

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: 11/18/19	Completed by: Amed Franco
Vendor Name, Address, Contact: Mayfair Adult Day Care, Inc., 1524 E. Mayfair Ave Orange Ca 92867, 714-771-8300	
Vendor Number: PM1387, PM1386, HM0726	
Service Type and Code: Adult Day Care-Behavior Management - 063 & 515	

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: Mayfair Adult Day Care is a site-based program with a community integration component but do not have the ability to integrate all clients who are interested in employment opportunities in integrated employment settings. We are a behavior management program that supports individuals who have been deemed "difficult to serve" due to the intensity of their behavioral challenges. Although we do have a community integration component it is difficult at times to find places of employment that best match individual preferences 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: All individuals that attend our program have a current IPP. Regional Center works with each individual and provides them with program options before they are enrolled in our program.

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

<p><u>Federal Requirement #3:</u> <i>Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> • Does the provider inform individuals, in a manner they can understand, of their rights to privacy, dignity, respect, and freedom from coercion and restraint? • Does the provider communicate, both verbally and in writing, in a manner that ensures privacy and confidentiality? • Do staff communicate with individuals based on their needs and preferences, including alternative methods of communication where needed (e.g., assistive technology, Braille, large font print, sign language, participants' language, etc.)?
<p>Does the service and/or program meet this requirement? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please explain: All individuals are informed of their personal rights in a manner that they can understand. Communication is achieved both verbally and in writing or through a form of communication an individual can understand. Privacy and confidentiality is maintained by ensuring confidential information is under lock and key.</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: Mayfair Adult Day Care strives to encourage each individual to advocate for themselves and engage in daily activity planning and choice making. Individuals are encouraged to interact with all peers and engage to build meaningful relationships with peers of their liking but sometimes this can be difficult because of behavioral challenges and staff mindset. Vocational goals are sometimes sacrificed because of staff mindset and challenges with making connections in the community to obtain employment.</p>	

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

<p><u>Federal Requirement #5:</u> <i>Facilitates individual choice regarding services and supports, and who provides them.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none">• Does the provider support individuals in choosing which staff provide their care to the extent that alternative staff are available?• Do individuals have opportunities to modify their services and/or voice their concerns outside of the scheduled review of services?
<p>Does the service and/or program meet this requirement? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please explain: All clients are encouraged by all members of our organization to advocate for themselves and engage in daily activity planning and choice making. We have an open-door policy where individuals are encourage to voice opinions, questions, and concerns.</p>	

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

Only providers of services in **provider-owned or controlled residential settings** need to complete the remainder of this evaluation. In **provider-owned or controlled residential settings**, in addition to the above requirements, the following requirements must also be met:

<p><u>Federal Requirement #6:</u></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>	

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

<p><u>Federal Requirement #8:</u> <i>Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> • Do individuals have access to food at any time? • Does the home allow individuals to set their own daily schedules? • Do individuals have full access to typical facilities in a home such as a kitchen, dining area, laundry, and comfortable seating in shared areas?
<p>Does the service and/or program meet this requirement? <input 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>	

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

CONTACT INFORMATION

Contact Name: Amed Franco
Contact Phone Number: (714)771-8300
Email Address: amedfranco@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.

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

Vendor name	Mayfair Adult Day Care Inc.
Vendor number(s)	PM1387, PM1386, HM0726
Primary regional center	Regional Center of Orange County
Service type(s)	Adult Day Care- Behavior Management
Service code(s)	063 & 515
Number of consumers currently served	68
Current staff to consumer ratio	1:1, 1:2 & 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>Mayfair Adult Day Care provides behavior management services at our site-based center with opportunities for community integration. Services are provided in a 1:1, 1:2 and 1:3 service ratio. An individual service plan is created for each person served and an individual's day is structured with programming and activities based on skills, vocational, and behavioral goals.</p> <p>Currently we have 3 clients working in paid internships, 2 hours per day, two to five days a week.</p>	
Project Narrative Description:	
<p>2. Please provide a brief summary narrative of the concept for which you are requesting funding, including justification for the funding.</p> <p>Currently Mayfair has a limited number of individuals participating in integrated paid employment. We do not have the staff to continue to educate employers, build business relationships/ partnerships, monitor employment placements, and match individual preferences and skills with employer needs.</p> <p>We currently have about 12 clients that our both interested in employment and are on the career path. We need to be able to have the resources to continue to educate employers, build business relationships/partnerships, monitor employment placements, and match individual preferences and skills with employer needs. The key component to fulfill this client need is a Job Developer.</p> <p>Three clients working is good (4% of our client population), 15 clients working is a game changer (22% of our client population). It's a movement that changes the dynamics of our</p>	

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

program, the staff and client mindset, and the perception among our community. We need your help to be able to have the resources to turn this corner and make a real difference.

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 2 ___ 3 ___ 4 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 & # 4 – The core and foundation of HCBS guidelines revolve around Independence, Choice, Rights, Opportunities to integrate and have full access to the benefits of the community, including integrated employment.

