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 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 <u>https://www.dds.ca.gov/initiatives/cms-hcbs-regulations/</u>.

Date(s) of Evaluation: February 3, 2021		Completed by: Raya Tablang		
Vendor Name:Gilbert Care Homes, Inc. Addresses:HM04811)1430 S. MARKEV ST. ANAHEIM CA 92804HM04822)2151 W. HIAWATHA AVE. ANAHEIM CA 92804HM04833)10412 GILBERT ST. ANAHEIM CA 92804HM04844)1935 W. VICTORIA AVE. ANAHEIM CA 92804HM06945)322 N. MILAN PLACE ANAHEIM CA 92801HM08816)1512 W. LULLABY LANE ANAHEIM CA 92802				
Contact: NOEL	Contact: NOEL VILLEGAS (714) 357-5617			
Vendor Numbers: HM0481, HM0482, HM0483, HM0484, HM0694, HM0881				
Service Type and Code: Adult Residential Facilities, 915				

Questions may be directed to <u>HCBSregs@dds.ca.gov</u>.

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

Federal Requirement #1:

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.

<u>Guidance:</u>

- 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?

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

Persons Served in our homes are not able to receive full access to activities and integrate in the community they individually enjoy. Transportation and staffing to assist them to go these preferred places have always been a challenge because each individual has varying interests. Our homes offer daily activities that are based on the individual's needs and preferences. We support our persons served to be able to interact and participate, both at home and in community settings. Many of the people we serve have significant limits in ambulation; Out of the 36 residents we serve, we have a total of 14 non-ambulatory residents / beds (about 39%). Funding for additional Modes of transportation with wheelchair accessibility will definitely enhance community access, integration and expand inclusion opportunities within the community safely.

Federal Requirement #2:

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.

Guidance:

- 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?

Does the service and/or program meet this requirement? X Yes \Box **No** All our residents have current Regional Center IPP on their respective file which includes documentation of the setting options based on the resident's needs, preferences and residential settings.

Federal Requirement #3: Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.	 <u>Guidance:</u> 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.)? 			
	sidents and staff, both verbally and in writing, in tiality and that understands dignity, respect and			
Federal Requirement #4: 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.	 <u>Guidance:</u> 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? 			
	_			

Does the service and/or program meet this requirement? \Box Yes $\,$ X No

Persons Served in our homes are not able to receive full access to activities and integrate in the community they individually enjoy. Transportation and staffing to assist them to go these preferred places have always been a challenge because each individual has varying interests. Our homes offer daily activities that are based on the individual's needs and preferences. We support our persons served to be able to interact and participate, both at home and in community settings. Many of the people we serve have significant limits in ambulation; Out of the 36 residents we serve, we have a total of 14 nonambulatory residents / beds (about 39%). Funding for additional Modes of transportation with wheelchair accessibility will definitely enhance community access, integration and expand inclusion opportunities within the community safely.

Federal Requirement #5: Guidance: Facilitates individual choice regarding • Does the provider support individuals in services and supports, and who choosing which staff provide their care provides them. 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? \Box Yes X No Persons Served are offered choices to set their own schedules. However, they have different needs, choices and preferences. Our individuals also have limited access to transport each and everyone of them on their preferred schedule due

send staff to various staff training is a big barrier in providing Person Centered & meaningful services to individuals we serve.

to limited transportation resources for non-ambulatory clients. Limited funds to

Concept – Page 3 Attachment C

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:

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?
--	---

	on and request of new housing.			
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 Our residents have their choice of roommates have individualized furnishing and decoratin their preferences and needs. They all have chose to.	s or private accommodations. They ng their personal areas based on			
Federal Requirement #8: Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.	 <u>Guidance:</u> 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 At any time, Persons Served have access to their meals. They have the same rights as an common areas of the home.	food & have choices when to eat			
Federal Requirement #9: Individuals are able to have visitors of their choosing at any time.	 <u>Guidance:</u> 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 			

Does the service and/or program meet th Given current Covid-19 Pandemic situation home as long as the visitors and clients fo protocols.	, Visitors are allowed outside of the
Federal Requirement #10: The setting is physically accessible to the individual.	 <u>Guidance:</u> 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?
Does the service and/or program meet th Our residents have the freedom to physicall also have access to the furniture and applia	y move in and out of the home. They

CONTACT INFORMATION

Contact Name: Noel Villegas Contact Phone Number: 714-357-5617 Email Address: gilbertcarehome@hotmail.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.

X I AGREE

Attachment C 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 7development 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 <u>https://www.dds.ca.gov/initiatives/cms-hcbs-regulations/</u>.

