

## 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](mailto:HCBSregs@dds.ca.gov).

|   |                                 |
|---|---------------------------------|
| Date(s) of Evaluation:<br>February 1, 2021  | Completed by:<br>Jaclyn Persson |
| Vendor Name, Address, Contact: <a href="#">Click or tap here to enter text.</a><br><br>Gratitude Residential Care<br>924 N Fairview Street<br>Anaheim, CA 92801<br>Jaclyn Persson<br>714-383-7595 |                                 |
| Vendor Number: HM1394   |                                 |
| Service Type and Code: 915  |                                 |

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| <p><b><u>Federal Requirement #1:</u></b><br/><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><b><u>Guidance:</u></b></p> <ul style="list-style-type: none"> <li>• Do individuals receive services in the community based on their needs, preferences and abilities?</li> <li>• Does the individual participate in outings and activities in the community as part of his or her plan for services?</li> <li>• If an individual wants to seek paid employment, does the home staff refer the individual to the appropriate community agency/resource?</li> <li>• Do individuals have the option to control their personal resources, as appropriate?</li> </ul> |
| <p><b>Does the service and/or program meet this requirement?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br/>Please explain: 1) Persons served access to the community are limited to the facility phone or postal mail to communicate with friends, family, and integral people listed in their circle of support. (2) Due to persons served declining mobility, the current vehicle provided does not accommodate them.</p> |  |
| <p><b><u>Federal Requirement #2:</u></b><br/><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><b><u>Guidance:</u></b></p> <ul style="list-style-type: none"> <li>• Does the provider have a current regional center Individual Program Plan (IPP) on file for all individuals?</li> <li>• Does each individual's IPP document the different setting options that were considered prior to selecting this setting?</li> </ul>  |
| <p><b>Does the service and/or program meet this requirement?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br/>Please explain: <a href="#">Click or tap here to enter text.</a></p>   |  |
| <p><b><u>Federal Requirement #3:</u></b></p>  | <p><b><u>Guidance:</u></b></p>   |

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| <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"> <li>• Does the provider inform individuals, in a manner they can understand, of their rights to privacy, dignity, respect, and freedom from coercion and restraint?</li> <li>• Does the provider communicate, both verbally and in writing, in a manner that ensures privacy and confidentiality?</li> <li>• 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.)?</li> </ul> |
| <p><b>Does the service and/or program meet this requirement?</b> <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b><br/>Please explain: <a href="#">Click or tap here to enter text.</a></p>   |  |
| <p><b><u>Federal Requirement #4:</u></b><br/><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><b><u>Guidance:</u></b></p> <ul style="list-style-type: none"> <li>• Does the provider offer daily activities that are based on the individual's needs and preferences?</li> <li>• 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?</li> <li>• 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?</li> </ul>  |
| <p><b>Does the service and/or program meet this requirement?</b> <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b><br/>Please explain: <a href="#">Click or tap here to enter text.</a></p>   |  |
| <p><b><u>Federal Requirement #5:</u></b><br/><i>Facilitates individual choice regarding services and supports, and who provides them.</i></p>   | <p><b><u>Guidance:</u></b></p> <ul style="list-style-type: none"> <li>• Does the provider support individuals in choosing which staff provide their care to the extent that alternative staff are available?</li> <li>• Do individuals have opportunities to modify their services and/or voice</li> </ul>   |

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|  | their concerns outside of the scheduled review of services? |
| <p><b>Does the service and/or program meet this requirement?</b> <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b></p> <p>Please explain: <a href="#">Click or tap here to enter text.</a></p> |   |

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| <p><b><u>Federal Requirement #6:</u></b><br/> <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><b><u>Guidance:</u></b></p> <ul style="list-style-type: none"> <li>• As applicable, does each individual have a lease, residency agreement, admission agreement, or other form of written residency agreement?</li> <li>• Are individuals informed about how to relocate and request new housing?</li> </ul> |
| <p><b>Does the service and/or program meet this requirement?</b> <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b></p> <p>Please explain: <a href="#">Click or tap here to enter text.</a></p>  |   |

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| <p><b><u>Federal Requirement #7:</u></b><br/> <i>Each individual has privacy in his/her sleeping or living unit:<br/>         . Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors as needed.<br/>         . Individuals sharing units have a choice of roommates in that setting.<br/>         . Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.</i></p> | <p><b><u>Guidance:</u></b></p> <ul style="list-style-type: none"> <li>• Do individuals have a choice regarding roommates or private accommodations?</li> <li>• 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?</li> <li>• Do individuals have the ability to lock their bedroom doors when they choose?</li> </ul> |
| <p><b>Does the service and/or program meet this requirement?</b> <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b></p> <p>Please explain: <a href="#">Click or tap here to enter text.</a></p>   |  |

