

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: February 8, 2021	Completed by: Kevin Phipps, Grant Writer, Hope Services
Vendor Name, Address, Contact: Hope Services, 30 Las Colinas Lane, San Jose, CA 95119, Charles “Chip” Huggins, JD, President/CEO	
Vendor Number: H75572 (Diversified Networks, Tailored Day Service); H90945, HS0270 (Senior Centers); HS0271 (Mobile Work Group, Watsonville); HS0272 (Pajaro Valley Training Center, Watsonville); HS0847 (Day Training Activity Center); HS1049, HS1050, ZS0998, ZS0999, ZS1014, ZS1020, ZS1021, ZS1031 (Employment, Media and Community Connections); ZS0615 (Mountain View CAN); ZS1021 (Salinas CAN); ZS0581 (Whittier CAN, San Jose Project SEARCH CIT); ZS0615 (Mtn View CAN, Stanford Project SEARCH CIT); ZS0616 (Salinas CAN, Salinas Project SEARCH CIT)	
Service Type and Code: Community Integration Training Program (Service Codes: 055 55-04, 55-08); Activity Center (510); Adult Day Program (510); Adult Development Center (505, 510); Behavior Management Program (515)	

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<p><u>Federal Requirement #1:</u> <i>The setting is integrated in, and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> • Do individuals receive services in the community based on their needs, preferences and abilities? • Does the individual participate in outings and activities in the community as part of his or her plan for services? • If an individual wants to seek paid employment, does the home staff refer the individual to the appropriate community agency/resource? • Do individuals have the option to control their personal resources, as appropriate?
<p>Does the service and/or program meet this requirement? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Please explain: Hope Services needs to train all direct service and agency management in Person-Centered Planning/Person-Centered Thinking principles, policies, and practices. Many of our staff have not yet received this training.</p>	
<p><u>Federal Requirement #2:</u> <i>The setting is selected by the individual from among setting options, including non-disability-specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> • Does the provider have a current regional center Individual Program Plan (IPP) on file for all individuals? • Does each individual's IPP document the different setting options that were considered prior to selecting this setting?
<p>Does the service and/or program meet this requirement? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Please explain: Clients who receive services at Hope choose to participate in the programs in which they participate; they are not required, pressured, or coerced to participate in any program or activity which is not of their choice. Other programming options are available to clients participating in a particular program or activity, as long as they meet the entrance criteria for those programs/activities. Hope has a current regional center Individual Program Plan (IPP) on file for all individuals it serves. Each individual's IPP documents the different setting options that were considered prior to selecting whichever setting in which the individual has been placed.</p>	

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<p><u>Federal Requirement #3:</u> <i>Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> • Does the provider inform individuals, in a manner they can understand, of their rights to privacy, dignity, respect, and freedom from coercion and restraint? • Does the provider communicate, both verbally and in writing, in a manner that ensures privacy and confidentiality? • Do staff communicate with individuals based on their needs and preferences, including alternative methods of communication where needed (e.g., assistive technology, Braille, large font print, sign language, participants' language, etc.)?
<p>Does the service and/or program meet this requirement? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please explain: All Hope staff receive new hire training and continuing education related to the rights of individuals receiving services as outlined in the Lanterman Act, Title 17 and Title 22; through in-service training modules and on-the-job training, as well as through Hope's Employee Manual. All Hope program participants are made aware of their rights using easy-to-understand and "People First" language, taking into consideration the individual's personal communication needs and preferences. In addition, Hope's policies outlining their rights are also reviewed. Program participants also receive a Client Handbook for ongoing reference. Information pertaining to individuals participating in our programs is limited to areas where privacy and confidentiality are assured.</p> <p>Hope Services has a Competency identified for all Direct Service Providers related to advocacy, which covers client rights, including laws specific to California. All staff receive training as new hires in a face-to-face course called "Client Rights and Confidentiality," taught by Hope Services' Manager of Advocacy and Resources, who explains the Lanterman Act in detail during New Employee Orientation. This training is approximately two hours long, includes didactic material and interactive scenarios, and is recorded in each employee's log.</p> <p>Hope staff also are enrolled in online coursework through Hope's College of Direct Support ("CDS"), which includes information about other federal laws/legislation pertaining to clients' rights. Each staff member completes courses such as "Disability Rights and Legislation," "Overview of Individual Rights," and "History of Developmental Disabilities". Course content about client rights is interwoven throughout the entire CDS online program.</p>	

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At time of hire, supervisors present to each new hire a checklist which includes information about California laws affecting Service Delivery and the system that surrounds the person and the organization. The supervisor discusses, with each new hire, information pertaining to client rights (as relates to the Lanterman Act, Title 17 and Title 22) and the information outlined in the Client Handbook.

