

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: February 4, 2021	Completed by: Consuelo Banaga
Vendor Name, Address, Contact: Tri City Residential Care Home , 4653 Serra Ave., Fremont, CA 94538 – Contact: Consuelo Banaga (510) 432 2995	
Vendor Number: H38305	
Service Type and Code: Adult Residential Facility Level 3 Code 915	

**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</p> <p>Please explain: Tri City Residential Care Home has always supported community integration and appreciate a more focused approach to seek more opportunities to stretch this effort. We look forward to engage our consumers in community life through updated person-centered plans and activities. The home uses a regular passenger van that cannot accommodate individuals in wheelchairs. Also, individuals with limited mobility have difficulties getting in and out of the van. To meet the <u>Federal Requirement #1</u>, the home would like to purchase wheelchair-accessible van, allowing all consumers to meet their community activities. We need transportation to and from community-based events, outings, and trips. We need van with lifter to accommodate all our clients.</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</p> <p>Please explain: Tri City Residential Care Home has a current Regional Center IPP for each individual. The Annual Reviews and IPPs are reviewed and revised annually. The first objective in the IPP specifically addresses the individual's preferences in residential setting. This process created a person-centered service planning which identifies the needed services and supports for all the consumers.</p>	

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

<p>Federal Requirement #3: <i>Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.</i></p>	<p>Guidance:</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: Tri City Residential Care Home inform individuals, in a manner they can understand their rights to privacy, dignity, respect, and freedom from coercion and restraint. The home communicates with the consumers and their relatives in a confidential manner both verbally and in writing regarding their medical appointments, any issues or concerns. Staff communicate with individuals based on their needs and preferences including alternative methods of communication eg. sign language, which we use in one of our consumers. Consumers communicate their desires to attend community events such as church, fairs, and others; as well as shopping, grooming, going out for lunch, and walk at the park.</p>	
<p>Federal Requirement #4: <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>Guidance:</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>	

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

Please explain: Tri City Residential Care Home provides activities for the consumers which are based on the individuals' needs and preferences. The home supports the consumers to interact with individuals they choose to interact with both at home and 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: Tri City Residential Care Home have a minimum of 2 staff on at a time. Staff are on a set of schedule and residents know who will be working and taking care of them. Consumers have demonstrated their comfort with voicing their concerns at any time to staff who then notify the administration or consumers talk directly to the administrator for any concern or suggestions.

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

Only providers of services in **provider-owned or controlled residential settings** need to complete the remainder of this evaluation. In **provider-owned or controlled residential settings**, in addition to the above requirements, the following requirements must also be met:

<p><u>Federal Requirement #6:</u> <i>The unit or dwelling is a specific physical place that can be owned, rented or occupied under a legally enforceable agreement by the individual receiving services, and the individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city or other designated entity. For settings in which landlord/tenant laws do not apply, the State must ensure that a lease, residency agreement or other form of written agreement will be in place for each participant and that the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord/tenant law.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> • As applicable, does each individual have a lease, residency agreement, admission agreement, or other form of written residency agreement? • Are individuals informed about how to relocate and request new housing?
<p>Does the service and/or program meet this requirement? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Please explain: All consumers at Tri City Residential Care Home have admission agreement. They are all informed about how to relocate and request new housing.</p>	
<p><u>Federal Requirement #7:</u> <i>Each individual has privacy in his/her sleeping or living unit: Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors as needed. Individuals sharing units have a choice of roommates in that setting. Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> • Do individuals have a choice regarding roommates or private accommodations? • Do individuals have the option of furnishing and decorating their sleeping or living units with their own personal items, in a manner that is based on their preferences? • Do individuals have the ability to lock their bedroom doors when they choose?
<p>Does the service and/or program meet this requirement? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Please explain: The consumers of Tri City Residential Care Home are given a choice regarding roommates. If during residency, the individual wishes to choose a different roommate or bedroom, this is addressed by the individual, family, conservator, and the</p>	

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

administrator. Individuals have option of furnishing and decorating his/her room with their own personal items based on their preferences. The consumer's room provides privacy they desire.

Federal Requirement #8:

Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.

Guidance:

- 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?

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

Please explain: Tri City Residential Care Home supports the consumers in activities they participate in by providing them with a list of activities and giving them opportunities to choose activities they are interested in. Consumers are allowed to set their own daily schedules. Consumers have full access to typical facilities in the home such as kitchen, dining area, laundry, and comfortable seating in shared areas. Some of our consumers help in household chores and participate in meal planning.

Federal Requirement #9:

Individuals are able to have visitors of their choosing at any time.

Guidance:

- 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?

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

Please explain: Tri City Residential Care Home welcomes visitors to the home at any time. Consumers have the choice to have visitors of their preference. The home welcomes relatives and friends to visit at any time as mentioned in the home's House Rules. Consumers are able to go out with their visitors for shopping, spend weekends, or longer visits with their families and friends. The consumer has the right to refuse to see a visitor as well.

Federal Requirement #10:

The setting is physically accessible to the individual.

Guidance:

- Do individuals have the freedom to move about inside and outside the home or are they primarily restricted to one room or area?

