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: December, 2020-January 2021	Completed by Fe O. Punzalan
Vendor Name, Address, Contact: Flintcrest House 2043 Flintcrest Drive, San Jose, California, 95148 Flintcrest House II 3094 Stevens Lane, San Jose, California, 95148 Silver Star Residential Care Home 5130 San Felipe Road, San Jose, California, 95135 Fe O. Punzalan **408-592-6183**	
Vendor Number: Flintcrest House HS 0600 Flintcrest House II HS 0132 Silver Star Residential Care Home HS 0160	
Service Type and Code: 905, 915 109	

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

Federal Requirement #1:	Guidance:
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.	• 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:

-The individuals who are residing at the home receive services in the community based on their needs, preferences and abilities. The individual's needs, preferences, and abilities are described in the IPP (Individual program Plan). However the assessments of these needs, preferences and abilities are written mostly in general terms and are derived from the information given by his/her authorized representatives, parents and other members of the interdisciplinary team. The data collected are not necessarily reflective of person-centered thinking. Careful and thorough person-centered planning which includes assessments require time, appropriate manpower and resources to make this happen. One might run into challenges into obtaining data and individual's choices due to lack of communication tools that will assist with clearly assessing the person's needs, preferences and abilities. There are some individuals at these homes who are not verbal. Providing appropriate staff training and the use of augmentative and alternative communication (ACC) tools will be of great value in conducting a person-centered planning and assessment. A carefully thought out person-centered planning results to better quality of life and positive outcomes for an individual.

-The individuals residing at the home participate in outings and activities in the community as part of his or her plan of services as identified in the IPP. Prior to Covid-19 Pandemic, there is a calendar that reflected the schedule of community outings and activities that these individuals have suggested and recommended. The choices of activities during community outings are not necessarily individualized since some individuals are unable to verbally express their wants and needs. Additionally, these individuals stay together in group while out in the community. Addressing each individual's needs, wants and interest when making decisions as to what, when, and how to do community outings require additional staff resources and transportation. The use of augmentative and alternative communication (ACC) tools will be helpful for these individuals who are not able to communicate verbally, and provide community activities that they choose and are meaningful to them. With the "Shelter-in-Place" directive from California Governor Gavin Newsom last March 16, 2020, these individuals' community

integration is next to impossible and the social distancing in the community is a real challenge.

-Due to the levels of cognitive impairments and abilities, these individuals have not indicated that they are seeking paid employment at this time. With Person-Centered planning, the individual in collaboration with other members of the interdisciplinary team may be able to assess the individual's interest for accessing paid employment in the future.

-These individuals do not have the full control of their personal resources. The IDT members discuss what these individuals' needs are, decisions have to be made and have to be approved by the IDT members. Training on how to accurately assess the individual's level of understanding on money management and person-centered thinking to enhance the individual's ability to make choices for himself/herself will be beneficial. This type of control needs to be channeled to the individual increasing his/her participation in making decision on how his/her personal resources are managed and spent accordingly.

Federal Requirement #2:	Guidance:
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.	• 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: Each individual who are at the home has a current Regional Center's Individual Program Plan (IPP) on file. The IPP documents the different setting options that were considered prior to selecting the setting. The service coordinator makes referrals to which homes or facilities, the families and/or authorized representatives can make home visits and determines the suitability of the future living arrangement for their loved ones or family member. The IPPs need to be reviewed and updated periodically to ensure that the residential setting meets the individual's needs, and preferences. This requires training of staff (in collaboration with the administrator) who can easily validate and identify individual's needs and preferences through Person-Centered Planning and as outlined in the HCBS Final Rule.

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

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**

- Please explain:

-Yes to some extent, the provider, administrator/licensee (upon admission) informs individuals using simple words and picture icons of their rights to privacy, dignity, respect, and freedom from coercion and restraint. These information are shared with the individual in the presence of the individual's family member and/or authorized representative upon admission and is being reviewed annually and/or as need-basis. With the proper training of staff in the use of augmentative and alternative communication (ACC) tools and other forms of assistive technology will help the individuals understand better what's their rights of privacy, dignity and respect, and freedom from coercion and restraint are.

