

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 1, 2019	Completed by: Mike Nubla
Vendor Name, Address, Contact: Oakridge Home, Inc	
Vendor Number: HB0596, HB0898, HB 0753	
Service Type and Code: Group Home (Level 4H and 4I) 915, 109; ARF (Level 4C) 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: This year we began to adopt the person-centered approach. We started doing meetings with each individual and the support group of their choice. We identified many needs and preferences by each individual. However, we're not able to ensure that all the preferred needs and preferences by each individual can be met due to lack of transportation resources.

We currently use our vans for numerous medical, psychiatric, dermatology and dental appointments, school/day program activities and planned community outings which usually conflicts and takes priority over individual activities and events. We have some individuals who do take public transportation or paratransit, but they are not always feasible, readily available, and in many cases unreliable.

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: Each individual has a current IPP and ISP on file that documents prior service/program consideration.

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<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 Please explain: We communicate with each individual based on their needs and preferences by including alternative methods of communication such as assistive technology device and also by including some of their support group of people (of their choice) to assist the individual with communication. We then follow up with communication in writing that ensures privacy and confidentiality.</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 Please explain: We're able to provide limited choices for daily activities due to lack of transportation options. We currently use our vans for numerous medical, psychiatric, dermatology and dental appointments, school/day program activities and planned community outings which usually conflicts and takes priority over individual activities and</p>	

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events. We have some individuals who do take public transportation or paratransit, but they are not always feasible, readily available, and in many cases unreliable.

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: We support all individuals in being able to choose the staff they would like to work with. With our person-centered meeting with the individual and their support group of their choice present, the individuals have opportunities to modify their services or voice concerns.

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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> <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 Please explain: All of the individuals we support have admission agreement completed and signed by either the individual or their representative.</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 checked="" type="checkbox"/> No Please explain: We currently do not have private accommodations due to lack of room in our homes.</p>	

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<p><u>Federal Requirement #8:</u> <i>Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> • Do individuals have access to food at any time? • Does the home allow individuals to set their own daily schedules? • Do individuals have full access to typical facilities in a home such as a kitchen, dining area, laundry, and comfortable seating in shared areas?
<p>Does the service and/or program meet this requirement? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Please explain: Individuals have access to food at any time. All individuals have full access to the entire house.</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: We encourage friends and family to visit the people we support. Some of the individuals we support often stay overnight or do weekend visits with their family.</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?

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Does the service and/or program meet this requirement? **Yes** **No**
Please explain: Individuals have access to all the rooms and furniture of the home. There are grab bars, seats in bathroom and ramps for wheelchairs available so that individuals who need those support can move about the setting as they choose.

CONTACT INFORMATION

Contact Name: Mike Nubla
Contact Phone Number: (415) 827-8080 - cell
Email Address: oakridgehome@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

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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	Oakridge Home, Inc
Vendor number(s)	HB0753, HB0898, HB0596
Primary regional center	Regional Center of the East Bay
Service type(s)	GH, ARF
Service code(s)	915, 920
Number of consumers currently served	18 - (6 X 3 Locations)
Current staff to consumer ratio	2:1
<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>Oakridge Home provides care and services for children and adults with developmental disabilities.</p> <p>A typical day consist of assisting the individuals in our home with their daily routine. Our team ensures that the individuals we support are able to properly perform self-care skills as independently as possible; assist with their meal preparation and medication.</p> <p>More importantly this year, we adopted the person-centered principle, “Nothing About Me, Without Me” and started to utilize the tools we have learned and acquired through the 2-day Person Centered Approach Workshop with RCEB and from our Person-Centered consultant, Carol Blessing of Cornell University.</p> <p>These tools helped us begin to engage in a conversation with each individual to what is meaningful to them. By understanding these kinds of things about the people we support, we have a deeper understanding of and appreciation for the ways in which each person can make positive and productive contributions to our communities and to society.</p> <p>During this process, we found a wealth of information about each individual from one’s goals and dreams, to relatives who support them that they would like to visit, and numerous astonishing interests and hobbies. We have also discovered many different resources and activities within our community that we would’ve never even looked for before.</p> <p>We also found that oftentimes, many individuals in our homes felt that they were obligated to go to our facility planned trips because everyone else was going and/or there weren’t a lot of opportunities to go on their desired trips due to lack of transportation. We do have individuals who take public transportation. However, public transportation – especially Paratransit - is not always feasible, readily available, or in some cases are unreliable. The acquisition of new vehicles and a vehicle with</p>	

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wheelchair lift or ramp can resolve these individuals' transportation needs so they can enjoy activities of choice any time of the day or week.

Project Narrative Description:

2. Please provide a brief summary narrative of the concept for which you are requesting funding, including justification for the funding.

By learning and adopting the person-centered approach, it began to change our culture within our organization. Our team members now identify ourselves not just as "caregivers" but also as "community builders."

Our team members have expressed excitement and willingness to even volunteer their time to assist the individuals we support to try new experiences, and to share their talents and special purpose in life to our community. Our organization is also committed to shoulder overtime costs and/or hire additional team members to help our individuals achieve their goals.

As much as we are "ready and willing", we are not always "able" to transport individuals to their preferred activities in the community.

We currently have two older vans that we use primarily to transport individuals to their various doctors and dental appointments, school and day program activities and planned community outings which usually conflicts and takes priority over individual activities and events.

By obtaining a vehicle with wheelchair lift and additional vehicles / SUV in each of our location, Oakridge Home will be able to promote non-regimented, individualized community activities of choice for all the individuals we support.

