

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: 02/10/2021	Completed by: Melissa Banks
Vendor Name, Address, Contact: Angel View Adult Day Care, 12379 Miracle Hill Rd., Desert Hot Springs CA 92240 Contact- Melissa Banks 760-676-5261 (office) 760-832-3726 (cell) email: mbanks@angelview.org	
Vendor Number: HJ0866	
Service Type and Code: 510 Adult Development Center	

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Federal Requirement #1:

The setting is integrated in, and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.

Guidance:

- Do individuals receive services in the community based on their needs, preferences and abilities?
- Does the individual participate in outings and activities in the community as part of his or her plan for services?
- If an individual wants to seek paid employment, does the home staff refer the individual to the appropriate community agency/resource?
- Do individuals have the option to control their personal resources, as appropriate?

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

Please explain: Partial Compliance.

- Less than half the consumers currently attending the program are able to access the community without barriers ranging from health complications, aggressive or disruptive behaviors when in the community and a lack of desire to go into a setting with unfamiliar people or new environmental / social situations. Angel View Adult Day Care (AVADC), lacks a Community Integration Coordinator (CIC), to seek out and coordinate community integration opportunities in our consumer populations local communities. This is even more necessary since we live in an area of extreme weather which requires extra precaution when planning and coordinating available and safe community integration opportunities. The CIC would also be able to assist in arranging reverse community integration opportunities for our consumer population, whose barriers are related to a fear of unfamiliar people or a lack of social skills necessary to be receive in the community as positive experiences.
- Due to medical treatment needs, nearly ¼ the consumers attending are unable to leave the site based setting due to the facilities lack of available nursing staff to accompany the consumers. Another major challenge to the community settings are a lack of available and appropriate toileting areas accessible to our consumer population. The program lacks the personnel and additional transportation to accommodate consumer needs on a case by case situation and, often results in the entire group having to return to the program if a consumer needs to be assisted immediately. This is also relative to the complications of behaviors resulting in all the consumers having disrupted community integration opportunities.
- The AVADC has several consumers who would like to access the community opportunities to train and develop the skills to enter into integrated competitive employment. AVADC lacks a Job Developer to discover the consumer's needs, seek competitive employment opportunities and coordinate appropriate agency, employers and resource services for the consumers to engage in such beneficial opportunities. Additional vehicles would be necessary to assist individual

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consumers meet their personal centered goals of community integrated paid employment on one-to-one basis and small group skills development when needed. In order to help facilitate on-location in the community vocational training and supported employment opportunities, the ADADC lacks a job coach to do so.

- Some consumers have the ability and opportunity to manage their personal resources however, other consumers lack either the skills or cognitive ability to do so.

Federal Requirement #2:

The setting is selected by the individual from among setting options, including non-disability-specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.

Guidance:

- Does the provider have a current regional center Individual Program Plan (IPP) on file for all individuals?
- Does each individual's IPP document the different setting options that were considered prior to selecting this setting?

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

Please explain: Partial compliance.

Most consumers have an IPP on file however, keeping track of the current IPP's is a time consuming task requiring attention to details and much follow through. The facility lacks a Personal Centered Plan Coordinator and Developer (PCPCD), whom would assist in monitoring and assuring accuracies in the IPP consistent with each consumers pcp goals. Not all IPP's address what options consumers had or what role they played in selecting settings.

Federal Requirement #3:

Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.

Guidance:

- Does the provider inform individuals, in a manner they can understand, of their rights to privacy, dignity, respect, and freedom from coercion and restraint?
- Does the provider communicate, both verbally and in writing, in a manner that ensures privacy and confidentiality?
- Do staff communicate with individuals based on their needs and preferences, including alternative methods of communication where needed (e.g., assistive technology, Braille, large font print, sign language, participants' language, etc.)?

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

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Please explain: Partial compliance.

The provider informs the consumers of their rights at least on an annual basis and as applicable in a manner they can understand for most consumer. Some consumers lack the ability to comprehend the nature of the materials based on cognitive or developmental functioning and processing abilities. The facility has staff for translation in the languages our consumers use however, AVADC staff out in the community do not have translation abilities. This barrier could be resolved with technology applications on iPads to assure the same rights can be articulated consistently out in the community. The provider does communicate written and verbally when able to communicate in a confidential manner. The facility does not have the assistive technology necessary to communicate effectively with all consumers.