-There are individuals at the homes who lack verbal skills. Although the facility staff communicates to these individuals via picture icons, communication boards and other simple communication tools based on their needs and preferences and abilities, these could well be improved by the availability of more augmentative and alternative communication (ACC) tools and assistive technology that are currently available in the market. What might be recommended is the use of sign language that the facility staff will be trained on so they can enhance better interaction and communication with these individuals.

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

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: -A Schedule of Daily Activities has been developed for each individual based on the individual's needs, preferences and abilities. However this schedule of activities is also based upon what the group of these individuals is able to accomplish for the day. Person-Centered Planning and Thinking will be more specific to the individual's needs and preferences which is individualized and supports the individual's choices. The Person-Centered Planning empowers these individuals to do whatever best fits his/her interest and schedule. -Providing staff with training on the Person-Centered-Planning will give the staff better understanding in ensuring that an individual can make independent choices as to how and when the daily activities will be accomplished and not being prescribed by others. -A schedule of daily activities that is developed by the individuals themselves provide an environment conducive for increased participation of that said individual. The provider structures their support so that these individuals is able to participate in the activities that interest them and correspond with their IPP goals. This can only be enhanced with proper training on Person-Centered-Planning per HCBS Final Rule.	
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: The home provides 24 hour "non-medical care and supervision" to persons with intellectual disabilities. Our current schedule provides adequate staffing or 24 hour coverage to care for these six individuals. Although the staffing provides adequate care and supervision for these individuals, these individuals are not able to	

choose the services and supports they would have liked or preferred due to the level of cognition and abilities that are necessary to make appropriate choices and decisions. Alternative staffing at this time is not readily available on a PRN basis.

-Scheduled meetings that are conducted with other individuals at the home provide opportunities for these individuals' voices to be heard and present their concerns or issues for discussions. The staff and each individual's training on Person Centered Planning will provide clarity as to what opportunities these individuals have to do in modifying services and supports based on each individual assessed needs and preferences

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

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:

Federal Requirement #6:	Guidance:
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.	• 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?

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

Please explain: An Admission Agreement is signed by each individual, individual authorized representative, conservator and the licensee, Service Coordinator from San Andreas Regional Center and the home's administrator/licensee upon admission. The Admission Agreement includes: the basic general services, monthly rate for basic services, notice of rate change, refund policy, visitation policy, sign-in and out procedures, house rules, safeguarding of cash resources, valuables and personal property, Eviction procedures and Rights of the Licensing Agency.

-The individual and/or the authorized representative are informed about how to relocate and request a new housing when the homes could no longer provide the level of care and supervision the individual requires, or the individual wishes to relocate to a new housing or other alternative living arrangements. A 30-day eviction or a (3) three-day eviction notice (whatever is appropriate) for discharge will be discussed with the individual, Licensing Agency and the Regional Center's Service Coordinator or representative before eviction or discharge can proceed.

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

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 this requirement? ☐ Yes ☒ No Please explain: Our homes, each has three bedrooms that were allocated for 6 individuals with two individuals per bedroom. During pre-placement visits and tour of the home, the licensee informed the individuals that each bedroom can accommodate two individuals and there was no private room that can accommodate a single person. It is the family and/or authorized representative who selects the bedroom and at the same time the individual does not have the opportunity to choose a roommate. -Currently there's at least one individual from each home who likes to decorate her bedroom area and the rest are dependent upon facility staff on decorating their bedrooms and arranging of furniture. With Person-Centered Planning training, our staff will be able to identify the individual's needs, preferences, and areas of interest on how his/her bedroom can be decorated, arrangement of furniture and personal belongings, etc. -The locks were placed on each bedroom in 2017 and allowed the individuals to lock their bedroom doors when they choose. The provider and the staff trained the individuals how to access their bedrooms with the use of the key and assistance form the facility staff when needed.	
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 this requirement? ☐ Yes ☒ No Please explain: Each home keeps ample supplies of food for the individuals served at the home. Due to certain health conditions and dietary restrictions, these individuals' full access to food supplies is quite a challenge. However, since these individuals have stayed at this home for years, they have been trained how to communicate their needs	

and wants for foods verbally or via gestures, body language, "holding staff's hands" towards food storage area or fridge, and/or loud vocalizations.

-These individuals are under constant staff monitoring due to cognitive impairment and lack of safety and hazard awareness. Therefore full access to different areas of the house such as kitchen, dining area, laundry, and backyard are limited unless they are fully guided and assisted. Further staff training is needed to support the HCBS Final Rule of allowing the individuals freedom and support to control their own schedules and activities and have access to food at any time.

