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 longterm 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. **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 nonresidential 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 <u>HCBSregs@dds.ca.gov.</u>

| Date(s) of Evaluation: October 2019- November 2019. | Completed by: Virgil Fernando | |
|--|-------------------------------|--|
| Vendor Name, Address, Contact: Meridian N | Manor 1 ARF | |
| | era Ave. San Jose Ca. 95123 | |
| | | |
| Vendor Number: HS0394 | | |
| | | |
| | | |
| Service Type and Code: 915, 109 | | |
| y | | |
| | | |

| 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. | <u>Guidance:</u> 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? |
|--|---|
| are more meaningful and person-centered | and no. <u>mmunity outings based on their needs,</u> <u>nication skills and staff training deters our</u> <u>ized services in the community. More</u> <u>are needed to ensure outings and activities</u> <u>d thinking.</u> <u>urces are mostly driven by their family and</u> <u>a more person- centered thinking and</u> |
| 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. | <u>Guidance:</u> 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? $\Box \checkmark$ Yes $\Box \checkmark$ No | |

Does the service and/or program meet this requirement? $\Box \checkmark \text{Yes } \Box \checkmark \text{No}$ Please explain:

• The supervision and training provided to each consumer is consistent with the goals and objectives stated in their current Regional Center Individual Program Plan (IPP) and Individual Needs and Services Plan (ISP). These plans are regularly reviewed and modified according to each consumer's change in choices, needs or wants. Training will allow for creating plans that are consistent with HCBS rules.

| Federal Requirement #3: Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint. | <u>Guidance:</u> 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? \Box **Yes** $\Box \checkmark$ **No** Please explain:

- The provider uses simple words and other communication tools with the intent that this is understood by the consumer in terms to their rights to privacy, dignity, respect, and freedom from coercion and restraints. This process can be improved using advance technology to support the consumers in a more individualized basis.
- <u>All of the consumers of Meridian Manor 1 are lacking in verbal skills. Staff</u> <u>communicates to our consumers through photo icons, communication boards and</u> <u>pictures. Capitalizing on advanced tools will</u> increase their level of interaction and communication while preserving their rights to privacy, dignity, respect and freedom from coercion and restraint are being uphold at all times. <u>Shared room settings limit</u> the individual's exercise of rights and privacy and dignity from their roommate.

| 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. | <u>Guidance:</u> 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? \Box Yes $\Box \checkmark$ No Please explain:

- <u>There is a structured schedule for each Individual that we worked with. A Person-</u> <u>Centered thinking approach in planning of daily schedules will provide a more</u> <u>individualized structure to the activities and support to our consumers.</u>
- A comprehensive training in the in the Person-Centered Planning for every staff will further ensure the home's ability to provide each resident a better quality of life. This will help them identify and highlight their unique capabilities and become aware of various resources available to them in the community.
- <u>A structured schedule that is individualized and catered to the interest of the</u> <u>consumer is a provider's intention. The provider needs the knowledge and skills to</u> <u>improve what is being offered currently which is mostly done as a group.</u>

| Federal Requirement #5: | <u>Guidance:</u> Does the provider support individuals |
|---|---|
| Facilitates individual choice regarding | in choosing which staff provides their |
| services and supports, and who provides | care to the extent that alternative staff |
| them. | 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? \Box Yes $\Box \checkmark$ No Please explain:

- The staff schedule provides 24-hour coverage. Alternative staff are not immediately available when needed. Our consumers lack the ability to make decisions on their own to choose the type of services and supports that are substantial to them.
- The staff need training and awareness to become the advocate for consumers and to encourage the consumer in voiding out their concerns. Training on Person-centered Planning for each resident will ensure that their IPP and ISP are in accordance to their individual needs and wants.

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. | <u>Guidance:</u> 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? $\Box \checkmark Yes \Box$ No Please explain:

- <u>An admission agreement is signed by the consumers or their authorized</u> representatives upon admission to Meridian Manor 1, Included in the admission agreements are the House rules, grievance procedures, visitation policy, refund and discharge procedures.
- If it is determined, based on the Individual's choice or Individual's Interdisciplinary Team's assessments, that Meridian Manor 1 is no longer a viable placement for the resident, an alternative living arrangement will be offered by the Regional Center. Any consideration for discharge or eviction will be discussed with the resident or authorized representative and his Regional Center Service Coordinator prior to notice being given.

| CONCEPTFORM | | |
|--|---|--|
| 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. | <u>Guidance:</u> 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 Please explain: Meridian Manor 1 consumers does not have private rooms. The setting is a 3 shared bedrooms for a total of 6 consumers. 2 Consumers in each bedroom The consumers have the right to arrange their room however, it is limited in scope as the rooms are very small. Currently their bedroom doors do not have locks. The consumers does not have the capacity to be mindful in locking their rooms. Staff needs training to respect and | | |
| observe this final rule of client's privacy without putting their safety at risk.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.• 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: Due to health restrictions and conditions accessing food anytime the consumer wants is a challenge. For health and safety purposes staff needs to guide our consumers in this area. Staff training will enable staff to assist in compliance to the rule | | |

