

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: 2/2/2021	Completed by: Jino Gamez
Vendor Name, Address, Contact: Mission Hope Residential Care Facility 156 Gloria Street, Hayward, CA, 94544	
Vendor Number: HB0366	
Service Type and Code: 113	

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

<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: Mission Hope Residential Care support opportunities for community living and provides access for activities in the community which is essential for the well-being of the individuals we serve. Recently, one of the residents has lost his ability to walk and has become dependent on a wheelchair for mobility. Operating with only a regular van, it has become difficult for him to access community resources because a regular van does not offer the same accessibility that that a wheelchair van can provide.</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: Most recent IPP plans are kept in individual binders. Description of individual's current situation, living preferences and other information and preferences are specified in the IPP.</p>	
<p><u>Federal Requirement #3:</u></p>	<p><u>Guidance:</u></p>

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

<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 Please explain: Individual's rights to privacy and dignity are respected in all situations. HIPAA privacy rules are implemented to protect individual's personal information. Personal rights of individuals are explained and handed out to individuals during in-take and annually during the IPP meeting to assure that individuals and all concerned parties are informed of their rights. Rights of Individuals with Developmental Disabilities are also posted in prominent areas in the facility as required, to make it visible to all the 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No Please explain: Activities are person-centered and based on individual's choices and preferences, natural supports and community connections are encouraged but there is a need for an accessible wheelchair van to make community engagement</p>	

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

more accessible for the residents. There is also a need to train staff with the Person-centered practices to ensure that staff are aware of the concepts and that it is being followed and implemented when providing support.

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: The individuals are able to choose between services and supports, when it will happen and who will provide for them.

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: Each residents and/or their authorized representatives will be provided of the following upon admission and at least annually thereafter: lease, residency agreement, information about how to relocate and request for new housing, admission agreement. Current admission agreement will include eviction procedures, protections, and appeals process and are kept in the individual's file.

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

<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 residents have their own private rooms, bedrooms are equipped with locking door knobs and only accessible to the resident and appropriate staff. Individuals have the freedom to furnish and decorate their rooms based on their preference and with their personal items.</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: We recognize that clients living in Mission Hope ARF have the same freedoms as everyone. We will teach and support residents in setting their own schedules and activities. On an individual basis, and during group meetings, we will give concrete examples of how this can be done, such as deciding when to take a shower, go to bed, eat their meals, where and how to access public transportation, and the types of places and events they can take part of the community. In addition, consumers will be told that the food in the house is for them. While encouraging proper nutrition and good eating habits, we will not deny, lock-up or otherwise control access to the facility supply of foods and drinks.</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

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

	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: Mission Hope ARF has an open door policy. Family and members of the community are encouraged to visit residents and participate in the home and community activities as long as it does not violate the rights of other residents. Mission Hope also supports any residents' desire not to have any family involvement.</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 checked="" type="checkbox"/> No Please explain: The facility is physically accessible to all that live here. We do not restrict access to non-private areas inside or outside, or to the common use furnishings and appliances. Although transportation is provided the van that we use is not accessible to individuals who uses a wheelchair.</p>	

CONTACT INFORMATION

Contact Name: Jino Gamez

Contact Phone Number: 925-997-8701

Email Address: gamezjino@gmail.com

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

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

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

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/>.

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

Vendor name	Mission Hope Residential Care Facility
Vendor number(s)	HB0366
Primary regional center	RCEB
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	1:2
<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>Mission Hope ARF provides care and supervision 24-hours a day, 7-days a week as necessary to meet consumer needs, including: assistance in dressing, grooming, bathing and other personal hygiene; assistance with taking medication; central storing and/or distribution of medications; arrangement of and assistance with medical and dental care; maintenance of house rules for the protection of consumers; supervision of consumer schedules and activities; maintenance and/or supervision of consumer cash resources or property; monitoring food intake or special diets; providing basic services, including those services required by applicable law and regulation to be provided by the licensee in order to obtain and maintain a community care facility license.</p> <p>Barriers to compliance with HCBS rules #1, #4 and #10</p> <ul style="list-style-type: none"> • The need for wheelchair accessible transportation to support independence, choices, and to help individuals who uses wheelchair for mobility gain full access to the community. • The need for Person-Centered training for staff. To help them learn how to implement the person-centered approach of supporting the individuals in their care. 	
<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 seeking for funding to purchase one (1), wheelchair accessible van to support the residents who utilizes wheelchair for mobility. Transporting residents to places of interest</p>	

