

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: 2/1/2021	Completed by: Beatrice A. Villegas
Vendor Name, Address, Contact: Beatrice A. Villegas, 3200 Covina St., Bakersfield, Ca. 93306	
Vendor Number: PK3124	
Service Type and Code: 113	

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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: Two individuals currently residing in the facility are nonverbal, non-ambulatory, and are severely developmentally challenged. These individuals are unable to express their desire to go out into the community but are taken out into the community as often as possible. However, due to these individuals being non-ambulatory, the staff has great difficulties in assisting the two individuals into the vehicle, therefore hindering the resident's ability to actively participate in community outings.</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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No Please explain: Resident's service coordinator and regional center team made arrangements for the resident to tour the prospective home prior to the resident becoming permanent. There is no documentation provided that the resident explored other options for residency.</p>	
<p><u>Federal Requirement #3:</u></p>	<p><u>Guidance:</u></p>

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<p><i>Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.</i></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</p> <p>Please explain: Posters are provided with information through images and writing which explain resident's rights. All staff and other residents are trained on house rules and expectations which include resident's right to privacy. For residents who are hearing impaired have devices which assist which communication as well as alarming the residents of any harm or danger via flashing light activation and other assistive technology. Resident right's regulations are reviewed annually and as needed with both staff and residents.</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please explain: Residents have the opportunity to participate in daily outings at their discretion. Residents have the choice to decline and spend their leisurely time at home with or without the company of other residents. Residents also have</p>	

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access to their money to spend while out in the community and to make any purchases they choose. Social skills, self-advocacy, and money management are worked on with the residents while out in the community.

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: Alternative staff are available upon the request from any resident. All residents have the right to discuss and request any changes to their services and needs plans at any time outside of their scheduled service review meeting.

Federal Requirement #6:

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.

Guidance:

- 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?

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

Please explain: All residents have an admission agreement through Kern Regional Center which is provided by their service coordinator at the time of placement.

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Residents have the right to communicate to both their service provider and service coordinator about their desire to request new a housing location.	
<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 Please explain: All bedrooms have locks on each door to provide residents with privacy. Each resident is given a private bedroom, however, if two residents decide that they so choose to share living spaces, each resident must have the cognitive ability to make the decision to share living quarters. The decision to share living spaces between two residents will also be discussed with the service coordinators of each resident, the residents themselves, and the care provider.</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 Please explain: Residents have access to food in the home as well as having the right to choose when they want to eat meals and/or snacks. Residents have the right to set their own daily schedules each day without consequence from anyone. Residents have full access to all areas of the home including kitchen, laundry facility, etc.</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?

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	<ul style="list-style-type: none"> • 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: Visitors are permitted at the facility during reasonable and appropriate visiting hours. With the exception of a resident on a court order, residents have the right to leave the facility with visitors on any day of the week.</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: With the exception resident’s private quarters, unless resident’s grant another permission to enter, residents have to the right to move about freely in their home. Grab bars, wheelchair access, and other supportive means are available throughout the home for residents who need extra assistance to move about.</p>	

CONTACT INFORMATION

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 Contact Phone Number: 661-301-0809

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Email Address:

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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	Valley Residential Services, Inc.
Vendor number(s)	PK3124
Primary regional center	Kern Regional Center
Service type(s)	Adult Residential Facility
Service code(s)	113
Number of consumers typically and currently served	4
Typical and current staff-to-consumer ratio	2:1
<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>On a regular day, residents wake up each morning and begin grooming and hygiene preparations. Then, residents go out into the common area and prepare for their morning meal and medications. Those who leave for day program wait for their transportation to arrive.</p> <p>Due to COVID-19 residents are currently at home 24/7, but have been provided with and participate in activities such as board games, outdoor sports, coloring activities, exercise, and listening music. The residents who are not considered non-ambulatory also go out into the community on a 1:1 basis to have the opportunity to socialize with others outside their place of residence and to make small purchases.</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 currently requesting funding because not all residents in the care facility have equal opportunity to go out into the community due to their physical disabilities. The non-ambulatory residents do not have the physical capabilities to get in and out of a vehicle without great assistance from staff, therefore putting both client and staff at risk for injury.</p>	
<p>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.</p> <p>1_X 2___ 3___ 4___ 5___ 6___ 7___ 8___ 9___ 10___</p>	
<p>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.</p>	

