

Home and Community-Based Services (HCBS) Rules CONCEPT FORM

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 www.dds.ca.gov/HCBS.

Questions may be directed to HCBSregs@dds.ca.gov.

Date(s) of Evaluation: November 21, 2019	Completed by: Rose Ferrer
Vendor Name, Address, Contact: Ferrer Home Care #2, 4140 Justin Way, Sacramento, CA 95826; Contact: Rose Ferrer 916-601-9238	
Vendor Number: HA0652	
Service Type and Code: Adult Residential Facility, 915	

Home and Community-Based Services (HCBS) Rules CONCEPT FORM

Federal Requirement #1:

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.

Guidance:

- Do individuals receive services in the community based on their needs, preferences and abilities?
- Does the individual participate in outings and activities in the community as part of his or her plan for services?
- If an individual wants to seek paid employment, does the home staff refer the individual to the appropriate community agency/resource?
- Do individuals have the option to control their personal resources, as appropriate?

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

Individuals in our home are not able to receive full access to activities and integrate in the community they individually enjoy. **Transportation, travel funds and staffing and training** to assist them to these places have always been a challenge because each individual has different interest of enjoyment. Some of the clients we serve have limitation in ambulation. A mode of transportation with wheelchair accessibility will surely enhance community access for such clients. Travel funding and staffing will greatly expand inclusion to opportunities in the community.

Federal Requirement #2:

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.

Guidance:

- Does the provider have a current regional center Individual Program Plan (IPP) on file for all individuals?
- Does each individuals' IPP document the different setting options that were considered prior to selecting this setting?

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

All individuals have their current regional center IPP and these individuals and their families were included in the setting options decisions.

Home and Community-Based Services (HCBS) Rules CONCEPT FORM

<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>Provider keeps constant communication with the individuals and their authorized representatives regarding their rights and grievance process in a manner that they understand or through their authorized representatives.</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 individuals' 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>Individuals in our home are not able to receive full access to activities and integrate in the community they individually enjoy. Transportation and staffing to assist them to these places have always been a challenge because each individual has different interest of enjoyment. Individuals have expressed during meetings that they would love to attend more special conventions, fairs, sports events.</p>	

**Home and Community-Based Services (HCBS) Rules
CONCEPT FORM**

<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? Yes X No</p> <p>Funding issues is a barrier in adding more staff and providing individual attention to share and play confidently in ordinary community settings. Limited funds to send staff to various staff training is also a big barrier in providing meaningful and person centered services to these individuals.</p>	

Home and Community-Based Services (HCBS) Rules CONCEPT FORM

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>All individuals have signed residency agreements agreed by the residents and their authorized representatives. Information on how to relocate and move to another home is explained to them.</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>All individuals have shared rooms and furnish them to their own liking.</p>	

Home and Community-Based Services (HCBS) Rules CONCEPT FORM

<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 Individuals have access to food anytime and have the choice when to have their meals. These individuals have the same rights as any renters with full access to common areas of their home.</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 Please explain: Visitors are always welcome to visit any time. Two individuals regularly visit their families and friends for the weekends and holidays.</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?

**Home and Community-Based Services (HCBS) Rules
CONCEPT FORM**

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

Individuals have the freedom to move inside and outside the home. Safety supports are in place in the bathrooms and any needed tools for safety is provided by the home.

CONTACT INFORMATION

Contact Name: Rose Ferrer
Contact Phone Number: 916-601-9238
Email Address: ferrerhomecare@gmail.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.

X I AGREE

Home and Community-Based Services (HCBS) Rules CONCEPT FORM

Existing 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

Vendor name	Ferrer Home Care #2
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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 back up, 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, but the rest of the concept must be within the standard page requirements.
- There has been a significant change in the form and process compared to prior years. **In order to receive funding, this 2019-20 form must be 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 or opportunities in the community.

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 in order 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 train-the-trainer certification 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 www.dds.ca.gov/HCBS.

