

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

The Home and Community-Based Services (HCBS) rules ensure that people with disabilities have full access to, and enjoy the benefits of, community living through long-term services and supports in the most integrated settings of their choosing. In order to assist in determining eligibility for compliance funding, providers must complete this evaluation. Both “Yes” and “No” answers require an explanation. A “No” response *could* mean a service setting is out of compliance with the HCBS rules and is potentially eligible for funding to make necessary adjustments. Once this evaluation is completed, it should act as a guide for filling out the provider compliance funding concept, which is required for any provider to be eligible for compliance funding. **Completion of this evaluation is for the sole purpose of applying for compliance funding and does not take the place of future provider assessments that the Department may require to determine provider compliance with the HCBS settings rules. Only providers requesting compliance funding need to complete this evaluation.**

Federal Requirements #1-5 apply to providers of all services, including residential and non-residential settings. Federal Requirements #6-10 are additional requirements that apply only to provider-owned or controlled residential settings.

The column labeled “Guidance” contains a series of questions intended to help identify compliance or non-compliance with each requirement as it relates to the HCBS rules. While responses to these questions can help in the determination of whether or not a particular requirement is met, these responses may not be the sole factor in this determination.

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

Questions may be directed to HCBSregs@dds.ca.gov.

Date(s) of Evaluation: 11/21/2019	Completed by: Sabina Offorjebe
Vendor Name, Address, Contact: OfforjebeCare, LLC, 1260 Clearview Drive, Hollister, CA 95023. Contact Name: Sabina Offorjebe, Phone number: (408) 489-3047	
Vendor Number: HS1141	
Service Type and Code: ARF; 915, 109	

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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 Please explain: As our consumer, JR, continues to decline in mobility his service needs are rapidly changing. JR enjoys participating in community and social group activities with his roommates that is, neighborhood walks, park visits, shopping, and dining out. Unfortunately, due to declining mobility, he is finding great difficulty entering the facility van. We are requesting funding to purchase a wheelchair accessible van (BraunAbility) to successfully assist JR so he may continue participating in the social activities he enjoys. The van will also be used in taking JR and other consumers to their medical appointments and prove more effective in case of emergency.</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 Please explain: We have IPP for all of our consumers that met person-centered service at the time of admission. However, (a) the facility requires modifications to provide our elderly consumer, JR, a space to age in place. Due to his aging, JR is slowing down, making it increasingly difficult to continue assisting and supporting him in completing his ADL in a standard ambulatory setting. We are planning on converting our current office room into a non-ambulatory room including a wheelchair accessible bathtub while converting space in our 3 car garage into an office. The room will provide more privacy and safety for JR and staff. It will allow staff to provide service in a person-centered</p>	

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setting more suited for him. (b) Initially, when first placed into service, our facility was in compliance however, due to increasing hot weather conditions in California, peak summer season pushes us out of compliance. Due to poor air quality and high temperatures (especially on California "Spare the Air" days), our consumers with chronic allergies cannot go outdoors for activities. To prioritize their health, on such days our consumers stay indoors. In the summer, indoor temperature easily exceed recommended levels creating an environment unbearable and unsuitable for our consumers to even engage in indoor activities ie watching movies, TVs, board games, listen to music/radios etc. The extreme weather conditions many times prevent our consumers from getting a good night's sleep. We request a grant for the purchase and installation of a Central-Air Condition Unit to maintain compliance of our facility.

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? Yes No

Please explain: Our staff are trained to provide high quality care to our consumers in areas of choice, ADL, verbal, non-verbal, writing, indoor, and outdoor activities. In order to make the facility more compliant and provide more individualized care to our consumers we are requesting funding for training in person-center training including a trained trainer a trainer. We are located in a remote areas and a trained trainer will be an ideal for our facility.

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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.

Guidance:

- 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? Yes No

Please explain: We offer comprehensive daily activities however, due to age-related mobility issues, we require funding to improve transportation and mobility for JR. This will allow him to continue participating in both community and home provided activities of his preference. (Please see number #1).

