

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: 2/10/21	Completed by: Nicole Esselman & Russell Johnson
Vendor Name, Address, Contact: Victory Family Services, 4200 Truxtun Ave. Suite 202, Bakersfield CA 93309. Phone 661-912-0111	
Vendor Number: HK6210	
Service Type and Code: 920	

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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: Although we provide services in the community, transportation can at times be a limiting factor, especially if we have a client who is in a wheelchair or has sensory sensitivities that make using public transit difficult or prohibitive. It is our goal to have clients be able to participate in all activities to the extent they wish.</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:</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?

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	<ul style="list-style-type: none"> • Does the provider communicate, both verbally and in writing, in a manner that ensures privacy and confidentiality? • Do staff communicate with individuals based on their needs and preferences, including alternative methods of communication where needed (e.g., assistive technology, Braille, large font print, sign language, participants' language, etc.)?
<p>Does the service and/or program meet this requirement? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Please explain:</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 Please explain: We presently support all activities that interest our clients to the best of our ability. Although agency community activities are not done daily, when our agency hosts these activities, we want everyone to be able to participate.</p>	
<p><u>Federal Requirement #5:</u> <i>Facilitates individual choice regarding services and supports, and who provides them.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> • 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?
<p>Does the service and/or program meet this requirement? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	

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Please explain:

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:

Federal Requirement #7:

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.*

Guidance:

- 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?

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

Please explain: We hope to provide all THPP clients with individual rooms whenever possible, but due to the nature of our program, the youth may be required to have a roommate in their bedroom. This is at the discretion of the

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county caseworker and if the child or nonminor dependent is not eligible for Intensive Services.	
<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:</p>	
<p><u>Federal Requirement #9:</u> <i>Individuals are able to have visitors of their choosing at any time.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> • Are visitors welcome to visit the home at any time? • Can individuals go with visitors outside the home; such as for a meal or shopping, or for a longer visit outside the home, such as for holidays or weekends?
<p>Does the service and/or program meet this requirement? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Please explain: Because we are a foster family agency, there are at time restrictions on who may visit minors in care, as directed by family court. If a child has been removed from their parents, they may only be able to visit with them in compliance with an existing court order. Additionally, visitation has been limited due to Covid-19. Our agency facilitates visits and community outings whenever possible, but always complies with the restrictions in place by the Kern County Public Health Department.</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?

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	<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 Please explain: Our agency is prepared to install grab bars and make available first floor apartments for our clients, as needed.</p>	

CONTACT INFORMATION

Contact Name: Nicole Esselman
Contact Phone Number: 661-912-0111
Email Address: nicole@victoryfs.org

ACKNOWLEDGEMENT

By checking the box below, I acknowledge that completion of this evaluation is for the sole purpose of applying for compliance funding and does not take the place of future provider assessments that the Department may require to determine provider compliance with the HCBS settings rules.

I AGREE

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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.

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Vendor name	Victory Family Services
Vendor number(s)	HK6210
Primary regional center	Kern Regional Center
Service type(s)	Residential facility – Children – Staff Operated
Service code(s)	920
Number of consumers typically and currently served	Typically serve between 5-10, currently we have 7 clients.
Typical and current staff-to-consumer ratio	1-5
<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>Service is provided in the foster family homes, with limited outings in the community for 2020 due to COVID-19. We are in the final stages of approval for our Transitional Housing placement program for former foster youth, serving nonminor dependents up to the age of 21. Services are provided in the community as permitted, in compliance with current public health restrictions. This concept addresses increasing our service offerings once some restrictions are lifted.</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 a vendorized residential facility for children, however our license is pending for a THPP residential facility for nonminor dependents, as we will be offering transitional living services to former foster youth, up to the age of 21. Although we make every effort to locate individuals close to public transit routes, there are those who will be unable to access them effectively. Our person-centered philosophy service plans prioritize the goals of our clients, but if they are unable to access locations due to transportation limitations, they may not be able to reach their goals of fully participating in community activities. For the minors in foster care, receiving this funding would allow the resource parent caregivers to accept foster placements that they may otherwise not be able to if out-of-town activities and/or medical appointments would make transportation impossible.</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_x 5___ 6___ 7___ 8___ 9_x 10___</p>	
<p> </p>	

