

**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: 11.17.2019	Completed by: Shawn Bailey
Vendor Name, Address, Contact: Bailey Care Home #4	
Vendor Number: HX0484	
Service Type and Code: 113, 915	

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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: The individuals in this home do not have access to the community very often. They do not access the community in the same degree as individuals not receiving Medicaid.</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 Please explain: Each client has their own room but it's not decorated as they wish</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

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	confidentiality? <ul style="list-style-type: none"> 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Please explain: The individual who has a hearing impairment who resides in the home would benefit from staff increasing their sign language skills so that there is improved communication.</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</p> <p>Please explain: This activity does happen but not as much as with someone who does not receive medicare benefits.</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> <p>Please explain: I don't believe the individuals who we support know they may select their service providers.</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> <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 checked="" type="checkbox"/> No Please explain: The licensee/business is only on the lease. However, there are admission agreements for each individual who lives in the home.</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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No Please explain: Each individual has their own private room but the doors do not lock and the individuals in this home have not had input in the décor of their rooms.</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 checked="" type="checkbox"/> No Please explain: Individuals do not set their schedules but they are able to access food at any time but request food from staff . They do not have locked storage for their personal food items, such as a refrigerator in their room.</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: 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?

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

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

CONTACT INFORMATION

Contact Name: Shawn Bailey
Contact Phone Number: 310-293-8722
Email Address: Shawnspears70@gmail.com

ACKNOWLEDGEMENT

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

☒ I AGREE

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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

Vendor name	Bailey Care Homes, Inc BCH #4
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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.

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Vendor number(s)	HX0484
Primary regional center	SCLARC
Service type(s)	Adult Residential Facility (ARF) CPP Specialized Home
Service code(s)	113, 915
Number of consumers currently served	4
Current staff to consumer ratio	1:3
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.	
Each client attends a day program selected by the RC CSC. They get there by transportation selected by the RC. While at program they follow a daily schedule not set by them. They have little to no control over their day and usually don't stay home when they like. Transportation is routine with no provision for requested travel destinations. Their food is planned without their input and they are unable to store food	
Project Narrative Description:	
2. Please provide a brief summary narrative of the concept for which you are requesting funding, including justification for the funding.	
We are requesting funding to assist In bringing us into compliance with the federal guidelines. We have a concept that is client based and person centered in nature and shall assist with education, training, advocating and community integration for the clients who live in this home and the staff who support them. This project shall detail the PCP concept and its implementation via staff and client training. Clients shall be encouraged to participate as well.	
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__x_ 6__x_ 7__x_ 8__x_ 9__ 10__	
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.	
1. Staff and client training and education 2. Need for consultant and trainer to implement training 3. Transportation to support clients full access into the community.	
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.	
The home clients and staff shall be skilled at implementing the PCP concept which shall	

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bring the home into compliance. With the addition of a new vehicle, the clients shall take advantage of their community more. They will participate in their home advisory meetings and take the lead.

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

1. Person Centered Planning (PCP): Create and implement a course for person-centered planning for the home. Outcomes: increased staff skills and enhanced knowledge of how to implement PCP. Clients have increased knowledge of PCP and as a result a better life quality.

2. Organizational Development: Implement PCP for organization transformation. A training team will be established which shall include a client who lives in the home as part of the team. A plan for community access shall be developed. Outcomes: The home adopts the PCP lifestyle as well as develops a Community Access Plan for continuous supports and services for accessing the community .

3.. Staff Development: Provide professional development including person centered training to staff including one to one coaching and community access training. Training will include a consumer as part of the training team. Outcomes: Trained staff, position development for Civic Inclusion Professional (CIP).

4. Consumer Growth and Development: Provide Autonomy and Access training for consumers on choice, independence, decision-making, client rights and community safety and access. This includes training on how to establish personal goals, leadership and advocating skills, community access and Person Center Planning. A client from the home shall be apart of the team. The clients shall directly lead their meetings and direct home and community activities based on their choices, likes and dislikes.

5. Personnel: Hire a life coach with particular emphasis on community access and safety to develop and provide assistance and support to the clients to fulfill their life goals which may include travel, learning to be apart of their community, building meaningful friendships and other relationships. Skill building in the area of home economics, finances, education opportunities, job attainment, resume creation and meetup interest groups. Outcomes: The life coach to work with the home to facilitate PCP, training staff, assist in coordination of services and supports and assist with Advisory Group.

6. Home Review Group: Create a review group for the company to assess, evaluate, monitor and make recommendation in company's efforts to provide consumer's full access into their community. Outcomes: The home becomes an environment full of leaders who advocate for themselves and make their own decisions.

