

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: 11/21/19	Completed by: Liane Wilson, Laurie Purcell, and Jan Adams
Vendor Name, Address, Contact: Home of Guiding Hands, 1908 Friendship Drive, El Cajon, CA 92020	
Vendor Number: H90195, H39530, H39443, HQ0129, HQ0733, HQ0783, PQ7290	
Service Type and Code: 2 CCL Specialized Homes: 113 2 CCL Adult Homes: 915 2 CCL Group Homes: 920 AFHA: 904	

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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: Attempts are made for choice and individual determination but frequently the community sites are chosen by consensus or convenience and participation is in groups. Employment services are coordinated by the Regional Center, and HGH has minimal involvement with this domain. HGH serves as payee for the majority of the participants in our residential programs and is heavily involved with supporting individuals to manage their money.</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: HGH maintains a current copy of the IPP for all individuals served referenced in the programs above. The IPP reflects the choice to receive services at the chosen setting, and may or may not detail other setting options that were considered.</p>	

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<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: Individuals review and sign a copy of their rights annually. HGH maintains compliance with HIPAA standards of privacy and confidentiality. HGH strives to communicate with individuals in a manner that they can understand, including use of sign language, communication devices, etc.</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 Please explain: Attempts are made for choice and individual determination but frequently activities are chosen by consensus or the need to maintain staff ratios, and participation is in groups.</p>	

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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: Administrators and Program Managers are responsible for choosing the staff that will support service recipients. House meetings provide an opportunity for individuals to make requests, however facilitation of these meetings remains in the hands of program staff.

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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: Upon admission to the program, an admission agreement is reviewed and signed by all parties involved. The admission agreement discusses residents' rights regarding housing and the need to relocate.</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: Some individuals share bedrooms, due to the lack of private rooms</p>	

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<p>available. HGH supplies furniture and home décor and strives to personalize this to individual tastes. Service recipients can bring their own furniture and décor if desired. Currently not all individuals have the ability to lock their bedroom doors.</p>	
<p><u>Federal Requirement #8:</u> <i>Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> • Do individuals have access to food at any time? • Does the home allow individuals to set their own daily schedules? • Do individuals have full access to typical facilities in a home such as a kitchen, dining area, laundry, and comfortable seating in shared areas?
<p>Does the service and/or program meet this requirement? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Please explain: Attempts are made to support individual choice, however the needs of others in the living environment frequently dictate the choices that are available to an individual.</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 checked="" type="checkbox"/> No Please explain: Attempts are made to honor individuals' preferences regarding visitors inside or outside the home, however regulatory constraints often dictate otherwise.</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

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	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: Homes are modified to meet the needs of current residents.</p>	

CONTACT INFORMATION

Contact Name: Liane Wilson, Laurie Purcell
Contact Phone Number: 619-938-2889, 619-938-2878
Email Address: liane@guidinghands.org, laurie@guidinghands.org

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	Home of Guiding Hands
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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.

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

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Vendor number(s)	H90195, H39530, H39443, HQ0129, HQ0733, HQ0783, PQ7290
Primary regional center	San Diego Regional Center
Service type(s)	2 CCL Specialized Homes (service code: 113) 2 CCL Adult Homes (service code: 915) 2 CCL Group Homes (service code: 920) AFHA program (service code: 904)
Service code(s)	See above under Service Types
Number of consumers currently served	3,900 people served in 2018/19 FY across all programs 43 individuals served across 4 programs listed above
Current staff to consumer ratio	Ratios are 2:1 or 1:1
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>Our CCL homes provide home-like services with intensive staffing. Depending on the person's age, individuals attend school, adult day programs, or go to work during weekdays. In the evenings, individuals engage in leisure activities, eat a meal, and prepare for the next day. Weekends are spent relaxing, engaging in enjoyable activities at home and in the community, visiting with family and friends, and/or running errands.</p> <p>Following are comments on baseline/current levels for aspects of services for which we are requesting funding. Activities outside the home are desired by service recipients, but are dictated by availability of staff and transportation. Attempts are made for individual choice and determination but frequently community sites and activities are chosen by consensus and participation is in groups, due to limited transportation and staffing resources.</p>	
Project Narrative Description:	
2. Please provide a brief summary narrative of the concept for which you are requesting funding, including justification for the funding.	
Project funding will be used to purchase 3 vehicles (2 compact cars and 1 wheelchair-accessible van) and cover additional staffing costs to increase opportunities for service recipients to control their own schedules and activities, and engage more fully in community life. These additional resources will allow for individualized choice, rather than compromising on group outings which is the current standard.	
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 <u>X</u> 2 ___ 3 ___ 4 <u>X</u> 5 ___ 6 ___ 7 ___ 8 <u>X</u> 9 ___ 10 ___	
4. For each HCBS out-of-compliance federal requirement that is being addressed by this	

