

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

The Home and Community-Based Services (HCBS) rules ensure that people with disabilities have full access to, and enjoy the benefits of, community living through long-term services and supports in the most integrated settings of their choosing. In order to assist in determining eligibility for compliance funding, providers must complete this evaluation. Both “Yes” and “No” answers require an explanation. A “No” response *could* mean a service setting is out of compliance with the HCBS rules and is potentially eligible for funding to make necessary adjustments. Once this evaluation is completed, it should act as a guide for filling out the provider compliance funding concept, which is required for any provider to be eligible for compliance funding. **Completion of this evaluation is for the sole purpose of applying for compliance funding and does not take the place of future provider assessments that the Department may require to determine provider compliance with the HCBS settings rules. Only providers requesting compliance funding need to complete this evaluation.**

Federal Requirements #1-5 apply to providers of all services, including residential and non-residential settings. Federal Requirements #6-10 are additional requirements that apply only to provider-owned or controlled residential settings.

The column labeled “Guidance” contains a series of questions intended to help identify compliance or non-compliance with each requirement as it relates to the HCBS rules. While responses to these questions can help in the determination of whether or not a particular requirement is met, these responses may not be the sole factor in this determination.

More information on the HCBS rules and this form can be found at <https://www.dds.ca.gov/initiatives/cms-hcbs-regulations/>.

Questions may be directed to HCBSregs@dds.ca.gov.

Date(s) of Evaluation: 02/08/21	Completed by: Taleisha Rose
Vendor Name, Address, Contact: Cider House/New Choices	
Vendor Number: HR0081/HR0417	
Service Type and Code: Residential 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: Our program does not meet the criteria in this section. We have no vehicles for our program and public transportation is not an option at our fortuna location at all. Our facility is on a very steep hill and our residents are unable to safely walk to a bus stop. There are days that the bus doesn't run and other days where times are very limited. We are relying on staff vehicles for transportation to community settings which makes access difficult because some of our staff do not have vehicles. There also is no taxi company in fortuna. At our eureka location Transportation is limited based on also relying on staff vehicles of which very few of our staff have one. The residents at both homes have stated that they wish that we had a van that they could use to ensure that they get to go places of their choice individually or as a group.</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: All residents have an IPP</p>	

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

<p><u>Federal Requirement #3:</u> <i>Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> • Does the provider inform individuals, in a manner they can understand, of their rights to privacy, dignity, respect, and freedom from coercion and restraint? • Does the provider communicate, both verbally and in writing, in a manner that ensures privacy and confidentiality? • Do staff communicate with individuals based on their needs and preferences, including alternative methods of communication where needed (e.g., assistive technology, Braille, large font print, sign language, participants' language, etc.)?
<p>Does the service and/or program meet this requirement? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Please explain: All staff communicate with residents in the appropriate way for each individual. Including picture icons and sign language.</p>	
<p><u>Federal Requirement #4:</u> <i>Optimizes but does not regiment individual initiative, autonomy, and independence in making life choices, including, but not limited to, daily activities, physical environment, and with whom to interact.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> • Does the provider offer daily activities that are based on the individual's needs and preferences? • Does the provider structure their support so that the individual is able to interact with individuals they choose to interact with, both at home and in community settings? • Does the provider structure their support so that the individual is able to participate in activities that interest them and correspond with their IPP goals?
<p>Does the service and/or program meet this requirement? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Please explain: This is not fully met since we have no vehicles to get the residents into the community as much as they would like. We do offer activities based on individual preference in the house and in the community as much as possible. Even before covid it has been difficult to get individuals to outings of their choice. We have one resident that can't attend church unless the elderly van picks her up. With a vehicle for the house we would be able to take her every Saturday after services open back up.</p>	

