

**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: November 22, 2019	Completed by: Margarita King
Vendor Name, Address, Contact: ANGEL'S HAVEN 3, 3331 WYOMING CT., STOCKTON, CA 94212; GABRIEL TAURO, TEL. (209) 607-4659	
Vendor Number: HV0453	
Service Type and Code: 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No Please explain: Click or tap here to enter text.</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: Click or tap here to enter text.</p>	
<p><u>Federal Requirement #3:</u> <i>Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> • Does the provider inform individuals, in a manner they can understand, of their rights to privacy, dignity, respect, and freedom from coercion and restraint? • Does the provider communicate, both verbally and in writing, in a manner that ensures privacy and confidentiality?

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	<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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please explain: Click or tap here to enter text.</p>	
<p><u>Federal Requirement #4:</u></p> <p><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: Currently the service needs of our individuals are met by Angel's Haven 3 Home, however this concept will enhance our ability to meet their personal preferences and allow us to achieve a more person-centered approach to our service. There have been requests made by our individuals to have the following types of community outings added to their available choices: day at an amusement park, trips to the beach, national park hiking, attending food festivals, music concerts and other types of more extended community outings. Additionally, the following community outings have been requested to be made available more frequently: going to the movies, meals out at favorite restaurants, shopping at the mall and other retailers. However sometimes these community outings are not the preference of all our individuals in our home and oftentimes compromises need to be made when making choices for community outings. This compromise prevents our individuals from having the freedom of choice and to be able to explore their preferences. In order to become more compliant with HCBS and also provide more person-centered planning services, Angel's Haven 3 Home would like to request funding for a small car in addition to our existing van (for group outing) to cater to our consumers individual preferences.</p>	

**Home and Community-Based Services (HCBS) Rules
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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 checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please explain:</p>	

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<p><u>Federal Requirement #8:</u> <i>Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> • Do individuals have access to food at any time? • Does the home allow individuals to set their own daily schedules? • Do individuals have full access to typical facilities in a home such as a kitchen, dining area, laundry, and comfortable seating in shared areas?
<p>Does the service and/or program meet this requirement? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Please explain: 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 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?
<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>	

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CONTACT INFORMATION

Contact Name:	<u>Margarita King</u>
Contact Phone Number:	<u>(209) 981-5583</u>
Email Address:	<u>Margiespino@yahoo.com</u>

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	Angel's Haven 3
Vendor number(s)	HV0453
Primary regional center	Valley Mountain Regional Center
Service type(s)	Adult Residential Facility (Level 4D)
Service code(s)	915
Number of consumers currently served	6
Current staff to consumer ratio	3:1
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>Project Narrative Description: There are currently 6 individuals that are long-time residents of Angel's Haven 3 Home (Service Level 4D), Felipe Rodriguez, Edward Rodriguez, Mathew Faudree, Mikael Langsjoen, Robert Gaines and John Vargas. A typical school day (weekdays) consists of the individuals waking up around 6:30am for breakfast and preparing for their respective day program. The individuals all arrive back at the care home from their respective day program around 3:00pm to 4:00pm, where they have free time before dinner at 6:00pm and after dinner before bedtime. Felipe and his brother Edward and also Robert, a lot of times want to go out and do shopping on weekdays together. Other times Robert wants to go get desserts, or just hang out in the mall; and the two brothers would rather go to their barber and have their haircuts then get snacks from McDonald. Matthew and Mikael needs a one-on-one supervision when out in the community as their social skills have not been fully developed and they do not have a sense of danger. John loves to go to Costco and other fast food places.</p> <p>On weekends, Angel's Haven 3 takes all the clients to an outing chosen by the majority; i.e. music at the park, mall, eat out at restaurants, food festivals, etc. A lot of times, some of the clients would prefer to go to different place and do different activity; since there is just one van, so some of them have to compromise. Felipe and Edward loves to go to church but the other clients do not go and would go somewhere else.</p> <p>With this funding of an additional car, Angel's Haven 3 will be able to cater to our consumer's individual likes and preferences which is in compliant to HCBS and person-centered services.</p>	

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

There have been requests made by our clients to have the following types of community outings added to their available choices: day at an amusement park, trips to the beach, national park hiking, attending food festivals, music concerts and other types of more extended community outings. Additionally, our clients want more of these outings: going to the movies, going to casino, meals out at favorite restaurants, going to church, shopping at the mall and other retailers. However, sometimes these community outings are not the preference of all our individuals in our home and often times compromises need to be made when making choices for community outings. This compromise prevents our individuals from having the freedom of choice and to be able to explore their preferences. In order to become more compliant with HCBS and also provide more person-centered planning, Angel's Haven 3 would like to request funding for additional small car for individualized use.

