

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: 1/28/2021 to 2/3/2021	Completed by: Amy M. Evans, MFT, LPCC, Devereux California Executive Director
Vendor Name, Address, Contact: Devereux California, P.O. Box 6784, Santa Barbara, CA 93160 Amy M. Evans, Executive Director aevans2@devereux.org	
Vendor Number: H32043	
Service Type and Code: SLS 896, ILS 520, ARF 915, 905, RCFE 113, BMP 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</p> <p>Please explain: Individuals do not receive full benefit of services in the community based upon their preferences due largely to transportation issues. We have an outdated, high mileage fleet of vehicles that are unreliable for distance transportation, beyond local environs, carrying individuals who are medically vulnerable and who are with emotional disorders. Referrals to resources and agencies does happen, however, transportation per individual with health and medical professionals from outside Devereux, is extremely undependable due to the condition of our fleet, and we are also without a necessary small fleet of suitable wheel-chair equipped vehicles at this time.</p> <p>Control of personal resources could be improved by transporting individuals to financial managers in the community, preferably banks, where they can be instructed on a one to one basis to meet personal budgetary and spending goals on a monthly basis. COVID-19 precludes our being able to bring experts to campus and these experts, as a practice, do not make “house calls” for individuals who are largely under or within 400% of the federal government poverty threshold for 2020.</p> <p>Our organization is currently coping with the pandemic which is sapping our resources toward PPE and following strict CDC guidelines along with our own medical expert guidelines from our national corporate headquarters based in Villanova, Pennsylvania. Our sources of funding in Santa Barbara County are limited to those few foundations who are interested and dedicated to funding individuals with disabilities thereby not allowing Devereux the ability to pay for all of what is required in Regulation #1 .Click or tap here to enter text.</p>	

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<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? x <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please explain: Each individual has their own specific Individual Program Plan which allows them to choose where they want to reside, and the setting meets their individual goals and aspirations as far as we have documented this information. Each individual needs to elaborate upon their personal goals and aspirations to maintain up-to-the-minute changes in what they want to accomplish in life and how they wish to get this achieved. To expand upon this information, each individual will be interviewed by an experienced PCP professional using the rubric from our fiscal19/20 HCBS funding (in-progress). There are more details which we are seeking to find out exactly what each individual's preferences are in regard to community interaction, personality, socializing/dating; and learning to express their life aspirations and goals and also understanding how to create an individualized action plan of accomplishment in this regard.</p> <p>We will be following up with new information that contains details regarding more choices and more opportunities with increased funding for transportation and staffing through private (foundation) and public source (HCBS) funding that we anticipate will come through by the early summer 2021.</p> <p>Click or tap here to enter text.</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?

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	<ul style="list-style-type: none"> • 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: Our staff continuously maintain the highest quality standards regarding communications with our individuals who are hearing impaired, visually impaired as well as non-verbal. Tools utilized include assistive technologies (visual indicators, Braille, large font print, sign language, multi-lingual communication {Spanish at present to reflect our only second language among individuals in our care, but we are also capable of Farsi and other European languages}).</p> <p>Individuals records are kept private at all times and Devereux California has a policy of non-invasive interaction with individuals that allows for maximum personal privacy to the extent an individual needs this, wherever and whenever possible. Click or tap here to enter text.</p>	
<p><u>Federal Requirement #4:</u></p> <p><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</p> <p>Please explain: Individuals have the ability to request whom they would like to interact with and the organization tries to provide for that request to the best of our ability taking into account logistics with transportation, meals and daily pre-scheduled activities. In some instances, our individuals are attempting to interact with individuals who have disabilities and who are without disabilities; all of whom reside in the community-at-large and our individuals cannot do so because they do not have transport to get where they would like to meet those individuals outside the grounds of Devereux California.</p>	

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<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? • 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: Individuals have the opportunity to meet with whomever they choose at the time that they would like, however, we as an organization would like to point out that not only do we have less caretaking due to the COVID pandemic, with an accompanying inability to hire qualified personnel due to lack of availability of labor force, but we also have increasing demands on our budget for PPE replacement and trips to the emergency room as well as other medical facilities to keep our individuals safe.</p> <p>Any individual can voice their concerns at any time and their opinions are acted upon to the best of our ability given staffing limitation, budgetary constraints, and overall regulations from the California Department of Developmental Disabilities and their associative regulatory bodies at the federal level including the US Department of Health & Human Services and Centers for Disease Control.</p>	