- <u>Meridian Manor 1 Staffs still need further training in this aspect of the Final Rule.</u> <u>They may assist our consumers plan their life and choose the type of support they</u> need and want.
- The consumers need assistance from the staff to get full access to the different areas of the facility. The staff requires training to support consumers of their wants and preferences in an individual standing point.

| • The small living space area limit the ability of the consumer to access other areas in the home such as, kitchen, laundry area, etc. The narrow hallways can cause traffic when all the consumers are in the home | | |
|--|---|--|
| Federal Requirement #9: Individuals are able to have visitors of their choosing at any time. | <u>Guidance:</u> 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: All visitors are welcome to visit Meridian Manor 1. However, it can become challenging to maintain privacy when 2 or 3 families come to visit at the same time because of the small living space area. Our consumers can spend time with their visitors anytime they want and as long as Consumers are ok with it. Visitors are encouraged to notify the home of any plans for longer visits outside the home to ensure that medications and other health related | | |
| concerns are addressed accordingly. Federal Requirement #10: The setting is physically accessible to the individual. | <u>Guidance:</u> 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? | |
| Does the service and/or program meet this requirement? □ ✓Yes □ No Please explain: Our consumers are able to move about inside and outside the home with proper staff supervision du. | | |

• <u>MM1 would want to continue providing this freedom and mobility to our Consumers</u> <u>despite their physical and living space limitation. Staff training on PCP will further</u> <u>their knowledge and skills in ensuring successfully compliance to the HCBS rules.</u>

CONTACT INFORMATION

| Contact Name: | Virgilio Fernando |
|-----------------------|--------------------------------|
| Contact Phone Number: | (408) 506-1276 |
| Email Address: | Virgil.meridianmanor@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

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

| Vendor name | MERIDIAN MANOR 1 |
|-------------|------------------|
|-------------|------------------|

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 consumers to age in place and exercise more choice and independence.

More information on the HCBS rules and this form can be found at <u>www.dds.ca.gov/HCBS</u>.

| Vendor number(s) | HS0394 |
|---|-----------------------------|
| Primary regional center | San Andreas Regional Center |
| Service type(s) | ARF |
| Service code(s) | 915 & 109 |
| Number of consumers currently served | 6 consumers |
| Current staff to consumer ratio | 1:2;1:3 & 1:1 |
| | |

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.

Project Narrative Description:

Meridian Manor 1 ARF for six adult Individuals between the ages of 18-59. Our residents requires assistance with ADLs. All of them are considered non-verbal and uses gestures and sound to communicate. One consumer on a wheelchair and desires to have his own private room and needs more space to maneuver around. The rest of the consumers also expressed in their own ways desire to have their rooms for themselves.

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

MM 1 strives to continue providing services and supports that are designed to enable our Individuals to continue to live and develop as included members of the community in a setting of their choice that is consistent with their need of care. MM 1 aspire to help consumers to continue to live successfully in a place they have chosen for as long as they are able even as they age. Thinking ahead, MM 1 undertaking is to provide a Person-Centered assistance and support to our current Residents with great emphasis on harnessing their communication skills and community integration. MM1 home was built in the 1970's with very small living space. This home requires renovation for HCBS rules compliance. This renovation plan will update the home to support the consumers individualized needs, preferences, and up to date ADA compliance. This renovation is designed to meet PCP and thinking allowing consumers to exercise right to privacy, dignity, respect, and freedom from coercion and restraints. There is room for expansion and making the bedrooms more conducive for private living.

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.

 $1_{\checkmark} 2_{\checkmark} 3_{\checkmark} 4_{\checkmark} 5_{\checkmark} 6_{~~} 7_{\checkmark} 8_{\checkmark} 9_{~~} 10_{\checkmark}$

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, #2, #3:

Although our consumers regularly participate in community outings, they always go out

in groups. Lack of communication skills deters our consumers from receiving individualized services in the community. More advanced assistive communication tools are needed to make sure we will be able to provide our consumers with outings and activities that are more relevant to each one of them.

. Federal Requirement #4

• MM1 Staff follows a structured schedule for our consumers, however our staff need training that will help them advocate for consumer's preferences and needs. A Person-Centered thinking approach in planning of daily schedules.