Federal Requirement #4:

Optimizes but does not regiment individual initiative, autonomy, and independence in making life choices, including, but not limited to, daily activities, physical environment, and with whom to interact.

Guidance:

- Does the provider offer daily activities that are based on the 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?

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

Please explain: Partial compliance.

- The provider offers a variety of activities for consumer choice options however, for most consumer's options are limited to on-site activities due to the lack of staffing supports of a CIC, CDSS, LVN, and transportation to provide individualized and group community integration activity interests as identified in the consumers pcp's.
- The provider structures so the individuals served can interact with chosen individuals in the facility regardless of staff or peers, to the maximum extent possible. The AVADC is unable to offer those options in the community due to the lack of supports needed to facilitate full community integration relative to staff and transport options.
- From the prospective of onsite activities and engagement options, the facility offers programming consistent with each consumers IPP goals with the exception of community engagement interests.

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Federal Requirement #5:

Facilitates individual choice regarding services and supports, and who provides them.

Guidance:

- Does the provider support individuals in choosing which staff provide their care to the extent that alternative staff are available?
- Do individuals have opportunities to modify their services and/or voice their concerns outside of the scheduled review of services?

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

Please explain: Meeting the requirement

- AVADC supports individuals in choosing their staff to provide their care to the extent possible.
- The consumers served by the AVADC have opportunities to modify their services and/or voice their concerns outside of the scheduled review of services at any time the consumer requests or, a need is identified requiring modifications of services provided by any member of the IPP team.

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

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

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

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

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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	Angel View Adult Day Care
Vendor number(s)	HJ0866
Primary regional center	Inland Regional Center
Service type(s)	Adult Day Program
Service code(s)	510
Number of consumers typically and currently served	75
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 Angel View Adult Day Care (AVADC) is located at 12379 Miracle Hill road and is set on a large property overlooking the valley. On site activities consist of a large basketball and tennis court, one indoor therapeutic mineral pool, a full physical fitness room complete with a variety of exercise equipment and, a spacious courtyard with options to entertain visitors, freely enjoy the outdoors, play outdoor musical equipment fixed to the courtyard, utilize the swing, enjoy the sensory stimulation of an outdoor water feature, play a variety of outdoor sports such as t-ball and golf or, engage in gardening along the large fixed planters.</p> <p>The facility indoor area offers a large dining area, a sensory room, 9 activity rooms 2 large changing facilities designed to maximize consumer privacy and a nursing station. Consumers arrive each day and are encouraged to participate in at least 5 choice activities within the structured genre of beneficial development activities, to promote each consumer's development skills supporting their pcp goals. Activity options are pulled from those fitting within cooking classes, physical activity, vocational training and skills development, cognitive skills, sensory skills development, fine motor skills and gross motor skills activities.</p> <p>Current community outings provide options for consumers to attend Pegasus horseback riding and consumer choice community engagement activities for the consumers currently able to do so. Current vocational skills development activities are done on site. Typical outings destinations are shopping establishments, parks, the Westfield Palm Desert Mall, local community centers, local museums, libraries, and restaurants. These outings are limited and infrequent. Typically, when they do go out into the community it is for a half day approximately 3-4 hours depending on the individuals in the group and their tolerance level. All of these are local to the Cities of the Coachella Valley. More than half consumers do not engage in community activities due to behavioral challenges and indications they are not ready to go on outings or do not want to.</p> <p>Visitors from the community come to the program on a regular basis to engage with consumers that want to do so. Typical visitors are members of the seeing eye dog trainers and their training</p>	

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puppies, a dance professional that offer dance instructions, swimming volunteers to assist consumers in water therapy and, pottery artists that assist consumers to complete pottery projects over a series of classes.

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.

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

Request to comply with requirement #1: community integration and employment opportunities.

Community Integration Coordinator (CIC)-

To seek out and coordinate community integration opportunities in our consumer populations local communities. This is even more necessary since we live in area of extreme weather which, requires extra precaution when planning and coordinating available and safe community integration opportunities. The CIC would also assist in arranging reverse community integration opportunities for our consumer population whose barriers are related to a fear of unfamiliar people and a lack of social skills necessary to be receive in the community as positive experiences. The CIC will engage with families in the community and receive feedback on consumer satisfaction and additional supports. This position will require a laptop.