<p><u>Federal Requirement #4:</u> <i>Optimizes but does not regiment individual initiative, autonomy, and independence in making life choices, including, but not limited to, daily activities, physical environment, and with whom to interact.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> • Does the provider offer daily activities that are based on the individual’s needs and preferences? • Does the provider structure their support so that the individual is able to interact with individuals they choose to interact with, both at home and in community settings? • Does the provider structure their support so that the individual is able to participate in activities that interest them and correspond with their IPP goals?
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Does the service and/or program meet this requirement? Yes No

Please explain: The current status of Hope staff’s knowledge and adoption of Person-Centered Thinking/Person-Centered Planning (PCT/PCP) principles and practices in everyday program operations and services does not “optimize... individual initiative, autonomy, and independence in making life choices” for many of the nearly 950 Hope Services’ clients participating in the programs identified above. Some staff are already at least moderately well-versed in PCT/PCP principles and practices, but they are relatively few, and scattered throughout the agency. The consensus of Hope Services’ Senior Management Team is that PCT/PCP, although already incorporated to some degree in Hope’s principles, practices, and programs, needs to become an even more integral part of the fabric of Hope’s agency culture; however, the tools and resources are currently insufficiently available to fully realize this in a strategic way so as to maximize its effectiveness. In order to best serve our clients, Hope’s Senior Management believes that PCT/PCP principles and practices must become embedded in the daily approach of each staff member with regard to the programs, activities, and services with which she/he is involved. Ongoing mentoring and training will also be required to ensure that PCT/PCP core values are embraced and adhered to by all staff.

<p><u>Federal Requirement #5:</u> <i>Facilitates individual choice regarding services and supports, and who provides them.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> • Does the provider support individuals in choosing which staff provide their care to the extent that alternative staff are available?
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	<ul style="list-style-type: none"> Do individuals have opportunities to modify their services and/or voice their concerns outside of the scheduled review of services?
<p>Does the service and/or program meet this requirement? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please explain: Hope Services does utilize Person-Centered Thinking/Person-Centered Planning (PCT/PCP) in the provision of its programs and services, and client choice regarding their selection. Hope Services does support individuals in choosing which staff provide their care to the extent that alternative staff are available. Individuals have opportunities to modify their services and/or voice their concerns outside of the scheduled review of services.</p>	

<p><u>Federal Requirement #6:</u></p> <p><i>The unit or dwelling is a specific physical place that can be owned, rented or occupied under a legally enforceable agreement by the individual receiving services, and the individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city or other designated entity. For settings in which landlord/tenant laws do not apply, the State must ensure that a lease, residency agreement or other form of written agreement will be in place for each participant and that the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord/tenant law.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> As applicable, does each individual have a lease, residency agreement, admission agreement, or other form of written residency agreement? Are individuals informed about how to relocate and request new housing?
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<p>Does the service and/or program meet this requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please explain:</p>	
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<p><u>Federal Requirement #7:</u></p> <p><i>Each individual has privacy in his/her sleeping or living unit:</i></p> <p><i>Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors as needed.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> Do individuals have a choice regarding roommates or private accommodations? Do individuals have the option of furnishing and decorating their sleeping or living units with their
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<p>Individuals sharing units have a choice of roommates in that setting.</p> <p>Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.</p>	<p>own personal items, in a manner that is based on their preferences?</p> <ul style="list-style-type: none"> Do individuals have the ability to lock their bedroom doors when they choose?
<p>Does the service and/or program meet this requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please explain:</p>	
<p><u>Federal Requirement #8:</u> <i>Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> Do individuals have access to food at any time? Does the home allow individuals to set their own daily schedules? Do individuals have full access to typical facilities in a home such as a kitchen, dining area, laundry, and comfortable seating in shared areas?
<p>Does the service and/or program meet this requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please explain:</p>	
<p><u>Federal Requirement #9:</u> <i>Individuals are able to have visitors of their choosing at any time.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> Are visitors welcome to visit the home at any time? Can individuals go with visitors outside the home; such as for a meal or shopping, or for a longer visit outside the home, such as for holidays or weekends?
<p>Does the service and/or program meet this requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please explain:</p>	
<p><u>Federal Requirement #10:</u> <i>The setting is physically accessible to the individual.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> Do individuals have the freedom to move about inside and outside the home or are they primarily restricted to one room or area? Are grab bars, seats in bathrooms, ramps for wheelchairs, etc., available so that individuals who need those supports can move about the setting as they choose?

