

## 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](http://www.dds.ca.gov/HCBS).

Questions may be directed to [HCBSregs@dds.ca.gov](mailto:HCBSregs@dds.ca.gov).

Date(s) of Evaluation: October 22 <sup>nd</sup> 2019	Completed by: Jane Frye
Vendor Name, Address, Contact: Fairway Place, 4796 Fairway Dr. Rohnert Park CA 94928	
Vendor Number: H13633	
Service Type and Code: Adult Residential Care, 905	

## 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

Please explain: individuals are limited in participation of community outings due to transportation and availability of resources. Residents participate in voting to go on outings together and are limited to services near the residence.

### **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

Please explain: Fairway Place works closely with North Bay Regional Center to complete all paperwork as required. Communications are adequate and involve person centered planning for all residents.

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

<p><b><u>Federal Requirement #3:</u></b> <i>Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.</i></p>	<p><b><u>Guidance:</u></b></p> <ul style="list-style-type: none"> <li>• Does the provider inform individuals, in a manner they can understand, of their rights to privacy, dignity, respect, and freedom from coercion and restraint?</li> <li>• Does the provider communicate, both verbally and in writing, in a manner that ensures privacy and confidentiality?</li> <li>• 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.)?</li> </ul>
<p><b>Does the service and/or program meet this requirement?</b>   <input checked="" type="checkbox"/> <b>Yes</b>   <input type="checkbox"/> <b>No</b></p> <p>Please explain: Client rights trainings are offered annually in collaboration with employment or day programs, and additionally during semiannual meetings with each individual to ensure understanding. Documentation of meetings and rights information is available in all client files.</p>	
<p><b><u>Federal Requirement #4:</u></b> <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><b><u>Guidance:</u></b></p> <ul style="list-style-type: none"> <li>• Does the provider offer daily activities that are based on the individuals' needs and preferences?</li> <li>• 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?</li> <li>• 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?</li> </ul>
<p><b>Does the service and/or program meet this requirement?</b>   <input type="checkbox"/> <b>Yes</b>   <input checked="" type="checkbox"/> <b>No</b></p> <p>Please explain: Daily activities are decided in house meetings, and lack the ability to individualize due to one company vehicle and lack of funding to customize to individual levels.</p>	

**Home and Community-Based Services (HCBS) Rules  
CONCEPT FORM****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: Fairway Place is committed to ensuring program choice. The site administrator and staff are available at any time to discuss services and concerns in all aspects of the individual's life if requested.

## 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><b><u>Federal Requirement #6:</u></b></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><b><u>Guidance:</u></b></p> <ul style="list-style-type: none"> <li>• As applicable, does each individual have a lease, residency agreement, admission agreement, or other form of written residency agreement?</li> <li>• Are individuals informed about how to relocate and request new housing?</li> </ul>
<p><b>Does the service and/or program meet this requirement? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</b></p> <p>Please explain: Yes. Admissions are discussed prior to entry into the residence. Additional options are discussed at annual meetings with the Regional Center and support network present.</p>	
<p><b><u>Federal Requirement #7:</u></b></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><b><u>Guidance:</u></b></p> <ul style="list-style-type: none"> <li>• Do individuals have a choice regarding roommates or private accommodations?</li> <li>• 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?</li> <li>• Do individuals have the ability to lock their bedroom doors when they choose?</li> </ul>
<p><b>Does the service and/or program meet this requirement? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</b></p>	

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

Please explain: residents are able to choose their rooms and roommates if applicable. All furnishings are customized and chosen by the individual. Locks are installed on restrooms and bedrooms.

**Federal Requirement #8:**

*Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.*

**Guidance:**

- 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?

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

Please explain: Fresh fruit and dry snack foods are available at any time for all residents. Individuals set their own schedules and staff are available to assist with planning as needed. All common areas of the home are available to residents.

**Federal Requirement #9:**

*Individuals are able to have visitors of their choosing at any time.*

**Guidance:**

- 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?

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

Please explain: Visitors are welcome to visit the home. Fairway Place accommodates individualized schedules and needs.

**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?

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

	<ul style="list-style-type: none"> <li>• Are appliances and furniture accessible to every individual?</li> </ul>
<p><b>Does the service and/or program meet this requirement?</b> <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b></p> <p>Please explain: There are no restrictions on areas of the residence beyond private bedrooms. All residents report that the home is accessible and it is easy to move around.</p>	

### CONTACT INFORMATION

Contact Name: Jane Frye

Contact Phone Number: 707-588-2788

Email Address: Fairwayplacerp@yahoo.com

### ACKNOWLEDGEMENT

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

I AGREE

## 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 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](http://www.dds.ca.gov/HCBS).