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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></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?
<p>Does the service and/or program meet this requirement? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please explain: Our individuals, under their IPP, are able to choose the housing option that best suites them on a personal level and that includes goal setting with life aspirations taken into account. Our individuals require particular program guidance to explain to them and their guardians/family on how to instate a request to change their occupancy whether that be in the same home or to switch out to another home so that they remain satisfied with their living arrangements, plus lease/occupancy rules in writing and explained orally.</p> <p>In addition, each individual and their guardians/family are notified about regulations for living arrangements including privacy, noise, disruptions, emergency evacuation, activities, and leisure time rules. If there are questions, our home staff and administrators efficiently answer all areas that need to be clarified for each resident and their guardians/family. Input from families and guardians is also welcome as well as visitation, allowing for state mandated shelter in place guidelines and orders (in those instances, visits are done outdoors with full PPE gear worn by visitors and social distancing by both individuals and their guests.).</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><i>Individuals sharing units have a choice of roommates in that setting.</i></p> <p><i>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 checked="" type="checkbox"/> No</p> <p>Please explain: Our organization does not have the capacity at present to allow for total freedom in choosing who to room with or having a locked bedroom door, which would interfere with medical related issues for highly disabled individuals with compound autism and related health conditions. Total privacy can be violated for any individual and the only time staff enters a bedroom is to perform health and wellness checks while individual is sleeping or beforehand (checking breathing, any assistive breathing equipment, incontinence, elimination, sleep safety with bedding not covering the face/nostrils, no electrical hazard on the bed, etc., etc.).</p> <p>Personal items to decorate bedrooms and other areas of the living units are fully allowed and encouraged for each individual as long as there are no trip hazards, or other safety hazards in the environment, nor should they infringe upon the rights of another resident, or impinge upon the house staff's ability to carry out their duties and responsibilities.</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please explain: Individuals have access to food via a shared kitchen in self pay group homes and, in the case of Weisman facility, the 24/7 nursing station can arrange for food to be given to any individual who expresses hunger during non-meal hours. We do have individuals living in SLS and ILS homes who have hunger issues related to not having enough funds to pay for food beyond their monthly social security payment which does not stretch far enough to always meet their needs, while also allowing for extra purchases for other opportunities in leisure, recreation, toiletries, and household living items. Our organization attempts to compensate via donated foods and household items, yet we are still needing to supplement in this area to completely meet the needs of all our individuals. To repeat, Devereux never denies access to food, but in the case of some homes, we do not have the funds nor do the individuals to fully stock pantries at the highest level.</p> <p>Individuals set their own daily schedules on weekdays. Weekends they are free to do as they please as long as guidelines are followed for their respective daily living facility and for Devereux rules and regulations. Additional requirements are also now in place in regard to COVID-19 safety protocols, described earlier.</p> <p>All individuals have access to kitchen, dining, laundry and comfortable/spacious seating in shared living areas (living room, and outdoors).</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please explain: Under normal circumstances, individuals can have visitors during visitation hours that take place after the Adult Day Program closes at 2 pm each weekday. SLS and ILS who are not part of the ADP may have visitors at any time. However, since the pandemic broke out, visitation has been limited to pre-scheduled hours on weekends and</p>	

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holidays and also limited by the number of visitors allowed to come to any group home (immediate family only with 5 persons as the maximum limit able to wear full PPE gear and maintain social distancing – and under a time limit of 1 hour per visit). We also have rules in place regarding quarantines that state if any individual chooses to travel with a relative to a relative's home, they will then undergo up to a 10-14 day quarantine and be tested for COVID-19 upon returning to a Devereux operated residence.

During normal environment, individuals can travel on weekends and holidays to spend time with their families, friends and guardians without restrictions described above. Likewise, guardians, friends and relatives may visit and take an individual out to the community for meals and recreation on weekends and holidays as they please.

Finally, during the pandemic, Devereux California spent operating funds and supplemented with donations to acquire technology (I-Pads and laptops) so that individuals can conduct virtual visits (as many as they please) with guardians or families.

Federal Requirement #10:

The setting is physically accessible to the individual.

Guidance:

- Do individuals have the freedom to move about inside and outside the home or are they primarily restricted to one room or area?
- Are grab bars, seats in bathrooms, ramps for wheelchairs, etc., available so that individuals who need those supports can move about the setting as they choose?
- Are appliances and furniture accessible to every individual?

