

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 modifications. 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: Nov. 18, 2019	Completed by: Rogeline Jimenez
Vendor Name, Address, Contact: Mertz Care Home III, 3928 Thainwood Way, San Jose, CA 95121, Tel. # 408-483-2748	
Vendor Number: HS0011	
Service Type and Code: 915 – Residential Care for Elderly	

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<p><u>Federal Requirement #1:</u> <i>The setting is integrated in, and supports full access of, individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> • Do individuals receive services in the community based on their needs, preferences and abilities? • Does the individual participate in outings and activities in the community as part of his or her plan for services? • If an individual wants to seek paid employment, does the home staff refer the individual to the appropriate community agency/resource? • Do individuals have the option to control their personal resources, as appropriate?
<p>Does the service and/or program meet this requirement? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No This does not fully meet this requirement due to the following: In terms of engagement in community life, the lack of a lifter van limits the elderly consumers from going to individual planned social and recreational activities.</p>	
<p><u>Federal Requirement #2:</u> <i>The setting is selected by the individual from among setting options, including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> • Does the provider have a current regional center Individual Program Plan (IPP) on file for all individuals? • Does each individuals' IPP document the different setting options that were considered prior to selecting this setting?
<p>Does the service and/or program meet this requirement? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Currently, there are 3 shared rooms and there is no option for a private unit.</p>	
<p><u>Federal Requirement #3:</u> <i>Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> • Does the provider inform individuals, in a manner they can understand, of their rights to privacy, dignity, respect, and freedom from coercion and restraint?

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	<ul style="list-style-type: none"> • Does the provider communicate, both verbal and written, 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 Yes, residents are informed of their rights to privacy, dignity, respect, and freedom from coercion and restraint in a way that they can understand (words, pictures, or signs) upon admission and annually.</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 The lack of a lifter van limits the choices and resources for client activities that are based on each elderly resident's abilities, needs, and preferences.</p>	
<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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	

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Please explain: The consumers' service plans and behavior plans need to be modified by a qualified professional. Also, DSPs need to be trained by a qualified trainer to successfully implement the new person-centered plans.

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

<p><u>Federal Requirement #6:</u> <i>The unit or dwelling is a specific physical place that can be owned, rented or occupied under a legally enforceable agreement by the individual receiving services, and the individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city or other designated entity. For settings in which landlord/tenant laws do not apply, the State must ensure that a lease, residency agreement or other form of written agreement will be in place for each participant and that the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> • As applicable, does each individual have a lease, residency agreement, admission agreement, or other form of written residency agreement? • Are individuals informed about how to relocate and request new housing?
<p>Does the service and/or program meet this requirement? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Please explain Each elderly resident has a current written admission agreement that provides due process and protections regarding eviction procedures. Residents and their family members/legal representative are aware of relocation options and procedures for requesting new housing.</p>	
<p><u>Federal Requirement #7:</u> <i>Each individual has privacy in his/her sleeping or living unit: Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors as needed. Individuals sharing units have a choice of roommates in that setting. Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> • Do individuals have a choice regarding roommates or private accommodations? • Do individuals have the option of furnishing and decorating their sleeping or living units with their own personal items, in a manner that is based on their preferences? • Do individuals have the ability to lock their bedroom doors when they choose?

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<p>Does the service and/or program meet this requirement? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Please explain: Currently, there are 3 shared rooms and there is no option for a private unit.</p>	
<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 checked="" type="checkbox"/> No Please explain: While residents have access to food at any time, the lack of a lifter van limits the residents from having choices and control of their own schedules and activities.</p>	
<p><u>Federal Requirement #9:</u> <i>Individuals are able to have visitors of their choosing at any time.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> • Are visitors welcome to visit the home at any time? • Can individuals go with visitors outside the home; such as for a meal or shopping, or for a longer visit outside the home, such as for holidays or weekends?
<p>Does the service and/or program meet this requirement? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Please explain: Elderly residents can have visitors of their choosing at any time and may be able to go with family members and visitors outside the home for social and recreational activities of their own choosing.</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

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	<p>supports can move about the setting as they choose?</p> <ul style="list-style-type: none"> • Are appliances and furniture accessible to every individual?
<p>Does the service and/or program meet this requirement? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Please explain: The limited space of the shared rooms limits the freedom to move about inside the home.</p>	

CONTACT INFORMATION

Contact Name: ROGELINE JIMENEZ

Contact Phone Number: 408-483-2748

Email Address: rogeline@mchinc.net

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 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 three pages, and must be kept in Arial 12-point font. Submit the form in Microsoft Word.
- For providers that operate programs with several vendor numbers, one evaluation and concept form may be submitted, provided that the plan applies to all vendor numbers listed.
- 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.
- Describe how implementation of the concept would achieve compliance, including anticipated outcomes.
- Concepts should be developed with a person-centered approach, with proposed changes/activities focused on the needs and preferences of those who receive services.
- Explain how funding will lead to sustained results of compliance.
- The estimated budget and timeline need not be detailed at this point, but must include all major costs and benchmarks.

