

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: Santos Dominguez
Vendor Name, Address, Contact: New Day Behavior, 1755 S. Barranca Ave, Glendora, 91740	
Vendor Number: H80771 and HP4042	
Service Type and Code: 515 and 880	

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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: New Day Behavior has very limited employment opportunities in an integrated setting. In regards to employment and our Consumers preferences and abilities; our ability to control personal resources is challenged due to lack of resources and personnel. It is our goal to incorporate Person Centered Thinking initiatives, whereby we can offer employment services to our Consumers. New Day is requesting additional funding to implement PCT programs and services for salaries, training, supplies, equipment and PCT training for staff to manage these services and reach HCBS compliance.</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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No Please explain: New Day Behavior receive referral packets that contain a Consumers current IPP and are updated at their annual IPP meeting. Most of our current IPP's on file are not PCT oriented and do not note their different setting options based on their needs and preferences. New Day is requesting funding to have our staff trained on PCT and to have two staff certified as PCT Trainers to facilitate our compliance with HCBS #2.</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 Please explain: New Day ensures that each Consumers privacy, dignity and respect, and freedom from coercion and restraint is strictly enforced. Staff receives annual Zero Tolerance and Resident Rights Training to reiterate and emphasize Consumer Rights and their Mandated Reported responsibility. Two staff has enrolled in a three day workshop on American Sign Language for informative and practical information for engaging with the Deaf and Hard of Hearing Communities. Additional funding would afford New Day Behavior to train its staff on PCT concepts to further support our Consumers in their individual rights of privacy, dignity and respect.</p>	
<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?
<p>Does the service and/or program meet this requirement? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Please explain: New Day supports our Consumers seeking integrated community</p>	

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opportunities and resources to the extent possible. However, our Consumers are placed together, six Consumers per Van, at a 3-1 staff to client ratio, limiting their choice. Staff have no training on PCT and funding would allow for New Day Behavior to receive PCT training that would provide valuable information and insight on PCT principles and allow our staff to utilize those principles to support our Consumers. New Day Behavior needs the funding to for salaries to increase staff, purchase supplies and equipment and further our mobility capability.

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: New Day Behavior supports our Consumers right to choose staff, however, due to limited staffing, we are not always able to accommodate their choice. With the completion of PCT Training, it will educate our staff and help them focus on PCT principles and assist the needs of our Consumers.

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

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

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

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CONTACT INFORMATION

Contact Name: Santos Dominguez
Contact Phone Number: (626) 858-9615
Email Address: Santos@newdaybehavior.com

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

Vendor name	New Day Behavior
Vendor number(s)	(626) 858-9615/ 966-1136
Primary regional center	San Gabriel/ Pomona Regional Center
Service type(s)	Behavior Adult Day Program/ Transportation
Service code(s)	515
Number of consumers typically and currently served	68
Typical and current staff-to-consumer ratio	3-1
<p>1. Please provide a brief description of the service/setting. Include what a typical day consists of during regular program as well as how services are currently being provided. This response must include the baseline/current levels for any aspects of the program for which the concept proposes funding.</p>	
<p>New Day Behavior provides Community Based and Center Based behavior programming. Community Based Consumers typical day is going to community venues where they are taught social skills, coping skills, money purchasing skills and hygiene skills with emphasis on self-worth and self-discovery. Center Based Consumers interact with staff while completing Arts and Crafts, self-guided activities and educational activities as a group or individually. Staff being able to complete PCT Training would benefit our Consumers when the PCT principles are implemented.</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>Request for funding is to train our staff on Person Centered Thinking and to have administrative staff trained as PCT Trainer Certified Mentors to continue and maintain staff Person Centered Planning for our Consumers. Funds will also be used for PCT supplies, PCT equipment (Tablets and laptops, tables with service contracts) and to hire staff to support our PCT growth.</p>	
<p>3. Identify which HCBS federal requirements this concept addresses that are currently out of compliance. Could be all or a subset of those identified as out of compliance on the evaluation.</p>	
<p>1___ 2 X_ 3___ 4___ 5___ 6___ 7___ 8___ 9___ 10___</p>	
<p>New Day Behavior receives referral packets that contain a Consumers current IPP and are updated at their annual IPP meeting. Most of our current IPP's on file are not PCT oriented and do not note their different setting options based on their needs and preferences. New Day is requesting funding to have our staff trained on PCT and to have two staff certified as PCT Trainers to facilitate our compliance with HCBS #2. This will support New Day Behavior with the tools needed to be successful and sustain ourselves by continuing to train our staff independently.</p>	
<p>4. For each HCBS out-of-compliance federal requirement that is being addressed by this</p>	