Personal Centered Plan Coordinator and Developer (PCPCD)-

To work with consumers and IPP team members to develop and update personal centered plans and assure the goals are being met and supported. To obtain and check the accuracy of IRC generated IPP's and coordinate the efforts to obtain them and maintain them in the consumer records. To work with the CIC to coordinate knowledge of needs related to community integration opportunities. The PCP will meet with the IPP team semi and annually to go over progress and needs. This position will require a laptop.

Community Assistance Direct Service Staff (CDSS)-

A barrier to many consumer integration opportunities are behavior related or a higher level of assistance than staff can provide in the community setting. This often forces the other individuals served to have to return to the setting because one consumer needs to return. CDSS would be able to work with the one consumer to facilitate assistance for the one consumer needing specialized assistance or transportation without interfering with others opportunities.

Licensed Vocational Nurse (LVN)-

An important barrier needing resolution in advancing community integration is the consumer's limitations of medical needs requiring LVN assistance for Restricted Health care needs. Many RHC plans require treatments that must be completed by a licensed professional. Currently the AVADC has approximately 25% of its consumers requiring RHC assistance. An LVN would be able to accompany RHC consumers and more medical treatment dependent to the community so they too may exercise their right and need for community integration.

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Job Developer-

A Job Developer to discover the consumer's needs, seek competitive integrated employment opportunities and coordinate appropriate agency, employers and resource services for the consumers to engage in such beneficial opportunities. The Job developer would also complete all assessments of discovery and monitoring, work with each individual served with a plan when not ready for employment such as vocational skills development training and, work with the job coaches to assure implementation of identified goals. This position will require a laptop.

Job Coach-

A job coach is needed to assist the consumers on all aspects of the pcp's identified needs and goals are implemented to assure competitive paid employment is achieved for consumers seeking employment. Part of the need for a mobility vehicle is to assist the consumers in their vocational goals. There are currently not enough vehicles to promote these communities integrated paid competitive employment opportunities.

Request to comply with requirement #2: IPP procurement and assuring compliance.

Personal Centered Plan Coordinator and Developer (PCPCD)-

In addition to the above responsibilities identified in response to requirement #1, the PCPCD would be needed to assist in assuring IPP's are current, and identify and coordinate with the IPP team to rectify any requirement deficiencies.

Request to comply with requirement #3: Assuring the consumer is aware of rights in a manner they understand.

4 iPad Pros –

Staff assisting consumers with specialized communication needs would be able to utilize in application translators to assist with communication on site and in the community. While the staff possess basic communication with the consumers, not all staff speak multiple languages, sign and offer hearing assistance to the extent necessary to assist consumers understand and exercise their rights. IPADs are great opportunities to assist in translation both on-site and off-site settings.

Request to comply with requirement #4: Optimizing community access opportunities.

Community Integration Coordinator (CIC)-

Please refer to response #1 which also applies to the same needs to fulfil this requirement.

Personal Centered Plan Coordinator and Developer (PCPCD)-

Please refer to response #1 which also applies to the same needs to fulfil this requirement.

Community Direct Service Staff (CDSS)-

Please refer to response #1 which also applies to the same needs to fulfil this requirement.

Licensed Vocational Nurse (LVN)- Please refer to response #1 which also applies to the same needs to fulfil this requirement.

Job Developer-

Please refer to response #1 which also applies to the same needs to fulfil this requirement.

Job Coach-

Please refer to response #1 which also applies to the same needs to fulfil this requirement.

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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___ 6___ 7___ 8___ 9___ 10___

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

Barriers to requirement #1

Less than half the consumers currently attending the program are able to access the community without barriers ranging from health complications, aggressive or disruptive behaviors when in the community and a lack of desire to go into a setting with unfamiliar people or new environmental / social situations. AVADC lacks a Community Integration Coordinator (CIC) to seek out and coordinate community integration opportunities in our consumer populations local communities. This is even more necessary since we live in area of extreme weather which, requires extra precaution when planning and coordinating available and safe community integration opportunities. The CIC would also be able to assist in arranging reverse community integration opportunities for our consumer population whose barriers are related to a fear of unfamiliar people and a lack of social skills necessary to be receive in the community as positive experiences.

Due to medical treatment needs, nearly ¼ the consumers attending are unable to leave the site based setting due to the facilities lack of available nursing staff to accompany the consumers. Another major challenge to the community settings are a lack of available and appropriate toileting areas accessible to our consumer population. The program lacks the personnel and additional transportation to accommodate consumer needs on a case by case situation and often results in the entire group having to return to the program if a consumer needs to be assisted immediately. This is also relative to the complications of behaviors resulting in all the consumers having disrupted community integration opportunities.

