

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.

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| Date(s) of Evaluation: Click or tap here to enter text. | Completed by: Andrea Wells |
| Vendor Name, Address, Contact: OPARC, 9029 Vernon Ave., Montclair, CA 91763 | |
| Vendor Number: HP5260 | |
| Service Type and Code: Adult Developmental Centers 510, Behavior Management Programs 515, Work Activity Program 954, Supported Employment- Group 950, Community Integration 055 | |

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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 checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Please explain: At this time, most of our programs do not meet all of the Federal requirements. Prior to the COVID-19 Pandemic, individuals were participating in community activities and outings. However, the activities and outings were not part of their Person Centered Plans. Since implementing Person Centered Planning, individual choices, needs, preferences, and desires have been considered for the coordination of meaningful activities and future outings. Individuals in our ADCs and Behavioral Programs have limited access to employment opportunities and community-based activities, but with the implementation of Person Centered Planning, community resources are currently being developed. The development of these resources, however, has been delayed as a result of COVID-19 and the restrictions to which many businesses, civic and community centers have had to adapt. Resources for employment and other activities that derive from developed Person Centered Plans need to continue to be identified within the areas that individuals are being served and/or where they live so that they may be accessed once traditional in-person services can resume.</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 checked="" type="checkbox"/> No</p> <p>Please explain: OPARC does have systems and procedures in place to both support and ensure that the people we serve have the ability to choose the setting(s) in which they</p> | |

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| <p>receive services. The ongoing development of PCPs allows all participants to have the option and choice to select the activities that they do in the community. Prior to COVID-19, the organization of these services were consistently growing, however, adequate staffing was limiting faster growth. It is anticipated that once traditional in-person services resume, we will continue to see exponential growth. OPARC does have Regional Center IPPs on file for all individuals served, but the creation of Person Centered Plans for each individual is still in process.</p> | |
| <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: OPARC has systems and procedures in place to both support and ensure that the rights of privacy, dignity, respect, and freedom from coercion and restraint for all persons served are upheld and understood, both while receiving in-person services and remote alternative supports, during these times of COVID-19. All forms of communication, including verbal and written, are done so in a manner that guarantees the highest level of confidentiality. In addition, OPARC is communicating with all persons served based on their preferred methods of communication, to include but not limited to, verbal, written, and visual communication. We also have a variety of assistive technology devices available for use.</p> | |

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| <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 checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Please explain: OPARC has systems and procedures in place to support those we serve in making informed life choices. However, prior to the implementation of Person Centered Planning, limited staff training in Person Centered Thinking (Attachment C Home and Community-Based Services (HCBS) Rules CONCEPT FORM) resulted in the development of generic goals and activities that did not achieve skills training and opportunities to maximize initiative, autonomy and independence. Through our 2018-2019 HCBS grant, our senior leadership started and continues to be in the process of becoming PCT trainers, and all current and new employees have and will continue to receive PCT training. As a result of the COVID-19 pandemic however, the training for senior leadership has been extended by at least one year, thus creating a significant delay in the ongoing training of staff. Prior to the pandemic, staff could be trained in 2 full days. However, with classes being held remotely, staff are now being trained in 5 virtual classes held over the course of approximately 2 weeks. In addition, because these remote classes are held in collaboration with other agencies, OPARC has been limited in the number of staff who can take the training at any one time, typically only 2 – 8 per month. Through the course of the certification process and beginning training of OPARC staff, it has become apparent that the amount of time required on the part of the instructor is significant, and having senior leadership in this role causes a considerable burden on their responsibilities. While they will continue to lead classes regularly, the need to supplement the training of all current and future OPARC staff is clear. Therefore, we have identified a contract trainer with whom to partner for the ongoing training of staff in collaboration with senior leadership. To date, OPARC has trained 37 staff (agency wide) in PCT and has a total of 123 staff who still need to be trained. As it relates to Person Centered Plans, going forward, OPARC would like to continue to put into place Person Centered Plans for individuals in our ADC, Behavioral, SE-Group and WAP programs so that we can further promote PCT practices and continue implementing individualized goals and activities. Meaningful PCPs take between 5-10 hours to develop, according to The Learning Community. However, this was an average generated before COVID-19, when most PCP's were developed using traditional methods. Since implementing PCP at OPARC, Facilitator's have found that meaningful PCPs are now taking between 14.5-25 hours. Having been awarded the previous grant</p> | |

