we can best achieve this by having a Person Centered Training Coordinator complete certification training in Person Centered Planning/Thinking. This, in turn, will allow our individuals served to maximize their vision for independence and self-determination, identifying strengths and preferences as well as crafting optimal supports and outcomes.</p> <p>We envision the import of this training to be one generalizing PCPC/T best practices across all GGRC vendored programs as well as to others in the broader IDD community</p>	
<p>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.</p>	
<p>1__x__ 2__x__ 3__ 4__x__ 5__ 6__ 7__ 8__ 9__ 10__</p>	
<p>Concept – Page 9</p>	

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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.

SVS has taken steps with the support of GGRC to revamp 2 of our existing programs to address self-determination more fully. With the Inclusion Center model, participants are able to choose activities they wish to participate in from a menu based on expressed interests. Career Exploration provides a greater focus on employment for participants seeking to be gainfully employed. Through PCP training, staff will be able to identify participant preferences and needs more fully and provide more opportunities to fully access the community for broader integration. With a less restrictive programming model, it will be possible for participants to engage in activities of their choosing with other participants that share their interests.

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.

Using ongoing PCP training, staff will be able to ensure participants are getting the most from their program day through inclusion while addressing individual objectives including employment.

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

Having a full time PCP trainer on staff providing training to not only SVS employees but employees of other GGRC vendors to assist with HCBS compliance. Continued attendance of the PCPC at intake and annual meetings to ensure PCP techniques are being utilized when developing participant INSPs. Continual review of community and work settings that are integrated and address participant choice.

The PCPC will develop a post intake survey that will assess satisfaction with the intake and personal plan development processes. SVS will additionally track satisfaction annually for those served as part of preparation for annual plan development. SVS will monitor a sampling of service documentation monthly to confirm there is evidence of the choices made in the personal planning process.

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.

With the assistance of the PCPC the individual intake process will include more person centered language and more open ended questions. Also, SVS currently has each participant complete a survey prior to their annual meeting in order to provide SVS with what each participant is doing that they enjoy, what other activities (including work) they would like to try in the coming year and what activities (including work) they wish to discontinue participating in. These documents are then used to create an INSP that is individualized as well as provide valuable information for creating schedules with like interests of other participants.

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<p>Outcome measurement goals:</p> <ol style="list-style-type: none"> 1. Persons served will indicate an annual 95% satisfaction rate with the SVS intake process and 30 day personal plan development. 2. An annual aggregate of 90% of persons served will indicate satisfaction with their day program. 3. Activity schedules/service documentation will reflect that 90% activities chosen through the planning process occurred. 	
<p>8. Please describe how the concept you propose will enable you to provide more person-centered services to your clients.</p>	
<p>All SVS Program Directors and Case Managers will be PCP trained. In addition, the PCPC will attend intake and annual meetings to ensure PCP methods are included in the proceedings.</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>SVS would like to have a PCP trainer that can assist other vendors in becoming PCP trained. SVS anticipates being able to support the expenses of the PCPC through fees charged for training.</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.</p> <p>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 link.</p>	
<p>The biggest expenses will be the cost of certifying the PCPC, and their salary.</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>Through providing PCP training to outside vendors for a fee.</p>	
<p>12. Have you or the organization you work with been a past recipient of DDS funding? If yes, what fiscal year(s)?</p>	<p>HCBS Funding ___ No <u>x</u> Yes. If Yes, FY(s) _____ _2017/2018, 2019/2020_____</p> <p>Disparity Funding ___ No ___ Yes. If Yes, FY(s) _____</p> <p>CPP Funding ___ No ___ Yes. If Yes, FY(s) _____</p> <p>CRDP Funding ___ No ___ Yes. If Yes, FY(s) _____</p> <p>If yes to any question be sure to answer questions 13 and 14.</p>
<p>For providers who have received prior HCBS, Disparity, CPP or CRDP Funding from DDS</p>	

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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.

SVS has a Person Centered Planning Coordinator (PCPC) funded for the past two cycles. They have been working with 6 programs funded by Regional Center of the East Bay doing person centered planning/thinking with program directors, case managers and 1:1 guidance for direct staff informally. We have also conducted information meetings, as well as trainings for care providers and families of SVS participants. The PCPC attends intakes and annual meetings and guides the conversation in a PCP/T manner. Currently, PCPC is in training to become a PCP trainer for SVS and will be available for training purposes to other RCEB vendors once training is completed.

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.

SVS has seen a significant impact on our goal to be HCBS compliant by 3/ 2023 through training and guidance from the PCPC. SVS believes duplicating this model to other regional centers that we work with will have them same significant impact. Therefore, we request this position for our vendored programs with GGRC.

HCBS CONCEPT BUDGET						
Vendor Name		Social Vocational Services, Inc.				
Vendor Number(s)		H12395, H88893, H88922, PG3082PG3081				
	Salary and Benefits	Year 1 Budget		Year 2 Budget		Total
		FTE	Annual Cost	FTE	Annual Cost	Cost
Personnel (salary + benefits)						
Person Centered Planning Coordinator	84358	1.00	\$ 84,358	1.00	\$ 84,358	\$ 168,716
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Personnel Subtotal			\$ 84,358		\$ 84,358	\$ 168,716
Operating expenses						
PCPC Training Expenses			\$ 9,200		\$ 1,200	\$ 10,400
Materials/Tools (Direct Training)			\$ 2,300		\$ 2,300	\$ 4,600
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Operating Subtotal			\$ 11,500		\$ 3,500	\$ 15,000
Administrative Expenses						
Mileage Reimbursement			\$ 3,600		\$ 3,780	\$ 7,380
Laptop & Peripherals			\$ 1,600		\$ -	\$ 1,600
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Administrative Subtotal			\$ 5,200		\$ 3,780	\$ 8,980
Capital expenses						
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Capital Subtotal			\$ -		\$ -	\$ -
Total Concept Cost			\$ 101,058		\$ 91,638	\$ 192,696

See Attachment F for budget details and restrictions