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

Vendor name	Gilbert Care Homes, Inc.				
Vendor number(s)	HM0481, HM0482, HM0483, HM0484, HM0694, HM0881				
Primary regional center	Regional Center of Orange County				
Service type(s)	Adult Residential Facilities				
Service code(s)	915				
Number of consumers typically and currently served	HM04816 consumersHM04846 consumersHM04826 consumersHM06946 consumersHM04836 consumersHM08816 consumers				
Typical and current staff-to-consumer ratio	HM04811:2HM04841:3HM04821:2HM06941:1 pro-ratedHM04831:3HM08811:1 pro-rated				

1. Please provide a brief description of the service/setting. Include what a typical day consists of during a 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.

Gilbert Care Homes operate 6 Adult Residential Facilities. We have two 6-Bed L4I homes, two 6-bed L4F homes, one L4C & one L3. We serve 36 clients at full capacity; we have a total of 14 non-ambulatory individuals (HM0481 has 6 non-ambulatory clients; HM0483 has 2 non-ambulatory clients; HM0694 has 1 non-ambulatory client; HM0484 has 2 nonambulatory beds; HM0482 has 2 non-ambulatory beds; HM0881 has 1 non-ambulatory bed). We have regular mini vans & other service vehicles that are difficult for non-ambulatory clients to use. Since we have 6 ARF Homes, we are not able to accommodate all their preferred schedules and choices because we have limited access to transport them and limited resources to accommodate all their community needs in a typical scenario. Given current Covid-19 Pandemic situation, it is very challenging for our homes to safely bring residents to their medical appointments especially with non-ambulatory individuals because they need vans equipped with lifts or wheelchair accessible. All our residents have each day to day activities based on their individual program plan or IPP goals. Some of our homes allow persons served to set their own schedules. However, they have different needs, choices and preferences. Our individuals have day programs and several planned activities provided to improve their quality of life. They prefer going out in the community like Malls, City parks, desired outings and participate in activities that interest them based on their IPP.

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.

2. Please provide a brief summary narrative of the concept for which you are requesting funding, including justification for the funding.

In our concepts, we address our inability to comply with HCBS in a number of situations. We are requesting funding to comply.

In order to fully access and enjoy benefits of the community in the most integrated settings of Persons Served and due to the number of non-ambulatory clients we have, we are **requesting funds to buy 4 Vans with wheelchair lifts or wheel chair accessible** to safely transport our 14 non-ambulatory clients to destinations they prefer to be whether it is going for outings, medical / dental appointments, or social / recreational activities. With wheelchair mobility vans / wheelchair accessible transportation, we will improve our Person-Centered Services by having the flexibility to offer more choices or options while being mindful of the importance of safety during Covid-19 Pandemic. Staff will be able to safely provide reliable, improved, and convenient transport services for our persons served especially for our non-ambulatory residents. We will be able to comply and be more responsive to each individuals needs, choices and preferences.

Funding for Staff Training & Education is also requested; to be conducted by Consultants to train about HCBS & Person-Centered services.

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.

Federal Requirements # 1, # 4, and # 5

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 Requirements # 1, # 4 and # 5

Persons Served in our homes are not able to receive full access to outings, activities and fully integrate in the community the prefer to be a part of. Appropriately equipped transportation have always been a challenge since each Person Served have their unique needs & preferences. **Funds to purchase Vans with lifts or wheelchair accessible** will provide the flexibility for each Person Served to have more control of their preferred schedules.

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 Requirements # 1, # 4 and # 5

Fourteen of our thirty-six (36) individuals will definitely benefit from the vans equipped with lifts or wheelchair accessible. Having the appropriate and enough equipped transportation access, we will be able to comply with HCBS requirement by March 2023 and address the needs and preference of our individuals. Each home will be more compliant to have transportation available for our individuals' daily activities whether at home or outside the community. We will have improved flexibility to plan the preferred schedule of each person served. Each of the 6 homes can support our individuals' participation in their interests / activities as scheduled.

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

Persons Served will have improved confidence knowing that they are on equal footing with other people not receiving Medicaid. Having wheelchair accessible transportation / accessible vans for all 14 non-ambulatory individuals will definitely address their unmet needs. Transportation will be easily available, accessible and ready for their use. Given needed Covid-19 Pandemic safety pre-cautions, No waiting and strict time constraints compared when using OCTA ACCESS. Every individual's needs and preferences will be timely served and properly accommodated. Medical appointments will not be challenging anymore to both our person served and staff. We can improve setting each home and individual preferred schedules and each of them logistically assigned and served.

Ongoing notes will be used to track outcomes & concept objectives.

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.

To help integrate input of all individuals & staff, regular facility meetings are conducted. Monthly activity calendar & schedule is posted for them to review and accommodate requested adjustments.