Examples of previously funded concepts:

- Identified the need as well as proposed a plan to provide outreach and information regarding the HCBS rules to consumers and members of their support teams.
- Discussed the need for additional funds in order to effectively support consumers on a more individualized basis in overcoming barriers to community integration and employment, as appropriate.
- Prioritized the preferences of consumers and utilized consumer feedback in the development of the concept.
- Train-the-trainer certification in person-centered planning/thinking and training regarding the HCBS rules.

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Vendor name	Mertz Care Home III
Vendor number(s)	HS0011
Primary regional center	San Andreas Regional Center
Service type(s)	Residential Care Elderly
Service code(s)	915
Number of consumers currently served	6 consumers
Current staff to consumer ratio	Staffing service level is 4C
<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>Mertz Care Home III operates as a licensed residential facility for six (6) developmentally disabled elderly, with a service level of 4-C. It is developed to provide residential services to consumers who have severe and profound intellectual disability, male or female elderly aged 62 and older, and who may be ambulatory or non-ambulatory. All elderly consumers have developmental, behavioral, and medical conditions that make community participation and integration activities challenging.</p> <p>Currently, there is a one regular van used to transport elderly consumers. At least 3 consumers use a wheelchair for long distances and appointments. The facility does not have a lifter van to transport non-ambulatory clients in a more efficient manner. This limits the mobility and access of the elderly residents to community integration activities as envisioned in the HCBS rules.</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>The wheelchair-accessible lifter van will allow elderly clients individualized access to social and recreational activities in the community. This will also facilitate greater mobility and access to community resources.</p>	
<p>3. Identify which HCBS federal requirements this concept addresses that are currently out of compliance. Could be all or a subset of those identified as out of compliance on the evaluation.</p>	
<p>Purchase of a lifter van <u>- #1, #4, #8</u></p>	

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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:

In terms of engagement in community life, the lack of a lifter van prevents the elderly consumers from going to individual planned social and recreational activities.

Federal Requirement #4:

The lack of a lifter van limits the choices and resources for client activities that are based on each elderly resident's abilities, needs, and preferences.

Federal Requirement #8:

Although residents have access to food at any time, the lack of a lifter van prevents the residents from having choices and control of their own schedules and activities.

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:

The lifter van will allow for the elderly consumers better integration and access to the greater community. This van will facilitate better control of personal resources, and utilization of services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.

Federal Requirement #4:

The lifter van will promote and encourage activities that are based on the elderly individuals' needs and preferences. Moreover, this transportation service will support each consumer's interaction to other community members, in line with each consumer's respective IPP goals and unique interests.

Federal Requirement #8:

The lifter van will enable the elderly residents to have the freedom and support to control their own schedules and activities in a safe, efficient and effective manner.

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

Proposed Objective:

1. To provide more opportunities for elderly consumers to participate in social and recreational activities that are consistent with their IPP goals and individual interests.

Proposed Outcome:

Clients will have more social and recreational opportunities in the community.

Methods of achieving: getting a reasonable quote from authorized dealers and purchasing a new lifter van with insurance and service contracts to ensure vehicle maintenance and safety

Methods of tracking: data collection of consumer community activities (frequency and type of activities), documentation of vehicle maintenance and safety services

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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.

Group meetings were conducted with the consumers, management and direct care staff to assess the current needs of the consumers and program areas that need to be modified to comply with the HCBS standards. Also, individual interviews were conducted by staff with consumers to determine their needs and preferences. These provided the rationale for the concept that is being proposed for grant funding.

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

Having a new lifter van will facilitate more opportunities for elderly consumers to participate in social and recreational activities that are consistent with their IPP goals and individual interests. This will result to services that are more person-centered and consumer-driven.

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

The facility will continue to maintain the repair and service needs of the lifter van and will continue to utilize the van for clients' community integration and social-recreational activities

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).

The wheelchair-accessible lifter van (10-seater) van will cost \$60,000. The purchase will be completed within a year from the grant approval. Please see attached Excel sheet.

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 Yes. If Yes, FY(s) 2018-19

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

CPP Funding No Yes. If Yes FY(s) _____

If yes to any question be sure to answer questions 13 and 14.

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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		Mertz Care Home 3				
Vendor Number(s)		HS0011				
	Salary and Benefits	Year 1 Budget		Year 2 Budget		Total
		FTE	Annual Cost	FTE	Annual Cost	Cost
Personnel (salary + benefits)						
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Personnel Subtotal			\$ -		\$ -	\$ -
Operating expenses						
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Operating Subtotal			\$ -		\$ -	\$ -
Administrative Expenses						
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Administrative Subtotal			\$ -		\$ -	\$ -
Capital expenses						
Purchase of wheelchair-accessible lifter van					\$ 65,000	\$ 65,000
with insurance, registration and 5-year maintenance plan						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Capital Subtotal			\$ -		\$ 65,000	\$ 65,000
Total Concept Cost			\$ -		\$ 65,000	\$ 65,000

See Attachment F for budget details and restrictions