

## 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: <a href="#">Click or tap here to enter text.</a>	Completed by: <a href="#">Click or tap here to enter text.</a>
Vendor Name, Address, Contact: Casa de la Victoria / 40624 152 <sup>nd</sup> street East, Lancaster CA 93535 / 661-264-1343 or 442-249-0369	
Vendor Number: HL0435	
Service Type and Code: Adult Residential Facility – 915	

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## **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: Federal requirement not fully met due to lack of local community day programs, employment programs, and education programs. Our residence lack of resources needed is causing the individual's inability to gain access to services out of the facility. The residents need greater access to employment, education and day programs as well as more access to services within the community that meet their needs and abilities.

## **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: Federal requirement not met; Current IPP's on file for each Resident do not list any prior setting options considered prior to selecting the current setting.

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## **Federal Requirement #3:**

*Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.*

## **Guidance:**

- 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.)?

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

Please explain: Federal Requirement met; Residents are informed of their rights in a way they can understand; we employ basic verbally communication tactics, written communication tactics, and alternative communication tactics.

## **Federal Requirement #4:**

*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.*

## **Guidance:**

- 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?

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

Please explain: Federal Requirement met; activities are based on the individuals needs and abilities; they have input and activities are geared towards the goals listed in the IPP's.

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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: Federal Requirement not met; Alternative staff are not made available or placed on call during shifts; solely for residents to request alternative staff for services.

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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:

### **Federal Requirement #6:**

*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.*

### **Guidance:**

- 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?

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

Please explain: Federal Requirement met; all Residence have a residence agreement and are informed on how to request relocation, w/ assistance provided.

### **Federal Requirement #7:**

*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.*

### **Guidance:**

- 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?

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

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Please explain: Federal Requirement met; Residents have a choice regarding sleeping/living accommodations including but not limited to furnishings, décor, and personalization; Individuals have the right to privacy and can lock bedroom doors as needed.

## **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: Federal Requirement met; Residents have access to food @ all times, they can choose daily schedules, and have full access to all shared and common areas of the facility.

## **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: Federal Requirement met; Visitors are always welcomed and individuals are not only allowed to but are encouraged to accompany visitors outside of the home.

## **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?

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

Please explain: Federal Requirement not met; the facilities restroom could use some additional supportive features to help aid residents in daily living skills; like additional grab bars, seating, and a walk-in tub/shower. Portable PCM mats are needed to appropriately carry out Dynamic Holds through PCMA.

**CONTACT INFORMATION**

Contact Name: Eric Gray  
Contact Phone Number: 442-249-036  
Email Address: hellocdlv@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.

☒ 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).



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Vendor name	Luisa Henriquez
Vendor number(s)	HL0435
Primary regional center	North Los Angeles County Regional Center
Service type(s)	Adult Residential Facility - L4H-Staff
Service code(s)	915
Number of consumers currently served	4
Current staff to consumer ratio	2-1 ratio
<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>On a typical day Residents wake, bath/shower, dress, and eat. Extra time and attention is designated for the bathing/shower period due to current accommodations. Those that attend day programs are transported to their pre-established locations via bus which requires residents to spend long periods of time in route to these locations where they have to make a number of stops to accommodate others; due to our location our Residence tend to be some of the 1<sup>st</sup> on and last off. Those that stay on site prepare for the day ahead of them. Actives and outing occur for the Residents that stay on site; lunch is served then additional activities prior to the return of the Residents that attended day program. Dinner is prepared and served additional activities and then bedtime prep. Once tired Residents make their way to bed</p>	
<b>Project Narrative Description:</b>	
<p>2. Please provide a brief summary narrative of the concept for which you are requesting funding, including justification for the funding.</p> <p>We are requesting funding to work on Federal Requirements 10 by updating the restroom and common areas @ the facility to be more handicapped accessible, provide greater access, and ease of care related to daily living functions. The facilities restroom and common areas need additional supportive features to help aid residents in daily living skills; like additional grab bars, seating, and a walk-in tub/shower. Portable PCM mats are needed to appropriately carry out Dynamic Holds through PCMA. Communication Boards to help our non-verbal residents have better access to the care and items they need and want.</p>	
<p>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.</p> <p>1__ 2__ 3__ 4__ 5__ 6__ 7__ 8__ 9__ 10 <u>X</u></p>	
<p>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.</p> <p>Federal Requirement not met; the facilities restroom could use some additional supportive features to help aid residents in daily living skills; like additional grab bars, seating, and a walk-</p>	