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	<ul style="list-style-type: none">• Are appliances and furniture accessible to every individual?
<p>Does the service and/or program meet this requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No Please explain:</p>	

CONTACT INFORMATION

Contact Name: Charles "Chip" Huggins, JD
Contact Phone Number: (408) 284-2822
Email Address: chuggins@Hopeservices.org

ACKNOWLEDGEMENT

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

I AGREE

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

Instructions:

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

Strengths of previously funded concepts:

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

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Vendor name	Hope Services
Vendor number(s)	H75572 (Diversified Networks; Tailored Day Service); H90945, HS0270 (Senior Centers); HS0271 (Mobile Work Group, Watsonville); HS0272 (Pajaro Valley Training Center, Watsonville); HS0847 (Day Training Activity Center); HS1049, HS1050, ZS0998, ZS0999, ZS1014, ZS1020, ZS1021, ZS1031 (Employment, Media and Community Connections); ZS0615 (Mtn View CAN); ZS1021 (Salinas CAN); ZS0581 (Whittier CAN).
Primary regional center	San Andreas Regional Center
Service type(s)	Community Integration Training Program; Activity Center; Adult Day Program; Adult Development Center; Behavior Management Program
Service code(s)	055, 55-04, 55-08, 505, 510, 515
Number of consumers typically and currently served	Approx. 950 (Same for typically and currently)
Typical and current staff-to-consumer ratio	Typical: 1:3 (Community-based settings); 1:8 (Site-based settings); Current: 1:20 ("From Hope to Home" (Remote))
<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>Since March 2020, all in-person services associated with Hope Services' day programs have been temporarily suspended due to the COVID-19 pandemic and resulting shelter-in-place orders, county health orders, and state agency orders, and have pivoted to a remote technology service delivery model entitled, "From Hope to Home". Virtual programming is available five days a week (Monday-Friday), for 3.5 hours per day, according to the following schedule: 9-11 a.m. (two hours); and 1-2:30 p.m. (1.5 hours). Contracted Community-Integrated Employment in our North and South Districts resumed on a limited basis during the first quarter of FY 2020-21, for those clients who wished to return to work.</p>	
<p>Project Narrative Description: While filling out this section, reflect on how services are typically provided and how that might have changed in the past year. Think about what has been learned in the past year and how that might shape services going forward. Funding awarded through this concept can span the course of up to two years which would allow time to shape services to be more person-centered and align with the HCBS federal requirements.</p>	
<p>2. Please provide a brief summary narrative of the concept for which you are requesting funding, including justification for the funding.</p>	
<p>Hope Services is requesting funding for the advancement of its Person-Centered Thinking/ Person-Centered Planning (PCT/PCP) initiative, in order to actively and intentionally integrate PCT/PCP into all of our programs and services. The tools and resources currently deployed are unable to fully realize this goal in a strategic way.</p>	

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3. Identify which HCBS federal requirements this concept addresses that are currently out of compliance. Could be all or a subset of those identified as out of compliance on the evaluation.
1 <u>X</u> 2 <u> </u> 3 <u> </u> 4 <u>X</u> 5 <u> </u> 6 <u> </u> 7 <u> </u> 8 <u> </u> 9 <u> </u> 10 <u> </u>
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.
<p>In regard to our being out of compliance with Federal Rule #1, Hope Services needs to train all direct service and agency management in Person-Centered Planning/Person-Centered Thinking (PCT/PCP) principles, policies, and practices. Many of our staff have not yet received this training.</p> <p>In regard to our being out of compliance with Federal Rule #4, the current status of Hope staff's knowledge and adoption of PCT/PCP principles and practices in everyday program operations and services does not "optimize... individual initiative, autonomy, and independence in making life choices" for many of the nearly 950 Hope Services' clients participating in the programs identified above. Some staff are already at least moderately well-versed in PCT/PCP principles and practices, but they are relatively few, and scattered throughout the agency. Ongoing mentoring and training will also be required to ensure that PCT/PCP core values are embraced and adhered to by all staff.</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>With regard to Federal Requirement #1, which essentially states that clients' access to opportunities in the community be maximized, the proposed concept will bring Hope Services into compliance by March 2023 by ensuring that a minimum of 100 staff will have received formal training in Person-Centered Thinking/Person-Centered Planning and will have acquired sufficient knowledge of PCT/PCP principles and practices to incorporate them into all aspects of their daily work.</p> <p>With regard to Federal Requirement #4, which essentially states that clients' availability of choices and autonomy in decision-making be maximized, the proposed concept will bring Hope Services into compliance by March 2023 by ensuring that a minimum of 100 Hope staff will have received training resulting in sufficient understanding of PCT/PCP principles and practices that client choice and autonomy will be one of their overarching goals and guiding principles as they work with clients and help clients to plan their daily activities.</p>
6. What are the proposed outcomes and objectives of the concept, and what are the methods of achieving and tracking them?
One of the key outcomes of this concept is that, by the end of the first year of the two-year grant period, each client served by Hope Services will have personally developed and completed (with the help of Hope staff, if necessary/requested) a One-Page Descriptor outlining: a) what people admire about her/him; b) what is important to her/him; c) how she/he can best be supported; and d) her/his preferred future. A client photo will also be included. This highly personal document will focus completely on the priorities, choices, wants, and desires of each client. Achievement

