

## 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](http://www.dds.ca.gov/HCBS).

Questions may be directed to [HCBSregs@dds.ca.gov](mailto:HCBSregs@dds.ca.gov).

Date(s) of Evaluation: November 22, 2019	Completed by: Eulerina Koester
Vendor Name, Address, Contact: East West Ventures, LLC dba Good Shepherd Villa 1909 Lifetime Drive, Modesto, CA 95355 Contact: Eulerina Koester	
Vendor Number: HV0563	
Service Type and Code: 915	

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<p><b><u>Federal Requirement #1:</u></b>  <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><b><u>Guidance:</u></b></p> <ul style="list-style-type: none"> <li>• Do individuals receive services in the community based on their needs, preferences and abilities?</li> <li>• Does the individual participate in outings and activities in the community as part of his or her plan for services?</li> <li>• If an individual wants to seek paid employment, does the home staff refer the individual to the appropriate community agency/resource?</li> <li>• Do individuals have the option to control their personal resources, as appropriate?</li> </ul>
<p><b>Does the service and/or program meet this requirement?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  Please explain: All four (4) consumers like to participate in GSV's weekly planned activities in the community. The facility has a 12 seater passenger van in accessing the community.</p>	
<p><b><u>Federal Requirement #2:</u></b>  <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><b><u>Guidance:</u></b></p> <ul style="list-style-type: none"> <li>• Does the provider have a current regional center Individual Program Plan (IPP) on file for all individuals?</li> <li>• Does each individuals' IPP document the different setting options that were considered prior to selecting this setting?</li> </ul>
<p><b>Does the service and/or program meet this requirement?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  Please explain: Good Shepherd Villa is a Level 3 staff operated facility licensed as Adult Residential Facility that provides residential services to 4 female ambulatory residents. The concept for this project is to develop a PCT based planning process that will be used to develop Individual plans for all 4 residents including an organizational plan that will address necessary changes to the operations of the facility including changes related to HCBS guidelines.  We are requesting HCBS compliance funding to provide person Centered Trainings to Good Shepherd Villa staff, residents and families. Consultants will provide several trainings for a stronger outcome and to evaluate how GSV could restructure our services to the consumers in order to achieve their full potential.  Goals of the project are as follows:  1. The development of a PCT planning process and related documents</p>	

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2. The creation and implementation of a PCT plans for all residents
  3. The implementation of program changes based on the individual's preferences and HCBS guidelines.
  4. The development of staff trainings.
  5. The sharing of best practices with other service providers and the Valley Mountain Regional Center Through their Service Provider Training Presentations
- We feel that using this PCT process through this project will guide us in the compliance the HCBS requirement by the following manner: Federal Requirement 2: The new Individual Planning concept will include a description of other residential settings available to the individual and will document a plan to address their preferences.

**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: GSV Person Centered Process project will address the development of formal communication process for residents that ensures their knowledge of these rights and will assess any needs or concerns they have on this area. Staff training will be provided to ensure that all staff are aware of and understand the application of the HCBS guidelines, as well as preferences. One consumer uses braille to read her Bible.

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<p><b><u>Federal Requirement #4:</u></b> <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><b><u>Guidance:</u></b></p> <ul style="list-style-type: none"> <li>• Does the provider offer daily activities that are based on the individuals' needs and preferences?</li> <li>• 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?</li> <li>• 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?</li> </ul>
<p><b>Does the service and/or program meet this requirement?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Please explain: GSV consumers are not restricted to whom they want to associate/interact with and they are given a wide degree of independence in choosing activities that interests them. To effectively and fully implement the PCT process, we need the expertise of consultants and PCT certified to do the PCT to provide training and support DSP's.</p>	
<p><b><u>Federal Requirement #5:</u></b> <i>Facilitates individual choice regarding services and supports, and who provides them.</i></p>	<p><b><u>Guidance:</u></b></p> <ul style="list-style-type: none"> <li>• Does the provider support individuals in choosing which staff provide their care to the extent that alternative staff are available?</li> <li>• Do individuals have opportunities to modify their services and/or voice their concerns outside of the scheduled review of services?</li> </ul>
<p><b>Does the service and/or program meet this requirement?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Please explain: All staff are trained and capable of providing services to a resident needs unless a consumer requests for a specific staff provides the services. Good Shepherd Villa accommodates this request.</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><b><u>Federal Requirement #6:</u></b> <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><b><u>Guidance:</u></b></p> <ul style="list-style-type: none"> <li>• As applicable, does each individual have a lease, residency agreement, admission agreement, or other form of written residency agreement?</li> <li>• Are individuals informed about how to relocate and request new housing?</li> </ul>
<p><b>Does the service and/or program meet this requirement? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</b></p> <p>Please explain: The admission agreement between the consumer and the facility defines the rights and responsibilities of both parties in terms of residency. The consumer provides 15 day-notice or earlier if she wants to move out of the facility. The facility provides a minimum of 30 day-notice to the consumer to move out of the facility. Actions on termination of residency are coordinated with the regional Center service Coordinator assigned to the consumer.</p>	
<p><b><u>Federal Requirement #7:</u></b> <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><b><u>Guidance:</u></b></p> <ul style="list-style-type: none"> <li>• Do individuals have a choice regarding roommates or private accommodations?</li> <li>• 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?</li> <li>• Do individuals have the ability to lock their bedroom doors when they choose?</li> </ul>