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

<p><u>Federal Requirement #5:</u> <i>Facilitates individual choice regarding services and supports, and who provides them.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> • Does the provider support individuals in choosing which staff provide their care to the extent that alternative staff are available? • Do individuals have opportunities to modify their services and/or voice their concerns outside of the scheduled review of services?
<p>Does the service and/or program meet this requirement? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Please explain: This is not fully met since we do not have alternate staff to be replacement staff day by day. We always make sure that residents are happy with their staff and any complaints by residents are never taken lightly.</p>	

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: Every individual has a residence agreement and are informed about how to 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No Please explain: Not fully met because they do not have locks on their doors. They all have furnishings and personal items of their choice in their sleeping areas.</p>	

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

<p><u>Federal Requirement #8:</u> <i>Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> • Do individuals have access to food at any time? • Does the home allow individuals to set their own daily schedules? • Do individuals have full access to typical facilities in a home such as a kitchen, dining area, laundry, and comfortable seating in shared areas?
<p>Does the service and/or program meet this requirement? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Please explain: Individuals have access to food any time. They set their own schedules and regularly choose to participate or not in house scheduled activities. They have full access to all common areas of the home.</p>	
<p><u>Federal Requirement #9:</u> <i>Individuals are able to have visitors of their choosing at any time.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> • Are visitors welcome to visit the home at any time? • Can individuals go with visitors outside the home; such as for a meal or shopping, or for a longer visit outside the home, such as for holidays or weekends?
<p>Does the service and/or program meet this requirement? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Please explain: Visitors are always welcome and Individuals often go with family or friends on outings.</p>	
<p><u>Federal Requirement #10:</u> <i>The setting is physically accessible to the individual.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> • Do individuals have the freedom to move about inside and outside the home or are they primarily restricted to one room or area? • Are grab bars, seats in bathrooms, ramps for wheelchairs, etc., available so that individuals who need those supports can move about the setting as they choose? • Are appliances and furniture accessible to every individual?

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

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

Please explain: Individuals have the freedom to go anywhere inside or outside of their home. Special adaptations have been put in place to ensure safety for everyone. Appliances and furniture are accessible to every individual.

CONTACT INFORMATION

Contact Name: Taleisha Rose
Contact Phone Number: 707-476-3476
Email Address: ryleelyonsmom@yahoo.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.

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

Vendor name	Cider House/New Choices
Vendor number(s)	HR0081/HR0417
Primary regional center	Redwood Coast Regional Center
Service type(s)	Adult Residential
Service code(s)	915
Number of consumers typically and currently served	6 individuals in each home
Typical and current staff-to-consumer ratio	2-6
<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>We have two Adult Residential Facilities that provide a home for 12 individuals, six individuals reside in each. A typical day includes providing all meals and any assistance with needs of daily living. Utilization of each individuals IPP and ISP to ensure that all their goals and needs are being worked on or met. Running a monthly activities program to ensure that each individual has an opportunity to choose a desired activity. When available community outings are included in the monthly activities. During the pandemic it has been extra important getting people out of their homes even going for a drive has made a huge impact on their mental wellbeing.</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>We are requesting funding for a vehicle for each house to offer as much choice and community integration as possible. We are asking for one that is large enough to fit any one individual or all as a group as our residents have stated that they have desires to do both individual and group activities. We feel it is important to have a vehicle that fits everyone to get everyone out in a timely manner in case of an emergency. Our residents would like to be able to go into the community often as they have needs and wants for many things. Currently we are relying on staff to use their personal vehicle but many of our staff do not have vehicles or their vehicles are not running safely enough to ensure the safety of our residents. During the pandemic it has been noticed that going for a drive has been a big stress release for our individuals that have been kept in their homes for such a long time.</p>	

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

3. Identify which HCBS federal requirements this concept addresses that are currently out of compliance. Could be all or a subset of those identified as out of compliance on the evaluation.

1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___ 7 ___ 8 ___ 9 ___ 10 ___

1,4

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.