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to implement Person Centered Planning, OPARC did hire an Integration Facilitator to develop community resources and initiate Person Centered Plans. Although this Integration Facilitator is making strides, the delay in training our staff in PCT and the additional challenges that have arisen from COVID-19 have impacted OPARC's timeline for creation of Person Centered Plans for every individual. Such challenges, as it relates to the completion of quality PCP plans, interrupted by COVID-19, include not having immediate access to persons served, as one would if people were physically attending programs, as well as not having any in-person interactions in general and having to rely on alternative and remote methods to meet and interact with individuals and their support teams, many of which have limited resources and access to Zoom-compatible devices, as well as electronic correspondence. Furthermore, the delay in training OPARC staff in PCT has also further delayed training Case Managers to begin transitioning approximately 700 current plans into Person Centered Plans. Mentioned in point 3, "Individual is able to interact with individuals they choose to interact with ..." - Many more PCPs need to be developed, as well as resources to help facilitate individual choice and development of friends, acquaintances, etc. in the community and beyond family and paid support employees.

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: OPARC has processes and procedures to support individuals served by providing continuous opportunities to modify their services, access new services, and voice their concerns or ask questions regarding the services they receive. However, with limited staff trained in PCT there are, in turn, limitations to the support available. In addition, OPARC does support individuals in choosing which staff provides their care. However, staff shortages, transportation routes, activities, etc. can impact the ability to accommodate that choice. Furthermore, as a result of COVID-19, there are further challenges with accommodating each individuals' choice, due to restrictions, limited staff, and altering our services to be provided remotely. Mentioned in point 2, OPARC supports and encourages those we serve to select the Alternative Remote Support services they would like to receive, as well as asks for their feedback and suggestions for services they desire or activities that they would like to do on a regular basis, outside of their scheduled reviews.

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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:

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| <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: Click or tap here to enter text.</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: Click or tap here to enter text.</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: Click or tap here to enter text.</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: Click or tap here to enter text.</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: Click or tap here to enter text.</p> | |

CONTACT INFORMATION

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Contact Name: Andrea Wells
Contact Phone Number: 909-985-3116, ext.156
Email Address: Awells@oparc.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.

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

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| Vendor name | OPARC |
| Vendor number(s) | HP5260, HJ0529, PJ4958, HJ0531, H25908, H25844, H62653, H25907 |
| Primary regional center | San Gabriel Pomona Regional Center |
| Service type(s) | Adult Developmental Centers, Behavior Management Programs, Work Activity Program, Supported Employment- Group, Community Integration |
| Service code(s) | 510, 515, 954, 950, 055 |
| Number of consumers typically and currently served | 157 |
| Typical and current staff-to-consumer ratio | 510- 1:4, 515- 1:4, 1:1; 954 1:18; 950 1:3, 1:4 |
| <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>OPARC ADCs & Behavioral programs are at sites where our internal standard for comm. access is 80% of the program day. Prior to COVID, participants typically met at their site & then departed for pre-determined activities including volunteer work & paid employment, usually not tied to PCPs/goals. OPARC has 21 SE groups, but due to COVID, few are active. We have transitioned/started 11 groups that earn min wage. Since the start of our 055 program, we have enrolled 62 people (44 from WAP). Job Developers added 65 IPs since June 2018. OPARC is now providing alternative remote services to most participants via daily calls, video calls, emailing/text messaging, package/material deliveries, & a wide range of virtual training/classes. Facilitators are creating PCP's & training others who have completed PCT training. We believe that the people we support receive great services, but with proper training and PCP's, there will be a greater emphasis on the needs/desires of each person and a personalized approach through which OPARC will come into HCBS compliance. Since June 1, 2020, 10 PCP's have been completed & 9 community resources have been developed for consumers of SGPRC.</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>Continuation of the position of PCP Integration Facilitator to continue to develop PCPs that reflect people's choices/goals. As OPARC has 157 participants served through SGPRC, this</p> | |

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transition of all remaining plans (147) is herculean. The PCP Integration Facilitator will continue with outreach/education with participants to ensure they understand why PCPs are being developed & addressing fears of change. Case Managers will begin to develop PCPs with oversight until ready to complete on their own. Resources/opportunities/transportation need to be found/coordinated in order to implement the desired services/opportunities. PCP Facilitation training - takes place after PCT training has been received & provides professional development & consultation regarding PC thinking, planning, & practices. It will orient/standardize plan facilitation throughout OPARC & is planned for June 22, 2021 – Nov. 30, 2021. We will have access to the contractor's resources/materials & use them to train staff in PCP Facilitation. Contract with an outside agency to supplement PCT training to the remainder of our staff - as stated in #4, the time requirement for senior leadership to complete training of all staff unassisted is too great. We have trained 10 staff serving SGPRC & have 33 staff serving SGPRC remaining. Prior to COVID, staff could be trained in 2 full days. However, remote classes now consist of 5 virtual classes held over 2 weeks.