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

	<ul style="list-style-type: none"> • 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</p> <p>Please explain: The consumers of Tri City Residential Care Home have shared rooms and have the freedom to move inside and outside the home. The facility is well-equipped with grab bars, seats in bathrooms and ramps for wheelchairs. Furnitures in bedrooms and common areas are available for comfort and rest.</p> <p>Consumers enjoys staying at our dining room to socialize with their friends after coming home from their day program and also do other group recreational activities such as arts and crafts, Bingo etc. . Due to limited space in the dining room, a Covered Patio will be ideal for the consumers for more room and enjoy their privacy and socialization.</p>	

CONTACT INFORMATION

Contact Name: Consuelo Banaga

Contact Phone Number: 510-432 2995

Email Address: consuelobanaga@gmail.com

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**

	Tri City Residential Care Home
Vendor number(s)	H38305
Primary regional center	Regional Center of the East Bay
Service type(s)	Adult Residential Facility L3
Service code(s)	915
Number of consumers typically and currently served	6 consumers Ratio: 1:3
Typical and current staff-to-consumer ratio	6 consumers : 2 staff
<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>Tri City Residential Care Home is a Level 3 Adult Residential Care Facility with six consumers; 80% of the consumers have been a resident there for two decades. The home provides its consumers the opportunity to make informed choices wherein they have full access and enjoy the full benefits in the most integrated setting. A typical day consists of assisting consumers in activities of daily living. Staff ensures that consumers are able to perform self-skills as independently as possible, assist with meals, and intake of medication. We are able to give support, understanding, and appreciation to each of our consumers so that they will become a productive part of the community and society. Five consumers go to day program five days a week. They enjoy recreational activities indoor and outdoor provided by the home. They do their arts and crafts activities like coloring books, puzzles, photo album making in the dining area as well as socializing with their friends.</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>The following are the Federal Requirements we wish to receive funding in order to completely comply with HCBS requirements: <u>Federal Requirement #1:</u> Consumers participate in outings and activities in the community. Tri City Residential Care Home provides consumers services in the community based on their needs, preferences, and abilities. The home provides transportation to consumers using a regular van but cannot accommodate all consumers and staff. <u>Federal Requirement #4:</u> Tri City Residential Care Home structures its support so that individuals are able to interact with individuals</p>	

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

they choose to interact with both at home and in the community and also participate in activities that interest them. Lack of appropriate transportation eg. van with lifter limits the consumers' choices and resources for their activities based on their abilities, needs and preferences. Federal Requirement #10: The setting at Tri City Residential Care Home does not provide adequate space for the consumers to enjoy their socialization after day/work program. Consumers use the dining table for their arts and crafts activities. We would like to improve our existing patio to be covered for consumers to enjoy spacious outdoor socialization and recreational activities.

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_X_ 2__ 3__ 4__ 5__ 6__ 7__ 8__ 9__ 10_X__

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.

Federal Requirement #1 – All consumers participate in community outings and activities but the transportation provided by the home, is a regular van, cannot accommodate all the consumers and staff and difficult for consumers with mobility problem.

Federal Requirement #10 – Physically accessible setting. Tri City Residential Care Home does not provide adequate and comfortable space for consumers to conduct recreational activities and socialization with friends.

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.

Federal Requirement #1 – Some of our clients need assistance travelling to and from their appointments and community outings and activities. Wheelchair accessible van with lift will allow our clients to travel with greater ease and independence and comfort.

Federal Requirement #10 – Providing Cover to our existing Patio intended for recreational activities and socialization will enable consumers to move about inside and outside of the home. They will not be restricted in the dining area in doing their recreational activities.

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

Tri City Residential Care Home can continue to provide quality assistance to its consumers and completely comply with HCBS requirements. Consumers always look forward to weekly community outings as they consider this activity as a day of recreation and leisure which can make a significant difference in their behavior. Wheelchair accessible van with lift will encourage community integration. Providing Cover to our existing patio will provide the consumers more space and mobility within and outside the house as well as more control and flexibility of their own schedules. Methods of tracking outcomes and objectives include person-centered plan for each consumer, evaluation of each plan to determine level of progress, and log for community outings.

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

<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>We have developed initial person-centered profile for each of our consumers. Monthly meetings are held with each consumer to review the goals set in their IPP and discuss their progress. Family members and their support teams are encouraged to attend the meetings to gain a deeper understanding of the consumer.</p>
<p>8. Please describe how the concept you propose will enable you to provide more person-centered services to your clients.</p>
<p>All concepts requested aim to support the consumers to grow and prosper physically and mentally with support in a person's centered approach. Obtaining a van with lifter to accommodate consumer to community activities will enable them to access community resources more often for a better quality of life. Providing Cover to our existing Patio will make the consumers able to move about inside and outside the home in a safe environment and recreational activities will be fun and less restrictive; as well as enjoy more privacy with their friends outdoor..</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>Tri City Residential Care Home will take great care to preserve the functionality for years to come eg. annual van maintenance and keep a regular outing and outdoor activity schedule to take advantage of the planned benefits. Patio Coverage will require regular maintenance and repair which can be absorbed through normal operating expenses.</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>Customized Van w/ Wheelchair Lift \$50,000 Patio Enclosure - \$ 8,000 Timeline – Jan 2022 – Project Start December 2022 – Project End Date/HCBS compliance Total Amount Requested = \$58,000</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>N/A</p>

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

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

HCBS CONCEPT BUDGET						
Vendor Name		Tri City Residential Care Home				
Vendor Number(s)		H38305				
	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						
Transportation Van with Lifter			\$ 50,000			\$ 50,000
						\$ -
Covered Patio Enclosure			\$ 8,000			\$ 8,000
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Capital Subtotal			\$ 58,000		\$ -	\$ 58,000
Total Concept Cost			\$ 58,000		\$ -	\$ 58,000

See Attachment F for budget details and restrictions