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___ 2___ 3___ 4_x___ 5___ 6___ 7___ 8___ 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.

Currently the service needs of our individuals are met by Angel's Haven 3 Home, however this concept will enhance our ability to meet their personal preferences and allow us to achieve a more person-centered approach to our service. There have been requests made by our individuals to have the following types of community outings added to their available choices: day at an amusement park, trips to the beach, national park hiking, attending food festivals, music concerts and other types of more extended community outings. Additionally, the following community outings have been requested to be made available more frequently: going to the movies, meals out at favorite restaurants, shopping at the mall and other retailers. However sometimes these community outings are not the preference of all our individuals in our home and often times compromises need to be made when making choices for community outings. This compromise prevents our individuals from having the freedom of choice and to be able to explore their preferences. In order to become more compliant with HCBS and also provide a more person-centered planning, Angel's Haven 3 Home would like to request funding for a small car in addition to our existing van (for group outing) to cater to our consumers individual preferences.

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.

Currently the service needs of our individuals are met by Angel's Haven 3, however this concept will enhance our ability to meet their personal and individual preferences especially on the community outings choices: day at an amusement park, trips to the beach, national park hiking, attending food festivals, music concerts and other types of

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more extended community. This will allow us to achieve a more person-centered approach to our service.
6. What are the proposed outcomes and objectives of the concept, and what are the methods of achieving and tracking them?
With this concept, we will be able to cater to our client's individual choice of activity/outing in compliance with HCBS. In the process, I believe our consumers would feel happy and empowered with their ability to make their own decisions and choices and the fulfillment of such choices give them a better sense of their wellbeing. Angel's Haven 3 staff and Administrator will consult the clients of their choices of outing/activity. Then, in every trip/activity, staff will fill up a Community Activity / Outing Log form for each client's outing that specifies the name of the client, date, time and place where the activity took place and comments (if client enjoyed or not the activity/outing) and signed by client.
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.
Angel's Haven 3 staffs including Administrator and Licensee, constantly consult, monitor and discuss the individual desires and preferences of our clients and tries our best to accommodate them. We conduct sit down meetings with our clients and at times informal queries of what are their individual preferences with regards to their daily choices of food, community outings and other things that they wanted to discuss. We also work with the client's families to learn more about the client's needs and preferences.
8. Please describe how the concept you propose will enable you to provide more person-centered services to your clients.
Angel's Haven 3, will now be able to bring one individual to his preferred outing instead of going on a group outings that that individual does not like.
9. Please address your plan for maintaining the benefits, value, and success of your project at the conclusion of 2019-20 HCBS Funding.
Angel's Haven 3 will make sure car has an ample insurance coverage; will submit the car for the necessary, scheduled maintenance and repair; will also keep records of such maintenance and repair for better monitoring of the upkeep of said vehicle. Angel's Haven 3 will also make sure that staffs are responsible and have driver's license with good driving record.
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

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costs).

http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=4629.7&lawCode=WIC

The requested funding will be for a Toyota Corolla XLE 2020. It will be purchased within 1 month of funding.

<https://www.toyotaofstockton.com/new/Toyota/2020-Toyota-Corolla-6def8b620a0e0a6b044dd5b66e499b43.htm>

FIRST YEAR:

MSRP: Toyota Corolla XLE 2020 \$25,208

Less: \$1,500 cash back on select 2020 Toyota Corolla ~~\$ 1,500~~

Plus: Tax, Registration, etc (10%) 2,370

Net Cost \$26,078

Insurance full coverage (first year) \$ 1,411

Total Cost of Car (first year) \$27,489

SECOND YEAR:

Insurance (full coverage) \$ 1,411

GRAND TOTAL (2 YEARS) \$28,900

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.

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.

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.

HCBS CONCEPT BUDGET		\$28,900				
Vendor Name		Angel's Haven 3				
Vendor Number(s)		HV0453				
	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			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Personnel Subtotal			\$ -		\$ -	\$ -
Operating expenses						
			\$ -			\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Operating Subtotal			\$ -		\$ -	\$ -
Administrative Expenses						
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Administrative Subtotal			\$ -		\$ -	\$ -
Capital expenses						
1 Toyota Corolla XLE (w/ license, taxes, etc)			\$ 26,078			\$ 26,078
Insurance (Geico) - 1 year premium full coverage			\$ 1,411		\$ 1,411	\$ 2,822
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Capital Subtotal			\$ 27,489		\$ 1,411	\$ 28,900
Total Concept Cost			\$ 27,489		\$ 1,411	\$ 28,900

See Attachment F for budget details and restrictions