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 X 3 4 X 5 X 6 7 8 9 10

4. For each HCBS out-of-compliance federal requirement that is being addressed by this concept, describe the barriers to compliance and why this concept is necessary. If this information is in the evaluation section, please copy it here.

#1, 2, 4 & 5. Training in PCT & the creation of PCPs has begun, but there remain over 147 needed plans for SGPRC. A thorough PCP is time consuming. Meaningful PCPs used to take between 5-10 hours to develop using traditional methods. Since COVID, Facilitator's have found that meaningful PCPs are now taking between 14.5-25 hours to complete remotely. Prior to COVID, our participants in WAP have not transitioned due to individual choice. Participants in the Day Programs had limited choice due to not having PCPs and resources. They will have opportunities developed for them as the PCP Integration Facilitator puts meaningful PCPs in place, identifying goals, choice, and in finding resources/coordinating activities for people with similar desires & goals.

5. For each out-of-compliance federal requirement that is addressed in this concept, please explain how the concept will bring the vendor into compliance by March 2023.

#1, 2, 4 & 5. We will continue to create PCPs in a COVID-impacted environment & pinpoint desired/appropriate community activities & resources & coordinate schedules/transportation among all programs. Individual goals & choice/preference will also be acted upon meaningfully as the PCP Integration Facilitator continues to develop plans & train Case Managers to complete PCP's. Due to COVID, this transition has temporarily slowed, as people are receiving alternative remote services. The PCP Integration Facilitator will continue to transition IPPs to PCPs, role model & oversee managers as they begin to develop PCPs, & review PCPs as they are developed/revised – insuring managers & stakeholders understand the importance of individual choice & preferences, while supporting individuals in meeting their goals, as well as helping them to transition out of “the old way of thinking” & into the “new”.

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

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Proposed outcomes & objectives for this grant period are: a) develop 6 PCP's Q1, 6 Q2, 9 Q3, 11 per quarter Q4 - Q8, b) transition 2-3 people from the WAP to 055 program per month., c) complete PCP Facilitation Training & train Case Managers, d) Integration activities – developing resources for individual PCPs and coordinating individuals with same interests/goals/desires – develop 9 resources each quarter. Unmeasurable, is reviewing goals in PCPs, talking to individuals about goals as needed/the resources found – if they are working/liked/etc., coordinating like-minded/interested individuals with resources, communicating with managers, families, caregivers, etc. Contract an outside agency to supplement the PCT training needs of our staff resulting in all staff fully trained in PCT by the end of the grant period.

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.

OPARC gathers participant input on a regular basis through satisfaction surveys, input meetings, and assessments to make changes/additions to supports provided & cultural change. In addition, individuals from multiple sites were asked about the concept and if they felt it would be beneficial. They were receptive to the idea & felt that it would be helpful to have people in place to develop their PC plans and add community integration activities, work, and volunteer opportunities related to their individual goals. People & their families who have already completed plans have given positive feedback and appreciation to OPARC for adapting this philosophy & providing in-depth, person centered services remotely.

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

Developing PCPs will allow us to work towards implementing PC goals/services for every individual. Educating families about PCT & reassuring them of safety concerns will support our goal of becoming PC. Further integration coordinating will also enable us to take PCP from ideas/goals to implementation. The PCP Facilitation training will provide us with added tools to move towards compliance & train every Case Manager on how to facilitate plans. By contracting out PCT training, we will be able to accelerate the pace in which staff move through trainings and allow staff to understand their role better in implementing the PCPs.

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

In 2023, we will review the need for the position. We anticipate maintaining one PCP Facilitator for the whole agency to oversee new PCPs, develop PCPs, & help facilitate/track revisions as needed/assigned. The goal is to have the PCP Integration Facilitator jump start the PCPs, role model, & oversee employees on the development of appropriate/meaningful PCPs. Case Managers will be facilitating PCP's & maintaining them as needed. We should not need to maintain integration duties - the need is great to find & record the community resources now, & the program can access the data and add to it as appropriate.

