

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

<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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No Please explain: <u>Partial compliance.</u> <u>Not all of the individuals have current regional center IPP on file. Some of the IPPs of the individuals have to be updated since it was only this year that a service coordinator from the regional center was assigned for these individuals. The IPP does not document the different setting options that were considered prior to selecting this setting.</u></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? • Does the provider communicate, both verbally and in writing, in a manner that ensures privacy and confidentiality? • Do staff communicate with individuals based on their needs and preferences, including alternative methods of communication where needed (e.g., assistive technology, Braille, large font print, sign language, participants' language, etc.)?
<p>Does the service and/or program meet this requirement? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Please explain: <u>The Nantucket Home provider informs the individuals every year of their rights to privacy, dignity, respect, and freedom from coercion and restraint. To ensure privacy and confidentiality, the provider communicates both verbally and in writing.</u></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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No Please explain: <u>Partial compliance.</u> <u>Daily activities are based on the individuals' needs and goals as outlined in their individual IPP. In the morning, they attend the Day Program from 8:00AM until 2:00PM. When they arrived at the home at 2:00PM, these individuals are provided support so that they are able to choose whom to interact with. There are times that the activities that they are interested in do not correspond with their IPP goals. More often, staff structure their support based on the individuals needs, and sometimes the staff based it on</u></p>	

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their subjective perceptions of the individuals needs and wants/preferences. And these subjective perceptions of the home staff somehow limit the individuals/consumers options to choose based on their preferences.

Federal Requirement #5:

Facilitates individual choice regarding services and supports, and who provides them.

Guidance:

- Does the provider support individuals in choosing which staff provide their care to the extent that alternative staff are available?
- Do individuals have opportunities to modify their services and/or voice their concerns outside of the scheduled review of services?

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

Please explain: **Partial compliance.** Services and supports for these individuals are based on their IPP goals. The individuals do not have the option to choose which staff to provide them their care. These Individuals can only accept whatever services are offered to them, and seldom do they voice their concern.

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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: <u>Partial compliance.</u> <u>Each individual have each an Admission Agreement signed by all concerned stakeholders. However, they are not informed about how to relocate and/or to request new housing.</u></p>	
<p><u>Federal Requirement #7:</u> <i>Each individual has privacy in his/her sleeping or living unit: Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors as needed. Individuals sharing units have a choice of roommates in that setting. Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> • Do individuals have a choice regarding roommates or private accommodations? • Do individuals have the option of furnishing and decorating their sleeping or living units with their own personal items, in a manner that is based on their preferences? • Do individuals have the ability to lock their bedroom doors when they choose?
<p>Does the service and/or program meet this requirement? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Please explain: <u>Partial compliance.</u> <u>For Nantucket Home 1, the accommodation provided is a shared room, i.e., 2 in a room. Each individual has privacy in his sleeping area, but does not have the option to choose his roommate. The provider sees to it that the individuals sharing are compatible with each other. Though the individuals have the ability to lock their bedroom doors, however, they are encouraged to not lock their doors especially during the night so that the night shift staff can easily monitor those individuals that have special health concerns.</u> <u>For Home 2 (Negotiated Rate), the 3 consumers have each their own room.</u> <u>Home 3 (SRH), the 3 consumers have each their own room.</u> <u>Home 4 (SRH), the 3 consumers have each their own room.</u></p>	

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<p><u>Federal Requirement #8:</u> <i>Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> • Do individuals have access to food at any time? • Does the home allow individuals to set their own daily schedules? • Do individuals have full access to typical facilities in a home such as a kitchen, dining area, laundry, and comfortable seating in shared areas?
<p>Does the service and/or program meet this requirement? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Please explain: <u>Partial compliance. Although the individuals have access to food anytime, however, they are encouraged to follow the scheduled time for meals and snacks due to health concerns. The home has its structured daily schedules pertaining to serving meals and snacks. They have full access to comfortable seating in shared areas like the family room, living room, the backyard patio where the swings are.</u></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: <u>Visitors of these individuals/clients are welcome to visit the home especially during day time or early evening when they have not gone to bed. Individuals can go with visitors (more often their families) outside the home for a meal or shopping; and they can even go home visit their families for holidays and weekends.</u></p>	
<p><u>Federal Requirement #10:</u> <i>The setting is physically accessible to the individual.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> • Do individuals have the freedom to move about inside and outside the home or are they primarily restricted to one room or area? • Are grab bars, seats in bathrooms, ramps for wheelchairs, etc., available so that individuals who need those supports can move about the setting as they choose? • Are appliances and furniture accessible to every individual?
<p>Does the service and/or program meet this requirement? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Please explain: <u>Partial compliance. Individuals are free to move about inside the home and even to the backyard patio to seat on the swing or do walking exercise on the treadmill. If they want to go outside for a walk around the neighborhood, they are accompanied by a staff to assist them. Grab bars, seats in bathrooms, and ramps for wheelchairs are available especially for those individuals who need these supports. Furnitures are accessible to all individuals; however, not all appliances can be readily accessed by all individuals.</u></p>	