Federal Requirement #5:

Current services and supports that are provided to our Individuals are discussed and agreed upon by their IDT during their quarterly meetings. Our individuals lack the ability to make the decisions on their own to choose the type of services and supports that can be provided to them. Our goal is to ensure their IPP and ISP to be consistent with Person-centered Planning

Federal Requirement #7:

- Meridian Manor 1 consumers does not have private rooms. The setting is a 3 shared bedrooms for a total of 6 consumers. 2 Consumers in each bedroom...
- Room arrangement is limited in scope due to living space size constraints.
- The renovation will cover installation of locks in each bedroom

Federal Requirement #8:

- MM1 Staffs need further training in this aspect of the Final Rule. A Person Centered Thinking and Planning Training will equip all of our Staff with a better understanding of the importance of this approach in assisting our consumers plan their life and choose the type of supports they need and want.
- The small living space area limit the ability of the consumer to access other areas in the home such as, kitchen, laundry area, etc. The narrow hallways can cause traffic when all the consumers are in the home

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.

Federal requirement #1, #2, #3:

Utilizing alternative and more advanced communication tools such as iPad and touchto-speak apps like "Proloquo2Go", "Assistive Chat" and "Yes/No" will enable our Consumers to identify their personal desires and abilities. MM1 will be able to assist our consumers realize these dreams and goals by enhancing their own individual potentials. More advanced communication tools will also assure that our consumers are never deprived of their rights to privacy, dignity, respect and freedom from coercion and restraint due to their inability to express themselves verbally. These tools will provide our consumers the means to communicate and be understood which are essential to their ability to advocate for themselves.

Federal Requirement #4, #5, #7 #8:

A Person –Centered Thinking and Planning Training will equip our Staff with a better understanding of the importance of this approach in assisting our consumers plan their life and choose the type of supports they need and want. Consultation hours focused on Person Centered Planning for each resident will ensure that their IPP and ISP are in

accordance to their individual needs and wants.

The renovation plan to provide expanded living space, and private individual rooms will allow consumers the ability to access other areas in the home such as, kitchen, laundry area and will avoid hallway traffic accidents between consumers in the home

The creation of private rooms will ensure the consumer to exercise their rights to privacy, dignity, respect and freedom from coercion and restraint are being uphold at all times. This also allow simultaneous family visit without chaos and stress for the consumers

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

With the proposed concepts we hope to provide individuals with rights of privacy and dignity having their own individual rooms, freedom and support to make choices by enhancing their ability to communicate and received care and assistance from the staff who received training with PCT and planning. Personal outcomes and objectives will be determined through Preference Assessment of each Individual. Daily written record will be maintained for each consumer which will be reviewed by the Administrator and PCP trained trainer. Progress and Barriers of every consumer's PCP will be evaluated during quarterly meetings of their chosen Interdisciplinary Team.

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.

MM1 facilitates regular home meetings for our consumers. With staff assisting and advocating for each consumer, MM1 was able to identify areas needing work for compliance with the HCBS Final Rule. Discussions with the family of consumers have also contributed to the development of our concept. We have encouraged them to participate in the workshops and trainings pertaining to HCBS and PCP to have a better grasp and understanding of how these rules and approach will be beneficial to their loved ones in the long run.

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

MM1's concept proposal will provide a comprehensive training in the principles of PCP to all of our staff that will further ensure the home's ability to make each of our Consumer's life become more meaningful by helping them identify their personal goals and needs and help them develop and implement plans to accomplish these personal outcomes. Our concept proposal emphasizes communication and mobility as fundamental factors to provide our Consumers the resources to explore a wider range of experience and gain access to more opportunities to make choices which are essential in helping them achieve their hopes and dreams and become a valued member of their community.

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

MM1's Person Centered Planning for each of our Consumers will be an ongoing process that would be susceptible to changes in our Consumers' circumstances.

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&lawCod e=WIC | | |
|---|--|--|
| There are four major categories for budget cost: PCP training for 8 staff to be done on the first two quarters after approval of the proposal and to be on going once the trainer have completed their training. Assistive community devices- I-pad and Proloque2GO apps will be acquired at the first quarter after the approval of the proposal and to be used during the actual training of both staff, consumers, and family. Renovation- Will be acquired on the 1st qtr. after approval of proposal. The expected completion of our concept proposal will be one year from the time of approval. Relocation of consumers during the facility renovation period | | |
| 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. | | |
| MM1 will utilize trained as Trainers for PCP from other MM homes. These Trainers will oversee the continuing PCP for each Resident beyond the time frame of the requested grant. Our Person-Centered Trainers will also provide continuing education and training to all Staff on the principles of Person Centered Thinking. | | |
| 12. Have you or the organization you work with been a past recipient of DDS funding? If yes, what fiscal year(s)? | HCBS Funding \checkmark NoYes. If Yes ,FY(s)Disparity Funding \checkmark NoYes. If Yes, FY(s)CPP Funding \checkmark NoYes. 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.

N/A

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.

