

Home and Community-Based Services (HCBS) Rules DEPARTMENT FUNDING GUIDANCE

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 <https://www.dds.ca.gov/initiatives/cms-hcbs-regulations/>.

Questions may be directed to HCBSregs@dds.ca.gov.

Date(s) of Evaluation: 2/8/21	Completed by: Ryan Yang
Vendor Name, Address, Contact: Caremax Inc, Peachstone Ter, San Rafael, CA 94903, Contact: Ryan Yang 415-225-2596, Willie Yang 415-225-6868	
Vendor Number: H89051, PG1786, H88745, H88884, H88891, H89207, H88943	
Service Type and Code: ARF:(113,113,915,915,915 ,915), Adult Day Program (515)	

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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: Caremax supports their residents to do activities and outings in the community based on their preferences and interests. However, due to lack of transportation options and an inadequate staffing, residents are sometime not able to go out individually as the outing are usually with the entire house. Caremax would like their residents to be able to go out individually and do what they prefer/interest them.</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 individual's 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 Caremax resident has a current IPP from GGRC on file. All the housing options where considered by all parties before resident was placed in residence.</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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Please explain: Staff inform and explain to the residence of their rights and there are posters throughout each residence also informing them of their rights. Caremax also has very strict privacy and confidentiality protocols that everyone must follow. Some of the staff are able to communicate using alternatives methods, but we would like ALL staff to have additional training to be able to communicate with any residents based on their needs.</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 individual's 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: Caremax tries to offer as many daily activities at their home, day program and when out in the community based on the residents needs and preferences. However, more advancement is needed to allow residents to do what they want to do</p>	

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individually out in a community setting. This is because it is currently dependent on the availability of the staffing and transportation options for the residence at the time.

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: Caremax tries to accommodate resident's choice in staff provided and can voice any concerns any time or request a staffing change. However, due to a shortage of staff currently, the residents may not be able to have their preferred staff work with them every day.

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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</p> <p>Please explain: Each resident has an individual admissions agreement that is signed by everyone when first moving in. This agreement is subject to review/updating whenever it is needed. If a resident indicates they want to relocate all parties (social worker, family, conservator) will be notified and the next steps to relocate will begin.</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	

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<p>Please explain: A majority of our residents have private rooms however some homes have room limitations where they have to share a room with a selected roommate. Some of the residents have locks on their bedroom doors but there are still bedroom doors without locks and we have them purchased but just need to install.</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please explain: Residents have access to food any time. In addition, they have full access to the house except for the areas that must be locked per CCL regulations (medication/chemical area). Outside the residents day program scheduled on the weekdays, residents are free to do what they desire.</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</p> <p>Please explain: Pre-COVID visitors were welcome at any time and individuals could go out with them. During COVID we limit visitors to families for taking the residents to a medical appointment or a spiritual/religious event for the safety of everyone in the residence.</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

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	<p>supports can move about the setting as they choose?</p> <ul style="list-style-type: none"> • 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</p> <p>Please explain: Residents are free to move around and outside the house. Most of the bathrooms are ADA compliant or have grab bars/seats available in the bathroom and every residence is wheelchair accessible.</p>	

CONTACT INFORMATION

Contact Name: Ryan Yang

Contact Phone Number: (415)-225-2596

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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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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 backup, 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.
- Using a form from previous years will negatively impact a concept score, so please ensure the current FY 20-21 form is 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 and opportunities.

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 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 a sustainable plan 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 <https://www.dds.ca.gov/initiatives/cms-hcbs-regulations/>.