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

Please explain: Each consumer is accorded privacy, security and the freedom to decorate their sleeping or living units as well as other common areas within the home. They currently don't have the opportunity to express their individual choice and preference in the selection of furnishing and decorations with their room and other common areas and the requested funding will allow them to make this choice and further explore their individual preferences. New doors with keyless style locks will also be installed.

**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: GSV consumers have access to food at anytime. There are scheduled meal, snack times and quiet hours at night. Consumers can make advance arrangements with staff if meals will be taken outside of the scheduled hours. Food is available to the consumers at anytime and they are free and capable to help themselves. Kitchen, dining area, laundry, and common areas with adequate seating and entertainment are available to the consumers.

**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: GSV accommodates visitors and family members to visit the consumer outside of the visiting hours as long as the visit is properly arranged with the facility staff and that the other consumer's privacy is not affected. With proper coordination with the facility staff, the consumers are free to go with visitors outside the home, on weekends and holiday.

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<p><b><u>Federal Requirement #10:</u></b> <i>The setting is physically accessible to the individual.</i></p>	<p><b><u>Guidance:</u></b></p> <ul style="list-style-type: none"> <li>• Do individuals have the freedom to move about inside and outside the home or are they primarily restricted to one room or area?</li> <li>• 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?</li> <li>• Are appliances and furniture accessible to every individual?</li> </ul>
<p><b>Does the service and/or program meet this requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No</b> Please explain: Currently, the service needs of our consumers are met. However, this concept will enhance GSV's ability to meet our consumers personal preferences and allow us to achieve a more person-centered approach to our service per HCBS guidelines.</p>	

**CONTACT INFORMATION**

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 Contact Phone Number: (408)794-8848  
 Email Address: goodshepherdvilla@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 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](http://www.dds.ca.gov/HCBS).

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Vendor name	East West Ventures, LLC dba Good Shepherd Villa
Vendor number(s)	HV0563
Primary regional center	Valley Mountain Regional center
Service type(s)	Adult Residential Facility
Service code(s)	915
Number of consumers currently served	4
Current staff to consumer ratio	Good Shepherd Villa follows Regional Center's required staffing schedule
<p><b>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.</b></p>	
<p><b>Project Narrative Description:</b> Good Shepherd Villa is a level 3, staff operated facility licensed as Adult Residential Facility that provides residential services and supports 4 female ambulatory consumers. Typical weekday, consumers are attending day program activities from 8 am to 2 pm. They are offered plenty of activities in their own choosing. Bead /bracelet making, simple puzzles, nail painting, watching their favorite movies/cartoons. Since their day programs provide various engaging activities, Good Shepherd Villa provides rest periods and are asked their activity of choice. On weekends or during holidays, they usually go for a community activities like going to the house of prayer of their choice and going to the park, and visiting family members.</p>	
<p><b>2. Please provide a brief summary narrative of the concept for which you are requesting funding, including justification for the funding.</b></p>	
<p><b>A. Emergency Generator: (Federal Requirement # 1)</b> GSV needs at least 6 KW emergency generator to provide electrical power to emergency lighting and refrigeration. It is preferred to purchase propane fueled generators as it is safer to store additional propane tanks.</p> <p><b>B. Request for funding for furnishings /decorations, keyless style locks: (Federal Requirement # 7)</b> Our consumers have furnishings that are good condition in their own living areas and other common areas. Currently, they are unable to express their individual choices and preferences in the selection of furnishing and decorations in their room.</p> <p><b>C. Request funding for the roofing of the outdoor patio: (Federal Requirement # 10)</b> Due to the exposure to outside unpredictable weather elements, consumers are restricted to enjoy activities inside the home.</p> <p><b>D. Request funding for staff PCT training-( Federal Requirement # 4)</b> The new Person Centered Thinking Planning training process will give residents a chance to</p>	