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<p>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>
<p>New Day Behavior receives referral packets that contain a Consumers current IPP and are updated at their annual IPP meeting. Most of our current IPP's on file are not PCT oriented and do not note their different setting options based on their needs and preferences. New Day is requesting funding to have our staff trained on PCT and to have two staff certified as PCT Trainers to facilitate our compliance with HCBS #2. This will support New Day Behavior with the tools needed to be successful and sustain ourselves by continuing to train our staff independently.</p>
<p>5. For each out-of-compliance federal requirement that is addressed in this concept, please explain how the concept will bring the vendor into compliance by March 2023.</p>
<p>Having two PCT Certified Trainers will allow New Day Behavior to educate and train our employees and Consumers so that can understand PCT principles and utilize them to their benefit to have an integrated and least restrictive lifestyle.</p>
<p>6. What are the proposed outcomes and objectives of the concept, and what are the methods of achieving and tracking them?</p>
<p>The outcome is to be in compliance with the HCBS Final Rule, by having PCT Trainers to train staff; monitor that Consumer PCT choices are addressed and that their PCT plan is created and documented using New Day Behavior forms.</p>
<p>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.</p>
<p>New Day Case Managers conferred with our Consumers and their Interdisciplinary team to develop their Individual Service Plan. Case Managers and staff continue to inquire with our Consumers and their Providers on current needs and services requested so that New Day Behavior can facilitate on our Consumers behalf.</p>
<p>8. Please describe how the concept you propose will enable you to provide more person-centered services to your clients.</p>
<p>Due to the education and knowledge gained from the Person Center Thinking training will enable New Day Behavior to incorporate the PCT concept.</p>
<p>9. Please address your plan for maintaining the benefits, value, and success of your project at the conclusion of 2020-21 HCBS Funding.</p>
<p>New Day Behavior's plan is to use the knowledge learned and experience gained during the PCT Training Certification process to implement our PCT policy on a continuing basis to support our Consumers in meeting their PCT objectives and choices.</p>
<p>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.</p>

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<p>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.</p>	
<p>Most of the funding will be utilized on administrative expenses to create our PCT infrastructure and train our staff in all facets of Person Centered Thinking to effectively support our Consumers with their choices and objectives. The balance of the funding will be used to purchase the supplies and equipment necessary to affect PCT principles.</p>	
<p>11. Please address sustainability of funding sources for all programs or concepts requiring any funding past the timeframe of the requested funding, especially those that involve staff or other long-term costs. Please mark "not applicable" if costs will all be incurred during the program timeframe; up to two years.</p>	
<p>New Day Behavior will sustain funding via the growth that will be developed through the use of this requested grant and funds hopefully allocated.</p>	
<p>12. Have you or the organization you work with been a past recipient of DDS funding? If yes, what fiscal year(s)?</p>	<p>HCBS Funding x No ___ Yes. If Yes, FY(s) _____</p> <p>Disparity Funding x No ___ Yes. If Yes, FY(s) _____</p> <p>CPP Funding x No ___ Yes. If Yes, FY(s) _____</p> <p>CRDP Funding x No ___ Yes. If Yes, FY(s) _____</p> <p>If yes to any question be sure to answer questions 13 and 14.</p>
<p>For providers who have received prior HCBS, Disparity, CPP or CRDP Funding from DDS</p>	
<p>13. If your organization has received prior funding from any of the above sources, please provide an update on the prior funding project. You may copy and paste from progress update(s) previously provided to regional centers or DDS.</p>	
<p>None</p>	
<p>14. If your organization received prior funding, please explain how the current funding request is not redundant with any prior funding received and/or builds on the prior funding but was not part of the original funding.</p>	
<p>None</p>	

HCBS CONCEPT BUDGET						
Vendor Name		New Day Behavior				
Vendor Number(s)		H80771 & HP4042				
	Wage and Benefits	Year 1 Budget		Year 2 Budget		Total
		FTE	Annual Cost	FTE	Annual Cost	Cost
Personnel (wage + benefits)						
Job Coach	14	40.00	\$ 28,000	40.00	\$ 31,200	\$ 59,200
Job Coach	14	40.00	\$ 28,000	40.00	\$ 31,200	\$ 59,200
Job Coach	14	40.00	\$ 28,000	40.00	\$ 31,200	\$ 59,200
PCT Career Coach	18	40.00	\$ 37,440	40.00	\$ 37,440	\$ 74,880
						\$ -
						\$ -
						\$ -
				\$ 131,040	\$ 252,480	
Operating expenses						
Two Training Certification for PCT Planning				\$ 23,000	\$ 23,000	\$ 23,000
PCT Training: Supplies, Food			\$ 2,000	\$ 2,000	\$ 4,000	\$ 4,000
Tablets x 10			\$ 5,000		\$ 5,000	\$ 5,000
Annual Data Plans for 10 Tablets			\$ 6,000	\$ 6,000	\$ 12,000	\$ 12,000
Wheelchair Accessible Vehicle			\$ 43,000		\$ 43,000	\$ 43,000
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Operating Subtotal			\$ 56,000	\$ 31,000	\$ 87,000	
Administrative Expenses						
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Administrative Subtotal			\$ -	\$ -	\$ -	
Capital expenses						
Workstations/ Furniture				\$ 15,000	\$ 15,000	\$ 15,000
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Capital Subtotal			\$ -	\$ 15,000	\$ 15,000	
Total Concept Cost			\$ 56,000	\$ 177,040	\$ 354,480	

See Attachment F for budget details and restrictions