Mayfair does offer employment opportunities but gaining acceptance from the community and finding proper employment placements has been difficult because of the behavioral challenges our clients face. Well we have made great strides in breaking the barrier from having no clients working to now support 3 individuals in employment, we still have a long way to go. Our clients need additional supports to address behavioral excesses and employer concerns that revolve around our client's needs. We do not have the staff to continue educate employers, build business relationships, monitor employment placements, and match individual preferences and skills with employer needs.

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.

Our clients want to work and make money. They want to feel like they are part of the community and engage in meaningful activities that provide a sense of self-worth. They want to have access to all the benefits of the community just like any other person. We want to be able to provide them with all the supports they need to be successful in meeting their vocational goals. We believe hiring a Job developer will help get jobs and educate employers, build business relationships, and monitor employment placements.

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

Our goal is to have 30% of the clients we support in integrated employment. We want to create a movement that not only makes the identified people above successful but also lays the foundation for the vocational component of our program that will out last all of us.

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

Clients will be put through a soft skills program to teach them how to seek employment. Job developer will support them through this process. Employment data will be tracked to quantify the # of people employed, # of hours worked p/week and the length of employment.

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.

Over the last 12 months we have been diligently working with individuals to meet their vocational needs and preferences. We have been working with individuals to figure out what is important to them and what we can do to support them in the environment of their choosing. We also hold a monthly client advocacy meeting where clients express their wants and needs as a collective group.

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

Our program has been working diligently to instill person center practices from the development of the individual service plan to the building of a daily schedule. By providing the requested funding you would allow us to ensure that we are providing clients with the opportunities, proper training, and supports for employment, they are asking for.

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

Our goal is to help clients obtain employment and change the dynamics of our program, including the staff and client mindset, and the perception among our community. Once we have enough clients working, this will be a major part of our program and we can shift a management staff to be responsible for this component of the program.

The Job Developer will help educate the community around us, bridge connections with potential employers and build business relationships. Once this had been established our management team will work on sustaining these relationships.

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

The estimated cost to hire a full-time job developer to educate employers, build business relationships/partnerships, monitor employment placements, and match

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

individuals preferences and skills with employer needs, would be \$96,048. Estimated timeline for recruitment & hire 90 days. Completion of project 24 months.

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 X Yes. If Yes, FY(s) 2017-2018
 Disparity Funding X No ___ Yes. If Yes, FY(s) _____
 CPP Funding X 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.

Our organization obtained HCBS funding for the following:

- 1) To purchase 1 handicap accessible van with a wheelchair lift, so that all clients regardless of disability and adaptive equipment have the same opportunities to access and integrate into the community. Van is utilized on a daily basis to provide access to the community.
- 2) To hire a job developer. Funding for this position sunsets in June of 2020. Having this position has allowed us to break the barrier from having no one who is job ready to now having 3 people employed and 12 who are almost there.
- 3) To train staff on person centered practices and certify a staff to become a Person Centered Trainer. All Staff have undergone the two day person centered course and we have 1 staff that just became a person centered trainer.
- 4) Having a dedicated pool of job coaches to be assigned to individuals who work in integrated setting during their set work hours. We have hired 2 people for this role and have already undergone training and are now in the field.
- 5) Hiring a vocational specialist who has a background in rehabilitation to help develop assessments, goals and put people on the right path to success. This position has been filled and is now working on strengthen our vocational component.

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 request we are making for a Job Developer is a redundant request but it is needed in order to ensure our vocational program is successful and all the resources, time, and efforts are not empty handed. We need your commitment to see this through. Meaningful change does not happen over night and but rather is a collaborative effort that takes time, resources, and the commitment to see it through. We are asking for your continued support.

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

Going from no individuals who are work ready, to 3 people working, and 12 on the career path is a monumental task. As you can see from the previous awards, we are all in and need your help to make this a movement that changes the dynamics of our program, the staff and client mindset, and the perception among our community.

HCBS CONCEPT BUDGET							
Vendor Name		Mayfair Adult Day Care					
Vendor Number(s)		PM1387,PM1386, HM0726					
	Salary and Benefits	Year 1 Budget		Year 2 Budget		Total	
		FTE	Annual Cost	FTE	Annual Cost	Cost	
Personnel (salary + benefits)							
Job Developer	48024	1.00	\$ 48,024	1.00	\$ 48,024	\$ 96,048	
Position Description			\$ -		\$ -	\$ -	
Position Description			\$ -		\$ -	\$ -	
Position Description			\$ -		\$ -	\$ -	
Position Description			\$ -		\$ -	\$ -	
Position Description			\$ -		\$ -	\$ -	
Position Description			\$ -		\$ -	\$ -	
Position Description			\$ -		\$ -	\$ -	
Personnel Subtotal			\$ 48,024		\$ 48,024	\$ 96,048	
Operating expenses							
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
Operating Subtotal			\$ -		\$ -	\$ -	
Administrative Expenses							
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
Administrative Subtotal			\$ -		\$ -	\$ -	
Capital expenses							
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
Capital Subtotal			\$ -		\$ -	\$ -	
Total Concept Cost			\$ 48,024		\$ 48,024	\$ 96,048	

See Attachment F for budget details and restrictions