

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: Nov 12, 2019	Completed by: Cecilia S. Valenzuela
Vendor Name, Address, Contact: Paddington ARF and Norseman ARF 1226 Paddington Way San Jose CA 95127 / 2435 Ridgeglen Way San Jose CA 95133	
Vendor Number: HS1096 HS0881	
Service Type and Code: 915, 109-01 and 109-Day	

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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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please explain: Yes, individuals at the home receive services in community based on their needs, preferences and abilities, they participate in community outings to the park, watch movies, fireworks, Christmas in the Park, Pumpkin Patch, treat or tricking and trip to the Dodge Ridge to see the snow. Consumers are transported to and from these community outings and events. 8 consumers attends day program and are not capable to seek employment. 1 consumer works as host at a prestigious hotel. Individuals have the option to control their personal resources as appropriately because they have the choice on where they want to spend their money. Some of the consumers has a tablet, computer and IPad. 1 saved his money for camp. Most of them would love to dine in at McDonalds.</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please explain: Yes, the provider has a current regional center IPP on the file for all individuals. All IPP objectives are person centered to cater to the unique needs and preferences of the individuals living in the facility. The objectives are focused on what is important to consumer and what makes the consumer safe, happy and healthy. Each</p>	

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consumer's IPP indicates where the consumer lived before, the address, the provider and reason for moving out.

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: Yes, individuals where all treated, oriented, notified and ensures their rights of privacy, dignity and respects, and freedom from coercion and restraint are always practice and observed. Staff or provider communicate, both verbally and in writing, in a manner that ensures privacy and confidentiality. The Staff and provider is trained to communicate with individuals based on their needs and preferences which includes communicating in verbal, writing, sign language gestures and facial expressions. There are also communication books used to cater the individual's communication skills. Images and pictures are used in these communication books that are easy to understand by the client and the staff.

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

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	<p>them and correspond with their IPP goals?</p>
<p>Does the service and/or program meet this requirement? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please explain: Yes, daily activities are posted and based on individual needs. The home has a daily, weekly and monthly activity schedule posted. On the daily schedule, consumers attends to their day programs. Once a week on Thursdays is a schedule for Pizza party and on Saturdays is YMCA swimming or gym workout. Other preference are grocery shopping. As an example an individual who prefer to go grocery shopping of his prefer food, the staff inform the group who wants to join the activity. Clients are brought to community outings like participating at church activities that encourages them to interact with others and be accepted as part of society. Also to develop self-confidence, self-trust and value. The provider provides consistent activity for the consumer to build a routine. A routine becomes a habit and habit becomes skill and learning takes place towards goal achievement.</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please explain: The provider respects the choices of individuals in choosing which staff will provide care to them, but the provider needs to also know the reason so that there will be understanding. This may provide opportunity for the individual to voice their concerns outside the scheduled review of services. There is a chance for both parties to discuss, and know each other more and resolve any problem themselves before escalates.</p>	

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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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please explain: The provider has an admission agreement on which each individual have a lease, residency agreement, admission agreement, and/ or other form of written residency agreement that are compiled in their personal binder. These documents are signed by the responsible party of the client and the client, case manager and the provider. Individuals are informed about relocation and request for new housing if their needs are not met in the provider's home.</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?

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

Please explain: The individuals residing in the provider's facility has the option to pick and choose their roommate according to their preference. Individuals are encouraged to personalize their rooms as they like. There are family pictures, art works and mementos deemed to be safe by the facility are kept in their room and insured that they are listed on their personal property and valuables form. Individuals have the ability to lock their bedroom doors when they choose to. However, some individuals are discouraged to lock their doors because they need to have constant supervision in ensure their safety and others.

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?
- 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: Individuals have the access to food at any time. The refrigerator is accessible to all the residents of the facility. The pantry is fully stocked for 2 weeks supply in case of emergency. The clients have their own daily schedule with flexibility according to their needs and preferences based on their IPP. Individuals residing at the facility have full access to typical facilities in a home such as a kitchen, dining area, laundry, and comfortable setting in a shared areas with staff supervision.

Federal Requirement #9:

Individuals are able to have visitors of their choosing at any time.