8. Please describe how the concept you propose will enable you to provide more person-centered services to your clients.

The addition of wheelchair accessible transportation resources will definitely provide more flexibility in our quest to provide more Person-Centered services for the individuals we serve. We will have improved flexibility to be able to offer more meaningful activities and choices. Every person served needs and preferences will be timely served and properly accommodated. Non-ambulatory transportation during Medical & Dental appointments, Social / Recreational Activities will be less challenging for both our person served and the staff.

Our residents will be able to set and structure their preferred schedules for their daily activities at home or outside the community. Our residents will be happier and more satisfied because they do not have to worry of the time restraint and waiting which can potentially trigger behaviors. Each person served will get the support and services based on their IPP goals and each home will be able to comply with individualized needs and preferences.

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

We always want the best for our people served that is why, we will continue to support their needs and preferences based on their IPP goals. We will continue to train & educated staff on Person-Centered Thinking. Using Person-Centered approach, we will relentlessly pursue more meaningful activities for the individuals we serve.

As a provider, we will take care of the maintenance and insurance. We will make sure the wheelchair accessible vans are well-maintained.

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 <u>link</u>.

Training & Education – Consultants to conduct staff training on implementing HCBS concepts and providing Person-Centered services: \$9,875 for Year 1 plus \$9,875 for Year 2

4 Vans with Lifts and/or Wheelchair Accessible - \$226,583 for Year 1

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.

Staff Training & Education Funding – based on training materials provided by Consultants, we will develop our own curriculum for new incoming staff.

4 Vans with wheelchair lifts requested for funding will be regularly maintained to help ensure long-term trouble-free operation.

12. Have you or the organization you work with been a past recipient of DDS funding? If yes, what fiscal year(s)?	HCBS FundingX_ No Yes. If Yes, FY(s) Disparity Funding _X_ No Yes. If Yes, FY(s) CPP Funding _X_ No Yes. If Yes, FY(s) CRDP Funding _X_ No Yes. If Yes, FY(s)
	If yes to any question be sure to answer questions 13 and 14.

For providers who have received prior HCBS, Disparity, CPP or CRDP Funding from DDS

13. If your organization has received prior funding from any of the above sources, please provide an update on the prior funding project. You may copy and paste from progress update(s) previously provided to regional centers or DDS.

Not Applicable.

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.

Not Applicable.

HCBS CONCEPT BUDGET	\$			246,333				
Vendor Name		GILBERT CARE HOM	IES. INC.	,				
Vendor Numbers		182, HM0483, HM04		HM0881				
			Year 1 B		Year	r 2 Budget	То	otal
		Wage and Benefits	i cui i c	Judget	1.64	2 Dudget		- Cul
			FTE	Annual Cost	FTE	Annual Cost	с	Cost
Personnel (wage + benefits)	1							
Position Description			\$	-		\$-	\$-	
Position Description			\$	-		\$-	\$-	
Position Description			\$	-		\$-	\$-	
Position Description			\$	-		\$-	\$-	
Position Description			\$	-		\$-	\$-	
Position Description			\$	-		\$-	\$-	
Position Description			\$	-		\$-	\$-	
Position Description			\$	-		\$-	\$-	
Position Description			\$	-		\$-	\$-	
Personnel Subtotal			\$	-		\$-	\$-	
Operating expenses						·		
TRAINING & EDUCATION			\$	9,875		\$ 9,875	\$ 19,7	50
(HCBS, PERSON-CENTE	RED THINKING, etc)		<u> </u>	,	-	· · ·	\$ -	
	-,,				-		\$ -	
					-		÷ \$ -	
					-		\$ -	
		-	_		-		\$ -	
		-			-		\$ -	
							\$ -	
		-	_		-		\$ -	
-		-	_		-		\$ -	
Operating Subtotal			\$	9,875	l i i i i i i i i i i i i i i i i i i i	\$ 9,875	\$ 19,7	
Administrative Expenses			, in the second se	5,675		<i>v 3,073</i>	¢ 15,7.	_
Administrative Expenses							\$-	
		-					\$ -	
		-	_		-		\$ -	
		-	_		-		\$ -	
		-	_		-		\$ -	
		-	_		-			
					-		*	
					-		\$ - \$ -	
Administrative Subtotal		_	\$			\$-	\$ -	
			ş	- 1			- ب	_
Capital expenses <mark>3 VANS with wheelchair lifts</mark>			\$	173,130			\$ 173,1	20
1 VAN with wheelchair lifts/			\$	53,453	-			
1 VAN WITH Wheelchair lifts/	wheelchair Accessible		\$	53,453	-		*	
					-			
					-			
					-		\$ -	
			_		_		\$-	
					_		\$ -	
					_		\$ -	
					-		\$ -	
Capital Subtotal			\$	226,583		\$-	\$ 226,55	
Total Concept Cost			\$	236,458		\$ 9,875	\$ 246,3	33

See Attachment F for budget details and restrictions