1-Our program does not meet the criteria in this section. We have no vehicles for our program and public transportation is not an option for all residents or at all at our fortunate location. There are days that the bus doesn't run in Eureka and other days where bus times are very limited. Taking a taxicab is very expensive and especially if multiple residents and staff are being included in the outing there may need to be multiple taxis. We are relying on staff to use their personal vehicles which is impeding on resident choice and integration because not all our staff have vehicles, and some are not adequately maintained to a level of safety for our residents.

4-This is not fully met since we have limited access to a vehicle to get the residents into the community as much as they would like. We do offer activities based on individual preference in the house and in the community as much as possible. Even before COVID it has been difficult to get individuals to outings of their choice. We have one resident that can't attend church unless the elderly van picks her up. With a vehicle for the house, we would be able to take her every Saturday after services open back up. There would be so many more opportunities for resident choice and community integration if they had full time access to a vehicle.

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.

For #1 we would be able to be complying right away if we had access to a vehicle full time for transportation to and from desired locations such as church and shopping and to and from work for individuals who wish to do so.

For #4 We would be complying right away with access to a vehicle full time for transportation for individual activities and group outings if desired. Individuals would have full access to the community and transportation to and from visits with friends or family as well.

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

The proposed outcomes are that the individuals that we serve have full and immediate access to transportation to and from wherever they would like to go. Having a vehicle at the house that is safe and reliable and always there will give them the freedom that they wish to have. We will track the outcome of this by keeping a log of all outings and individuals attending. We will work with all residents to develop a monthly calendar with scheduled activities both for individual and group opportunities.

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

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

<p>were taken to identify the interests and desires of the individuals and who was involved in that process.</p>	
<p>We had a house meeting with all individuals at each home. The individuals at both cider house and new choices were asked if they felt like they had full access to the community and several of them said that they wished they could go out more and not have to wait until a staff vehicle was available. The identifying factors that initiated this concept were that individuals were sometimes unable to go places or see people as often as they would like. Also, the fact that overnight staff and on occasion day staff are at the house alone with individuals with a vehicle that would not fit all residents or no vehicle to get everyone to safety in case of an emergency.</p>	
<p>8. Please describe how the concept you propose will enable you to provide more person-centered services to your clients.</p>	
<p>We would be able to provide more person-centered planning opportunities by always having access to transportation.</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>If we had a vehicle at each house, we would provide full maintenance of the vehicles and keep them fully insured. It would be my, Taleisha Rose responsibility to maintain all records of maintenance. It would also be my responsibility to keep an updated schedule monthly for activities involving community integration and choice of our residents.</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>The cost to our program would be annual registration and monthly insurance and our facilities would provide all necessary maintenance and upkeep on the vehicles. We are asking for one 8 seater vehicle per home because after researching the financial cost of having 2 smaller vehicles per home we were concerned about the cost of upkeep of 4 vehicles. We feel like 2 large vans give us ample opportunity for accessing the community and would make this concept successful.</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</p>	<p>HCBS Funding <u> x </u> No <u> </u> Yes. If Yes, FY(s)</p> <p>_____</p>

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

with been a past recipient of DDS funding? If yes, what fiscal year(s)?	Disparity Funding <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. If Yes, FY(s)
	_____ CPP Funding <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. If Yes, FY(s)
	_____ CRDP Funding <input checked="" type="checkbox"/> No <input type="checkbox"/> 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.	
We have not received prior funding.	
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.	
We have not received prior funding.	

HCBS CONCEPT BUDGET						
Vendor Name		Cider House/New Choices				
Vendor Number(s)		HR0081/HR0417				
	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						
1 vehicle for cider house			\$ 55,000			\$ 55,000
1 vehicle for new choices			\$ 55,000			\$ 55,000
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Capital Subtotal			\$ 110,000		\$ -	\$ 110,000
Total Concept Cost			\$ 110,000		\$ -	\$ 110,000

See Attachment F for budget details and restrictions