The AVADC has several consumers who would like to access the community opportunities to train and develop the skills to enter into integrated competitive employment. AVADC lacks a Job Developer to discover the consumer's needs, seek competitive employment opportunities and coordinate appropriate agency, employers and resource services for the consumers to engage in such beneficial opportunities. Additional vehicles would be necessary to assist individual consumers meet their personal centered goals of community integrated paid employment.

Barriers to requirement #2

Most consumers have an IPP on file however, keeping track of the current IPP's is a daunting task. The facility lacks a Personal Centered Plan Coordinator and Developer (PCPCD), whom would assist in monitoring and assuring accuracies in the IPP consistent with each consumers pcp goals. Not all IPP's address what options consumers had or what role they played in selecting settings. IPP's can often be difficult to obtain from regional centers and a coordinator could help to assure our program has the proper documents.

Barriers to requirement # 3

The provider informs the consumers of their rights at least on an annual basis and as applicable in a manner they can understand for most consumers. Some consumers lack the ability to comprehend the nature of the materials based on cognitive or developmental functioning abilities. The facility has staff for translation in the languages our consumers use however, AVADC staff

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out in the community do not have translation abilities. This could be resolved with technology applications on iPads to assure the same rights can be articulated consistently out in the community. The provider does communicate written and verbally when able to communicate in a confidential manner. The facility does not have the assistive technology necessary to communicate effectively with all consumers.

Barriers to requirement #4

The provider offers a variety of activities for consumer choice options however, for most consumers during the day those options are limited to on-site activities due to the lack of staffing supports of a CIC, CDSS, LVN, and transportation to provide individualized and group community integration activity interests as identified in the consumers pcps.

The provider structures so the individuals served can interact with chosen individuals in the facility regardless of staff or peers to the maximum extent possible. The AVADC is unable to offer those options in the community due to the lack of supports needed to facilitate full community integration relative to staff and transport options.

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.

For Requirement #1 and Requirement # 4, the Support staff requested are critical to coordinating, implementing and executing the goal of complete community integration and engagement for all our consumers. Without this funding, our consumers will have a longer and more difficult path to obtaining competitive paid employment. Without the support staff and vehicles requested the process of community integration and employment assistance would be impossible to achieve by 2023. Support staff and vehicle assistance will assure all deficiencies could be compliant by March 2023.

For Requirement #2

With the PCPCD funding, we would be able to assure consistency between the pcps and IPP. We would have the personnel needed to address our current inability to coordinate and implement such tasks. The personal centered plan and IPP are the foundation to every consumer's success. Our program needs this additional staff to assure this can be done and remain a consistent continuous success by March 2023.

For Requirement #3

Without the technology necessary to quickly implement the ability to communicate with each consumer in a manner they understand, we will not be able to come into compliance prior to March 2023. Even if we send employees to learn different languages and modalities of communication there is no guarantee staff would retain and be able to utilize the skills to communicate on the level explaining rights and advocacy to the consumers in their understood language. The funding to get equipment for communication applications to be utilized will assure immediate compliance to requirement #3.

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

The proposed outcome for the Concept plan is complete community integration opportunities for each consumer we service. Each consumer will be engaged in competitive integrated employment or be making progress in vocational skills training and or development. Our method of tracking will be a compilation of consumer surveys completed at least annually and as needed

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additionally. Each consumer's goals will be written and data collection of the results will be analyzed, summarized and maintained in the consumer's ISP. All consumers progress and surveys will be reviewed by the Administrator annually to assure compliances are being met and maintained. The newly hired staff to assist in achieving this outcome will be hired and trained and their efficiency and effectiveness towards the compliance goals and concept will be reviewed at 30 days, 90 days and annually. A progress report will be filed with IRC quarterly.

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.

Over the course of the past year, COVID-19 has played a large role in the changing needs and interests of our population served. We have engaged with our consumers, their home staff, families and regional caseworkers to discover what the needs of those consumers are. Our findings strongly support an increased desire to actively participate in one's community, get jobs and build meaningful relationships. In developing this plan, a sample representative group of consumers were asked via zoom, telephone and other assistive modalities questions to obtain their input on their interactions and barriers to these interests. The input participants were from both community home settings, ICF-DD H facilities, and individuals whom reside at ICF-DD-H facilities. Additional supports assisting to develop the plan was the CEO, CFO, the program director, the LVN, multiple direct care staff and the day program administrator.