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

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| <p>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>Salary, benefits, & supervision of the PCP Integration Facilitator, monthly usage fee for phone and mileage to travel to meetings and other OPARC sites for integration. Marketing materials for integration education, subscriptions to licensed zoom accounts, contracting the Facilitation Training for the PCP Integration Facilitator, and contracting a trainer through Helen Sanderson & Associates to supplement the PCT training of all staff.</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>We intend to keep a PCP Facilitator after funding stops. Anticipated need for the duties/position will lessen over time & if we need to continue the duties/position will be distributed to current positions as duties change due to HCBS/Day Program changes.</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 ___ No <u> X </u> Yes. If Yes, FY(s) <u>2016-2017, 2017-2018, 2018-2019, 2019-2020</u></p> <p>Disparity Funding <u> X </u> No ___ Yes. If Yes, FY(s) _____</p> <p>CPP Funding <u> X </u> No ___ Yes. If Yes, FY(s) _____</p> <p>CRDP Funding <u> X </u> 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>2016-2017- Add 2 Job Developers: i. # with CIE as a vocational objective 354 ii. # with exposure to competitive. employment. including volunteerism, PIP, or ESA 236 iii. # of CIE placements/PIP's 3 iv. Participation in employment activities/sites 94 v. # of participants who have the option for community integration. 431.</p> <p>2017-2018- Add work opportunities to Behavior Program: 15 additional people are in volunteer jobs, 5 working in PIP.</p> <p>2018-2019- Train 2 PCT Trainers: Trainers started coaching; due to COVID-19 delays and reformatting, PCT Trainer training was extended.</p> <p>2019-2020- Hired PCP Integration Facilitator. 10 PCP's developed, 9 comm. resources secured.</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>This request is not redundant, but a continuation of prior funding for the development of PCP Trainers & the training of all staff in PCT. The delays & impact caused by COVID-19 mean that utilizing a contract trainer is the only way to ensure that all staff are trained in a timely manner. This request is the last piece needed in our effort to bring everything together agency wide.</p> | |

| HCBS CONCEPT BUDGET | | | | | | | |
|------------------------------------|-------------------|--|------------------|---------------|------------------|-------------------|--|
| Vendor Name | | OPARC (SGPRC) | | | | | |
| Vendor Number(s) | | HP5260, HJ0529, PJ4958, HJ0531, H25908, H25844, H62653, H25907 | | | | | |
| | Wage and Benefits | Year 1 Budget | | Year 2 Budget | | Total | |
| | | FTE | Annual Cost | FTE | Annual Cost | Cost | |
| Personnel (wage + benefits) | | | | | | | |
| PCP / Integration Facilitator | 57,000.00 | 1.00 | \$ 57,000 | 1.00 | \$ 57,000 | \$ 114,000 | |
| | | | \$ - | | \$ - | \$ - | |
| | | | \$ - | | \$ - | \$ - | |
| | | | \$ - | | \$ - | \$ - | |
| | | | \$ - | | \$ - | \$ - | |
| | | | \$ - | | \$ - | \$ - | |
| | | | \$ - | | \$ - | \$ - | |
| | | | \$ - | | \$ - | \$ - | |
| Personnel Subtotal | | | \$ 57,000 | | \$ 57,000 | \$ 114,000 | |
| Operating expenses | | | | | | | |
| Communication | | | \$ 300 | | \$ 300 | \$ 600 | |
| Mileage Reimbursement | | | \$ 1,400 | | \$ 1,400 | \$ 2,800 | |
| Facilitation Training | | | \$ 6,000 | | \$ - | \$ 6,000 | |
| PCT Contract Training | | | \$ 5,000 | | \$ - | \$ 5,000 | |
| | | | | | | \$ - | |
| | | | | | | \$ - | |
| | | | | | | \$ - | |
| | | | | | | \$ - | |
| | | | | | | \$ - | |
| Operating Subtotal | | | \$ 12,700 | | \$ 1,700 | \$ 14,400 | |
| Administrative Expenses | | | | | | | |
| | | | | | | \$ - | |
| | | | | | | \$ - | |
| | | | | | | \$ - | |
| | | | | | | \$ - | |
| | | | | | | \$ - | |
| | | | | | | \$ - | |
| | | | | | | \$ - | |
| Administrative Subtotal | | | \$ - | | \$ - | \$ - | |
| Capital expenses | | | | | | | |
| | | | | | | \$ - | |
| | | | | | | \$ - | |
| | | | | | | \$ - | |
| | | | | | | \$ - | |
| | | | | | | \$ - | |
| | | | | | | \$ - | |
| | | | | | | \$ - | |
| Capital Subtotal | | | \$ - | | \$ - | \$ - | |
| Total Concept Cost | | | \$ 69,700 | | \$ 58,700 | \$ 128,400 | |

See Attachment F for budget details and restrictions