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: 2/12/21	Completed by: Susie Pittman
Vendor Name, Address, Contact: Build Rel 12432 Foothill Blvd., Sylmar, CA 91324	nabilitation Industries
Vendor Number: PL1629, H32993, HL0302	2
Service Type and Code: Community Integr Behavior Management Program, Service C Service Code 954	5 5 7

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? $\ \square$ Yes $\ \boxtimes$ No

Please explain: Prior to the pandemic, Build Options Program was a site based, behavior management day program. More than half of the individuals served are non-verbal, with severe cognitive and behavioral challenges. The program did not offer community opportunities for individuals or work related skill-building opportunities. Build's Work Activity Programs were not integrated, nor did they include community components or minimum wage pay scales. Since the pandemic began, both Options and Work Activity Program clients have been isolated at home with little to no programming. Most families are reluctant to try remote services citing their lack of technology experience or financial inability to purchase accessibility. The majority of families are also older and fearful of having someone coming into the home, or their consumer leaving it during the pandemic.

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	\square No
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Please explain: Please explain: Each individual has a current IPP on file. The IPP outlines the various reasons why Build's day program or WAP program was considered as the best choice to meet the individual's needs.

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.)?

Please explain: More than half of the individuals served in the day program are non-verbal and do not use any sort of communicative devices. Several others may be verbal, but have difficulty communicating effectively or clearly. Staff utilize physical signals in many cases to determine likes and dislikes of the individuals served. As part of the intake, personal rights are provided and explained to the best of our ability with the individual present, but in most cases these are explained to caregivers or conservators. All sensitive communication is done with dignity and privacy in mind. Clients in the Community Integration Training Program are informed themselves, or with caregivers as requested by the client to ensure maximum understanding.

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	•
Please explain: Due to the nature of their previously enrolled in the day program and	
understanding to engage in a remote Zooi	•

length of time. Families of clients have been resistant to remote services due to lack of technology and/or financial inability to purchase technology. Clients do not always choose who they can interact with – it's based on staff availability at this

time. Community Integration Training clients may have movements in the community restricted due to current CDC guidelines and community unrest.

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? $\ oxtimes$ Yes $\ oxtimes$ No

Please explain: Individuals work with specific staff when possible due to their specific deficits and needs, since familiarity with our individuals means that some behavioral outbursts may be lessened when an antecedent is noted. Individuals do not always get to choose who their staff will be. Most of the individuals we serve, as stated above, are non-verbal and have major cognitive deficits, but parents and conservators input is always welcome regarding the program and any changes to be made.

Federal Requirement #6:

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,

Guidance:

- 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?

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.	
Does the service and/or program meet Please explain: Click or tap here to enter to	_
Federal Requirement #7: 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.	 Guidance: 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?
Does the service and/or program meet Please explain: Click or tap here to enter to	
Federal Requirement #8: Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.	 Guidance: 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?
Does the service and/or program meet Please explain: Click or tap here to enter to	
Federal Requirement #9:	Guidance:

Individuals are able to have visitors of their choosing at any time.	 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? 	
Does the service and/or program meet		
Please explain: Click or tap here to enter	<u>text.</u>	
Federal Requirement #10:	Guidance:	
The setting is physically accessible to the individual.	 Do individuals have the freedom to move about inside and outside the home or are they primarily restricted to one room or area? Are grab bars, seats in bathrooms, ramps for wheelchairs, etc., available so that individuals who need those supports can move about the setting as they choose? Are appliances and furniture accessible to every individual? 	
Does the service and/or program meet this requirement? ☐ Yes ☐ No Please explain: Click or tap here to enter text.		

CONTACT INFORMATION

Contact Name: Susie Pittman

Contact Phone Number: 818-485-8568

Email Address: spittman@buildrehab.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

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/.

