

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: 11-21-19	Completed by: Eric Martin
Vendor Name, Address, Contact: Oaks of Hebron, Inc., 6950 Commerce Blvd. #7, Rohnert Park, CA 94928	
Vendor Number: HN0261	
Service Type and Code: 510 Adult Development Center	

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<p><u>Federal Requirement #1:</u> <i>The setting is integrated in, and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> • Do individuals receive services in the community based on their needs, preferences and abilities? • Does the individual participate in outings and activities in the community as part of his or her plan for services? • If an individual wants to seek paid employment, does the home staff refer the individual to the appropriate community agency/resource? • Do individuals have the option to control their personal resources, as appropriate?
<p>Does the service and/or program meet this requirement? <input type="checkbox"/>Yes <input checked="" type="checkbox"/>No Please explain: Our goal is to initiate those opportunities through HCBS Compliance Funding.</p>	
<p><u>Federal Requirement #2:</u> <i>The setting is selected by the individual from among setting options, including non-disability-specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> • Does the provider have a current regional center Individual Program Plan (IPP) on file for all individuals? • Does each individuals' IPP document the different setting options that were considered prior to selecting this setting?
<p>Does the service and/or program meet this requirement? <input checked="" type="checkbox"/>Yes <input type="checkbox"/>No Please explain: The individual is given the choice of several program options a with their Regional Center Service Coordinator. These options are documented in the IPP and kept on file with the program.</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

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	<p>that ensures privacy and confidentiality?</p> <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: One of the core values of our organization is that each person, regardless of their disability, is worthy of dignity and respect. Individual matters are informed in a manner, environment and context that supports privacy, respect and dignity.</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>Please explain: This program does not optimize individual autonomy and independence in making life choices for daily activity. There is only limited personal choice for daily activities at the program due to the financial and staffing ratio limitations set forth in regulations. There is limited choice for individuals in choosing whom they interact with due to group ratio determinations. Our goal is to provide more community employment and career opportunities through HCBS Compliance Funding.</p>	

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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: Individuals may raise concerns or request changes to their schedules or other services at any time with staff.

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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 type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please explain: N/A</p>	
<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 type="checkbox"/> No</p> <p>Please explain: N/A</p>	

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

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CONTACT INFORMATION

Contact Name: Eric Martin
Contact Phone Number: 707-795-5927 ext. 106
Email Address: ericm@oaksofhebron.org

ACKNOWLEDGEMENT

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

I AGREE

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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.

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Vendor name	Oaks of Hebron, Inc.
Vendor number(s)	HN0162
Primary regional center	North Bay
Service type(s)	Adult Development Center
Service code(s)	510
Number of consumers currently served	15
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>The Oaks of Hebron Adult Development Center is a 1:3 program mobile recycling crew, as part of a typical day program. Each day starts with clients arriving at the day program site. Then person centered planning is used to discover client's interests in the variety of tasks to be completed for the day. Once clients chose their activity for the day, then staff are assigned to a group of three clients. Clients who chose the mobile recycling crew, travel about the community with a direct support staff and collect recycling CRV material at established sites. At the host site, recycling material is collected and hauled to the truck and the collection container is cleaned with a new liner installed. At the end of the collection day, recycling material is sorted by material type. Twice a week recycling material is taken to the recycling center for redemption. Community access baseline: clients spend about 3.5 hours out of 6 hours a day in the community.</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>Building on Oaks' current recycling program, the scope will branch out to include recycling of mattresses, working with members of the community to haul household items for donation, such as after a garage sale or when moving, to a collection center and collecting scrap metal for recycling. The goal of the project is to get our clients engaged in the community more hours per day, while keeping as much material as possible out of the landfill. For each household pick up, the goal is to donate as many items as possible to a thrift store and ensure any recyclable material is recycled. The last resort will be to take items to the landfill.</p> <p>While operating the current grant funded recycling program, Oaks of Hebron has discovered at least two factors keeping basic recycling from being self-sufficient. Being a Community Recycling Program, Oaks of Hebron receives less money per item than if</p>	

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redeeming privately. This reduction in material amounts has made it challenging to achieve 100% self-sufficiency. The other factor is local municipalities have raised the local minimum wage a head of the State. Oaks is dedicated to paying our client employees minimum wage and with the wage increase it has become more challenging. Therefore, building on the current project and branching out to more lucrative ventures, it is expected that the program will be self-sustaining.

Lastly, no capital expenses are requested as the current equipment is enough to meet the needs of the expanding program.

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 XX 2 3 4 XX 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.

Federal Requirement #1 Community integration and employment opportunities are limited due to regulation and limited funding for staff. This concept is necessary to bring in revenue for staff.