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 this requirement? ☐ Yes ☒ No

Please explain: Our homes Visitation Policy before the Covid-19 pandemic states that: for scheduled visits within normal waking hours, whenever possible. If this is not possible, please make arrangement with facility prior so as to not infringe on the daily schedule of other individuals".

However, when the Covid-19 Pandemic hits the Visitation Policy was updated to state:

Facility will continue its visitation/screening policies and plans that include:

- Limit visitors by not allowing those with symptoms of respiratory infection or who have traveled in the past 14 days to areas having C-19 outbreaks
- Limit entry only to individuals who need entry, such as:
  - Facility staff, contractors, volunteers, and consultants who need to keep the facility operating and ensure the needs of residents are met. Government officials who require entry
- Allowing visits by immediate families or friends but
  - No more than 5 people will gather at a time
  - The reasons for entry are taken into consideration
  - Consider alternative methods of communications are used and explained to visitors
  - Deny entry to anyone with a temperature of 100.4 or above
- Provide hand and respiratory hygiene, and enforce cough etiquette by residents, visitors, and employees.
  We have PPE (Personal Protective Equipment) available for the visitor's use. Each home is equipped with hand-free sanitizer that is hoist in a standing pole at every entrance of the homes.

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: The individuals who reside at the homes have the freedom to move about inside and outside the homes. They are not primarily restricted to one room or area. Due to lack of hazard and safety awareness, the persons served require constant staff monitoring and they are kept in line of vision. -Our homes are equipped with 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. - The home's appliances and furniture are accessible to every individual. - Training for the Person-Centered Planning is a central key for a successful assessment of individual's needs and wants, and preferences primarily focusing on an individual, with the other team members participating and supporting that individual in developing skills and abilities, and making decisions that work toward achieving the individualized goals and objectives. Additionally, the individuals' vision for what they like to do in the future is identified and focusing on developing interest on personal relationships. This in turn lead to productive outcomes, improved health functions and achieve higher quality of life.	

CONTACT INFORMATION

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ACKNOWLEDGEMENT

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

☒ I AGREE

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

Regional center vendors may receive funding to make changes to service settings and/or programs to help them come into compliance with the HCBS rules. To be considered for funding, vendors must complete and submit this form and the provider compliance evaluation form as one packet to the regional center with which it has primary vendorization.

Instructions:

- The concept form on the next page must be used, may not exceed four pages plus the budget worksheet and any cost backup, and must be kept in Arial 12-point font. Submit the form in Microsoft Word or PDF format. An extra half page is permitted to answer questions about prior funding.
- Using a form from previous years will negatively impact a concept score, so please ensure the current FY 20-21 form is used.
- For providers that operate programs with several vendor numbers involved in one concept, one evaluation and concept form should be submitted and should list all vendor numbers for related/included programs. If multiple programs owned by the same parent company have different compliance evaluations or concepts, additional applications can be submitted but should be attached in the same document as the other owned programs so they can be reviewed together.
- The results of the evaluation should be clearly laid out in the section referring to identification of federal requirements that are currently out of compliance, which the concept will address.
- The concept form includes detailed information that describes the funding requests and supports how the requests will assist the provider to come into compliance.
- There should be a clear link between what is being requested and the federal requirement currently out of compliance.
- Concepts should demonstrate how the requested change in service delivery will impact individuals in offering more choices and opportunities.

Strengths of previously funded concepts:

- Identified the need as well as proposed a plan to provide outreach and information regarding the HCBS rules to individuals served and members of their support teams.
- Discussed the need for additional funds to effectively support individuals served on a more individualized basis in overcoming barriers to community integration and employment, as appropriate.
- Prioritized the preferences of individuals served and utilized their feedback in the development of the concept.
- Implemented a sustainable plan for person-centered planning/thinking and training regarding the HCBS rules.
- Enabled residents to age in place and exercise more choice and independence.

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	Flintcrest House, Flintcrest House II and Silver Star Residential Care Home
Vendor number(s)	HS 0600, HS 0132 and HS 0160
Primary regional center	San Andreas Regional Center
Service type(s)	ARF
Service code(s)	905, 915, 109
Number of consumers typically and currently served	6 in each home
Typical and current staff-to-consumer ratio	1:2, 1:1

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.