7. Self-Advocate Mentor: Develop, train and hire a participant, first choice given to a client in the home, who would like to become a peer mentor, assist in staff and client trainings and be the facilitator for the Advisory Group. Outcomes: Peer Mentor, meaningful employment for a client

8. Communicative Assistive Technology and Transportation: Purchase of computers, printer, smart phones, web cameras, tablets, provide instruction for each client on how to use the new technology. Purchase of safe and reliable vehicle for clients and staff

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use for access to community, training and recreational opportunities. Outcomes: Individualized and increased communication with family and friends. Increase in meeting individual accessibility and accommodation needs, transportation for individual to have control of schedule and daily activities, increase in independence and choice.

All program components shall be tracked via observation, record review and client satisfaction surveys.

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.

We held a meeting to inform the individuals about the state proposal and received input from them on how they want their lives to look going forward. We talked about what is necessary to achieve an environment full of individual choices and how each individuals lives will vastly improve with the achievement of this state initiative/concept. Also discussed were the employment and involvement opportunities for the clients in this home as described in this proposal.

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

Both staff and clients shall participate in the PCP training where clients shall actively be involved in advocating for themselves and shall manage the tone, decisions and outcomes of the PCP culture.

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

This process is ongoing and shall take some time to implement. Ongoing efforts shall be sought and staff and clients shall be re-certified on their training every 2 years.

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

1. \$4,500/mo @\$50.00/hr. (including payroll taxes & W.C.)for Life Coach working part time (20 hrs wk) for BCH 4 as salary pay for 2 yrs. This person is responsible for training staff and clients on person centered training, community access, life goals, travel arrangements, learning to be apart of their community, building meaningful friendships and other relationships. Skill building in the area of home economics, finances, education opportunities, job attainment, resume creation and meetup interest groups. \$54,000x2=

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\$108,000 total

2. \$3,500/yr for purchases of Assistive technology and training Course materials. \$3,500 total

3. \$30,000/yr Training Consultants— develop PCP curriculum; Self-Advocate and Staff development Training; Coaching; Webinars; Autonomy and Access Training; Advocacy training manuals, tools and materials; creation of Home Review Group, CIP position development and training. (Two year funding) \$15,000x2=\$30,000 total

4. \$35,000 for the purchase of vehicle (van with wheelchair lift) for training and recreational activities.

Requested funding for 2019-20 year

\$176,500.00 for 2 years

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.

Ongoing training on PCP shall be completed every two years and as new staff is hired. The attainment of vehicle shall assist the clients in accessing the community for training and recreational opportunities on a daily basis. The life coach shall provide two years of training and shall leave behind materials that may be used by the home Administrator to continue the training.

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 x Yes. If Yes, FY(s) 2018-19
Disparity Funding x No ___ Yes. If Yes, FY(s) _____
CPP Funding x 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.

We are working with the SCLARC and are scheduling the "Train the Trainer" PCP certification.

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.

Our previous funding addressed PCP training for the trainer. This project addresses and includes more client participation in the management of their home as well as makes provisions for advocacy, advisory, community safety and access and staff development via new creative positions to assist in implementation of community access on a larger scale.

HCBS CONCEPT BUDGET							
Vendor Name		Balley Care Home #4					
Vendor Number(s)		HX0484					
		Salary and Benefits	Year 1 Budget		Year 2 Budget		Total
			FTE	Annual Cost	FTE	Annual Cost	Cost
Personnel (salary + benefits)							
Administrator				\$ -		\$ -	\$ -
RN Consultant				\$ -		\$ -	\$ -
DSP Lead				\$ -		\$ -	\$ -
DSP				\$ -		\$ -	\$ -
DSP				\$ -		\$ -	\$ -
DSP				\$ -		\$ -	\$ -
DSP				\$ -		\$ -	\$ -
DSP				\$ -		\$ -	\$ -
Personnel Subtotal				\$ -		\$ -	\$ -
Operating expenses							
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
Operating Subtotal				\$ -		\$ -	\$ -
Administrative Expenses							
Assistive Technology Items				\$ 3,500			\$ 3,500
Life Coach				\$ 54,000		\$ 54,000	\$ 108,000
Civic Inclusion Professional training consultants				\$ 15,000		\$ 15,000	\$ 30,000
							\$ -
							\$ -
							\$ -
							\$ -
Administrative Subtotal				\$ 72,500		\$ 69,000	\$ 141,500
Capital expenses							
vehicle				\$ 35,000			\$ 35,000
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
Capital Subtotal				\$ 35,000		\$ -	\$ 35,000
Total Concept Cost				\$ 107,500		\$ 69,000	\$ 176,500