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

Vendor name	Fairway Place
Vendor number(s)	H13633
Primary regional center	North Bay Regional Center
Service type(s)	Adult Residential Care
Service code(s)	905
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>After a house meeting, the clients described a typical day; Everyone wakes up to eat breakfast together. After breakfast, we practice general hygiene such as brushing teeth and combing hair before planning the day. We have our group exercise happening while others enjoy getting their morning coffee and listening to music. We then offer 2-3 activity choices. Everybody decides during the house meeting what the activities will be. Some do not want to participate in the available options. After morning activities, we have lunch either out in the community or at home. 1-2 times a month we go out to lunch together. After lunch, we can walk to the nearby bowling alley or elect to stay home to work on art projects. It has been reported during the house meetings, we need to offer more community access and focus on individual wants instead of voting to go to the same place. Many expressed interests in camping trips and nature outings. We would like to encourage everyone to pick their outings and the peers that go with them on those outings. Our barriers to this include lack of vehicles to access the community, limited staff, creating larger community groups limiting our ability to go to some places, and lack of materials/resources to put our ideas into actions.</p>	
<p><b>Project Narrative Description:</b></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>Fairway Place residents have identified goals that are not yet attainable due to limitations of funding and transportation availability. We have identified needs in federal requirements 1 and 4. Our HCBS proposal is about what our clients want to make their home better. In our meetings, we heard from our clients that they would like increased opportunities to access the community. We will implement accessibility and integration. During our initial accessibility phase, we will look for client input as to what would help them achieve greater access to the community. This would include exploring the</p>	

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

community and tracking experiences and outcomes in a binder. Our second phase will build upon the first, focusing on community integration and increased outings.

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\_\_ 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.

In Federal requirement 1, clients do not receive services in the community based on their needs, preferences and abilities when they are limited to group voting. It has been reported during the house meetings, we need to offer more community access and focus on individual wants instead of voting to go to the same place. Many expressed interests in camping trips and nature outings. We would like to encourage everyone to pick their outings and the peers that go with them on those outings. Our barriers to this include lack of vehicles to access the community, limited staff, creating larger community groups limiting our ability to go to some places, and lack of materials/resources to put our ideas into actions.

In Federal requirement 4, we cannot offer daily activities that are based on the individuals' needs and preferences such as camping since we do not have transportation to campsites or appropriate resources to transport multiple groups at the same time.

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.

Funding to cover startup costs of new vehicles and community exploration will improve integration and accessibility. These outcomes will be long term improvements to bring Fairway Place into compliance.

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

We will invite the clients to interact with their goals and person-centered planning on a regular basis, creating person-centered binders that they will fill with community outings, progress on their goals and their plans. We will create, design and implement an activity schedule that focus on how each person views and interprets information. We will create a pictorial and verbal schedule in addition to our written one that the clients will have access to and will learn to create on their own. This will allow them to practice and learn to explore new choices.

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.

To start the HCBS proposal we held house meetings with the clients including the house DSP. We asked the clients what they wanted to change at home, while

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

explaining the HCBS and CMS rules. We took the evaluation form and restated the questions in an easier to understand format. The evaluation completed with the ideas and responses of the clients. After our meeting, we reviewed all client's goals and ISPs. In addition to our HCBS focused meetings, we also reviewed all past outings and meetings from the year. We also reviewed votes and who was getting out in the community more and who was not. We focused on those not in the community or who expressed they did not get to choose their outings. Our plan was created with and for the clients to encourage activity engaging their goals and ideas on a daily basis, not just once or twice a year.

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

Our plan focuses on two sections accessibility and integration. Having better accessibility and understanding will promote more community integration and allow us to be compliance with the HCBS Final Rule. In completing the evaluation, we noticed a disparity in the way clients access the community and the locations chosen. Our plan directly responds to those disparities identified in the evaluation

9. Please address your plan for maintaining the benefits, value, and success of your project at the conclusion of 2019-20 HCBS Funding.

Additional transportation and exploration of community resources will inspire our clients to achieve greater independence and increase choices, resulting in long term success. Our HCBS proposal looks to inject energy into our ideas by providing the startup cost of an additional car, technology, and training. Our approach will sustain the projects by guaranteeing client access to the community while promoting integration. With the equipment startup costs covered, Fairway Place will budget for maintenance of the equipment and work with clients to promote saving and budgeting for further funding.

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](http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=4629.7&lawCode=WIC)

Recreational vehicle 75,000

Company vehicle 35,000

See attached budget sheet

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.

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

Not Applicable	
12. Have you or the organization you work with been a past recipient of DDS funding? If yes, what fiscal year(s)?	HCBS Funding <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes.    If Yes, FY(s) _____ Disparity Funding <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes.    If Yes, FY(s) _____ CPP Funding <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes.    If Yes FY(s) _____  If yes to any question be sure to answer questions 13 and 14.
<b>For providers who have received prior HCBS, Disparity or CPP Funding from DDS</b>	
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.	
NA	
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.	
NA	

HCBS CONCEPT BUDGET	110,000					
Vendor Name	Fairway Place					
Vendor Number(s)	H13633					
	Salary and Benefits	Year 1 Budget		Year 2 Budget		Total
		FTE	Annual Cost	FTE	Annual Cost	Cost
<b>Personnel (salary + benefits)</b>						
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Personnel Subtotal			\$ -		\$ -	\$ -
<b>Operating expenses</b>						
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Operating Subtotal			\$ -		\$ -	\$ -
<b>Administrative Expenses</b>						
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Administrative Subtotal			\$ -		\$ -	\$ -
<b>Capital expenses</b>						
RV or camper vehicle			\$ 75,000			\$ 75,000
Company vehicle			\$ 35,000			\$ 35,000
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Capital Subtotal			\$ 110,000		\$ -	\$ 110,000
Total Concept Cost			\$ 110,000		\$ -	\$ 110,000

See Attachment F for budget details and restrictions