Vendor name	Build Rehabilitation Industries
Vendor number(s)	PL1629, H32993, HL0302
Primary regional center	North Los Angeles County Regional Center
Service type(s)	Community Integration Training Program, Behavior Management Program, Work Activity Program
Service code(s)	055, 515, 954
Number of consumers typically and currently served	Typically served: 23, currently served: 23, Typically served: 65, currently served:6, typically served:85, current: 11
Typical and current staff-to-consumer ratio	Service Code 055: ratio:1:3, current 1:3-1:6 remote Service Code 515: ratio:1:3, current 1:1, 1:2 remote Service Code 954: ratio 1:4, current 1:5, 1:6 remote

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.

The Community Integration Training Program has always operated in the community, with no site based programming. All activities are chosen by the individual. The day program and the WAP, prior to the pandemic, were site based programs with little to no interaction with the community. The day program had planned activities that clients could choose from, and all services were delivered inside. A BCBA consulted with the program to provide tips and teaching techniques to work with clients face to face. The WAP was a warehouse and packaging setting. There was no interaction with others who were not in the WAP program or staff. Many clients had been there for years, and resisted the idea of change. Currently the day program and WAP clients are not receiving services in the community, but that is the ultimate goal.

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.

Since the advent of the pandemic, it has been noted that there is a noticeable tension in the community as a whole. Staff and clients navigating the community as part of their Community Integration day are finding that they are running into more situations where non-violent conflict resolution training would be invaluable to calm situations and ensure everyone is safe, especially in those instances where a client may not be able to wear a face covering or mask, or removes it, or becomes frustrated or behavioral. In addition, while attempting to work with WAP and day program clients remotely, specialized teaching and behavioral techniques would benefit families and staff working with clients with more behavioral issues. Build would like to fund for CPI training for four management level staff, specifically the training regarding Covid-19 and non-violent crisis intervention and conflict resolution training, as a train-the-trainer model so that staff receiving this certification can eventually train all staff in these proven methods, and also fund for a Contract BCBA to train staff and provide techniques for skill building remotely and with social distancing. A BCBA consulted with the day program regularly when clients attended the site. Currently staff trained in CPI need to wait for an opening in a remote learning training module, and

having this training in house would increase the quality and frequency of training in a cost effective manner. 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. 2 1 3 4 X 5 6 7 8 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. Having staff trained in conflict resolution would allow clients and staff to feel more comfortable accessing community activities where the area is not dangerous, but could be more tense due to issues surrounding the pandemic, such as lack of patience in others when staff is in the grocery store when a client is having an issue with their mask. Clients could choose to access more parts of the community with all safety precautions in place. BCBA consultation with staff on how to work more effectively with clients from the WAP and day program remotely would be invaluable in being able to teach clients to meet their goals. 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. Contracting with a BCBA for training on remote teaching techniques would assist staff in engaging the most challenging clients, increasing their attention span and skill building. CPI conflict resolution training is a valuable tool for staff working primarily with clients in the community and would add a level of comfort and safety when dealing with the general public, which would increase opportunities in the community for clients. 6. What are the proposed outcomes and objectives of the concept, and what are the methods of achieving and tracking them? Consulting with a BCBA would provide measurable teaching techniques for clients who typically have great difficulty in accessing remote alternative services due to their disability. Greater attention span and ability to engage with others socially while maintaining or improving behaviors is a proposed outcome. CPI training would allow a safer community experience for clients and staff, allowing for greater community access. 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. Input came from staff and from families regarding both concepts. Staff, especially less experienced staff, described situations that weren't dangerous, but they felt less equipped handling. Conflict resolution training would give staff more tools in dealing with the general public. Staff and families of clients from the WAP or day program expressed frustration in assisting their client in managing behaviors and focus. 8. Please describe how the concept you propose will enable you to provide more personcentered services to your clients. Consulting with a BCBA would allow for more person centered service for those clients seen remotely, because specific training techniques and methods would be developed for each person, based on their unique needs. CPI conflict resolution training would allow for more person centered services and choices in the community.