N/A

| HCBS CONCEPT BUDGET | | | | | | | | | | |
|--|--------------------------|------------------------|-------|------------------|-------------|-----|---------|------------|----------|----------|
| Vendor Name | Mer | idian Manor 1 | l ARF | | | | | | | |
| Vendor Number(s) | | HS0394 | | | | | | | | |
| | | | Year | ⁻ 1 B | udget | Yea | ir 2 Bi | udget | | Total |
| | | Salary and Benefits | FTE | | Annual Cost | FTE | | nnual Cost | | Cost |
| Personnel (salary + benefits) | | | | | | | | | | |
| 8 DSP PCP Training with PHP | (minimum wage) | 16.35 | 96.00 | \$ | 1,570 | | \$ | - | \$ | 1,570 |
| | | | | \$ | - | | \$ | - | \$ | - |
| Position Description | | | | \$ | - | | \$ | - | \$ | - |
| Position Description | | | | \$ | - | | \$ | - | \$ | - |
| Position Description | | | | \$ | - | | \$ | - | \$ | - |
| Position Description | | | | \$ | - | | \$ | - | \$ | - |
| Position Description | | | | \$ | - | | \$ | - | \$ | - |
| Position Description | | | | \$ | - | | \$ | - | \$ | - |
| Position Description | | | | \$ | - | | \$ | - | \$ | - |
| Personnel Subtotal | | | | \$ | 1,570 | | \$ | - | \$ | 1,570 |
| Operating expenses | | | | 1 | | | - | | - | |
| PCP Training for 8 staff (\$125 | | - | | \$ | 1,000 | | | | \$ | 1,000 |
| 2 units iPads (\$ | | - | | \$ | 998 | | | | \$ | 998 |
| 2 Proloquo2Go app | os (\$189 each) | - | | \$ | 378 | | | | \$ | 378 |
| | | - | | | | | | | \$ | - |
| | | 4 | | | | | | | \$ | - |
| | | - | | | | | | | \$ | - |
| | | - | | | | | | | \$ | - |
| | | - | | | | | | | \$ | - |
| | | - | | | | | | | \$ | - |
| | | J | | 4 | | I | 4 | | \$ | - |
| Operating Subtotal | | _ | | \$ | 2,376 | | \$ | - | \$ | 2,376 |
| Administrative Expenses | <u> </u> | 1 | | - | | _ | r | | | |
| Planning, Organizing, Directir | ng, & Executing | - | | \$ | 592 | | | | \$ | 592 |
| | | - | | | | | | | \$ | - |
| | | - | | | | | | | \$ | - |
| | | 4 | | | | | | | \$ \$ | - |
| | | - | | | | | | | | - |
| | | | | | | | | | \$ \$ | - |
| | | | | | | | | | ې \$ | - |
| Administrative Subtotal | | J | | \$ | 592 | l | \$ | | \$ | 592 |
| | | | | ډ | 552 | | Ş | - | Ŷ | 592 |
| Capital expenses Facility renovation to convert | t shared hodreems to 4 | | | \$ | 325,000 | | | | \$ | 325,000 |
| iving arrangement relocation | | | | ې \$ | 90,000 | | | | ې \$ | 90,000 |
| | adding racinty renovatio | | | Ļ | 50,000 | | | | ې \$ | - 90,000 |
| | | | | | | | | | \$ \$ | - |
| | | | | | | | | | \$ | |
| | | | | | | | | | \$ | - |
| | | | | | | | | | \$ | - |
| | | | | | | | | | \$ | - |
| | | | | | | | | | \$ | - |
| Capital Subtotal | | | | \$ | 415,000 | | \$ | - | \$ | 415,000 |
| Total Concept Cost | | | | \$ | 419,538 | | \$ | _ | \$ | 419,538 |
| iotai concept cost | | | | Ļ | -1J,JJ0 | | Ŷ | - | Ŷ | 413,330 |

See Attachment F for budget details and restrictions

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 nonresidential 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 <u>HCBSregs@dds.ca.gov.</u>

| Date(s) of Evaluation: October 2019- November 2019. | Completed by: Dave C. Magno |
|--|------------------------------|
| Vendor Name, Address, Contact: Meridian | Manor 2 RCFE- SRH |
| 5486 Yale | Drive San Jose Ca. 95118 |
| Meridian N | Ianor 3 RCFE- SRH |
| | tt Ave Morgan Hill Ca. 95037 |
| | |
| Vendor Number: <u>HS0611, HS0919</u> | |
| | |
| Service Type and Code: <u>113, 109, 055</u> | |
| | |

| Federal Requirement #1: | G |
|--|---|
| 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. | • |

<u>Guidance:</u>

- 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? \Box Yes $\Box \checkmark$ No Please explain: The answer to this is a mix of yes and no.