Does the service and/or program meet this requirement? Yes x No

Please explain: Our individuals are likely to have the opportunity to move around as they please, but due to lack of financial capacity, we do not offer the best environment to support medically fragile individuals. For instance, we require wheelchair ramps for the grassy grounds outdoors, bathroom ramps, more grab bars in different places, heavy duty specialized walkers for those who are unbalanced in their feet, and of course 3-5 wheelchair equipped vans that are not the size of the extended size cargo van presently used mostly for our wheelchair bound individuals, and also used by the Greenhouse program to transport foliage to buyers. Appliances and furnishings are accessible to each individual, however, we do not have enough furnishings to accommodate the needs of each unique individual's preferences and financial circumstances, especially as it pertains to home living rooms and the Adult Day Program.

CONTACT INFORMATION

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Contact Name: Amy M. Evans (805) 879-2525
Contact Phone Number: _____
Email Address: _____
aevans2@devereux.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.

xxI 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	Devereux California
Vendor number(s)	H 32043
Primary regional center	Tri-Counties
Service type(s)	SLS, ILS, ARF, RCFE, BMP
Service code(s)	896, 520, 905, 915, 113, 515
Number of consumers typically and currently served	115
Typical and current staff-to-consumer ratio	1:3
<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>Our organization works each day to create a positive therapeutic environment with activities that stimulate our individuals on an intellectual, physical, and sensory level. They engage all aspects of learning and development so that an individual can become all of their human potential on a day by day basis without interruption, or a reduction in value for each individual, recognizing that each individual has “good days” and “off days.”</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>What we have learned in this past year is that our individuals are resilient in the face of a national medical emergency and will do what it takes to stay healthy and disease free. They were ready and willing to engage in all sorts of indoor activity such as aerobic exercise, sensory awareness, solitary walks, new computer games, chair exercising, computer engagement including technology to talk with their family, friends, and guardians or learn new dancing techniques, as well as learning to adhere to social distancing while in homes, and cook for themselves with assistance from direct care staff. At present, our individuals are showing how resilient and cooperative they can be while getting COVID vaccinations.</p> <p>What we are asking for funding is threefold: (1) support for new training/new approaches especially for hard to reach individuals who require extra attention and who are vulnerable to self injury or those with medical conditions above and beyond COVID related precautionary measures, such as wheelchair bound; (2) support for two vehicle purchases – a wheelchair equipped van and a regular transport van to offer more independence in life choices and more daily activities/interactions; (3) support for extra furnishings such as shelving, bookcases, bean bag style seating, rocking chairs, and wall art; (4) extra food supplies that we can purchase and use year-round including holidays and special</p>	

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celebrations meant exclusively for the benefit of our individuals.

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 ___ 2 ___ 3 xx 4 xx 5 ___ 6 ___ 7 xx 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.

With new tailored training modalities for staff, we will be able to overcome barriers to success in two-way communication with our individuals who are most challenged (representing a subset of our total population of approx. 20%). It is necessary for our individuals to benefit from a staff who always train in new approaches so they are using the best available techniques for ease of communication in order lessen any stressors on highly challenged individuals. New approaches also work to deepen the understanding an individual has with awareness of themselves and how to best live in their respective environment peacefully and in accord with others. (Req #3)

Our individuals require greater choice and if they are not able to access transportation other than through our private van fleet, and our fleet is mostly inoperable and in need of constant mechanical and structural repairs, then it make sense to purchase new transportation to effect positive change. Through the purchase of two new vehicles, one for wheelchairs and one regular van, we will overcome this aforementioned barrier to our success with compliance for person centered planning and activities. (Req #4)

Due to regular budgetary constraints and multiple competing budgetary demands (repairs, maintenance, PPE, extra staffing to accommodate quarantines, and other temporary administrative non-budgeted, necessary expenditures), we have not been able to provide person centered furnishings allowances to date. This part of our concept is intended to give each individual more freedom to express their individuality and add more joy and comfort into their life. (Req #7)

Individuals who are financially challenged require compassionate help in bringing healthy food into their homes and other settings so that they are not deprived of health and living joyfully. As stated earlier in the evaluation, our center does help provide food via food banks or other donations, however, to provide extra assistance through HCBS person centered compliance will help certain individuals by further identifying those who regularly need food assistance, why (emotional and/or physical need) and what types of food they choose to eat and how often they would like it. (Req #8)

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.