Flintcrest House, Flintcrest II and Silver Star Residential Care Home are adult residential facilities (ARF) arm LEVEL 4 homes licensed by the Department of Social Services and are vendorized by San Andreas Regional Center. These care facilities are serving young adults (18-59) in transition with intellectual disabilities and behavioral challenges or psychiatric diagnosis to include history of sexual abuse. Our service program supports individuals to lead healthy safe lives, exhibit positive behaviors and relationships, community integration in order to learn and build upon social skills, independence and communication. Our homes promote the values of normalization. community participation, self-determination and individualization. Two of these home were grant Awards from State of California, Department of Developmental Services, through San Andreas Regional Center.

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.

Flintcrest House, Flintcrest II and Silver Star Residential Care Home make every effort in providing service programs and supports that enable our individuals to live in an environment that supports safety and healthier living. We started providing services to these individuals for more than 23 years. Most of these individuals were admitted from the Developmental Centers, Children's Shelter, the ones who faced challenging placements, and those whose guardianship had been lost due to dangerous propensities they had exhibited growing up. Our homes are the first residential setting in

the community they live on after being institutionalized or being relinquished by the people who were supposed to care for them. We hope to continue providing services and supporting these individuals to have better control of their own lives, in fulfilling their dreams and plans for the future by utilizing the person-centered planning and thinking. We hope to see them enhance their communication skills so they easily be understood by the people around them and participate in the activities they like the community has to offer.

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___ 3_X__ 4__X_ 5__X_ 6___ 7_X__ 8_X__ 9___ 10_X__

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.

Federal Requirement #1, #3:

Our individuals at the homes go out for community outings in groups. Most of them prefer to go out on weekends (prior to the pandemic). Most of these individuals do not have the communication skills to identify what their interests are and express what likely places they want to visit. The choices of activities during community outings are not necessarily individualized since some individuals are unable to verbally express their wants and needs. Additionally, these individuals stay together in group while out in the community. Addressing each individual's needs, wants and interest when making decisions as to what, when, and how to do community outings require additional staff resources and transportation. The use of augmentative and alternative communication (ACC) tools and assistive technology will be helpful for these individuals who are not able to communicate verbally, and provide community activities that they choose and are meaningful to them. Our home have two small vehicles that are utilized for outings, errands and appointments. If we were to provide support to these individuals who may want to go out alone in the community to visit families and friends, in order for us to accommodate these individualized needs, our facilities need another small sized car for their use when needed. This supports the individual's choice to be with the family and friends, enhance relationships and community integration

Federal Requirement #4

Flintcrest House, Flintcrest II and Silver Star Residential Care Home developed and implemented a structured Schedule of Daily Activities for each individual. However this schedule of activities is also based upon what the group of these individuals is able to accomplish for the day. Person-Centered Planning will be more specific to the individual's needs and preferences which is individualized and supports the individual's choices. The Person-Centered Planning empowers these individuals to do whatever best fits his/her interest and schedule. A schedule of daily activities that is developed by the individuals themselves provide an environment conducive for increased participation of that said individual.

Federal Requirement #5:

The Regional Center in collaboration with the consultants and other members of the interdisciplinary team provide appropriate services and supports for each individual's needs. These services and supports are addressed during quarterly and annual meetings. With Person-Centered Planning, the individual will be able to make choices that best suits his/her needs. If the individual lacks the ability to make decisions then choices can be made by a group of families, circle of friends and others who support the individual.

Federal Requirement #7:

Our homes, each has three bedrooms that were allocated for 6 individuals with two individuals per bedroom. In 2017, we provided locks in the bedrooms and provided keys to individuals who can easily access their bedrooms. The staff provides assistance to those individuals who requires help with unlocking their bedrooms when needed.

With Person-Centered Planning training, our staff will be able to identify the individual's needs, preferences, and areas of interest on how his/her bedroom can be decorated, arrangement of furniture and personal belongings, etc.

-The locks were placed on each bedroom in 2017 and allowed the individuals to lock their bedroom doors when they choose. The provider and the staff trained the individuals how to access their bedrooms with the use of the key and assistance when needed.

Federal Requirement #8

The facility develops schedule of daily activities for each individual to follow. We strive to support freedom and control of their own schedule and activities. This will be accomplished through Person Centered Planning where an individual is able to identify what schedule of activities that suits his/her interest and preferences.