- Our consumers regularly participate in community outings based on their needs, preferences and abilities. This is included the intake assessment reflected in their IPP. If one resident is not feeling well or does not want to go out for other reason or because of behavioral challenges a staff will stay with the client in the home. However, oftentimes they go out in group. Lack of communication skills and staff training deters our consumers from receiving more individualized services in the community. More advanced assistive communication tools are needed to make sure that will be able to provide them with outings and activities that are more meaningful and as more individualized to cater to each one of them.
- <u>Due to their age and declining capacity and abilities seeking employment was not</u> <u>communicated as a priority of needs.</u>
- Not to the full extent that our consumers use their personal resources. This is mostly controlled by family based on their needs as interpreted by the ID Team as recommended by the consultants. Training on how to assess and make it a more person- centered thinking and planning can improve this process of helping our consumers make decisions.

| 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. | <u>Guidance:</u> 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: The supervision and training provided to each consumer is consistent and follows the goals and objectives stated in their current Regional Center Individual Program Plan (IPP) and Individual Needs and Services Plan (ISP). Each IPP and ISP are regular reviewed and modified according to each consumer's change in choices, needs or wants. However, development of each IPPs as ISPs can still be improved and fully consistent with HCBS rules if administrator and staff providing services will receive training on this aspect Meridian Manor 2 and Meridian Manor 3 are some of the residential services programs that are specifically designed for the Individuals who used to reside _at the Developmental Centers at the time of its closure. Our consumers with the help of their families and/or authorized representatives have chosen Meridian Manor to be the appropriate home for them to have a stable life in a natural settings with full, positive and valued community presence and participation. | |
| 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? \Box Yes $\Box \checkmark$ No Please explain:

- <u>The provider uses simple words and other communication tools with the intent that</u> <u>this is understood by the consumer in terms to their rights to privacy, dignity, respect,</u> <u>and freedom from coercion and restraints. However, this process can be more</u> <u>improved using advance technology available and design to support the consumers</u> <u>in a more individualized basis.</u>
- <u>All of the consumers of Meridian Manor 2/Meridian Manor 3 are lacking in verbal</u> <u>skills. Staff communicates to our consumers through photo icons, communication</u> <u>boards and pictures. Currently these are effective tools, but it can be improved</u> with a more advanced tools to increase their level of interaction and communication with our consumers and ensure that their rights to privacy, dignity, respect and freedom from coercion and restraint are being uphold at all times.

| <i>limited to, daily activities, physical environment, and with whom to interact.</i> 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 | Does the provider structure their |
|---|-----------------------------------|
|---|-----------------------------------|

Does the service and/or program meet this requirement? \Box Yes $\Box \checkmark$ No Please explain:

- Meridian Manor 2/Meridian Manor 3 Staff prepared a structured schedule for each Individual that we worked with. Although these schedules were created from each of our consumer's preferences and needs on a group basis. A Person-Centered thinking approach in planning of daily schedules will provide a more individualized structure to the activities and supports that we can offer to our consumers.
- <u>A comprehensive training in the aspect and principles of Person Centered Planning</u> for every staff of Meridian Manor will further ensure the home's ability to provide each of our Resident a better quality of life by helping them identify and highlight their unique capabilities and become aware of various resources in the community that are available to them.
- A structured schedule that is individualized and catered to the interest of the consumer is a provider's intention. The provider needs the knowledge and skills to improve what is being offered currently which is mostly done as a group.

| Federal Requirement #5: | <u>Guidance:</u> Does the provider support individuals | | |
|---|---|--|--|
| Facilitates individual choice regarding | in choosing which staff provides their | | |
| services and supports, and who provides | care to the extent that alternative staff | | |
| them. | 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? \Box Yes $\Box \checkmark$ No Please explain:

- There are current staff schedule for 24hour coverage. Staff rotate in providing care to the consumers. Alternative staff are not immediately available when needed. Our consumers lack the ability to make decisions on their own to choose the type of services and supports that are substantial to them.
- Resident council meeting is conducted regularly on the other hand, Staff needs training to advocate for consumers and voice out their concern. Training on Personcentered Planning for each resident will ensure that their IPP and ISP are in accordance to their individual needs and wants.

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. | <u>Guidance:</u> 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? $\Box \checkmark Yes \Box$ No Please explain:

- Upon admission to Meridian Manor 2/Meridian Manor 3, all of our consumers or their authorized representatives have signed an admission agreement. Included in the admission agreements are the House rules, grievance procedures, visitation policy, refund and discharge procedures.
- If it is determined, based on the Individual's choice or Individual's Interdisciplinary Team's assessments, that Meridian Manor 2/Meridian Manor 3 is no longer a viable placement for the resident, an alternative living arrangement will be offered by the Regional Center. Any consideration for discharge or eviction will be discussed with the resident or authorized representative and his Regional Center Service Coordinator prior to notice being given.

| CONCEPTFORM | | |
|---|---|--|
| 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. | <u>Guidance:</u> 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 Please explain: Meridian Manor 2/Meridian Manor 3 consu- was the family who made the choice. The family or authorized representative as want the room arranged and decorated fo Currently their bedroom doors do not have capacity to be mindful in locking their room respect and observe this final rule of client risk. For MM2 Bay Area Housing Company has be have scheduled to rectify this deficiency before For MM3 a provider-owned or controlled re- will comply and will have to train and assiss bedroom if they choose to. | umers have their own private rooms, but it esists and informing our staff on how they r the consumer. <u>a locks</u> The consumers do not have the ns. Staff needs training in this aspect to t's privacy without putting their safety at <u>been informed of this requirement and they</u> re March 2022. esidential property – the service provider | |
| <u>Federal Requirement #8:</u> Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time. | <u>Guidance:</u> 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? \Box Yes $\Box \checkmark$ No Please explain:

• Due to health restrictions and conditions accessing food anytime the consumer wants is a challenge. For health and safety purposes staff needs to guide our consumers in

| this area. Staff training will enable staff to assist with the compliance of this rule without defying the consumer's rights. Meridian Manor 2/Meridian Manor 3 Staffs still need further training in this aspect of the Final Rule. A Person –Centered Thinking and Planning Training will equip all of the Final Rule. | | | |
|---|---|--|--|
| our Staff with a much better understanding of the importance of this individualized approach in coordinating and assisting our consumers plan their life and choose the type of supports they need and want. | | | |
| The consumers need assistance from the staff to get full access to the different areas of the facility., As mentioned above, the staff requires training to assess and support consumers of their wants and preferences in an individual standing point. | | | |
| Federal Requirement #9: Guidance: | | | |
| Individuals are able to have visitors of their choosing at any time. | 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? | | |
| regular routines. Our consumers can spend time with their | Manor 2/Meridian Manor 3 anytime while rs' privacy and minimal interruption to their visitors anytime they want and as long as ers or their visitors are encouraged to notify side the home to ensure that medications | | |
| <u>Federal Requirement #10:</u> The setting is physically accessible to the individual. | <u>Guidance:</u> 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 | | |

Does the service and/or program meet this requirement? $\Box \checkmark Yes \Box No$ Please explain:

- Our current consumers are able to move about inside and outside the home with proper staff supervision due to their lack of hazard awareness and physical challenges.
- <u>Meridian Manor 2/Meridian Manor 3 would want to continue providing this freedom</u> and mobility to our Consumers despite their physical limitations due to their advanced age. Staff training on PCP will further their knowledge and skills so our consumers can fully exercise their right and be more successfully compliant with HCBS rules.
- For MM3 installation of grab bars in the hallway is one of the key areas that can be improved and decrease limitations in providing a patient centered activity in a much safer environment

CONTACT INFORMATION

| Contact Name: | Dave Magno |
|-----------------------|------------------------------|
| Contact Phone Number: | (408) 772-0339 |
| Email Address: | Dave.meridianmanor@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.

 $\Box \checkmark \mathsf{I} \mathsf{AGREE}$

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

Vendor name MERIDIAN MANORIV(MMIV)/MERIDIAN MANORV(MMV)

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 consumers to age in place and exercise more choice and independence.

More information on the HCBS rules and this form can be found at <u>www.dds.ca.gov/HCBS.</u>

| Vendor number(s) HS0611, HS0919 | | |
|--|----------|--|
| Primary regional center San Andreas Regional Center | | |
| Service type(s) RCFE-SRH | | |
| Service code(s) 113, 109,055 | | |
| Number of consumers 3 each home currently served | | |
| Current staff to consumer ratio | 2:3, 1:1 | |
| 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. | | |
| Project Narrative Description: Meridian Manor 2 RCFE SRH-for three elderly Individuals which is part of the Unified Plan Program under AB2100 (SRH). MM3 is a provider owned RCFE-SRH with four elderly individuals. Our residential service program is specifically | | |

designed for Individuals who previously resided at Agnews Developmental Center and other Developmental Centers in the region. Our consumers are provided with structured trainings in natural settings with the goal of enhancing or maintaining independence but also to participate in meaningful, age-appropriate activities both at home and in the general community.

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

MM2/ MM3 strives to continue providing services and supports that are designed to enable our Individuals to continue to live and develop as included members of the community in a setting of their choice that is consistent with their need of care. Since MM2/MM3 is the only home our consumers had known after moving out from the Developmental Centers, we aspire to help them continue to live successfully in a place they have chosen for as long as they are able, in their very advance age and with constant changing needs. Consequently, MM2/MM3 will require training on Person Centered planning and thinking to continuously support our current consumers in a more individualized basis with great emphasis on harnessing their communication skills and community integration on their advance age and constant changing health needs.

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.

 $1_{\checkmark} 2_{_} 3_{\checkmark} 4_{\checkmark} 5_{\checkmark} 6_{_} 7_{\checkmark} 8_{\checkmark} 9_{_} 10_{\checkmark}$

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, #3:

Although our consumers regularly participate in community outings, they always go out in groups. Lack of communication skills deters our consumers from receiving

individualized services in the community. An assistive communication tools are needed to make sure we will be able to provide our consumers with outings and activities that are more relevant to each one of them. Currently, both homes have wheelchair accessible van used for group outing. However, the facility needs a small economy car to cater to individual consumer who are more mobile and apt to enjoy one to one outing to visit family and other community venues per preference and are previously arranged. This will uphold the concept of supporting individual choice to spend time with their family while others have separate trip for community integration activities.