Federal Requirement #4 This program does not optimize individual autonomy and independence in making life choices for daily activity. There is only limited personal choice for daily activities at the program due to the financial and staffing ratio limitations set forth in regulations. There is limited choice for individuals in choosing whom they interact with due to group ratio determinations. Our goal is to provide more community employment and career opportunities through HCBS Compliance Funding.

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 from this HCBS Compliance Funding Cycle will support our core concepts of: (1) exposing participants to a variety of competitive integrated employment opportunities, and (2) providing community-based employment for participants, (3) complying with HCBS standards prior to March 2022.

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

The outcomes are for clients to have a variety of community activities and opportunities for paid work. The objectives are to regularly develop new opportunities each quarter. Methods: Employ person centered planning to discover client interest, then pursue the interest and then regularly review to ensure we are meeting client's needs. Tracking the methods will be completed using Therap.

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.

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As part of our commitment to a person-centered approach, our aim is to give every individual we serve a full choice of activities to help them meet their goals. Specifically, we sat down with our clients and asked them what is working with the current program, what can be improved and what they would like added. At the end of the brainstorm session, each idea was discussed and reviewed regarding viability and collective interest, then the ideas were narrowed to obtainable goals.

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

The current program does not optimize individual autonomy and independence in making life choices for daily activity. There is only limited personal choice for daily activities at the program due to the financial and staffing ratio limitations set forth in regulations. There is limited choice for individuals in choosing whom they interact with due to group ratio determinations. Our goal is to provide more community employment and career opportunities through HCBS Compliance Funding.

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

Funding for building on the program will provide the start up costs needed while the program grows its customer base. Having a customer base will ensure adequate jobs and volume, that will fund staffing and allow the program to be cost effective and successful. The success of the program will provide the benefit of employment for our clients and will keep the value of having a variety. Maintaining the success will be accomplished with concerted efforts of superior customer service with current customers while making goals to add new customers. The value of the program is subject to change depending on needs and desires of each person we serve. In order to address the changing needs and desires, person centered planning will continue to be used to develop changes to the program, thus holding the value of the program.

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

Annual Cost: \$50,737.00 for personnel. Two personnel are needed. 1- direct staff taking clients into the community and 2- a site developer who develops sites for the crew to go to. The cost for personnel is expected to remain stable over the next two years. A vehicle and trailer are needed to access the community and funding for care and maintenance will ensure accessibility.

No capital expenses are requested as the current equipment will meet the needs of the expanding program.

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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.

N/A

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 XX Yes. If Yes, FY(s) 18/20

Disparity Funding ___ No ___ Yes. If Yes, FY(s) _____

CPP 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 or CPP 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.

Goal 1: Person Centered planning techniques is employed daily to elicit interest for 15 participants in the program.

Goal 2: Following is the number of clients who participated in community-based work: July = 7, Aug. = 8, Sept. = 9

Goal 3: This quarter oaks developed 6 sites:

Calvary Chapel the Rock, 1800 Got Junk, Rohnert Park Public Safety, Les Schwab, SOZO Youth Center, Sonoma Sport- Kote

Goal 4: Oaks is billing monthly and reporting quarterly. OOH has not spent more than 15% of the grants funds on contractor's administrative costs.

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.

This funding request is not redundant. Due to unforeseen circumstances, the current program is not viable for the long term. The proceeds from recycled material is less than expected and with local minimum wages increasing, the program won't be 100% self-sustaining. Building on the current program model, adds value to the current program in that we are branching out to areas of need that are not being met. In addition, no capital expenses are requested as existing capital is sufficient to build the program.

HCBS CONCEPT BUDGET	2020/2024					
Vendor Name	Oaks of Hebron					
Vendor Number(s)	HN0261					
	Salary and Benefits	Year 1 Budget		Year 2 Budget		Total
		FTE	Annual Cost	FTE	Annual Cost	Cost
Personnel (salary + benefits)						
Personnel (salary + benefits)	40482	1.00	\$ 40,482	1.00	\$ 40,482	\$ 80,964
Site Developer	51277.2	0.20	\$ 10,255	0.20	\$ 10,255	\$ 20,511
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Personnel Subtotal			\$ 50,737		\$ 50,737	\$ 101,475
Operating expenses						
Vehicle			\$ 7,200		\$ 7,200	\$ 14,400
Trailer			\$ 300		\$ 300	\$ 600
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Operating Subtotal			\$ 7,500		\$ 7,500	\$ 15,000
Administrative Expenses						
Billing, payroll, reporting			\$ 8,736		\$ 8,736	\$ 17,472
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Administrative Subtotal			\$ 8,736		\$ 8,736	\$ 17,472
Capital expenses						
N/A						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Capital Subtotal			\$ -		\$ -	\$ -
Total Concept Cost			\$ 66,973		\$ 66,973	\$ 133,946

See Attachment F for budget details and restrictions