

## 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: 2/10/21	Completed by: Damon Hill
Vendor Name, Address, Contact: Cole Vocational Services-ADC / 7500 District Blvd, Bakersfield CA 93313	
Vendor Number: HK3515	
Service Type and Code: Day Program / 510	

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

<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 Please explain: Provider is able to provide community outings for participating individuals. With receiving the Person Centered training the program would have the ability to individualize the outings to assist in giving more options.</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 and board.</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>
<p><b>Does the service and/or program meet this requirement?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Please explain: CVS retains copies of all IPP's for participating individuals. Services are provided in accordance to the individuals IPP. The person centered planning would allow for more involvement and person centered goals.</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> </ul>

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

	<ul style="list-style-type: none"> <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</p> <p>Please explain: Program is able to provide the minimal communication needed to meet an individual's communication style, however, those supports can be enhanced with implementing Person Centered Training for all program staff in the areas of communication and advanced assistive technology.</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>
<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: Program offers daily activities and grouping for individuals to engage with each other. Some of the daily activities can be repetitive from day to day. Program could benefit from Person Centered Training that could enhance daily activities to support individual's IPP goals and interest.</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</li> </ul>

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

	their concerns outside of the scheduled review of services?
<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: Program does offer a rotating staff schedule that is driven by individual choice, however with staff ratios and time off a group or individual may not be with the option they prefer.</p>	

<p><b><u>Federal Requirement #6:</u></b></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><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 type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b></p> <p>Please explain: N/a</p>	

<p><b><u>Federal Requirement #7:</u></b></p> <p><i>Each individual has privacy in his/her sleeping or living unit:</i></p> <ul style="list-style-type: none"> <li>• <i>Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors as needed.</i></li> <li>• <i>Individuals sharing units have a choice of roommates in that setting.</i></li> <li>• <i>Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.</i></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>
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**Home and Community-Based Services (HCBS) Rules  
DEPARTMENT FUNDING GUIDANCE**

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

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

**CONTACT INFORMATION**

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Contact Phone Number:	<u>805.340.4779</u>
Email Address:	<u>damon.hill@thementornetwork.com</u>

**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.

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

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

Vendor name	Cole Vocational Services-ADC-Bakersfield
Vendor number(s)	HK3515
Primary regional center	Kern Regional Center
Service type(s)	Day Program
Service code(s)	510
Number of consumers typically and currently served	91
Typical and current staff-to-consumer ratio	3:1
<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>Program is a centered based program that provides vocational services to individuals with Developmental Disabilities. Program supports many non-mobile individuals, around 45-50 individuals in wheelchairs. Program operates from 8am-230pm (6.5 hours), Monday thru Friday. Program is licensed by Community Care Licensing. Program supports some individuals with medical challenges (oxygen, g-tube, and other restricted health care needs)</p> <p>Typical day at CVS/ADC (before COVID): unloading individuals safely from their daily transportation vehicles / checking individuals lunches to ensure all dietary restrictions/modifications are being met / hygiene-changing some individuals undergarments / appropriate individual grouping / providing individuals with snacks / preparing daily activities and outings / possibly preparing for individual IPP meeting / medication administration / assisting individuals with lunches (prep, feeding, clean up) / additional activities-outings / additional hygiene-changing undergarments / prep for individual transportation home.</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>	
<p>2. Please provide a brief summary narrative of the concept for which you are requesting funding, including justification for the funding.</p>	
<p>Provider is requesting funding for an opportunity for team member to become a Person Centered Trainer.</p>	