Home and Community-Based Services (HCBS) Rules CONCEPT FORM

Vendor number(s)	HA0652
Primary regional center	Alta California Regional Center
Service type(s)	Residential Facility for Adults
Service code(s)	915
Number of consumers currently served	6
Current staff to consumer ratio	1:3
<p>1. Please provide a brief description of the service/setting that includes what a typical day consists of and how services are currently provided. This response must include the baseline/current levels for any aspects of the program for which the concept proposes funding.</p>	
<p>Ferrer Home is an adult residential facility, 6 bed, Level 4-D. Staffing ratio is 1:3. All consumers have moderate to severe behavior excesses and some physical limitations. 1 of our residents have ambulation issues and she uses a transport chair for outings. We have a mini van that is difficult for the one client to use. All individuals attend day program 5 days a week. A typical weekday consists of the following:</p> <p>6am: wake-up time and hygiene routine 7:00am: breakfast and medication assistance 7:30am-9am: choice to watch TV or listen to music in the living room or stay in their bedrooms while waiting for their rides to program.</p> <p>All individuals take private transportation to and from day program. Everyone arrives between 2pm to 4pm. Individuals have different interests and ways to spend their time after program and before dinner around 6pm. Weekends are spent on community outings as a group. We are an active home often attending community events, fairs and out of town trips.</p>	
<p>Project Narrative Description:</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>In our concepts we address our inability to meet HCBS in several situations and therefore we are requesting funding to comply.</p> <p>Lack of funding to provide additional staffing to take our residents in places where they belong and enjoy a variety of diverse relationships and memberships. Our residents have expressed interest in attending, sporting events and out of town trips. Additional staffing to accommodate individual outings to special events will energize them and make them feel welcome and accepted. Having that freedom, support and assistance, we promote independence and help them develop their gifts to make a positive difference to other people.</p> <p>Our residents have limited money to fund their trips. Ferrer Home #2 tries to supplement whenever possible to make sure every resident can join the trip. We are</p>	

Home and Community-Based Services (HCBS) Rules CONCEPT FORM

requesting funds to go to meaningful events in the community settings where they can enjoy and play confidently. These events will give them the feeling of belonging and be respected. **Staff Training** is another funding we are requesting. Training done by consultants to address person centered services and HCBS.

In order to achieve and fully access and enjoy benefits of the community in the most integrated settings of their choosing, we are requesting for **funds to buy a Mini van with a lift that is non-conspicuous** to take them to many places of their choosing whether it is volunteer work, church events, family visits, etc.

3. Identify which HCBS federal requirements this concept addresses that are currently out of compliance. Could be all or a subset of those identified as out of compliance on the evaluation.

1 **X** 2 3 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.

Federal Req. #1, 4 & 5 : Individuals in our home are not able to receive full access to activities and integrate in the community they individually enjoy. Transportation, travel funds, staffing and training to assist them to these places have always been a challenge because each individual has different interest of enjoyment.

The additional funds **to purchase a Mini van with a lift** will enable the individuals have more control of schedules and activity access.

Hire a consultant to train the staff that will facilitate learning of HCBS, Person Centered concepts and Clients Rights. With these trainings, the staff will be able to best serve the needs of the individuals.

The individuals in our home have expressed during meetings that they would love to attend more special conventions, fairs, sports events that normally are held outside their county of residence. With the individual limited funds, **additional trip money** will enable them to attend events they personally enjoy. In order to achieve this outcome, we are requesting **additional funds to hire a part time staff** to drive them to different places.

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.

Req.#1, 4 & 5: With additional staffing, training, funds for various events and transportation to access these places, these individuals will be able to integrate and enjoy activities with other citizens, neighbors, co-workers to the same extent as other individuals. They will have access to these places and events at their own pace and choice of persons they wish to associate with. The staff will be equipped with the knowledge and ability to cater to the needs of the individuals.

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

The individuals will gain confidence that they have equal footing with other individuals not receiving Medicaid. They will feel welcome in the community and they belong.