Further staff training is needed to support the HCBS Final Rule of allowing the individuals freedom and support to control their own schedules and activities and have access to food at any time.

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.

Federal requirement #1, #2, #3:

Providing our individuals with Augmentative and Alternative Communication (ACC) tools and assistive technology such as Speech Tablet All-in-1 AAC Symbols-Based (AAC Device) with 8 inch Galaxy Android Tablet, Talk Tablet Speech app, Proloquo2Go Crescendo Quick Communication Boards, use of Symbol-Based AAC and Text-Based ACC and GoTalk Communicator will help these individuals communicate to others their personal interests, and desires that are individualized. Effective communication will assist our individuals in fulfilling their dreams and plans for their future with proper supports. These Augmentative and Alternative Communication (ACC) tools will provide opportunities for these individuals to communicate themselves better and be understood. Additionally, these tools ensure that rights to privacy, dignity, respect, and freedom from coercion and restraint are upheld. These Augmentative and Alternative Communication (ACC) tools can also be utilized in communicating their needs or wish and advocating for themselves. With improved communication skills, these individuals can easily integrate

with the community, increase interactions with other persons in the community, enjoy their interests and activities that they choose and like.
A small sized vehicle will be utilized for the individuals who like to participate in person centered activity in the community such as joining activities at YMCA, swimming, joining Special Olympics, watching shows and play sports, etc.

Federal requirement #4, #5 and #8

Person Centered Planning training will provide staff the knowledge on how to support our individuals how to plan for their future. A team may be created to help the individual identify opportunities that will assist him/her in developing personal relationships, how to integrate in the community, and how to develop skills and abilities to support achievement of individuals goals and objectives. This training will enable staff to support the individuals in making life choices, interest and activities that they like and are individualized.

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

We hope to see our individuals able to communicate effectively through the use of Augmentative and Alternative Communication (ACC) tools and assistive technology as evidenced by their ability to make choices that are appropriate, being understood by others, ability to participate in the community doing activities that they like and other interests. With improved communication skills, our individuals will feel empowered and will have better control of their own lives. An evaluation tool will be used to track data and monitor personal outcomes and objectives. This monitoring tool will be utilized daily and collected weekly, monthly, quarterly and annually. The findings will be presented during the IDT meetings on a quarterly and annual basis. Progress towards each individual's goals and objectives will be presented during quarterly and annual meetings.

Barriers identified will be discussed during quarterly meetings so that appropriate interventions will be applied if necessary.

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.

At Flintcrest House, Flintcrest House and Silver Star RCH we hope to start Person Centered Planning by inviting a team of people who knows the individual well, parents, friends/family, staff and people who shared past experiences with the individual. Major milestones, background, medical history, relationships will be collected to assist with the development of the person's personal profile. This team will be able to collect information such as personal preferences, interests, abilities, community participation, identify what the individual likes doing, choices and also including things that are not desirables to the individual. During the planning meeting, the team should have a common understanding of what this individual wants. With the staff actively working and interacting daily with the individual, not only that they are good source of information but also a great advocate for the individual. Plans that will be developed are based on the individual's needs, wants, preferences and personal resources. Documentation of information on the Plan should include "**What is Important to**" the individual and secondly, "What is "**Important For**" the individual in regard to his/her

health and welfare. Receiving services and supports for these individuals based on Person Centered Planning and thinking will greatly affect their lives in a positive way, not only having control of their own lives but also enjoying the activities and interests that they love dearly. The provider encourages the family, friends and people who are involved in the individual's care and welfare attend training on HCBS Final Rule so they will have better understanding what the PCP (Person-Center Planning) is all about.

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

Flintcrest House, Flintcrest House and Silver Star RCH concept proposal of providing more person centered services to our individuals will be materialized via training the staff on the principles of Person Centered Planning. The families and friends are also encouraged to attend training on the HCBS Final Rule and the Person-Centered Planning. With greater level of understanding of these approaches, our staff will be able to support our individuals identify the things in life that they like or identify what is important to the individual in terms of places to go, things to do, what makes them happy or have a better quality of life. The staff will assist the individual in planning and implementing action steps based on individualized needs so the goals and objectives will be achieved and realized. Once our individuals are able to pursue their interests and wants and achieve what they want in life, they will be happier members of our community.