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| <p><b><u>Federal Requirement #8:</u></b><br/><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><b><u>Guidance:</u></b></p> <ul style="list-style-type: none"> <li>• Do individuals have access to food at any time?</li> <li>• Does the home allow individuals to set their own daily schedules?</li> <li>• Do individuals have full access to typical facilities in a home such as a kitchen, dining area, laundry, and comfortable seating in shared areas?</li> </ul>   |
| <p><b>Does the service and/or program meet this requirement?</b> <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b><br/>Please explain: <a href="#">Click or tap here to enter text.</a></p> |  |
| <p><b><u>Federal Requirement #9:</u></b><br/><i>Individuals are able to have visitors of their choosing at any time.</i></p>  | <p><b><u>Guidance:</u></b></p> <ul style="list-style-type: none"> <li>• Are visitors welcome to visit the home at any time?</li> <li>• 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?</li> </ul>   |
| <p><b>Does the service and/or program meet this requirement?</b> <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b><br/>Please explain: <a href="#">Click or tap here to enter text.</a></p> |  |
| <p><b><u>Federal Requirement #10:</u></b><br/><i>The setting is physically accessible to the individual.</i></p>  | <p><b><u>Guidance:</u></b></p> <ul style="list-style-type: none"> <li>• Do individuals have the freedom to move about inside and outside the home or are they primarily restricted to one room or area?</li> <li>• 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?</li> <li>• Are appliances and furniture accessible to every individual?</li> </ul> |
| <p><b>Does the service and/or program meet this requirement?</b> <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b><br/>Please explain:</p>  |  |

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**CONTACT INFORMATION**

|                       |                          |
|-----------------------|--------------------------|
| Contact Name:         | Jaclyn Persson           |
| Contact Phone Number: | 714-383-9575             |
| Email Address:        | jpersson@abilitiesoc.org |

**ACKNOWLEDGEMENT**

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

I AGREE

## **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/>.

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| Vendor name  | Gratitude Residential Care      |
| Vendor number(s)   | HM1394                          |
| Primary regional center  | Orange County                   |
| Service type(s)  | Adult Residential Care Facility |
| Service code(s)  | 915                             |
| 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>Gratitude Residential Care provides supports in a residential setting. These include assistance with ADLs, medication management, medical appointment support, behavioral support, and social and recreational activities. Persons served access to the community are limited to the facility phone or postal mail to communicate with friends, family, and integral people listed in their circle of support. Medical appointments have shifted to telephone/video calls. Persons served seem to respond better to video rather than phone calls, however, a fixed computer does not afford for them to take the appointment/call in the privacy of their own room. Gratitude Residential Care has a vehicle for in-person medical appointments and community activities, however, persons served struggle with getting in/out of the current vehicle. Although persons served are fully ambulatory, they struggle with stability on surfaces with such a height difference.</p> |                                 |
| <p><b>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.</b></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>Gratitude Residential Care is requesting a portable video conference enabled system that can move throughout the facility to meet the needs and protect the privacy of persons served. This system would also enhance in-home activities and access to the community when outside community options are not available. Additionally, we are requesting a vehicle with accessible seating. Having a vehicle seat free from the confines of a vehicle that can lower to a comfortable height means easier entry and exit. This reduces the risk of falling or other injury when</p>   |                                 |



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| entering or exiting the vehicle, also empowering greater independence in persons served.  |
| 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 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/>  |
| 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>(1) Facility does not have technology that would best benefit persons served for them to stay in contact with friends, family, circle of support, and medical professionals when in-person visits are not always an option or very limited. Most of our persons served nor their family members write or receive mail and persons served have minimal interest or ability to speak on the phone for any significant amount of time. Additionally, this technology engages with various community activities when in-person access is limited.</p> <p>(1) Due to persons served declining mobility, a vehicle with accessible seating would make access to the community easier and more comfortable for persons served. Although persons served ambulatory status is not in question, their ability to traverse varying heights is diminishing. This makes it more difficult to get into and out of a vehicle. Having a vehicle seat free from the confines of a vehicle that can lower to a comfortable height means easier entry and exit.</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.  |
| The technology requested and accessible vehicle would allow persons served by Gratitude Residential Care to gain access to the greater community, engage in community life, and receive services in the community that may be limited without these accommodations.   |
| 6. What are the proposed outcomes and objectives of the concept, and what are the methods of achieving and tracking them?   |
| Outcomes would include persons served gaining ease of access to their home and greater community. This can be measured through satisfaction surveys completed on an annual basis and activity logs completed on a monthly basis and reviewed quarterly.   |
| 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.   |
| Over the past year, person served had a more favorable response and increased participation when conferencing was done utilizing Administrator's personal wireless video capable device and/or computer. Additionally, family members and   |