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include their preferences in their IPP, allowing staff to structure supports and activities accordingly.
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__ 3__ 4__x__ 5__ 6__ 7__x__ 8__ 9__ 10__x__
4. For each HCBS out-of-compliance federal requirement that is being addressed by this concept, describe the barriers to compliance and why this concept is necessary. If this information is in the evaluation section, please copy it here.
Please describe how the concept you propose will enable you to provide more person-centered services to your clients.
All people, regardless of abilities, should have access to choices and an opportunity to participate in a full range of community activities. Individuals with ID exhibit less community participation, fewer social relationships and lower leisure and employment participation. Despite these limitations, individuals with ID have the capacity to participate in a wide range of community activities when provided the opportunity and appropriate supports.
Please address your plan for maintaining the benefits, value, and success of your project at the conclusion of 2019-20 HCBS Funding.
When this request for funding is granted, in spite of the challenges our consumers deal in life's major activities such as independence, learning abilities, self-help, language and mobility, Good Shepherd Villa can better provide these much-needed help improve their quality of life, including educating the community to better understand and acceptability.
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). <a href="http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=4629.7&amp;lawCode=WIC">http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=4629.7&amp;lawCode=WIC</a>
Estimated Budget: 1. Emergency Generator 6 KW propane fed-----\$3,718.00 2. Request for funding for furnishing/ decoration & keyless style locks-----\$12,024.94 3. Request funding for the enclosure of the outdoor patio-----\$15,582.00 4. Request Funding for Person Centered Thinking Training (5 staff at \$120.00 ea) \$ 600.00 Total amount requested-----\$31,924.94
Timeline: Project starts if request funding is granted. Project end date/HCBS compliant after 6 months after approval of budget requested.

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<p>12. Have you or the organization you work with been a past recipient of DDS funding? If yes, what fiscal year(s)?</p>	<p>HCBS Funding <input type="checkbox"/>x<input type="checkbox"/> No <input type="checkbox"/> Yes. If Yes, FY(s) _____          Disparity Funding <input checked="" type="checkbox"/>x<input type="checkbox"/> No <input type="checkbox"/> Yes. If Yes, FY(s) _____          CPP Funding <input type="checkbox"/>x<input type="checkbox"/> No <input type="checkbox"/> Yes. If Yes FY(s) _____          If yes to any question be sure to answer questions 13 and 14.</p>
<p><b>For providers who have received prior HCBS, Disparity or CPP Funding from DDS</b></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. <b>N/A</b></p>	
<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. <b>N/A</b></p>	

HCBS CONCEPT BUDGET						
Vendor Name		GOOD SHEPHERD VILLA				
Vendor Number(s)		HV0563				
	Salary and Benefits	Year 1 Budget		Year 2 Budget		Total
		FTE	Annual Cost	FTE	Annual Cost	Cost
<b>Personnel (salary + benefits)</b>						
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Personnel Subtotal			\$ -		\$ -	\$ -
<b>Operating expenses</b>						
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
Operating Subtotal			\$ -		\$ -	\$ -
<b>Administrative Expenses</b>						
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
Administrative Subtotal			\$ -		\$ -	\$ -
<b>Capital expenses</b>						
1. Emergency Generator 6 KW propane fed			\$ 3,718		\$ -	\$ 3,718
2. Furnishing/Decoration & Keyless Locks			\$ 12,025		\$ -	\$ 12,025
3. Enclosure of outside Patio			\$ 15,582		\$ -	\$ 15,582
4. PCT Training			\$ 600		\$ -	\$ 600
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
Capital Subtotal			\$ 31,925		\$ -	\$ 31,925
Total Concept Cost			\$ 31,925		\$ -	\$ 31,925

See Attachment F for budget details and restrictions