With funding we will readily come into compliance with Regulations #4 and #7 as well as become even further compliant in Regulations #3, and #8. Our compliance is entirely dependent upon available resources for purchases. At this time, our contributed sources of

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revenue cannot sustain 100% compliance for current operations effecting #3, #4, #7, and #8 cited above.

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

Our proposed outcomes and objectives are as follows:

(1) 3-4 new documented training sessions conducted that enhance, or are directly related to person centered care education, for up to 10 direct care staff and supervisors to address specific issues/barriers we have with our individuals who are severely challenged with autism disorders. Trainings will utilize medical information to the extent allowed by law to uncover unique modalities to benefit these individuals identified as needing extra care. (Req. #3)

(2) 50% improvement in available transportation opportunities and 30% increased volume of trips into the community based solely upon individual choice;

Our aim is to create more choice that reflects freedom, independence, inclusion into the non-disabled community for growth and development, and more gratifying choices for cultural, aesthetic, and functional learning and enjoyment to harness the full potential of each and every individual in our care. It also addresses the need for safe transport for medical/health maintenance and emergencies.(Req. #4)

(3) 20-30 individuals will have made purchases of personal furnishings to their liking which they may place/use anywhere in their living environment or daily activity program as long as those furnishings do not impinge upon the rights and freedom of other individuals who share the same space;

Our aim is to create an environment that reflects more gratifying choices for cultural, aesthetic, and functional learning and enjoyment to harness the full potential of each and every individual in our care. (Req. #5)

(4) 15-20 individuals who are self identifying as experiencing “food scarcity” will have access to 1 bag of nutritious food 8 times per year and have an opportunity to participate in meals or snacks offered during at least 2 celebrations produced by Devereux California per year, if they are not already doing so.

Our main objective is to see that not one individual experiences hunger at any time during the time they are in the care of Devereux. HCBS funding will be a “bridge” and an empirical testing ground to see that all individuals get to express their experiences with food. We will pursue outside sources of funding for extra food bags for our individuals from the community and families/ guardians when the HCBS second compliance contract ends, should we get renewed funding for our phase 2 of Person Centered Compliance. (Req. #8)

Our methods and tracking are as follows:

(a) Methods will be based upon current HCBS funding grant to improve the available information gathered directly from each individual and their guardian visa via an

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information interview conducted by a lead team member of Devereux California's clinical staff; this information will be acted upon to ensure maximum personal choice in regard to those areas still remaining for non-compliance as well as other areas we wish to make even better.

- (b) Tracking will be in a metrics/graph per individual as well as collectively for all individuals, in a format that delineates transportation choice, furnishings choice, food choice/availability, and with specific and separate tracking of trainings for staff, program administrators and supervisors who operate all aspects of individual housing units and the Adult Day Program, plus Weisman Center (respite facility).
- (c) Rubrics will be created to graph numeric instances of choice implementation and related logistics as well as any costs incurred. On day of choice, staff will inquire of each individual in a way that they can communicate their responses regarding their personal desire for fulfillment of a new choice or aspiration. These responses will be recorded in a graph format as well as quoted in a narrative format and uploaded into each individual's record in our master database, "Profiler," and later assessed to create a final summative and formative assessment of HCBS compliance results at the conclusion of a contract for fiscal 22-23.

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<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>Our organization keeps meticulous records of feedback from our individuals in its master data base “Profiler” so that we may stay on track with Person Centered Planning and Activities which are among the highest and most important priority in the provision of programs and services at Devereux California. In those records, are instances of individuals wanting more inclusive activity where they will leave their home and travel into the surrounding community with their caregivers to engage in meaningful activity that they each prefer. In addition, our records indicate a strong desire for creative pursuits and learning new subject matter that will help individuals grow and stretch their capabilities and functional education to the maximum they are able to. Others have stated a desire for more money to buy food and decorate their homes.</p>
<p>8. Please describe how the concept you propose will enable you to provide more person-centered services to your clients.</p>
<p>Our concepts will allow each and every client engage with their community to a larger extent than previously with HCBS funding in prior contract cycles; and thus allowing for more choice in activities, aesthetics, surrounding environment, interactions, learning, and progressive cognitive development. They will also impact our ability to provide assistive services both technological and human delivery to our most challenged individuals who require monitoring and assistance to mitigate self injury and injury to others, or other commonly deemed disruptive behaviors that Devereux is well know in best coping with.</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>Our plan for maintaining benefits, value and success at the end of the project relies solely upon our success in being able to achieve purchasing power we have not yet had before from public sector sources for major impactful activity and facilities resources and supplies. Our private sector does not have the capacity to provide us with nearly the level of purchasing power we require to seriously build upon the first stages of comprehensive and meaningful Person Centered implementation as expressed inside this application for continued funding. Moreover, we have experienced curtailment in significant funders among our families as well as in the local corporate community who have all been hard hit by shutdowns emanating from the pandemic in California and elsewhere. We hope that the funding from this next round will alleviate some of the shortcomings in our services over a 5-7 year period before replacements/upgrades are demanded to secure safe and up-to-speed operations that reflect the highest standards in person centered care.</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> <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>