Guidance:

- 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: . Families and friends are always welcome to visit the facility to promote emotional growth and strengthen relationship between the clients and the family members. The provider structure clients' support alongside the family and regional center case managers to ensure that the clients are able to participate in activities that interest them and the IPP are constantly updated to ensure that the goals are met and improve the clients' quality of life. Individuals can go with visitors outside the home; such as for a

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meal or shopping, or for a longer visit outside the home, such as for holidays or weekends as long as there is a written agreement that the individual will return on the date promise by the responsible party. They are also provided with medications needed when they go out the facility to ensure continuity of care.

Federal Requirement #10:

The setting is physically accessible to the individual.

Guidance:

- 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: Individuals have the freedom to move about inside and outside the home and stay where ever their preferred area with supervision. The facility is equipped with 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. All appliances and furniture are accessible to every individual with supervision.

CONTACT INFORMATION

Contact Name: Cecilia S. Valenzuela
 Contact Phone Number: (408)-376-1837
 Email Address: csanval@yahoo.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

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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.

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Vendor name	Paddington ARF and Norseman ARF
Vendor number(s)	HS1096 HS0881
Primary regional center	San Andreas Regional Center
Service type(s)	Adult Residential Facility
Service code(s)	915, 109-1 and 109-DAY
Number of consumers currently served	11
Current staff to consumer ratio	HS1096 - 5 consumers, 1:2 ratio HS0881 - 6 consumers, 1:2 ratio
<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>There are 11 individuals in the home that requires assistance with ADLs. 2 of the 11 consumers are wheelchair bound. These 2 consumer likes to be out in the community and attends day program 5 days a week. Day program transports them to and from the home with a wheel chair lift van. The home does not have a wheel chair lift van to transport them to community outings and to their appointments. It takes 2 person to lift the consumer to the SUV</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 physical facility remodels and transportation to help meet items #1, 3, 4, and 10, Having wheel chair accessible will protect the individuals that is bed rided and the staff or provider to be hurt during transport of consumers to the clinic. Paddington ARF only have an SUV and no wheel chair accessible vehicle. Two staff have to carry and position the consumer inside the van and 2 staff have to carry the non-folding wheel chair about 110 lbs. inside the SUV.</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>1 <u>X</u> 3 <u>X</u> 4 <u>X</u> 10 <u>X</u></p>	
<p>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.</p> <p>Providing safety for both consumer and provider is a goal that the ARF is implementing. However, additional funding for a Wheel chair accessible vehicle can improve both the consumer and provider during transport to the community by allowing ease and preventing accidental falls. Remodeling the bathroom at the ARF also improve accessibility for the wheelchair bound consumers to use the bathroom for hygiene.</p>	
<p>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.</p> <p>ARF providers will bring the vehicle for proper maintenance to the dealer to ensure that all mechanisms of the vehicle is up to standards. A contractor will do all the necessary upgrades to the bathroom to ensure that it is up to code.</p>	

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

The ARF consumers will have more access to the community through the wheel chair accessible vehicle and mileage and destination will be written on a binder to keep track of the use of the vehicle. The Bathroom renovation will increase the accessibility to the bathroom and will be maintained by the facility in order to be kept safe and sanitary by having a check list on bathroom cleanliness.

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.

Providing safety for both consumer and provider is a goal that the ARF is implementing. However, additional funding for a Wheel chair accessible vehicle can improve both the consumer and provider during transport to the community by allowing ease and preventing accidental falls. Remodeling the bathroom at the ARF also improve accessibility for the wheelchair bound consumers to use the bathroom for hygiene.

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

The wheelchair accessible van will transport the consumer to and from the preferred activities in the community, which promotes person-centered services and integrate the consumer to the community.

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

Audits will be done to insure the maintenance of the benefits, value and success of the project at the conclusion of 2019-20 HCBS funding.

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

Check attached Excel File

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.

not applicable

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

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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						
Vendor Number(s)						
	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						
2019 Ford Transit			\$ 75,000			\$ 75,000
+Tax/registration and maintenance cost						\$ -
2 Bathroom Aecessibility upgrade			\$ 20,000			\$ 20,000
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Operating Subtotal			\$ 95,000		\$ -	\$ 95,000
Administrative Expenses						
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Administrative Subtotal			\$ -		\$ -	\$ -
Capital expenses						
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Capital Subtotal			\$ -		\$ -	\$ -
Total Concept Cost			\$ 95,000		\$ -	\$ 95,000

See Attachment F for budget details and restrictions