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<p>The current barrier is funding for a vehicle which suits individuals who are non-ambulatory and/or have physical disabilities. This concept is necessary because all consumers should have equal opportunities to go out into their community regardless of their physical capabilities.</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 by March 2023.</p>
<p>We will be in compliance by March 2023 by having the necessary resources needed to ensure all residents have equal opportunities to go out into the community at no risk to their physical well-being.</p>
<p>6. What are the proposed outcomes and objectives of the concept, and what are the methods of achieving and tracking them?</p>
<p>The outcomes and objectives are as follows: 1. Residents will have the ability to go out into the community with no risk or harm to their physical well-being because they will be provided with the appropriate transportation. 2. Tracking methods will be residence charting notes with details of community outing and a vehicle tracking device system (GPS).</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>Several house meetings have taken place to discuss the inability to transport all residents of the facility out into the community due to restrictions of a vehicle that doesn't serve non-ambulatory persons. The residents who are non-ambulatory show interest in wanting to be outside of the home but displays their disinterest in the effort it takes to get them into a regular vehicle when participating in community outings.</p>
<p>8. Please describe how the concept you propose will enable you to provide more person-centered services to your clients.</p>
<p>More person-centered services will be able to be provided once the facility has a vehicle which provides the appropriate accommodations and safety features for non-ambulatory persons. Outings will be able to be provided for the non-ambulatory residents on a regular basis and their individual needs will be able to be met by providing outings in which they prefer and enjoy with no risk to their physical well-being.</p>
<p>9. Please address your plan for maintaining the benefits, value, and success of your project at the conclusion of 2020-21 HCBS Funding.</p>
<p>Regular maintenance will be completed each month such as regular detailing/washing of vehicle inside and out. Regular vehicle maintenance such as oil changes, tire maintenance, and other appropriate vehicle repairs will be regularly scheduled.</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>

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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 .	
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.	
If a remaining balance is due on the vehicle, monthly installment payments will be made as well as maintaining the service contract for the vehicle.	
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 <u>X</u> Yes. If Yes, FY(s) _____ 2003 _____ CRDP 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, 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.	
CPP funding was provided as startup funds for the opening and operation of the residential facility.	
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.	
The current funding isn't redundant with the CPP funding received in 2003 because those funds were allocated for the start up of the residential facility. This included a down payment for the home, home furnishings, and food.	

HCBS CONCEPT BUDGET	52,000
Vendor Name	Valley Residential Services, Inc.
Vendor Number(s)	PK3142

	Year 1 Budget			Year 2 Budget		Total
	Wage and Benefits	FTE	Annual Cost	FTE	Annual Cost	Cost
Personnel (wage + benefits)						
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Personnel Subtotal			\$ -		\$ -	\$ -
Operating expenses						
Commercial Class B License Fee			\$ 83			\$ 83
Commercial Class B License Fee			\$ 83			\$ 83
Commercial Class B License Fee			\$ 83			\$ 83
Commercial Class B License Fee			\$ 83			\$ 83
Commercial Class B License Fee			\$ 83			\$ 83
15 Passanger Van			\$ 47,905			\$ 47,905
Vehicle Wheelchair Lift			\$ 4,200			\$ 4,200
						\$ -
						\$ -
						\$ -
Operating Subtotal			\$ 52,520		\$ -	\$ 52,520
Administrative Expenses						
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Administrative Subtotal			\$ -		\$ -	\$ -
Capital expenses						
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Capital Subtotal			\$ -		\$ -	\$ -
Total Concept Cost			\$ 52,520		\$ -	\$ 52,520

See Attachment F for budget details and restrictions