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in tub/shower. Portable fall mats are needed to appropriately prevent injury during negative behaviors. Alternative Communication devices. Main barrier is cost need to make needed modifications, changes, or additions

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 making some changes and additions to the facility to make it more handicapped accessible it will allow the residents feel more freedom moving about inside and outside the home, provide more comfort and reassurance during daily living routines, and ensure the every piece of furniture or appliance is accessible to every individual.

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

We would contact vendors to make modifications and additions to the facility that provide greater ease and access to our handicapped residents throughout the restrooms and common areas.

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.

We focused on an area that required the most need. Throughout the past the individual residents in their own way have experienced ongoing discomfort and restrictions due to the layout, design, and equipment on hand. Extensive review was done regarding the antecedents the resident experienced prior to the onset of negative behaviors many of which pointed towards issues w/ the restroom set up and access to locations within our common areas.

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

The residents will have greater access to the areas and locations they want. Feel more secure surrounding the restroom/shower settings. Allow them to provide more input into their needs, wants ad goals.

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

Review the location for modifications, changes, or additions that will have the highest impact. Make those modifications, changes, or additions. Review the effectiveness of those modifications, changes, or additions at periodically time periods. Maintain the things that worked and tweak the things that do not.

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)

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Most cost are capital and will be used during the established time frame (6 - 12 months). There are some minor Administrative costs which will cover the review and maintenance of the project.

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.

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 ☐ No ☐ Yes. If Yes, FY(s) 2018-2019  
 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.

We have submitted our scope and budget thus completing milestone # 1 we are currently working on milestone # 2

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.

Prior funding was used to get access to training for staff related to person centered planning. The funding requested for the current concept will specifically address the issues we have in meeting compliance with Federal Requirement #10.

HCBS CONCEPT BUDGET							
Vendor Name		Casa de la Victoria					
Vendor Number(s)		HL0435					
	Salary and Benefits	Year 1 Budget		Year 2 Budget		Total	
		FTE	Annual Cost	FTE	Annual Cost	Cost	
<b>Personnel (salary + benefits)</b>							
Admin	20	10.00	\$ 200	10.00	\$ 200	\$ 400	
Position Description			\$ -		\$ -	\$ -	
Position Description			\$ -		\$ -	\$ -	
Position Description			\$ -		\$ -	\$ -	
Position Description			\$ -		\$ -	\$ -	
Position Description			\$ -		\$ -	\$ -	
Position Description			\$ -		\$ -	\$ -	
Position Description			\$ -		\$ -	\$ -	
Personnel Subtotal			\$ 200		\$ 200	\$ 400	
<b>Operating expenses</b>							
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
Operating Subtotal			\$ -		\$ -	\$ -	
<b>Administrative Expenses</b>							
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
Administrative Subtotal			\$ -		\$ -	\$ -	
<b>Capital expenses</b>							
Reborn Cabinets			\$ 6,000			\$ 6,000	
safe step			\$ 12,280			\$ 12,280	
Logan ProxTalker Modular AAC Device			\$ 4,054			\$ 4,054	
Tangible Object Cards and Lex Communicator			\$ 1,767			\$ 1,767	
fall mat			\$ 340			\$ 340	
						\$ -	
						\$ -	
						\$ -	
Capital Subtotal			\$ 24,440		\$ -	\$ 24,440	
Total Concept Cost			\$ 24,640		\$ 200	\$ 24,840	

**See Attachment F for budget details and restrictions**