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: [Click or tap here to enter text.](#)

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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></p> <p><i>The unit or dwelling is a specific physical place that can be owned, rented or occupied under a legally enforceable agreement by the individual receiving services, and the individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city or other designated entity. For settings in which landlord/tenant laws do not apply, the State must ensure that a lease, residency agreement or other form of written agreement will be in place for each participant and that the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> • As applicable, does each individual have a lease, residency agreement, admission agreement, or other form of written residency agreement? • Are individuals informed about how to relocate and request new housing?
<p>Does the service and/or program meet this requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please explain: Click or tap here to enter text.</p>	
<p><u>Federal Requirement #7:</u></p> <p><i>Each individual has privacy in his/her sleeping or living unit:</i></p> <p><i>Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors as needed.</i></p> <p><i>Individuals sharing units have a choice of roommates in that setting.</i></p> <p><i>Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> • Do individuals have a choice regarding roommates or private accommodations? • Do individuals have the option of furnishing and decorating their sleeping or living units with their own personal items, in a manner that is based on their preferences? • Do individuals have the ability to lock their bedroom doors when they choose?
<p>Does the service and/or program meet this requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please explain: Click or tap here to enter text.</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 type="checkbox"/> Yes <input type="checkbox"/> No Please explain: Click or tap here to enter text.</p>	
<p><u>Federal Requirement #9:</u> <i>Individuals are able to have visitors of their choosing at any time.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> ● Are visitors welcome to visit the home at any time? ● Can individuals go with visitors outside the home; such as for a meal or shopping, or for a longer visit outside the home, such as for holidays or weekends?
<p>Does the service and/or program meet this requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No Please explain: Click or tap here to enter text.</p>	
<p><u>Federal Requirement #10:</u> <i>The setting is physically accessible to the individual.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> ● Do individuals have the freedom to move about inside and outside the home or are they primarily restricted to one room or area? ● Are grab bars, seats in bathrooms, ramps for wheelchairs, etc., available so that individuals who need those supports can move about the setting as they choose? ● Are appliances and furniture accessible to every individual?
<p>Does the service and/or program meet this requirement? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Please explain: Our consumer, JR is slowing down due to age. His restrictions are caused by mobility issues (see Federal requirement #1 and #2). We are requesting funding to purchase an access van to improve transporting JR and other consumers to their medical visits and community activities.</p>	

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CONTACT INFORMATION

Contact Name: Sabina Offorjebe
Contact Phone Number: (408) 489-3047
Email Address: offorjebecare@sbcglobal.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

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Existing regional center vendors may receive funding to make changes to service settings and/or programs to help them come into compliance with the HCBS rules. To be considered for funding, vendors must complete and submit this form and the provider compliance evaluation form as one packet to the regional center with which it has primary vendorization.

Instructions:

- The concept form on the next page must be used, may not exceed four pages plus the budget worksheet and any cost back up, and must be kept in Arial 12-point font. Submit the form in Microsoft Word or PDF format. An extra half page is permitted to answer questions about prior funding, but the rest of the concept must be within the standard page requirements.
- There has been a significant change in the form and process compared to prior years. **In order to receive funding, this 2019-20 form must be used.**
- For providers that operate programs with several vendor numbers involved in one concept, one evaluation and concept form should be submitted and should list all vendor numbers for related/included programs. If multiple programs owned by the same parent company have different compliance evaluations or concepts, additional applications can be submitted but should be attached in the same document as the other owned programs so they can be reviewed together.
- The results of the evaluation should be clearly laid out in the section referring to identification of federal requirements that are currently out of compliance, which the concept will address.
- The concept form includes detailed information that describes the funding requests and supports how the requests will assist the provider to come into compliance.
- There should be a clear link between what is being requested and the federal requirement currently out of compliance.
- Concepts should demonstrate how the requested change in service delivery will impact individuals in offering more choices or opportunities in the community.