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of this outcome will be tracked by records for all clients through the IPP process.

Another key outcome of this concept is the incorporation of PCT/PCP principles, practices, and content into the curriculum for Hope's remote technology service delivery model, "From Hope to Home". This curriculum will be developed, in part, by Hope Services employee, Jessica Laurence, who will provide 39 weeks of support, averaging 30 hours weekly, adding elements from the "Informed Decision-Making" curriculum from The National Alliance for Direct Support Professionals (NADSP), which states that "people with intellectual and developmental disabilities should be supported in making informed decisions, while understanding the associated risks and responsibilities that are tied to those decisions."

Finally, and crucially, a minimum of 100 Hope staff will receive training in PCT/PCP principles and practices. This, more than anything else, will serve to ensure that PCT/PCP principles, policies, and practices become embedded and disseminated throughout all aspects of the agency's culture. These 100 staff will also receive ongoing coaching and mentoring in how to apply PCT/PCP to their daily work.

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.

Hope utilizes Client Satisfaction Surveys and other similar surveys to assess clients' satisfaction with programs and services that they receive from Hope Services, and to give them another means of voicing concerns that they have. Consumer/participant feedback is an essential component of the IPP process. Through feedback that Hope has received from program participants, we have discovered as an agency that we need to enhance our focus on PCT/PCP.

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

Because the proposed concept is completely focused on Person-Centered Thinking/ Person-Centered Planning, and integrating PCT/PCP principles and practices throughout every aspect of the agency, it will, by its very nature, enable us to provide more person-centered services to our clients.

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

In order to maintain the benefits, value, and success of our project at the conclusion of 2020-21 HCBS Funding, Hope Services will regularly hold "refresher" training sessions to review information re: PCT/PCP principles and practices and make these available to all staff. Also, any remaining staff who have not received formal PCT/PCP training by the end of the two years of this grant period will also be encouraged and offered opportunities to participate in future trainings.

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

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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](#).

The grant period for this concept will be two years. **Personnel Expenses:** During the first year, four Hope staff (a District Director (0.1 FTE), two managers (0.15 FTE), and one member of the Learning Services team (0.33 FTE)) will support this project through direct services provided to clients by means of training other staff and developing curriculum/learning content for clients. For Year 2, the Learning Services team member is not included because by that point the curriculum will have been fully developed. Benefits are calculated at 35% of salary, except in the case of the Learning Services team member, for whom benefits are not included. \$12,800 per year for release time for 50 staff to attend training is also included.

Operating Expenses: An outside consultant will provide 36 hours of support for this project in Year 1 to assist with training of Hope staff. The cost of PCT/PCP training of staff, supplies for in-person staff trainings, purchase of the "Informed Decision-Making (IDM) Curriculum," and integration of the IDM curriculum into Hope's case management system are additional costs included in this category.

Administrative Expenses: Accounting services, grants management and reporting, and tracking and HR integration are covered under administrative expenses.

Capital Expenses: We will purchase 30 laptop computers for staff use associated with the PCT/PCP training campaign, to enable Hope staff to receive online PCT/PCP training, as well as to work with clients individually and in groups to provide direct services related to PCT/PCP. This cost will be incurred in Year 1.

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.

Hope will continue to actively seek external funding from private sources to cover any unmet costs associated with integration of PCT/PCP principles, and practices into all aspects of agency operations, if work remains requiring additional funding.

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) FY 17-18, 18-19, 19-20, and 20-21

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.