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| <p>circle of support have expressed more favorable response to video enabled communication. We also had increased participation with activities via Zoom, however, the computer could only serve one person at a time. Group participation would need a much larger screen and/or be able to be moved to an area that can accommodate more people. In regards to the accessibility accommodations, person served were able to self-identify the difficulties they were facing.</p>  |   |
| <p>8. Please describe how the concept you propose will enable you to provide more person-centered services to your clients.</p>   |   |
| <p>The technology requested engages with various community activities when in-person access is limited. This technology also provides easier access to various types of activities that may not be directly accessible in the surrounding community, allowing for broader engagement from our residents to better meet their needs and interests. The accessible vehicle would allow persons served ease of access to their home and community. Additionally, this would allow persons served to continue to access their greater community and age in place as their needs continue to grow.</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>All concepts only require the initial investment and/or installation of resources. Once installed, facility will be in full compliance.</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 <a href="#">link</a>.</p> |   |
| <p>Capital expenses will be purchased, and installed where necessary, within 90 days of granted funding.</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,</p>   | <p>HCBS Funding <input checked="" type="checkbox"/> ___ No ___ Yes.<br/>If Yes, FY(s) _____</p> <p>Disparity Funding <input checked="" type="checkbox"/> ___ No ___ Yes.<br/>If Yes, FY(s) _____</p> <p>CPP Funding <input checked="" type="checkbox"/> ___ No ___ Yes.</p> |

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| <p>what fiscal year(s)?</p>   | <p>If Yes, FY(s) _____</p> <p>CRDP Funding <input type="checkbox"/> No <input type="checkbox"/> Yes.</p> <p>If Yes, FY(s) _____</p> <p>If yes to any question be sure to answer questions 13 and 14.</p> |
| <p><b>For providers who have received prior HCBS, Disparity, CPP or CRDP Funding from DDS</b></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>            |  |
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| HCBS CONCEPT BUDGET                |                            |               |             |               |             |           |
|------------------------------------|----------------------------|---------------|-------------|---------------|-------------|-----------|
| Vendor Name                        | Gratitude Residential Care |               |             |               |             |           |
| Vendor Number(s)                   | HM 1394                    |               |             |               |             |           |
|                                    | Wage and Benefits          | Year 1 Budget |             | Year 2 Budget |             | Total     |
|                                    |                            | FTE           | Annual Cost | FTE           | Annual Cost | Cost      |
| <b>Personnel (wage + benefits)</b> |                            |               |             |               |             |           |
| Position Description               |                            |               | \$ -        |               | \$ -        | \$ -      |
| Position Description               |                            |               | \$ -        |               | \$ -        | \$ -      |
| Position Description               |                            |               | \$ -        |               | \$ -        | \$ -      |
| Position Description               |                            |               | \$ -        |               | \$ -        | \$ -      |
| Position Description               |                            |               | \$ -        |               | \$ -        | \$ -      |
| Position Description               |                            |               | \$ -        |               | \$ -        | \$ -      |
| Position Description               |                            |               | \$ -        |               | \$ -        | \$ -      |
| Position Description               |                            |               | \$ -        |               | \$ -        | \$ -      |
| Personnel Subtotal                 |                            |               | \$ -        |               | \$ -        | \$ -      |
| <b>Operating expenses</b>          |                            |               |             |               |             |           |
|                                    |                            |               |             |               |             | \$ -      |
|                                    |                            |               |             |               |             | \$ -      |
|                                    |                            |               |             |               |             | \$ -      |
|                                    |                            |               |             |               |             | \$ -      |
|                                    |                            |               |             |               |             | \$ -      |
|                                    |                            |               |             |               |             | \$ -      |
|                                    |                            |               |             |               |             | \$ -      |
|                                    |                            |               |             |               |             | \$ -      |
|                                    |                            |               |             |               |             | \$ -      |
| Operating Subtotal                 |                            |               | \$ -        |               | \$ -        | \$ -      |
| <b>Administrative Expenses</b>     |                            |               |             |               |             |           |
|                                    |                            |               |             |               |             | \$ -      |
|                                    |                            |               |             |               |             | \$ -      |
|                                    |                            |               |             |               |             | \$ -      |
|                                    |                            |               |             |               |             | \$ -      |
|                                    |                            |               |             |               |             | \$ -      |
|                                    |                            |               |             |               |             | \$ -      |
|                                    |                            |               |             |               |             | \$ -      |
| Administrative Subtotal            |                            |               | \$ -        |               | \$ -        | \$ -      |
| <b>Capital expenses</b>            |                            |               |             |               |             |           |
| GVWR Passenger Van                 |                            |               | \$ 60,000   |               |             | \$ 60,000 |
| Video Component Communications     |                            |               | \$ 10,000   |               |             | \$ 10,000 |
|                                    |                            |               |             |               |             | \$ -      |
|                                    |                            |               |             |               |             | \$ -      |
|                                    |                            |               |             |               |             | \$ -      |
|                                    |                            |               |             |               |             | \$ -      |
|                                    |                            |               |             |               |             | \$ -      |
| Capital Subtotal                   |                            |               | \$ 70,000   |               | \$ -        | \$ 70,000 |
| Total Concept Cost                 |                            |               | \$ 70,000   |               | \$ -        | \$ 70,000 |

See Attachment F for budget details and restrictions