Federal Requirement #4, #8:

 MM2/MM3 Staff follows a structured schedule for our consumers that we worked with. <u>Staff needs training to advocate for consumers and be the voice out for their</u> <u>concern, wants and needs. It will provide a more individualized component to the</u> activities and supports that we can offer to our consumers.

Federal Requirement #5:

Current services and supports that are provided to our Individuals are discussed and agreed upon by their IDTeam on their quarterly meetings. Our individuals lack the ability to make the decisions on their own to choose the type of services and supports that can be provided to them. Person-centered Planning for each resident will ensure that their IPP and ISP are in accordance to their individual needs and wants.

Federal Requirement #7:

MM3 have their own private rooms but their bedroom doors do not have locks.

Federal Requirement #8:

MM2/MM3 Staffs need further training in this aspect of the Final Rule. A Person – Centered Thinking and Planning Training will equip our Staff with a better understanding of the importance of this approach in assisting our consumers plan their life and choose the type of supports they need and want.

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.

Federal requirement #1, #3:

Utilizing alternative and more advanced communication tools such as iPad and touchto-speak apps like "Proloquo2Go", "Assistive Chat" and "Yes/No" will enable our Consumers to identify their personal desires and abilities. MM2/MM3 will be able to assist our consumers realize these dreams and goals by enhancing their own individual potentials. More advanced communication tools will also assure that our consumers are never deprived of their rights to privacy, dignity, respect and freedom from coercion and restraint due to their inability to express themselves verbally. These tools will provide our consumers the means to communicate and be understood which are essential to their ability to advocate for themselves. A small economy car will enable individual consumer to attain their preference for more personal centered activity like visit to their family when aging family is unable to visit the consumers.

Federal Requirement #4, #5, #8:

A Person –Centered Thinking and Planning Training will equip our Staff with a better understanding of the importance of this approach in assisting our consumers plan their life and choose the type of supports they need and want. Consultation hours focused on

Person Centered Planning for each resident will ensure that their IPP and ISP are in accordance to their individual needs and wants.

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

An enhanced communication skill, freedom to make choices for community integration, interpersonal relationships and aging in place are the core results we wish to achieve for our consumers. Personal outcomes and objectives will be determined through Preference Assessment of each Individual. Staff will be trained on the methodology of the PCP's implementation and data collection. Daily written record will be maintained for each consumer which will be reviewed by the Administrator and PCP/Behavioral Consultant regularly. Progress and Barriers of every Resident's PCP will be evaluated during quarterly meetings of their chosen Interdisciplinary Team.

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.

MM2/MM3 facilitates regular home meetings for our consumers. With staff assisting and advocating for each consumer, MM2/MM3 was able to identify which areas we need to work on to comply with the HCBS Final Rule. Discussions with parents and family members of our consumers have also contributed to the development of our concept. Families have shown apprehensions with the implementation of these rules. We have encouraged them to participate in the workshops and trainings pertaining to HCBS and PCP to have a better understanding of how these rules and approach will be beneficial to their loved ones in the long run.

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

MM2/MM3's concept proposal will provide a comprehensive training in the principles of Person Centered Planning to all of our staff that will further ensure the home's ability to make each of our Consumer's life become more meaningful by helping them identify their personal goals and needs and help them develop and implement plans to accomplish these personal outcomes. Our concept proposal also emphasizes communication and mobility as fundamental factors to provide our Consumers the resources to explore a wider range of experience and gain access to more opportunities to make choices which are essential in helping them achieve their hopes and dreams and become a valued member of their community.

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

MM2/MM3's Person Centered Planning for each of our Consumers will be an ongoing process that would be susceptible to changes in our Consumers' circumstances. There would be regular evaluations and reviews of their Personal Plans by their chosen team where modifications and refinements will be done accordingly.

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&lawCod | | |
|---|--|--|
| <u>e=WIC</u> | | |
| home- to be complet be an on -going train 2. Assistive community each home will be ac | gories for budget cost: staff ;Train the trainer for 4 staff representing 2 trainer per ed in the first 2 quarters after approval of the proposal and will ing while at work on the following 2 quarters of the fiscal year. devices- I-pad for each home and Proloque2GO apps one for cquired at the first quarter after the approval of the proposal will be acquired on the first quarter after approval of the | |
| 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. | | |
| MM2/MM3 will have two Staffs each trained as Trainers for Person Centered Planning. These Trainers will oversee the continuing Person Centered Plans for each Resident beyond the time frame of the requested grant. Our Person Centered Trainers will also provide continuing education and training to all Staff on the principles of Person Centered Thinking. | | |
| 12. Have you or the organization you work with been a past recipient of DDS funding? If yes, what fiscal year(s)? | HCBS Funding \checkmark NoYes. If Yes ,FY(s)Disparity Funding \checkmark NoYes. If Yes, FY(s)CPP Funding \checkmark NoYes. 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. | | |
| | | |