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.

We learned valuable tools as we learned more about the person-centered approach from Regional Center and our Person-Centered Consultant. These tools allow us to continue to understand and get to know the individuals we support on a much deeper level – relationships and people who are important to them, finding out what's meaningful to them, discovering their talents and special purpose in life and much more. The vehicles we are requesting in this proposal will serve as another tool for us to help in implementing the plans and goals these individuals have created for themselves along with daily activities they have identified that's important to them. These are examples of actual daily activities and goals the people in our homes have created and identified which include: going to the bank, shopping, movies, attend Zumba class, join a bowling league, learn how to Salsa dance, attend art/painting class, watch musical play, learn martial arts, go to a concert, visit family in Reno, and just hang out with

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friends in the community. These vehicles will allow us to be in compliance with Fed Req #1 and 4 by giving the individuals we support the ability to do their preferred activities in the community anytime of the day or week.

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.

Fed Requirements #1 and #4 will be addressed thru these vehicles, by allowing the individuals we support the ability to do their preferred activities in the community anytime of the day or week.

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

With the new vehicles, the proposed outcomes and objectives are for the individuals in our homes to be able to choose and participate in their preferred activities available in our community as well as establishing and maintaining meaningful relationships outside of our home. As these individuals continue to be part of the community, they will be introduced to new friends and new experiences. Learning new things and meeting people from all walks of life will help these individuals learn and discover more about themselves. We can track each individual's community activity, and which vehicle they use to access the community to produce a monthly report.

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 had a person-centered meeting with each individual we support along with their respective support group/team, whom they invited. We discovered astonishing things about each individual such as— people important to them, unbeknownst to their support group, whom they'd like to visit; discovered various, in many cases, surprising hobbies, interests, goals, hopes and dreams. As we met with each individual and their team/support group to discuss how we, as a team, can help achieve the individual's goals, there was always one glaring obstacle: lack of transportation option.

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

With the proposed concept of obtaining vehicles for each of our locations, we are able to support the transportation need of the individuals we support to allow them to choose their daily activities in the community – the choice to do what, where, when and with whom.

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

Our organization is committed to cover the regular maintenance of these vehicles and other expenses at the conclusion of 2019-20 HCBS Funding. Our organization currently

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has enough team members with a valid driver's license to drive these vehicles and are committed to cover overtime costs. Furthermore, we are also committed to focusing on hiring new team members with a valid driver's license and to train them the person-centered approach to make this project a success for years to come.

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

Location 1 – Customized Vehicle w/ Wheelchair Lift + Insurance = \$72,000 + \$2,500 = \$74,500; **Location 2** – Vehicle + Insurance = \$48,000 + \$2,500 = \$50,500; **Location 3** – Vehicle + Insurance = \$48,000 + \$2,500 = \$50,500

Total Requested Amount = \$175,500 Project span – 1year

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.

Oakridge Home is committed to paying for all overtime costs and regular maintenance of all the vehicles

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 received \$25,000 of funding for education. We used this funding to send a couple of our team members to attend the 2-day Person Centered Workshop at RCEB. The rest of the funds we used to hire Carol Blessing of Cornell University, whose expertise is in person-centered training, planning and practice, to fly out here in the bay area several times a year and conduct webinars to train us about the person-centered approach along with the costs associated with training. We continue to learn and have since utilized the tools we have learned from RCEB and Carol Blessing to change our organization's culture and to practice the person-centered approach, not just for the individuals we support, but for everyone in our organization.

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14. If your organization received prior funding, please explain how the current funding request is not redundant with any prior funding received and/or builds on the prior funding but was not part of the original funding.

The funding we received for 2018-2019 is being used only for educational / training of person-centered approach only.

Thru this funding of our education, we acquired a set of tools that helped us know the people in our homes on a deeper level and understand what's meaningful to them.

These tools also allowed us to help the individuals we support create their own goals and identify their preferred activities in our community.

We would like to request funding to acquire another set of tools: Vehicles - to help the people in our homes achieve their goals, and a choice to do their preferred daily activities in the community – the choice to do what, when, where and with whom.

HCBS CONCEPT BUDGET						\$175,500
Vendor Name	OAKRIDGE HOME					
Vendor Number(s)	HB0596 HB898 HB 0753					
	Salary and Benefits	Year 1 Budget		Year 2 Budget		Total
		FTE	Annual Cost	FTE	Annual Cost	Cost
Personnel (salary + benefits)						
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Personnel Subtotal			\$ -		\$ -	\$ -
Operating expenses						
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Operating Subtotal			\$ -		\$ -	\$ -
Administrative Expenses						
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Administrative Subtotal			\$ -		\$ -	\$ -
Capital expenses						
Vehicle #1 - Vehicle with Wheelchair Lift			\$ 72,000			\$ 72,000
Vehicle # 1 - Insurance (One Year)			\$ 2,500			\$ 2,500
Vehicle #2			\$ 48,000			\$ 48,000
Vehicle #2 - Insurance (One Year)			\$ 2,500			\$ 2,500
Vehicle #3			\$ 48,000			\$ 48,000
Vehicle #3 - Insurance (One Year)			\$ 2,500			\$ 2,500
						\$ -
						\$ -
Capital Subtotal			\$ 175,500		\$ -	\$ 175,500
Total Concept Cost			\$ 175,500		\$ -	\$ 175,500

See Attachment F for budget details and restrictions