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Hope Services received \$50,000 in spring 2019 for Person-Centered Thinking/ Person-Centered Planning. The primary focus of this funding was to enable three staff members: Gina Jennings (no longer with Hope), Kim Nakahama, and Fronzaline Messerli, to obtain “Train-the-Trainer” certification in PCT/PCP. To the extent that it was possible to share and disseminate training across Hope Services’ service settings, this was done, as well. This funding enabled Hope to make some progress toward PCT/PCP training of several staff in various parts of the agency. However, it did not allow for a comprehensive agency-wide campaign to train a sufficient number of staff. Also, two additional events occurred that have presented a challenge with regard to the earlier PCT/PCP initiative: the COVID-19 pandemic and resulting shelter-in-place orders in March 2020 temporarily suspended not only in-person programs and services for Hope clients, but also most in-person meetings of Hope staff; and Gina Jennings left Hope in October 2020, ending her PCT/PCP training of Hope staff.

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.

We are now seeking funding to provide PCT/PCP training to a minimum of 100 Hope staff, either virtually or in-person. The proposed integration of PCT/PCP into ongoing development of the curriculum for our remote delivery model, “From Hope to Home,” was not in the previous grant concept, as the model did not yet exist.

HCBS CONCEPT BUDGET		Person-Centered Thinking/Person-Centered Planning Initiative					
Vendor Name		Hope Services					
Vendor Number(s)		H75572, H90945, HS0270, HS0271, HS0272, HS0847, HS1049, etc.					
	Wage and Benefits	Year 1 Budget		Year 2 Budget		Total	
		FTE	Annual Cost	FTE	Annual Cost	Cost	
Personnel (wage + benefits)							
District Director	146,511.46	0.10	\$ 14,651	0.10	\$ 14,651	\$ 29,302	
Manager	82,949.94	0.20	\$ 16,590	0.20	\$ 16,590	\$ 33,180	
Manager	59,013.63	0.20	\$ 11,803	0.20	\$ 11,803	\$ 23,605	
Learning Svcs. Team Member (Curriculum Devt.)	46,800.00	0.33	\$ 15,444		\$ -	\$ 15,444	
Release Time: 50 Staff/Yr. (16 hrs@\$16/hr ea.)	12,800.00	1.00	\$ 12,800	1.00	\$ 12,800	\$ 25,600	
Position Description			\$ -		\$ -	\$ -	
Position Description			\$ -		\$ -	\$ -	
Position Description			\$ -		\$ -	\$ -	
Position Description			\$ -		\$ -	\$ -	
Personnel Subtotal			\$ 71,288		\$ 55,844	\$ 127,132	
Operating expenses							
Subcontractor (PCT/PCP Trainer) 36 hrs@\$50/hr			\$ 1,800		\$ -	\$ 1,800	
Supplies for In-Person PCT/PCP Staff Trainings			\$ 5,000		\$ 5,000	\$ 10,000	
"Informed Decision-Making" Curriculum			\$ 1,200		\$ -	\$ 1,200	
Integration of IDM Curriculum into Case Mgmt.			\$ 10,000		\$ -	\$ 10,000	
PCT/PCP Training for 50 Staff/Yr. @\$175/staff			\$ 8,750		\$ 8,750	\$ 17,500	
					\$ -	\$ -	
					\$ -	\$ -	
					\$ -	\$ -	
					\$ -	\$ -	
Operating Subtotal			\$ 26,750		\$ 13,750	\$ 40,500	
Administrative Expenses							
Accounting Services (60 hours @ \$75/hr.)			\$ 5,000		\$ 5,000	\$ 10,000	
Grants Management and Reporting (30 hours)			\$ 2,000		\$ 2,000	\$ 4,000	
Tracking and HR Integration			\$ 1,500		\$ 1,500	\$ 3,000	
					\$ -	\$ -	
					\$ -	\$ -	
					\$ -	\$ -	
					\$ -	\$ -	
Administrative Subtotal			\$ 8,500		\$ 8,500	\$ 17,000	
Capital expenses							
30 Laptop computers for staff remote work			\$ 13,620		\$ -	\$ 13,620	
					\$ -	\$ -	
					\$ -	\$ -	
					\$ -	\$ -	
					\$ -	\$ -	
					\$ -	\$ -	
					\$ -	\$ -	
Capital Subtotal			\$ 13,620		\$ -	\$ 13,620	
Total Concept Cost			\$ 120,158		\$ 78,094	\$ 198,252	

See Attachment F for budget details and restrictions