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

<p>for shopping, grocery, leisure activity, doctor's appointments, job interviews, and other individual choices and preferred activities.</p> <p>Additional staff training on Person-Centered thinking/planning will also need to be provided to ensure that staff is equipped with the skills and knowledge about the importance of distinguishing between what is important to an individual and what is important for that individual, help determine what an individual wants her or his life to look like, as well as to identify the kinds of supports necessary to help the person get there.</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___ 10_X_</p>
<p>#1, #4, #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>
<p>Recently, one of the residents has lost his ability to walk and has become dependent on a wheelchair for mobility. Operating with only a regular van, it has become difficult for him to access community resources because a regular van does not offer the same accessibility that that a wheelchair van can provide.</p> <p>Additional Training provided to staff will ensure that staff is equipped with the necessary skills and knowledge on person-centered practices.</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>The wheelchair van will enable full accessibility to the residents that will help them experiencing the full benefits of community living.</p> <p>The PCT training will give staff the tools they need to incorporate person-centered thinking and planning into their work supporting the individuals in their care.</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>One van will be purchased and all staff will complete the training prior to the conclusion of 2020-21 HCBS Funding. Quarterly progress reporting will be submitted that will include the milestones and summary of what progress have been made.</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>The concept is based on person-centered approach</p>
<p>8. Please describe how the concept you propose will enable you to provide more person-centered services to your clients.</p>
<p>We are seeking for funding to purchase one (1), wheelchair accessible van to support the residents who utilizes wheelchair for mobility. Transporting residents to places of interest</p>

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

<p>for shopping, grocery, leisure activity, doctor's appointments, job interviews, and other individual choices and preferred activities.</p> <p>Additional staff training on Person-Centered thinking/planning will also need to be provided to ensure that staff is equipped with the skills and knowledge about the importance of distinguishing between what is important to an individual and what is important for that individual, help determine what an individual wants her or his life to look like, as well as to identify the kinds of supports necessary to help the person get there.</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>The vans will be regularly maintained. Drivers will perform a daily vehicle pre-trip inspection before every trip to make sure that it is safe and always ready to be utilized by the individuals in the community. Training guidelines on principles on person-centered thinking will be written to ensure future staff will acquire the skills and knowledge with consistency.</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>One (1) wheelchair accessible van 2019 Ford T150 Cargo Van MR 148" WB (STQ-20433) priced at \$52,490. QRT MAX Slide 'N Click Retractor Kit with Retractable Belts and Floor Pockets \$684.14 Person Centered Planning for Individuals with Developmental Disabilities \$30/per person for (10) staff \$300 Additional staff training cost for 3.25 hrs. \$15/per hour for seven (7) staff (\$15 x 7 = \$105 x 3.25hours = \$341.25); \$15.5/hour for one (1) staff (\$15.5 x 3.25hours = \$50.38); \$20/hour for one (1) lead staff (\$20 x 3.25hours = \$65); \$30/hour for one (1) administrator (\$30 x 3.25hours = \$97.5). Total= \$554.13</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 <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 type="checkbox"/> No <input checked="" type="checkbox"/> Yes. If Yes, FY(s) <u>2001</u> CRDP Funding <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes.</p>

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

	<p>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>CPP funding received in 2001 has been completed.</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>The funding was utilized for building modification and not towards transportation and staff training.</p>	

HCBS CONCEPT BUDGET	
Vendor Name	Hope Residential Care Facility
Vendor Number(s)	HB0366

	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						
Staff training						\$ 554
Online PCT Training cost						\$ 300
air van sales tax and registration fees						\$ 7,874
						\$ -
						\$ -
						\$ -
						\$ -
Administrative Subtotal			\$ -		\$ -	\$ 8,728
Capital expenses						
Wheel chair van						\$ 52,490
Wheelchair Qstraint strap kit						\$ 684
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Capital Subtotal			\$ -		\$ -	\$ 53,174
Total Concept Cost			\$ -		\$ -	\$ 61,902

See Attachment F for budget details and restrictions