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Vendor name	Caremax Inc.
Vendor number(s)	H89051, PG1786, H88745, H88884, H88891, H89207, H88943
Primary regional center	Golden Gate Regional Center
Service type(s)	ARF's, Day Program
Service code(s)	113,915, 515
Number of consumers typically and currently served	Residential: 26 Adult Day Program: 35 (overlap from residential)
Typical and current staff-to-consumer ratio	Depending on facility and level of care (41, 1:1) Day Program: 1:3
<p>1. Please provide a brief description of the service/setting. Include what a typical day consists of during regular program as well as how services are currently being provided. This response must include the baseline/current levels for any aspects of the program for which the concept proposes funding.</p>	
<p>A typical week day before COVID19 consisted of residents at one of Caremax's 7 facilities getting up at around 7:00 and staff helping each individual resident with their morning routine based on their service plan (Medication, grooming, dressing, eating). After at around 8:45 AM they get picked up by Caremax transportation and get taken to Careplus day-program. At the day program residents and others will be able to work on their skill goals listed on their ISP and do things they enjoy such as go on outings, draw, watch movies, etc. At 3:00 PM everyone goes home, and the residents are free to do what they choose till they eat dinner and have to do their night routine based on their ISP (personal hygiene, medication, preparing before bed) before bed. However, due to staffing shortages if one resident wanted to go to a park and another one didn't we would not be able to accommodate each of them. During Covid19 a typical is similar except they stay home from 9:00am to 3pm and do alternative services at home such as having Zumba, art class, movie time, etc. all over zoom. The number of outings has been reduced drastically because of the lack of staffing.</p>	
<p>Project Narrative Description: While filling out this section, reflect on how services are typically provided and how that might have changed in the past year. Think about what has been learned in the past year and how that might shape services going forward. Funding awarded through this concept can span the course of up to two years which would allow time to shape services to be more person-centered and align with the HCBS federal requirements.</p>	
<p>2. Please provide a brief summary narrative of the concept for which you are requesting funding, including justification for the funding.</p>	
<p>We are requesting the grant specifically for trying to hire an outside consultant or train a current staff to help support in hiring and PCT/PCP training for all our staff, and making sure we are in compliance with HCBS federal requirements. This person would help us attract and hire more experienced workers as we currently face a shortage in the</p>	

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amount of staff we have. In addition, they will help support us by giving training to all of our existing staff to help provide more person-centered service for our residence. With this shortage of staff, a lot of the times residents can't go out to do their what they want to do out in the community because there is either not enough staff to go or the staff working cannot operate the van at the facility to take them out. This creates a barrier to residents because they truly can't do what they want when they want to. The grant would allow Caremax as a whole to be more person centered and to be attract and hire more experienced workers. Thus, allowing our residents to be able to participate in activities in the community they want to do more frequently.

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.

1x 2__ 3x 4_x 5_x 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.

1. Due to lack of transportation options and an inadequate staffing, residents are sometime not able to go out individually as the outing are usually with the entire house. Caremax would like their residents to be able to go out individually and do what they prefer/interest them. 3. Some of the staff are able to communicate using alternatives methods, but we would like ALL staff to have additional training to be able to communicate with any residents based on their needs. 4. Caremax tries to offer as many daily activities at their home, day program and when out in the community based on the residents needs and preferences. However, more advancement is needed to allow residents to do what they want to do individually out in a community setting. This is because it is currently dependent on the availability of the staffing and transportation options for the residence at the time. 5. Due to a shortage of staff currently, the residents may not be able to have their preferred staff work with them every day.

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 by March 2023.

1. This concept will bring the federal requirement #1 into compliance by allowing residents more opportunities and options to receive services in the community based on their individual needs, abilities, and reference. 3. This concept will bring the federal requirement #3 into compliance by the addition of a trained staff member in PCT/PCP who would hire experienced staff and train our current staff to be more person-centered and be able to communicate with any resident using alternative methods based on their needs and preference. 4. This concept will bring the federal requirement #4 into compliance by giving us more staffing flexibility which will allow clients to be able participate in more activities out in the community that interest them and correspond with their individual IPP goals. 5. This concept will bring the federal requirement #5 into compliance by allowing us to get more staffing options

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available to residents. They will be able to have more options to choose from and have their preferred work staff with them allowing Caremax to be more person-centered.