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CONTACT INFORMATION

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ACKNOWLEDGEMENT

By checking the box below, I acknowledge that completion of this evaluation is for the sole purpose of applying for compliance funding and does not take the place of future provider assessments that the Department may require to determine provider compliance with the HCBS settings rules.

I AGREE

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Vendor name	(Home 1) Nantucket 1- (Home 2) Cristobal Adult Residential Facility, Inc. (Home 3) CCC Adult Residential Facility, Inc. (Home 4) CCC Adult Residential Facility, Inc.
Vendor number(s)	Nantucket Home 1 – HS0292 Nantucket Home 2 – HS0333 Nantucket Home 3 – HS0513 Nantucket Home 4 – HS0607
Primary regional center	San Andreas Regional Center (SARC)
Service type(s)	Nantucket Home 1 – Level 4-I Nantucket Home 2 – Negotiated Rate Nantucket Home 3 – Specialized Residential Home Nantucket Home 4 – Specialized Residential Home
Service code(s)	Nantucket Home 1 - Service Code: 915, 109 Nantucket Home 2 – Service Code: 113, 109, 880 Nantucket Home 3 – Service Code: 113 Nantucket Home 4 - Service Code: 113
Number of consumers currently served	Total of 15 clients - Nantucket Home 1 – 6 consumers - Nantucket Home 2 – 3 consumers - Nantucket Home 3 - 3 consumers - Nantucket Home 4 - 3 consumers
Current staff to consumer ratio	- Nantucket Home 1 – 3 staff for 6 clients (3:6) - Nantucket Home 2 – 3 staff for 3 clients (1:1) - Nantucket Home 3 – 2 staff for 3 clients (2:3) - Nantucket Home 4 - 2 staff for 3 clients (2:3)
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>Unless the consumers have doctor's appointments, 13 consumers attend the Day Program Monday to Friday, 8:00AM-2:00PM that include 1 individual with visual impairment, and another with hearing impairment. They are transported by the Day Program van to/from the care homes. The consumers usually arrived at the homes between 2:15 to 2:30 PM. They change their clothes to something more comfortable and are served afternoon snacks. From 3:00 to 4:30PM they go to their room for naps. Dinner is served at 5:00 PM. After dinner, the consumers either stay in the family room or in the living/receiving room to watch TV shows. They take turn brushing their teeth in the bathroom assisted by home staff. At 7:00 PM, they take their medications assisted by home staff. Between 8:30 and 9:00 PM, the consumers go to their rooms to sleep. Community outings/activities are done on weekends. They take a walk in the nearby parks, go on short out-of-town trips, go shopping at various shopping places, and have lunch out. Community activities are planned by the home staff. There are 2 consumers that are on In-Home Day program, one (1) of whom is diagnosed with Down Syndrome, and has symptoms of a late end stage of Alzheimer's disease and uses a wheelchair.</p>	
Project Narrative Description:	

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

The main purpose of the project is to ensure that all 4 Nantucket Homes' system, procedures and processes are in compliance with the HCBS-Final Rule. Basically, it focus on the development and training of the Nantucket Home staff by having them under go skills training seminar for them to have a deep understanding of the importance of the principles of the HCBS-Final Rule, and acquire the skills on how to facilitate the person-centered planning process. Further, to update and install appropriate documentation tools, monitoring and evaluation tools, and mechanisms in the whole system of the Nantucket Care Homes. It will hold a rap session/ discussion forum on the intent and principles of the HCBS-Final Rule for families of consumers.

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.

Fed Requirements #1 to #8 & #10 all partial compliance, except #9 - In compliance.