Strengths of previously funded concepts:

- Identified the need as well as proposed a plan to provide outreach and information regarding the HCBS rules to individuals served and members of their support teams.
- Discussed the need for additional funds in order to effectively support individuals served on a more individualized basis in overcoming barriers to community integration and employment, as appropriate.
- Prioritized the preferences of individuals served and utilized their feedback in the development of the concept.
- Implemented train-the-trainer certification for person-centered planning/thinking and training regarding the HCBS rules.
- Enabled residents to age in place and exercise more choice and independence.

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

Vendor name	OfforjebeCare, LLC
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Vendor number(s)	HS1141
Primary regional center	San Andreas Regional Center
Service type(s)	Adult Residential Facility (ARF)
Service code(s)	915; 109
Number of consumers currently served	4
Current staff to consumer ratio	Level 4I staffing
<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>OfforjebeCare is a level 4I facility providing services to adult individuals with disabilities and behavioral challenges on a 24/7 basis. We provide our consumers with utmost privacy. Each have their own room with lockable doors and reserve the choice to lock their rooms anytime as they wish for privacy. In the morning, our staff assist consumers with ADLs, breakfast and readying for day program. Our consumers have variety of menu options for breakfast, lunch and dinner. Consumers occasionally request food that is not in the menu which staff prepare for them based on availability. While waiting for day program pick up consumers are supported by staff and offered a variety of activities to choose from, including watching TV, relaxing, watching movies, chatting, etc. After returning from day program consumers are offered the chance to go to the library, bank, shopping, eating out, playing board games, taking a walk in the neighborhood parks, playing basketball, soccer, softball, relaxing in the backyard, reading, gardening, dancing, music, their choice and preference. We also take our consumers to their doctor and other medical appointments. We are requesting funding (a) for mobility access rooms for our aging consumers and to purchase an access van to transport them to community integration activities, (b) to purchase and install an AC unit (c) to send our staff to person-centered and other trainings to uphold compliance with HCBS regulations.</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>We are requesting funding to convert our current office into a room meeting ADA standards for our aging consumer so that he may comfortably age in place. Modify a portion of our 3-car garage into a new office so that our consumers and staff confidentiality will continue to be protected. Purchase an access van to accommodate our aging consumer and help him continue participating in outdoor and community integration activities. Purchasing and installing an AC unit to provide a more comfortable home setting for all of our consumers during the extreme summer temperatures so they may live and enjoy indoor activities. To train our staff in person-centered thinking. Individuals with disabilities have the right and choice to access and participate in the same opportunities and range of services and community activities available to everyone. Potentially, individuals with disabilities have less opportunity to participate in social activities and leisure activities. However, despite their</p>	

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limitations, individuals with disabilities have the ability and capability to participate in a range of activities when provided with proper opportunity and support. Appropriate transportation, good home environment and staff training will help us to provide best in class person-centered support in these areas and become compliant with federal government is requirement.

3. Identify which HCBS federal requirements this concept addresses that are currently out of compliance. Could be all or a subset of those identified as out of compliance on the evaluation.

1__x__ 2__x__ 3__x__ 4__x__ 5__ 6__ 7__ 8__ 9__ 10__x__

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.

Barriers include, lack of funding for transportation, community integration, person-centered training including transportation for our staff to attend trainings, making necessary purchases and needed modifications to our facility to provide a comfortable home for our consumers. These improvements will help us to continue providing services that our consumers have come to expect. If funded, it will help us to make the necessary purchases to become compliant with new Federal requirements. Without facility modification and an access van purchase, we may be forced to look for alternative homes for our consumer instead of letting him age in place.

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.