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

Person Centered Planning that will be utilized at these three facilities Flintcrest House, Flintcrest House and Silver Star RCH ensures that each individual receives the services and supports based on Person-Centered thinking and that they will be identified in the written Plan. This will be a dynamic process in which changes, revisions and updates will be made accordingly as the individual's situation and/or condition changes.

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.

There are two categories for budget cost:

1. Twenty DSP staff will be trained on Person Centered Planning during the first two quarters after the concept proposal is approved. Three staff will attend the "Train-the-Trainer" Classes during the first quarter after the concept proposal is approved. The training will be on-going during the last two quarters of the Fiscal Year
2. Augmentative and Alternative Communication (ACC) tools and assistive technology such as Speech Tablet All-in-1 AAC Symbols-Based (AAC Device) with 8 inch Galaxy Android Tablet, Talk Tablet Speech app, Proloquo2Go Crescendo Quick Communication Boards, use of Symbol-Based AAC and Text-Based ACC

will be ordered and purchased at the first quarter after the approval of the concept proposal. These devices will be utilized during the training of individuals, their authorized representatives/ families and the facility staff.	
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.	
After the Person Centered Planning "Train-the-Trainer" Program is completed by the three DSP staff, these Trainers will ensure that the PCP is implemented and is on-going. They will ensure that the training of staff is continuous. They will be responsible for monitoring the effectiveness of the Plans and act as resources for the staff, individuals, families and friends.	
12. Have you or the organization you work with been a past recipient of DDS funding? If yes, what fiscal year(s)?	HCBS Funding _X_ No ___ Yes. If Yes, FY(s) _____ 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.	
NA	
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.	
NA	

HCBS CONCEPT BUDGET	
Vendor Name	Flintcrest House, Flintcrest House II and Silver Star RCH
Vendor Number(s)	HS 0600, HS 0132, and HS 0160

		Year 1 Budget		Year 2 Budget		**Total**
	Wage and Benefits	FTE	Annual Cost	FTE	Annual Cost	**Cost**
Personnel (wage + benefits)						
20 DSP initial 12 hour HCBS-PCP Training	16.36	240.00	$ 3,926		$ -	$ 3,926
2 DSP Train The Trainer 24 hrs. of training	25	48.00	$ 1,200		$ -	$ 1,200
1 Admin Train The Trainer 24 hrs. of training	49	24.00	$ 1,176		$ -	$ 1,176
2 DSP HCBS 12 hour Training of Staff	25	24.00	$ 600		$ -	$ 600
1 Admin HCBS 12 hour Training of Staff	49	12.00	$ 588		$ -	$ 588
Position Description			$ -		$ -	$ -
Position Description			$ -		$ -	$ -
Position Description			$ -		$ -	$ -
Position Description			$ -		$ -	$ -
Personnel Subtotal			**$ 7,490**		**$ -**	**$ 7,490**
Operating expenses						
Pens, papers, office supplies			$ 800			$ 800
Ipad + Case X3, one in each home			$ 1,800			$ 1,800
Speech Tablet All-in-1 AAC Symbols-Based (AAC						$ -
Device X 3 one in each home			$ 1,200			$ 1,200
Proloquo2Go Crescendo Quick Communication						$ -
Board X3 one in each home			$ 750			$ 750
Symbol-Based AAC and Text-Based ACCx3			$ 1,038			$ 1,038
Food, beverages, paper supplies			$ 880			$ 880
PCP 12 hr training for 20 staff @245.40			$ 4,908			$ 4,908
3 for Train the Trainer for HCBS/PCP$6000.00ea.			$ 18,000			$ 18,000
Operating Subtotal			**$ 29,376**		**$ -**	**$ 29,376**
Administrative Expenses						
Planning, Developing, Organizing and project			$ 7,188			$ 7,188
Implementation						$ -
						$ -
						$ -
						$ -
						$ -
						$ -
						$ -
Administrative Subtotal			**$ 7,188**		**$ -**	**$ 7,188**
Capital expenses						
Small sized car			$ 37,800			$ 37,800
						$ -
						$ -
						$ -
						$ -
						$ -
						$ -
						$ -
Capital Subtotal			**$ 37,800**		**$ -**	**$ 37,800**
Total Concept Cost			**$ 81,854**		**$ -**	**$ 81,854**

See Attachment F for budget details and restrictions