

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: 02/06/2021	Completed by: Cliff Ologbosele
Vendor Name, Address, Contact: Lifespring, LLC 1544 B Street, Suite # 1, Hayward, 94541	
Vendor Number: PB1889	
Service Type and Code: Community Day Program and 055	

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<p><u>Federal Requirement #1:</u> <i>The setting is integrated in, and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> • Do individuals receive services in the community based on their needs, preferences and abilities? • Does the individual participate in outings and activities in the community as part of his or her plan for services? • If an individual wants to seek paid employment, does the home staff refer the individual to the appropriate community agency/resource? • Do individuals have the option to control their personal resources, as appropriate?
<p>Does the service and/or program meet this requirement? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Please explain: Lifespring Day Program, as a community-based program, has met this requirement.</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: Lifespring Day Program, as a community-based program, has met this requirement.</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: Lifespring Day Program, as a community-based program, has met this requirement.</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: The program partially meets this requirement because of the lack of reliable vans to transport consumers to distant places of their preference or interest.</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?

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

Please explain: Lifespring Day Program, as a community-based program, has met this requirement.

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:

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

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CONTACT INFORMATION

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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.

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Vendor name	Lifespring, LLC
Vendor number(s)	PB1889
Primary regional center	RCEB
Service type(s)	Community Day Program
Service code(s)	055
Number of consumers typically and currently served	Typically, about 10 consumers Currently, 8 consumers
Typical and current staff-to-consumer ratio	Staff-to-consumer ratio: 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>On a typical day during regular programming, consumers are transported into the community to participate in activities of their collective choices. Pre-COVID-19, consumers spent their days conducting activities in parks, movie theatres, bowling alleys, malls, civic centers, stores, libraries, and other points of interest that address individual consumer needs. Consumers were involved in community integration and socialization daily. However, due to transportation limitations, consumer activities in distant cities could not take place because of the condition of the vans. Currently, services are being provided through Zoom. Services through Zoom will continue for the duration of the Covid-19 shelter in place local ordinance.</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>Lifespring Day Program is requesting funding to purchase two new vehicles. The program needs newer vans that will comfortably and reliably transport consumers into various communities, ensuring participation in daily scheduled activities of their preference and interest corresponding with their IPP goals.</p> <p>Currently, the program owns and uses two older vans (Model Year: 1998 and 2001) to transport consumers around the community for daily activities and to address their needs. With the program being a community-based program, the request for funding to purchase two newer vans will help to provide a more enhanced and enriched experience for consumers by allowing them to travel to new cities and take part in new activities.</p>	

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3. Identify which HCBS federal requirements this concept addresses that are currently out of compliance. Could be all or a subset of those identified as out of compliance on the evaluation.
1__ 2__ 3__ 4_X 5__ 6__ 7__ 8__ 9__ 10__
4. For each HCBS out-of-compliance federal requirement that is being addressed by this concept, describe the barriers to compliance and why this concept is necessary. If this information is in the evaluation section, please copy it here.
Lifespring Day Program provides consumer support in alignment with consumer interest, needs, preferences, and IPP goals. However, support is restrained by the current condition of transportation. All program activities are limited to a near distance from the office as a preventative measure to ensure that consumers are safe and mechanical issues are avoided. The program is requesting funds to purchase newer vans to help with making the daily transportation of consumers easier and more reliable.
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.
With the usage of newer vans, the program will be able to engage consumers in activities that were previously inaccessible due to distance. For example, the San Francisco Exploratorium, Fisherman's Wharf in San Francisco, the Monterey Bay Aquarium, Santa Cruz Beach Boardwalk, etc. Reliable transportation will allow Lifespring Day Program to support consumers in participating in activities that interest them and align with IPP goals, no matter the distance and transportation demands. By providing a full range of activities that fully fulfill consumer interest, needs, preferences, and IPP goals Lifespring Day Program will be in compliance by March 2023.
6. What are the proposed outcomes and objectives of the concept, and what are the methods of achieving and tracking them?
The proposed objective is to provide safe and reliable transportation for all consumers to participate in activities in communities throughout the East Bay region, regardless of distance and transportation demands. This objective will be tracked in the program's daily activity log, showing a variety of activities taking place in cities further than the current cities that consumers visit.
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.
In February 2020, prior to Covid-19 and the shelter in place order, consumers were asked during group discussions about getting new vans. There was a unanimous agreement that the program needs new vans to comfortably transport consumers around during daily programming hours.
8. Please describe how the concept you propose will enable you to provide more person-centered services to your clients.

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Currently, new vans will be utilized during the shelter in place order to deliver program activity supplies to consumers in their respective homes.

Without a doubt, new vans will allow consumers to travel more comfortably throughout the day and allow for more time to socialize with one another while in the vans. Also, more reliable transportation will allow Lifespring Day Program to provide daily opportunities for consumers to engage and interact amongst themselves in new cities like San Francisco, Santa Cruz, and beyond once the Covid-19 shelter in place order has been lifted.

Additionally, staff will participate yearly in the 18-hour person-centered thinking training provided by RCEB.

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

After the funding cycle, overall improvements to the program will be maintained through consistent safe and reliable integration of consumers into new communities. The program intends to continue using the vans to transport the consumers during programming hours.

10. Write a brief narrative below explaining each major cost category and timeline. Complete the budget template at the end of the concept sheet. An excel version with formulas is available. When applicable, budgets should include personnel/benefits, operating costs such as consultants or training, administrative expenses/indirect costs, and capital costs (assets lasting more than 2 years). If project spans 2 years or occurs in phases, budget should be separated by phase/year.

Administrative costs, if any, must comply with DDS' vendor requirements, including a cap of 15% of the sum of personnel/benefits, consulting, and operating costs (must exclude capital costs). This information can be found at this [link](#).

During year 1, the cost for the project is estimated as follows:

Cost of vehicle: ≈\$38,000 per vehicle

DMV Fees (Registration Fee, CHP fee, Vehicle license fee, Transportation improvement fee, County/district fee): ≈\$480 per vehicle

Vehicle Taxes: ≈\$3,620 per vehicle

Total Cost Per Vehicle: ≈\$41,200

Total Cost for 2 vehicles ≈\$84,200

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

HCBS Funding No Yes.
If Yes, FY(s) _____

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	<p>Disparity Funding <input type="checkbox"/> No <input type="checkbox"/> Yes. If Yes, FY(s) _____ CPP Funding <input type="checkbox"/> No <input type="checkbox"/> Yes. If Yes, FY(s) _____ CRDP Funding <input type="checkbox"/> No <input type="checkbox"/> Yes. 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>No</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>	
<p>No</p>	

HCBS CONCEPT BUDGET	
Vendor Name	Lifespring Community Day Program
Vendor Number(s)	PB1889

	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						
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Operating Subtotal			\$ -		\$ -	\$ -
Administrative Expenses/ Indirect Costs						
Staff Person Centered Thinking Training			\$ 400		\$ 400	\$ 800
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
Administrative Subtotal			\$ 400		\$ 400	\$ 800
Capital expenses						
Transportation Vehicle 1			\$ 42,100			\$ 42,100
Transportation Vehicle 2			\$ 42,100			\$ 42,100
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Capital Subtotal			\$ 84,200		\$ -	\$ 84,200
Total Concept Cost			\$ 84,600		\$ 400	\$ 85,000

See Attachment F for budget details and restrictions