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

The objective of this concept is to make Caremax more person-centered and find someone to support in PCT/PCP trainings as well as hiring's. This will lead to a more individualized based service for residents and to allow them to do what they prefer out in the community and in their free time. We hope the outcome of this concept will lead to more inclusion and involvement in the community for our residents. As well as longevity in person-centered services. Each outing or activity will be documented by house staff to insure this concept is on track and working for the residents.

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 are able to include input from our residents through quarterly and annual meetings with the residents and their stakeholders such as the family, social worker, house staff. In these meetings the stakeholders discuss and review the residents IPP as well as the progress made in in the IPP. In almost every meeting the family stated they want the resident to be doing more activities out in the community. From there a list of activities in community each resident likes to do was created such as going on a hike or spending time at a park/mall.

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

The concept will provide more person-centered services because the person trained or hired will be able to hire more staff and train them. With the additional staff our residents will be able to do community outings that interest them individually. It will also allow them to get a chance to be by themselves away from housemates as outing are usually done as a group. This would also likely decrease the chance of conflict and behaviors between housemates as they will be getting alone time from each other.

9. Please address your plan for maintaining the benefits, value, and success of your project at the conclusion of 2020-21 HCBS Funding.

With a Person centered hiring/training staff it will insure all future and current staff will have PCT/PCP training. The value past the conclusion on the 2020-2021 HCBS funding will extend much longer due to the fact everyone is trained in PCT/PCP. Currently the success of this project hinges on if we can hire more experienced and quality staff.

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.

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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). This information can be found at this link .	
Caremax would like to request a 1-year grant of \$100,000 to fund this concept. The majority of that total \$65,000 will be going to personnel salary for a person centered hiring/training Staff at 100% FTE. The remaining \$40,000 would be allocated to administrative and operating expenses such as the cost for hiring, training costs, and transportation vehicle expenses .	
11. Please address sustainability of funding sources for all programs or concepts requiring any funding past the timeframe of the requested funding, especially those that involve staff or other long-term costs. Please mark "not applicable" if costs will all be incurred during the program timeframe; up to two years.	
not applicable	
12. Have you or the organization you work with been a past recipient of DDS funding? If yes, what fiscal year(s)?	HCBS Funding <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. If Yes, FY(s) _____
	Disparity Funding <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. If Yes, FY(s) _____
	CPP Funding <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. If Yes, FY(s) _____
	CRDP Funding <input checked="" type="checkbox"/> No <input type="checkbox"/> 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, CPP or CRDP 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.	
not applicable	
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.	
not applicable	

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CONCEPT FORM

Attachment C

HCBS CONCEPT BUDGET						
Vendor Name	Caremax Inc.					
Vendor Number(s)						
	Wage and Benefits	Year 1 Budget		Year 2 Budget		Total
		FTE	Annual Cost	FTE	Annual Cost	Cost
Personnel (wage + benefits)						
Person Centered Hiring/training Staff	65000	1.00	\$ 65,000		\$ -	\$ 65,000
			\$ -		\$ -	\$ -
			\$ -		\$ -	\$ -
			\$ -		\$ -	\$ -
			\$ -		\$ -	\$ -
			\$ -		\$ -	\$ -
			\$ -		\$ -	\$ -
			\$ -		\$ -	\$ -
Personnel Subtotal			\$ 65,000		\$ -	\$ 65,000
Operating expenses						
Transportation vehicle expenses			\$ 5,000		\$ -	\$ 5,000
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
Operating Subtotal			\$ 5,000		\$ -	\$ 5,000
Administrative Expenses						
Training cost			\$ 25,000		\$ -	\$ 25,000
Hiring Cost			\$ 5,000		\$ -	\$ 5,000
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
Administrative Subtotal			\$ 30,000		\$ -	\$ 30,000
Capital expenses						
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
Capital Subtotal			\$ -		\$ -	\$ -
Total Concept Cost			\$ 100,000		\$ -	\$ 100,000

See Attachment F for budget details and restrictions