(a) Training will help our staff to comply with HCBS rules while providing high quality care to our consumers in areas of choice, ADL, verbal, non-verbal, writing, indoor, outdoor activities. it will enable our staff to better know how to better involve our consumers in their own care. (b) installation of AC, will help us become compliant with indoor temperatures. Our consumers will become more comfortable in their homes during hot summer months and can enjoy their indoor activities and have a better night sleep. (c) The mobility access room will help provide a place for our consumer a comfortable room to age in place. The access van will enhance his access to the community through integration and participation and making him feel included. Provide safety to our consumers as well as to staff that care for them. (d) By building out a new secured office in the garage, our consumers as well as staff confidentiality will be better secured and protected.

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

We will develop better and educated work force for improved services. We will achieve safety for our consumers as well as those of our staff. We will provide better and conducive environment to our consumers and staff. We will achieve better community integration for our consumers through person-centered thinking applications. We will develop ability to educate our consumers and their parents. Progress will be tracked through evaluations, observations, speaking with family members, staff, other providers such as consumer's doctors and day program providers. Before and after data will be collected to measure success.

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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.

Review of consumer IPP. Discussions with consumers, staff members, family members, day program providers and consumer physicians as necessary. Staff provided input based on their observations while providing services. AC Installation will provide consumers with a more comfortable environment during the hot summer weather to enjoy their indoor activities and experience better good night sleep. Adding ADA compliant room will allow our consumer to age in place. Training our staff will help them provide person-centered services that our consumers deserve.

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

Room conversion and an access van will improve JR's mobility and quality of life, enable more privacy and improve safety for him and staff who provide his ADL and care for him. Other consumers will also benefit from the van purchase. Office addition will enable our facility to continue to maintain confidentiality of consumers and staff information. Access van will support JR's community integration and well as taking him and others to medical appointments. An AC unit will provide a comfortable home for our consumers to relax, enjoy their indoor activities, and experience a good night sleep. Training in person-centered thinking will improve your staff knowledge and the quality of person-centered care that they provide to our consumers.

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

(a) Access van: the facility will continue to maintain the repair and service needs of the van and will continue to use the van for the benefit of our consumer's community integration and appointments. (b) Person-centered Thinking training: the facility will continue to develop person-centered services, develop behavior plans and provide annual HCBS regulation training to staff. (c) Client Room addition: the facility will continue to keep the room in a good living condition that is conducive to consumer's needs, wants and preferences. (d) AC unit installation: the facility will pay for ongoing operating expenses for energy, maintenance and repairs. The AC will provide a comfortable home for all our consumer during the peak hot summer weather in California.

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

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Mobility access room \$46,900, garage modification to a new office \$16,250 both projects will be completed within one year. Estimated cost for access Van \$62,714, which will be purchased within 6 months if approved. Estimated cost for an AC unit, \$17,372 and will be installed within six months if approval. Staff training on person-centered thinking and money for transportation and lodging for DSP training at a total cost of \$6,300 for 7 staff will be accomplished within one year. The training fund is particularly important to us due to remoteness of our facility to major cities where the majority of the classes are held.

Total cost for all projects \$149,536

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.

Future operating costs (energy, insurance, etc.) will be absorbed as part of on-going operating expenses.

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) _____

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

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

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

For providers who have received prior HCBS, Disparity or CPP Funding from DDS

13. If your organization has received prior funding from any of the above sources, please provide an update on the prior funding project. You may copy and paste from progress update(s) previously provided to regional centers or DDS.

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		OffforjebeCare				
Vendor Number(s)		HS1141				
	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						
						\$ -
Mobility Access Room			\$ 46,900			\$ 46,900
New Office Addition			\$ 16,250			\$ 16,250
Access Van			\$ 62,714			\$ 62,714
AC Installation			\$ 17,372			\$ 17,372
Training, lodging & transportation			\$ 6,300			\$ 6,300
						\$ -
						\$ -
						\$ -
Capital Subtotal			\$ 149,536		\$ -	\$ 149,536
Total Concept Cost			\$ 149,536		\$ -	\$ 149,536

See Attachment F for budget details and restrictions