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<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>
<p>Regional center clients who are unable to take public transportation due to their limitations must be transported by agency staff. Presently our agency does not have a vehicle for this purpose, and the personal vehicles that we use are not wheelchair accessible. We would also like to be able to provide transportation to and from activities for those who may not want to use public transportation due to sensory sensitivities.</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>Having a vehicle that would allow us to transport of our clients regardless of their individual limitations would greatly enhance our service offering. It would allow for us to transport them to continuing education, special day programs, and/or places of employment, as applicable.</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>If Victory Family Services receives this grant, we will provide quarterly reports showing the number of times used by Kern Regional Center clients, along with client satisfaction surveys to be completed quarterly measuring service satisfaction, and if the client believes that their wants and needs are effectively served through this transportation.</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>This concept is a result of our consideration of our KRC clients who are children, and of the nonminor dependents that we will be serving as part of the AB-12 extended foster care program. If our agency outings (which will resume once the public health department loosens restrictions) are to be attended by KRC clients, there are foreseeable issues with transportation. For example, towards the end of 2019 we took all our clients on a trip to Knotts Berry Farm, and we wouldn't have been able to take the child who is now a client and in a wheelchair. Because this is a new placement with our agency, it was not an issue at the time. We had a limited budget for this trip and overspent as it was, transporting kids in rented vans. The vans would not have been able to accommodate a wheelchair bound client.</p>
<p>8. Please describe how the concept you propose will enable you to provide more person-centered services to your clients.</p>
<p>If a client of Victory Family Services decides that they would like to attend a conference, classes, day programs, and/or job interviews/employment, they will have the option of doing so without concern about the logistics.</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>

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<p>As this would be a vehicle purchase, it would still be available for our use going forward. Our agency is prepared to pay for the gas, insurance, and associated maintenance. Our audited financials will be available for review.</p>	
<p>10. Write a brief narrative below explaining each major cost category and timeline. Complete the budget template at the end of the concept sheet. An excel version with formulas is available. When applicable, budgets should include personnel/benefits, operating costs such as consultants or training, administrative expenses/indirect costs, and capital costs (assets lasting more than 2 years). If project spans 2 years or occurs in phases, budget should be separated by phase/year.</p> <p>Administrative costs, if any, must comply with DDS' vendor requirements, including a cap of 15% of the sum of personnel/benefits, consulting, and operating costs (must exclude capital costs). This information can be found at this link.</p>	
<p>Although a vehicle has not been selected, as this is a one-time purchase, we can expect the price to be around \$50,000 plus tax, license, and registration, for a total of \$55,000. Currently under consideration are late model used vehicles (2019 and later) and the selected vehicle must still pass an inspection by a qualified mechanic. Victory Family Services will assume costs for the gas, maintenance, and insurance out of our own budget, so there will not be any new expenses that will prohibit the benefit from being realized by this vehicle on an ongoing and extended basis. Our audited financials will be available for review to Kern Regional Center if we are to be considered for a grant.</p>	
<p>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.</p>	
<p>Not applicable</p>	
<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 ___ No <u>x</u> Yes. If Yes, FY(s) <u>2019</u> Disparity Funding ___ No ___ Yes. (unsure) If Yes, FY(s) _____ CPP Funding ___ No ___ Yes. (unsure) If Yes, FY(s) _____ CRDP Funding ___ No ___ Yes. (unsure) If Yes, FY(s) _____</p> <p>If yes to any question be sure to answer questions 13 and 14.</p>
<p>For providers who have received prior HCBS, Disparity, CPP or CRDP Funding from DDS</p>	
<p>13. If your organization has received prior funding from any of the above sources, please provide an update on the prior funding project. You may copy and paste from progress update(s) previously provided to regional centers or DDS.</p>	
<p>A copy of the most recent status report has been submitted along with this document.</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.</p>	

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The current funding request is for a vehicle, which we have not requested before. It will further our ability to provide home and community-based services.

From our website:

The Home and Community-Based Services program allows our team to design behavioral plans based on observations and assessments of each child's needs and priorities conducted in the real-life context of family, culture, and community. Resource families receive the necessary support such as training on various topics including first aid, trauma-informed care, childhood experiences, protective factors, early childhood and brain development, and other standards of care training. In conjunction with resource families our behavioral team will support children in decreasing challenging behaviors and improving positive ones. An experienced behavior analyst and support counselor are assigned to provide behavioral health interventions and supports that meet every individual child's need directly in his/her home and home community. The planning and provision of home and community-based services require a specific, individualized process that focuses on the strengths and needs of the child and the importance of the family in supporting the child. More importantly, we intently develop all our service plans with promoting independence, autonomy, and self-sufficiency to the greatest extent possible while we simultaneously provide support and safe supervision. We hope you'll talk with us about the exciting opportunities to work with our special needs children who need that special family that can love and support them in their quest for a happy and productive life.

HCBS CONCEPT BUDGET						
Vendor Name		Victory Family Services				
Vendor Number(s)		HK6210				
	Wage and Benefits	Year 1 Budget		Year 2 Budget		Total
		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						
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Operating Subtotal			\$ -		\$ -	\$ -
Administrative Expenses						
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Administrative Subtotal			\$ -		\$ -	\$ -
Capital expenses						
Lat model wheelchair accessible van			\$ 55,000		\$ -	\$ 55,000
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Capital Subtotal			\$ 55,000		\$ -	\$ 55,000
Total Concept Cost			\$ 55,000		\$ -	\$ 55,000

See Attachment F for budget details and restrictions