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

CPI training using the train the trainer model ensures that staff training will continue to benefit all staff beyond the initial funding of the original trainers. Build will maintain their yearly re-training certifications in order to ensure all staff who work with clients become trained. Contracting with a BCBA over a two-year period to work with staff and clients in developing remote learning and behavior plans would increase the competency of staff, and increase attention span and learning for clients. Contracting with the BCBA would be sustained by Build after two years, as long as the services delivered were beneficial to the clients and staff.

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 <u>link</u>.

Cost of the CPI train-the-trainer sessions are \$4,000.00 per person (does not include physical restraint). Ideally 4 managers would be trained and certified so that all staff can eventually receive training. \$4,000.00 X 4=\$16,000.00. Contracting with a BCBA for 40 hours per month for two years, at \$150.00 per hour totals \$144,000.00.

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.

Contracting with the BCBA will continue past the two-year point by fundraising efforts and through Build should services prove valuable and successful. Once the original staff for CPI training are certified, Build will fund the ongoing re-certification each year.

12. Have you or the organization you work with been a past recipient of DDS funding? If yes, what fiscal year(s)?

HCBS Funding ___ No __X_ Yes.

If Yes, FY(s) 18-19, 19-20___

Disparity Funding _X__ No ___ Yes.

If Yes, FY(s) ____

CPP Funding _X__ No ___ Yes.

If Yes, FY(s) ____

CRDP Funding _X__ No ___ Yes.

If Yes, FY(s) ____

If yes to any question be sure to answer questions 13 and 14.

For providers who have received prior HCBS, Disparity, 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.

HCBS Funding 18-19: 4 out of 5 Milestones met- #5 pending completion. Funding was received in order to train managers in Person Centered Planning (PCP) techniques, and

engage 5 consumers from the WAP in order to plan for leaving the WAP and finding employment in the community. Baseline information was gathered, and a PCP was developed for each individual. Final Milestone is the 6-month report due end of February 2021.

HCBS Funding 19-20: 1 out of 5 Milestones met-This funding was to staff two positions-both to target clients from the site based day program and develop person centered plans to begin engaging clients in the community and work on volunteerism and possible future employment. Since the pandemic, the objective is to still develop person centered plans and engage in community life through remote services and future hybrid services with some site based programming on a limited basis.

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.

This funding request builds on prior funding, and is designed to enhance service delivery and effectiveness, as well as health and safety considerations. CPI training specifically dealing with situations in the community revolving around Covid-19 and non-violent conflict resolution would positively affect staff and their clients who must still interact and engage in the community as part of their day. Contracting with a BCBA specifically to assist staff in working remotely with the most challenging clients will enhance the client's ability to access community and develop and maintain current skill level.

HCBS CONCEPT BUDGET

Vendor Name Id Rehabilitation Industries

Vendor Number(s) PL1629, H32993, HL0302

	Y	Year 1 Budget			Year 2 Budget	Total	
	Wage and Benefits	FTE	Annual Cost			Cos	
Personnel (wage + benefits)							
Position Description		\$	-		\$ -	\$ -	
Position Description		\$	-		\$ -	\$ -	
Position Description		\$	-		\$ -	\$ -	
Position Description		\$	-		\$ -	\$ -	
Position Description		\$	-		\$ -	\$ -	
Position Description		\$	-		\$ -	\$ -	
Position Description		\$	-		\$ -	\$ -	
Position Description		\$	-		\$ -	\$ -	
Position Description		\$	-		\$ -	\$ -	
Personnel Subtotal		\$	-		\$ -	\$ -	
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Operating expenses Contract BCBA @150.00/hrX40 hrs.monthX24		Ċ	72,000			\$ 72,000	
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CPI training @4X\$4,000.00	_	\$	16,000			ć	
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Operating Subtotal		\$	88,000		\$ -	\$ 72,000	
Administrative Expenses							
						\$ -	
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Administrative Subtotal	_	\$	-		\$ -	\$ -	
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Capital expenses	_					·	
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Capital Subtotal		\$	-		\$ -	\$ -	
Total Concept Cost		\$	88,000		\$ -	\$ 160,000	

See Attachment F for budget details and restrictions