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.

| HCBS CONCEPT BUDGET | | | | | | | | | | |
|--|---------|----------------------------|--------|------------|-------------|-----|---------------|-------------|----------|--------|
| Vendor Name | Meridia | Meridian Manor 2 and 3 SRH | | | | | | | | |
| Vendor Number(s) HS0611 and HS0919 | | | | | | | | | | |
| | | Yea | | r 1 Budget | | Yea | Year 2 Budget | | | Total |
| | | Salary and Benefits | FTE | | Annual Cost | FTE | | Annual Cost | | Cost |
| Personnel (salary + benefits) | | | | | | | | | | |
| 1 LVN initial 12 hour HCBS -PCP training | | 32.55 | 12.00 | \$ | 391 | | \$ | - | \$ | 391 |
| 2 LVN initial 12 hour HCBS -PCP training | | 26.07 | 24.00 | \$ | 626 | | \$ | - | \$ | 626 |
| 1 Lead DSP initial 12 hour HCBS -PCP training | | 19.59 | 12.00 | \$ | 235 | | \$ | - | \$ | 235 |
| 24 DSP initial 12 hour HCBS -PCP training | | 16.35 | 288.00 | \$ | 4,709 | | \$ | - | \$ | 4,709 |
| 4 DSP Train the Trainer at 24 hrs of training /staff | | 26.07 | 96.00 | \$ | 2,503 | | \$ | - | \$ | 2,503 |
| 1 Adm initial 12 hour HCBS -PCP training | | 66.05 | 12.00 | \$ | 793 | | \$ | - | \$ | 793 |
| Position Description | | | | \$ | - | | \$ | - | \$ | - |
| Position Description | | | | \$ | - | | \$ | - | \$ | - |
| Position Description | | | | \$ | - | | \$ | - | \$ | - |
| Personnel Subtotal | | | | \$ | 9,255 | | \$ | - | \$ | 9,255 |
| Operating expenses | | | | | | - | | | | |
| 1.Instructional Items (pens, paper, DVD,) | | | | | | | | | \$ | - |
| I pad and ipad case x 2 one for each home | | | | \$ | 1,200 | | | | \$ | 1,200 |
| Proloquo2Go apps x 2 one for each home | | | | \$ | 750 | | | | \$ | 750 |
| 2.Office supplies (papers, pens, folders, binders) | | | | \$ | 800 | | | | \$ | 800 |
| 3. Food and beverages for training and workshop | | | | \$ | 1,000 | | | | \$ | 1,000 |
| four sessions perfiscal year | | | | | | | | | \$ | - |
| 4. Transportation to include consumers, family | | | | \$ | 600 | | | | \$ | 600 |
| and staff | | | | Ċ | | | | | \$ | - |
| 5. HCBS 12 hr training for 28 staff @ \$125/staff | | | | \$ | 3,500 | | | | \$ | 3,500 |
| 6. HCBS Train the Trainer of 4 staff @ 6000./staff | | | | \$ | 24,000 | | | | \$ | 24,000 |
| Operating Subtotal | | 1 | | \$ | 31,850 | | \$ | - | \$ | 31,850 |
| Administrative Expenses | | | | <u> </u> | , | | <u> </u> | | | , |
| Planning, organizing, directing and executing | | | | \$ | 6,166 | | | | \$ | 6,166 |
| project | | | | Ť | 0,200 | | | | \$ | - |
| project | | | | | | | | | \$ | _ |
| | | | | | | | | | \$ | _ |
| | | | | | | | | | \$ | _ |
| | | | | | | | | | \$ | - |
| | | | | | | | | | \$ | - |
| | | | | | | | | | \$ | - |
| Administrative Subtotal | | J | | \$ | 6,166 | | \$ | - | \$ | 6,166 |
| Capital expenses | | | | Ŷ | 0,200 | | Ÿ | | Ŷ | 0,200 |
| Economy Car | | | | \$ | 35,000 | | | | \$ | 35,000 |
| | | | | Ļ | 33,000 | | | | \$ | 33,000 |
| | | | | | | | | | ې \$ | - |
| | | | | - | | | | | \$ | - |
| | | | | | | | | | ې \$ | - |
| | | | | | | | | | \$ \$ | |
| | | | | | | | | | ې \$ | - |
| | | | | | | | | | ې \$ | - |
| | | | | | | | | | ې \$ | |
| Capital Subtotal | | | | ć | 25.000 | | ć | | | 35,000 |
| | | | | \$ | 35,000 | | \$ | - | \$ | 35,000 |
| Total Concept Cost | | | | \$ | 82,271 | | \$ | - | \$ | 82,271 |

See Attachment F for budget details and restrictions