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<p>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>For HCBS requirements 1, 4, and 8, the barriers are the same and include: limited access to transportation (only 1 van per home); staffing limitations and the need to maintain safe staffing ratios (don't have enough staff available for 1:1 outings and some individuals need 2:1 ratios while in the community); and balancing the needs/desires of others in the home. This concept is necessary to provide the resources (vehicles and staff) to meet HCBS requirements of providing opportunities for service recipients to engage in community life and control their own schedules and activities.</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>Having greater access to transportation and augmented staff support will provide the resources necessary:</p> <ul style="list-style-type: none"> • for individuals to increase access to services in the community, and participate in individualized outings and activities outside the home (Requirement #1) • to honor individuals' choices regarding participation in preferred activities outside of the home and interaction with people of their choosing (Requirement #4) • to empower individuals to decide their own schedules and receive the support necessary to implement their choices (Requirement #8)
<p>6. What are the proposed outcomes and objectives of the concept, and what are the methods of achieving and tracking them?</p>
<p>Individuals served will each have the opportunity to choose and plan for one (1) individual activity/outing/event each quarter in addition to regularly scheduled program/home activities/outings. Supplemental staffing will be arranged to support the individual's choice. Tracking outcomes will be incorporated into established client records and data collection mediums.</p>
<p>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.</p>
<p>Individuals served express likes and dislikes formally as part of their semi-annual and annual ISP meetings. Staff, and others who know the individual well, contribute to identification of preferred activities and environments. Informal collection of input from involved advocates supports clients' expression of varied interests and highlights the current vehicle and staffing barriers to meeting these interest choices.</p> <p>Inclusive team meetings are being held where both the day program and residential providers who jointly serve individuals are represented. Individual wishes and choices are being identified at these formal meetings. Informal attention to choice-making and on-going development of the concept will continue to evolve as future individual ISP meetings incorporate Person Centered Training profiles and identified interests.</p>
<p>8. Please describe how the concept you propose will enable you to provide more person-centered services to your clients.</p>

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<p>Having additional transportation and staffing resources available will shift the focus from the group to the individual. Rather than relying on compromise and concession to balance the needs and preferences of everyone in the home, the focus will be on honoring individual choice in regards to schedule, activities, and community involvement.</p>	
<p>9. Please address your plan for maintaining the benefits, value, and success of your project at the conclusion of 2019-20 HCBS Funding.</p>	
<p>The benefits, value, and success of the current concept will build upon the groundwork that is currently being laid as a result of the grant project we began in the 2018-19 fiscal year. We are in the process of training staff in Person Centered Thinking philosophy and the new resources of vehicles and increased staffing will provide tangible changes that demonstrate our commitment to the HCBS concepts. This combination of PCT philosophy and action steps will create a “new normal” that is in alignment with the HCBS requirements.</p>	
<p>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.</p> <p>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).</p> <p>http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=4629.7&lawCode=WIC</p>	
<p>The two categories of funding include the purchase of 3 vehicles to be shared between the six group homes that could be available to provide 1:1 outings and activities for the 28 individuals living in those homes. Though each home has a van assigned, they are not available for alternative outings. One of the three vehicles would be an accessible van for those where a regular sized car would not be feasible. All vehicles would be purchased within 6 months of approval of request. The second category is the additional 1:1 staff required to facilitate these outings outside of the standard staffing included in rate model. Funding request based on 28 residents having two individual outings per month 3 hours each. Staffing would be at OT rate as frequency and scheduling of personalized outings must be flexible. Funding requested for two years and thereafter would strive to continue by working into general operational budgets for the six homes.</p>	
<p>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.</p>	
<p>After funding first two years of additional staff time, we are fairly confident that on-going costs for staffing would be included in general operating budget for each home.</p>	
12. Have you or the	<p>HCBS Funding ___ No <u>X</u> Yes. If Yes, FY(s) <u>18/19</u></p>

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<p>organization you work with been a past recipient of DDS funding? If yes, what fiscal year(s)?</p>	<p>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.</p>
<p>For providers who have received prior HCBS, Disparity or CPP Funding from DDS</p>	
<p>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.</p>	
<ul style="list-style-type: none"> • Contract with PCT train-the-trainer consultant signed – 8/31/19 • 2 Identified HGH staff (trainer candidates) completed 2-day PCT training – 8/16 and 8/23/19 • PCT consultant trainer provided 2-day PCT training at HGH for managers (trainer candidates observed) - broken up over 4 days 10/16, 10/18, 11/19, and 11/20 • Internal HCBS Committee developed which includes leadership representation from each of the service codes included in HGH's original HCBS concept. Meetings held 7/18/19, 8/22/19, 9/16/19, 10/14/19, and 11/15/19 	
<p>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.</p>	
<p>Prior funding was designated towards certification of identified HGH staff members as PCT trainers, and subsequent training of staff in programs that fall under the HCBS rule. The current funding request builds upon, but does not duplicate the prior concept. The current funding request will be designated towards capital costs of vehicles and additional staffing that are needed to implement the PCT concepts that are being learned.</p>	

HCBS CONCEPT BUDGET						
Vendor Name		HOME OF GUIDING HANDS				
Vendor Number(s)		H90195, H39530, H39443, HHQ0129, HQ0733, HQ0783				
	Salary and Benefits	Year 1 Budget		Year 2 Budget		Total
		FTE	Annual Cost	FTE	Annual Cost	Cost
Personnel (salary + benefits)						
Direct Care staff for 1:1 outtings over and above regular staffing (OT rate) equivalent of one (1) FTE	60858	1	\$ -	1.00	\$ -	\$ -
Position Description			\$ 60,858		\$ 60,858	\$ 121,716
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Personnel Subtotal			\$ 60,858		\$ 60,858	\$ 121,716
Operating expenses						
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
Operating Subtotal			\$ -		\$ -	\$ -
Administrative Expenses						
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
Administrative Subtotal			\$ -		\$ -	\$ -
Capital expenses						
Two (2) electric compact cars including applicable taxes, license and fees			\$ 81,170		\$ -	\$ 81,170
One (1) new WC van for non-ambulatory Used with less than 40K miles \$42,339			\$ 74,239		\$ -	\$ 74,239
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
Capital Subtotal			\$ 155,409		\$ -	\$ 155,409
Total Concept Cost			\$ 216,267		\$ 60,858	\$ 277,125

See Attachment F for budget details and restrictions