Home and Community-Based Services (HCBS) Rules CONCEPT FORM

Ongoing notes will always be updated indicating what they did and where they went.
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.
Regular facility meetings are conducted enlisting the input of all residents and staff. Monthly activity calendar is posted for them to see and update for any change they want to make.
8. Please describe how the concept you propose will enable you to provide more person-centered services to your clients.
With the resources expanded, we would have more flexibility to offer a wider variety of choices and encouraging the individuals to come up with more activities of their choice.
9. Please address your plan for maintaining the benefits, value, and success of your project at the conclusion of 2019-20 HCBS Funding.
The provider will continue to train and educate further the staff on person centered awareness. The provider will continuously expand the search for more meaningful activities utilizing the person centered concept.
10. Write a brief narrative below explaining each major cost category and timeline. Complete the budget template at the end of the concept sheet. An excel version with formulas is available. When applicable, budgets should include personnel/benefits, operating costs such as consultants or training, administrative expenses/indirect costs, and capital costs (assets lasting more than 2 years). If project spans 2 years or occurs in phases, budget should be separated by phase/year. Administrative costs, if any, must comply with DDS' vendor requirements, including a cap of 15% of the sum of personnel/benefits, consulting, and operating costs (must exclude capital costs). http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=4629.7&lawCode=WIC
11. Please address sustainability of funding sources for all programs or concepts requiring any funding past the time frame of the requested grant, especially those that involve staff or other long-term costs. Please mark "not applicable" if costs will all be incurred during the program time frame.
-Vehicle requested for funding will be on a tight maintenance schedule to ensure trouble free operation for a longer time. -Funding for Education/Training for staff - based on the training materials presented by the trainers, the carehome will develop its own curriculum for new incoming staff. -Funds for trips to out of town events will be budgeted carefully taking into consideration the need and interest of the residents. When the funding from HCBS for the trips is exhausted, the home will gladly continue to supplement the trips and events. -Funding for the Part Time staff after the second year will be funded by our own money saved.

**Home and Community-Based Services (HCBS) Rules
CONCEPT FORM**

<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 <input checked="" type="checkbox"/> No ___ Yes. If Yes, FY(s) _____ Disparity Funding <input checked="" type="checkbox"/> No ___ Yes. If Yes, FY(s) _____ CPP Funding <input checked="" type="checkbox"/> No ___ Yes. If Yes FY(s) _____ If yes to any question be sure to answer questions 13 and 14.</p>
<p>For providers who have received prior HCBS, Disparity or CPP 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>N/A</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>N/A</p>	

HCBS CONCEPT BUDGET							\$101,890.00
Vendor Name	Ferrer Home Care #2						
Vendor Number(s)	HA0652						
		Year 1 Budget		Year 2 Budget		Total	
	Salary and Benefits	FTE	Annual Cost	FTE	Annual Cost	Cost	
Personnel (salary + benefits)							
Position Description	19,195.00	1.00	\$ 19,195	1.00	\$ 19,195	\$ 38,390	
Position Description			\$ -		\$ -	\$ -	
Position Description			\$ -		\$ -	\$ -	
Position Description			\$ -		\$ -	\$ -	
Position Description			\$ -		\$ -	\$ -	
Position Description			\$ -		\$ -	\$ -	
Position Description			\$ -		\$ -	\$ -	
Position Description			\$ -		\$ -	\$ -	
Personnel Subtotal			\$ 19,195		\$ 19,195	\$ 38,390	
Operating expenses							
Education and Trainin			\$ 1,000		\$ 1,500	\$ 2,500	
Mini Van with a Lift			\$ 50,000			\$ 50,000	
Funds for out-of-town trips & expenses -hotels & other costs for clients and staff			\$ 5,000		\$ 6,000	\$ 11,000	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
Operating Subtotal			\$ 56,000		\$ 7,500	\$ 63,500	
Administrative Expenses							
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
Administrative Subtotal			\$ -		\$ -	\$ -	
Capital expenses							
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
Capital Subtotal			\$ -		\$ -	\$ -	
Total Concept Cost			\$ 75,195		\$ 26,695	\$ 101,890	

See Attachment F for budget details and restrictions