All 4 Nantucket Homes is in partial compliance of the HCBS federal requirements

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: Non-compliance. Seeking employment opportunities has not been tried nor explored for these individuals. The home staffs are not aware that they should refer them to appropriate community agency/resource seeking paid employment.

Partial compliance on controlling their personal resources. It is mainly by asking them to pick the things they like to buy, like clothing, shoes, and choose what they want to eat.

Federal Requirement # 2: Partial compliance. Not all of the individuals have current regional center IPP on file. The IPP does not document the different setting options that were considered prior to selecting this setting.

Federal Requirement # 4: Partial compliance. Daily activities and home staff support are based on the individuals' goals outlined in their IPPs. Most often activities are based on the home staff's subjective perceptions of the individuals' needs and preferences. These somehow limit the individuals' options to choose based on their preferences/likes.

Federal Requirement # 5: Partial compliance. The individuals do not have options to choose which staff to provide them their care. They accept whatever services are offered to them, and seldom do they voice their concern.

Federal Requirement # 6: Partial compliance. The individuals all have their Admission Agreements signed by all concerned stakeholders. However, they are not informed about how to relocate and/or to request new housing.

Federal Requirement # 7: Partial compliance. For Nantucket Home 1, the accommodation is a shared room, (2 in a room). They have privacy in their sleeping areas, but do not have the option to choose their roommate. For Home 2, Home 3 & Home 4, the consumers have each their own rooms. The individuals have the ability to lock their bedroom doors, but they are encourage to not lock their doors at night for the night shift staff to easily check those individuals that have health concerns.

Federal Requirement # 8: Partial compliance. The individuals have access to food, but they are encouraged to follow the scheduled time for meals and snacks. They have access to comfortable seating in shared areas like the family room, living room, the backyard patio where the swings are.

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Federal Requirement # 10: Partial compliance. Individuals are free to move about inside the home and even to the backyard patio or use the treadmill. Grab bars, seats in bathrooms, and ramps for wheelchairs are provided and available. Furnitures are accessible to all individuals; however, not all appliances can be readily accessed by them.

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 individual will receive services in the community based on needs, preferences and choices; participate in outings and activities they prefer, interested in & they enjoy more. These individuals will be offered more information on employment opportunities, and will decide themselves if they want to seek employment. They will be referred to appropriate community agencies/resources. These individuals will exercise their right to control their personal resources based on their needs, wants, and preferences, making choices.

Federal Requirement # 2: All of the individuals will have their own Person-Centered Plan based on their needs, capabilities, wants and preferences. The IPP will document the different setting options that were considered prior to selecting this setting.

Federal Requirement # 4: Daily activities will be based on the individuals' needs, goals, wants, and preferences as drawn-up in their Person-Centered Plan. They will be offered more activities/options to choose from. The staff will be more sensitive to their needs and wants, and shall have more respect of the individuals preferences and choices.

Federal Requirement # 5: The individuals will have the options to choose which staff to provide them their care. These Individuals will be offered more choices and options to choose from for the necessary services they need.

Federal Requirement # 6: All individuals have Admission Agreements signed by all stakeholders. They will be informed on how to relocate and/or to request new housing.

Federal Requirement # 7: For Nantucket Home 1, the accommodation provided is a shared room, i.e., 2 in a room. They will have the option to choose their roommates.

Federal Requirement # 8: The home will have to adopt a more flexible daily schedules taking in consideration the needs and preferences/choices_of the consumers/individuals pertaining to serving meals and snacks.

Federal Requirement # 10: Individuals will have more freedom to move around even outside the homes, like taking a walk outside or to nearby park and shopping areas with home staff assisting and accompanying them. And have access to appliances that they need with home staff assisting them.

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

The proposed primary outcome of this project is that all Nantucket Homes are able to provide quality service to all its consumers/clients. The proposed concrete outcomes of this project are: a) all consumers shall have its own person-centered plan, where their needs and preferences are reflected; b) all Nantucket home staff are trained how to facilitate the person-centered planning process & grasp the importance of principles of HCBS-Final Rule; c) appropriate documentation tools, monitoring and evaluation tools and mechanisms are put in placed in all Nantucket Care Homes; and quarterly discussion forum/rap session for families of consumers. The primary objective of this project is to ensure that all 4 Nantucket Homes' system, procedures and processes are in compliance with the HCBS-Final Rule.