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

<p>To achieve HCBS compliance, CVS/ADC-Bakersfield Day Program will utilize funding to support Train-the-Trainer Certification in the Person-Centered approach to ensure that individual's preferences are being supported.</p> <p>Person Centered Training would create a great opportunity for staff members to receive training upon hire that would establish understanding/purpose of how to support an individual. This would also allow our program to continue the PCT on an on-going basis.</p> <p>Person Centered Training would help program in its approach to having more effective ISP/IPP's, provide communication options, stronger self-advocacy, and creative ways to navigate community activity involvement.</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 <input checked="" type="checkbox"/> 2 ___ 3 <input checked="" type="checkbox"/> 4 <input checked="" type="checkbox"/> 5 ___ 6 ___ 7 ___ 8 ___ 9 ___ 10 ___</p>
<p>4. For each HCBS out-of-compliance federal requirement that is being addressed by this concept, describe the barriers to compliance</p> <p>Program does not have a qualified trainer to teach and implement the concepts and tools of the person Centered training program.</p>
<p>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.</p> <p>Program will be better positioned to meet the federal requirements with having a Train-the-Trainer on site to help support areas that are currently out-of-compliance. The Person Centered Training will educate program staff for a better understanding on the concepts in Person Centered thinking/approach. This will allow Program to be aligned with meeting requirements.</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>Programs focus is to educate and transition staff to view individual supports in the concepts of Person Centered thinking. This can be accomplished with the appropriate training tools.</p> <p>Progress will be tracked monthly for an individual and reviewed semi-monthly by the Planning Team. Based on gathered information, plans may be modified as team see's appropriate. Health/Safety interviews will conducted with individuals/or care provider quarterly to engage feedback on services provided.</p> <p>Program staff will be trained upon hire and quarterly to ensure that Person Centered thinking is being understood, refreshed and implemented.</p>

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

Program Goals include:	
Action Step	Goal
Staff complete Train-the-Trainer Courses	Obtain Certificate
Certified Trainer	Train Program Staff on PCT
Review ISP's	ISP's modified to reflect PCT planning/thinking in accordance with Individuals preferences

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.

Program will provide concept directions to individuals and receive feedback from individuals during monthly advocacy and IDT meetings regarding their interests and preferences. Program will work with individuals to meet their community integration and vocational goals.

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

Person Center planning concepts/tools will be the first steps to enhancing Program team's mindset towards service/support improvements, and to emphasize that those we serve are the driving force behind our services.

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

Program will absorb costs exceeding awarded amount

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](#).

**One Time Costs**

Program Director wages with benefits	\$2,791
Train the Trainer Person Centered Training	\$17,180
Training Materials	\$1,341
Area Director Wages with Benefits	\$675
Administrative Support Fees	\$3,013

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Total Costs	\$25,000
Award	\$25,000
<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>	
N/A	
<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 <input checked="" type="checkbox"/> No ___ Yes.</p> <p>If Yes, FY(s) _____</p> <p>Disparity Funding <input checked="" type="checkbox"/> No ___ Yes.</p> <p>If Yes, FY(s) _____</p> <p>CPP Funding <input checked="" type="checkbox"/> No ___ Yes.</p> <p>If Yes, FY(s) _____</p> <p>CRDP Funding <input checked="" type="checkbox"/> No ___ Yes.</p> <p>If Yes, FY(s) _____</p> <p>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>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>	

HCBS CONCEPT BUDGET	
Vendor Name	Cole Vocational Services/ADC - Bakersfield
Vendor Number(s)	HK3515

	Year 1 Budget			Year 2 Budget		Total
	Wage and Benefits	FTE	Annual Cost	FTE	Annual Cost	Cost
<b>Personnel (wage + benefits)</b>						
Program Director wages with Benefits			\$ 2,791		\$ -	\$ 2,791
Area Director wages with Benefits			\$ 675		\$ -	\$ 675
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Personnel Subtotal			\$ 3,466		\$ -	\$ 3,466
<b>Operating expenses</b>						
Train the Trainer person Centered training			\$ 17,180			\$ 17,180
Training Materials			\$ 1,341			\$ 1,341
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Operating Subtotal			\$ 18,521		\$ -	\$ 18,521
<b>Administrative Expenses</b>						
Administrative expenses			\$ 3,013			\$ 3,013
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Administrative Subtotal			\$ 3,013		\$ -	\$ 3,013
<b>Capital expenses</b>						
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Capital Subtotal			\$ -		\$ -	\$ -
<b>Total Concept Cost</b>			<b>\$ 25,000</b>		<b>\$ -</b>	<b>\$ 25,000</b>

See Attachment F for budget details and restrictions