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Our total anticipated costs look like the following:

Year 1 Fiscal 2021/22 with the exception of Requirement #3 with costs incurred Year 2 Fiscal 2022/23

Requirement #3 (advancement of our ability to provide freedom from coercion and restraint) -- \$18000

For new training/new approaches for clinical staff and supervisory staff

Requirement #4 (to meet individual independence in making life choices, daily activities, physical environment, and whom to interact with) -- \$134000

Requirement #7 (provide individuals freedom to furnish and decorate their living units) -- \$5,000

Requirement #8 (have all individuals given access to food whenever they want in the quantity that they want, but allowing for medical related constraints regarding health and wellbeing) -- \$5,000

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.

N/A - we will incur all costs during the program timeframe; up to 2 years. Please see sustainability plan below.

Sustainability of funding sources for our new concepts requiring funding will be from durability of purchases (7-10 years from date of purchase) and for training programs, the knowledge will be practical for the same as stated above.

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 Yes. If Yes, FY(s) 20
 Disparity Funding No Yes. If Yes, FY(s) _____
 CPP Funding No Yes. If Yes, FY(s) _____
 CRDP Funding 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.

Thus far, we were able to assemble a team of professionals to outline a program of staff training in PCP, PCP advocacy among staff, interviewing scheduling of our individuals, questionnaire for individuals, field research in best practices, and a detailed timetable for implementation. We also have "on deck" a specialist consultant who will be active with the program after the close of this current fiscal year. PCP certification for our project lead staff

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has also been arranged at an agency site in Los Angeles for our project lead 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.

The current grant is to be considered phase 1 toward completion of HCBS rules and regulations. Our new request builds upon phase 1 and moves into phase 2 which is in essence funding to act upon individual choices which we learn about during phase 1. We have no intention of any items being repetitive since that will not suffice for bringing our organization into full compliance on every HCBS rule, as stated previously. Devereux California has been operating under financial constraints for over a decade prior to the current fiscal year. This circumstance did not allow us to perform basic person centered programs and services at an appropriate level to meet HCBS current requirements, and with 2021 funding we will be able to meet this long-standing challenge and be very satisfied that we will eventually be able to serve our individuals with the dignity and respect they deserve.

HCBS CONCEPT BUDGET	\$162,000/2 years					
Vendor Name	Devereux California					
Vendor Number(s)	H 32043					
	Wage and Benefits	Year 1 Budget		Year 2 Budget		Total
		FTE	Annual Cost	FTE	Annual Cost	Cost
Personnel (wage + benefits)						
New training/new approaches for hard to reach individuals regarding PCP HCBS compliance focusing on communication improvement to create more peaceful, dignified living for our most challenged individuals with compound and severe disabilities.			\$ -		\$18000	\$18000 -
			\$ -		\$ -	\$ -
			\$ -		\$ -	\$ -
Personnel Subtotal			\$ -		\$18000 -	\$18000 -
Operating expenses						
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Operating Subtotal			\$ -		\$ -	\$ -
Administrative Expenses						
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Administrative Subtotal			\$ -		\$ -	\$ -
Capital expenses						
One wheelchair van			\$72000			\$ -
One regular transport van			\$62000			\$ -
Furnishings choice			\$ 5000			\$ -
Extra food supplies choice			\$ 5000			\$ -
						\$ -
						\$ -

				\$	-
				\$	-
Capital Subtotal		\$144000	-	\$	-
Total Concept Cost		\$144000	-	\$18000	-
				\$162000	

See Attachment F for budget details and restrictions