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Methods of achieving & tracking: monthly data-collection & analysis; and quarterly meetings of all stakeholders; number of consumers that have their person-centered plans.	
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.	
All the Nantucket Care Homes conduct regular Resident Council Meetings where all consumers gather and discuss their interests, the community events and activities. It is during these meetings that the provider identified their interests, desires, and preferences.	
8. Please describe how the concept you propose will enable you to provide more person-centered services to your clients.	
Foremost, all individuals have their own person-centered plans, which are the product of the participatory, inclusive and open approach with focus primarily on the needs, wants and preferences of each consumer. All Nantucket home staff will be more sensitive and respectful of the choices and preferences of the individuals.	
9. Please address your plan for maintaining the benefits, value, and success of your project at the conclusion of 2019-20 HCBS Funding.	
Venues and mechanisms like the Resident Council meetings are strengthened and focused more on the consumers/individuals needs, wants, and preferences/choices.	
10. Write a brief narrative below explaining each major cost category and timeline. Complete the budget template at the end of the concept sheet. An excel version with formulas is available. When applicable, budgets should include personnel/benefits, operating costs such as consultants or training, administrative expenses/indirect costs, and capital costs (assets lasting more than 2 years). If project spans 2 years or occurs in phases, budget should be separated by phase/year. Administrative costs, if any, must comply with DDS' vendor requirements, including a cap of 15% of the sum of personnel/benefits, consulting, and operating costs (must exclude capital costs). http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=4629.7&lawCode=WIC	
(Please refer to attached budget 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.	
We will only be asking for year 1 budget project implementation.	
12. Have you or the organization you work with been a past recipient of DDS funding? If yes, what fiscal year(s)?	HCBS Funding <input checked="" type="checkbox"/> No ___ Yes. If Yes, FY(s) _____ Disparity Funding <input checked="" type="checkbox"/> No ___ Yes. If Yes, FY(s) _____ CPP Funding <input checked="" type="checkbox"/> No ___ Yes. If Yes FY(s) _____ If yes to any question be sure to answer questions 13 and 14.

HCBS CONCEPT BUDGET							
Vendor Name		Nantucket 1, Cristobal ARF Inc., CCC ARF, Inc.					
Vendor Number(s)		HS0292, HS0333, HS0513, HS0607					
	Salary and Benefits	Year 1 Budget		Year 2 Budget		Total	
		FTE	Annual Cost	FTE	Annual Cost	Cost	
Personnel (salary + benefits)							
Caregiver	36212.73	1.00	\$ 36,213		\$ -	\$ 36,213	
Caregiver	36212.73	1.00	\$ 36,213		\$ -	\$ 36,213	
Caregiver	34519.77	1.00	\$ 34,520		\$ -	\$ 34,520	
Caregiver	36212.73	1.00	\$ 36,213		\$ -	\$ 36,213	
Caregiver	36527.74	1.00	\$ 36,528		\$ -	\$ 36,528	
Caregiver	37663.41	1.00	\$ 37,663		\$ -	\$ 37,663	
Caregiver	43062.29	1.00	\$ 43,062		\$ -	\$ 43,062	
Caregiver	49005.19	1.00	\$ 49,005		\$ -	\$ 49,005	
Position Description			\$ -		\$ -	\$ -	
Personnel Subtotal			\$ 309,417		\$ -	\$ 309,417	
Operating expenses							
Food			\$ 26,863			\$ 26,863	
Office			\$ 2,701			\$ 2,701	
Advertising			\$ 300			\$ 300	
Subcontractor			\$ 16,419			\$ 16,419	
Consultants/Training			\$ 24,000			\$ 24,000	
Transportation			\$ 6,945			\$ 6,945	
Facility Utilities and Rent			\$ 62,826			\$ 62,826	
Licensing			\$ 2,495			\$ 2,495	
Building Expenses			\$ 7,101			\$ 7,101	
						\$ -	
Operating Subtotal			\$ 149,650		\$ -	\$ 149,650	
Administrative Expenses							
Admin Salary and Benefit			\$ 59,856			\$ 59,856	
Professional Fees			\$ 6,900			\$ 6,900	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
Administrative Subtotal			\$ 66,756		\$ -	\$ 66,756	
Capital expenses							
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
Capital Subtotal			\$ -		\$ -	\$ -	
Total Concept Cost			\$ 525,822		\$ -	\$ 525,822	

See Attachment F for budget details and restrictions