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

The entire concept is about offering opportunities to follow personal centered service approaches. Our consumers want to be able to gain competitive employment and integrate into community settings where they are seen as the same and offered the same opportunities as people without disabilities. By focusing on each person we serve and helping implement their plans, we can help them achieve their goals. This starts with the supports we have requested so we may find ways to get past those barriers and help our consumers become fully integrated and employed in the communities they live and hope to thrive in.

9. Please address your plan for maintaining the benefits, value, and success of your project at the conclusion of 2020-21 HCBS Funding.

In regards to vehicles, Angel View Adult Day Care will assume the responsibilities of proper upkeep, licensing and maintenance to assure value and longevity. Our director of technology will work on assisted technology devices and laptops for the two coordinator positions to assure value and longevity and, the staff/positions value and benefit will be achieved by adding them to the continuous ongoing budgets for the indefinite fiscal years.

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 [link](#).

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Personnel-

The goal for completion of hiring the appropriate people for each position and training for those individuals would be met with the expectation of 90 days after funds are acquired or September 2021 whichever is appropriate and gives at least 90 days after allocation of funds.

Operating expenses-

Within 30 days of fund allocations and the expectation of July 20121.

Capital Expenses-

Purchased and acquired within 6 months of funding and an expected date of November 2021.

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.

With the continued growth of the program and some consumers finding and maintaining competitive employment, the program funds should increase over the next 2 years to support the additional staffing. Increased participation is not expected to generate needs for additional positions other than to meet ratios so the increased revenue will be able to assure sustainability.

12. Have you or the organization you work with been a past recipient of DDS funding? If yes, what fiscal year(s)?	HCBS Funding	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes.	If Yes, FY(s) _____
	Disparity Funding	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes.	If Yes, FY(s) _____
	CPP Funding	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes.	If Yes, FY(s) _____
	CRDP Funding	<input checked="" type="checkbox"/> No	<input type="checkbox"/> 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, CPP or CRDP 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.

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

HCBS CONCEPT BUDGET	2021 Budget					
Vendor Name	Angel View Adult Day Care					
Vendor Number(s)	HJ0866					
	Wage and Benefits	Year 1 Budget		Year 2 Budget		Total
		FTE	Annual Cost	FTE	Annual Cost	Cost
Personnel (wage + benefits)						
Community Integration Coordinator	38400	1.00	\$ 38,400	1.00	\$ 38,400	\$ 76,800
Personal Centered Plan Coordinator/ Developer	42240	1.00	\$ 42,240	1.00	\$ 42,240	\$ 84,480
Community Assistance Direct Service Staff	30720	2.00	\$ 61,440	2.00	\$ 61,440	\$ 122,880
Licensed Vocational Nurse	48000	0.50	\$ 24,000	0.50	\$ 24,000	\$ 48,000
Job Developer	48000	1.00	\$ 48,000	1.00	\$ 48,000	\$ 96,000
Job Coach	32640	1.00	\$ 32,640	1.00	\$ 32,640	\$ 65,280
			\$ -		\$ -	\$ -
			\$ -		\$ -	\$ -
			\$ -		\$ -	\$ -
Personnel Subtotal			\$ 246,720		\$ 246,720	\$ 493,440
Operating expenses						
I Pad Pro 12.9			\$ 929			\$ 929
I Pad Pro 12.9			\$ 929			\$ 929
I Pad Pro 12.9			\$ 929			\$ 929
I Pad Pro 12.9			\$ 929			\$ 929
HP Laptop Pro			\$ 1,200			\$ 1,200
Hp Laptop Pro			\$ 1,200			\$ 1,200
						\$ -
						\$ -
						\$ -
						\$ -
Operating Subtotal			\$ 6,116		\$ -	\$ 6,116
Administrative Expenses						
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Administrative Subtotal			\$ -		\$ -	\$ -
Capital expenses						
2020 Toyota Sienna XLE Mobility Vehicle with Lift			\$ 72,984			\$ 72,984
2020 Toyota Sienna XLE Mobility Vehicle with Lift			\$ 72,984			\$ 72,984
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Capital Subtotal			\$ 145,968		\$ -	\$ 145,968
Total Concept Cost			\$ 398,804		\$ 246,720	\$ 645,524

See Attachment F for budget details and restrictions