

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

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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: 01/27/2021	Completed by: VICTORIA ALEJANDRO
Vendor Name, Address, Contact: BLUE SKY RCH, 4040 Briarglen Dr., San Jose, Ca. 95118, 510-825-2287	
Vendor Number: HS0822	
Service Type and Code: ADULT RESIDENTIAL FACILITY - 915	

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<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 Residential Care Home staffs need to be trained by a qualified trainer to successfully plan, implement, and integrate person-centered plans that will enable consumers to receive services in the community based on their needs, interests, preferences, and skills.</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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No DSPs are not currently adequately trained on person-centered planning/thinking and the HCBS rules. Currently, the service plans do not fully reflect a person-centered approach.</p>	
<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?

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	<ul style="list-style-type: none"> • 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No Residents are informed of their rights to privacy, dignity, respect, and freedom from coercion and restraint in a way that they can understand (words, pictures, or signs) upon admission and annually. There is a need to have train-the-trainer certification in person-centered planning/thinking and staff training regarding the HCBS rules to improve staff communication with consumers based on their individual needs and choices.</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 There is a great need for staff training to modify individual service plans to reflect and integrate more person-centered activities in resident outings.</p>	

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<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 DSPs do not currently have the adequate training specific to person-centered thinking/planning as well as HCBS rules that will enable them to facilitate each individual consumer's choices with regards to services and supports and who provides them.</p>	

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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 Each individual has a current written admission agreement that provides due process and protections regarding eviction procedures. Residents and their family members/legal representative are aware of relocation options and procedures for requesting 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: Bedrooms have no locks yet</p>	

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<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: Residents have access to food at any time, and the residents are given adequate choices and control of their own schedules and activities.</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: Residents can have visitors of their choosing at any time and may be able to go with family members and visitors outside the home for social and recreational activities of their choice.</p>	
<p><u>Federal Requirement #10:</u> <i>The setting is physically accessible to the individual.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> • Do individuals have the freedom to move about inside and outside the home or are they primarily restricted to one room or area? • Are grab bars, seats in bathrooms, ramps for wheelchairs, etc., available so that individuals who need those supports can move about the setting as they choose? • Are appliances and furniture accessible to every individual?
<p>Does the service and/or program meet this requirement? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	

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The facility's outdoor and indoor living spaces are appropriate and adequate for all the residents' needs. Residents are able to use and access all appliances, furniture and fixtures without difficulty.

CONTACT INFORMATION

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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

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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	BLUE SKY RCH
Vendor number(s)	HS0822
Primary regional center	San Andreas Regional Center
Service type(s)	ADULT RESIDENTIAL FACILITY
Service code(s)	915
Number of consumers typically and currently served	6
Typical and current staff-to-consumer ratio	1 staff: 2 consumers; Staffing service level is 4F
<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>As a licensed level 4F adult residential facility (ARF), Blue Sky RCH provides residential services to 6 individuals with developmental disabilities. Services provided include assistance with ADLs, behavior management, assistance with self-administration of medication, pre-vocational training, and participation in social-recreational activities such as community outings. Currently, DSPs have not received adequate and appropriate training on person-centered planning/thinking in order to fully comply with HCBS rules.</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><u>Train-the-trainer Certification and Staff Training in Person-Centered Planning/Thinking and HCBS Rules</u></p> <p>This training program will enable the management staff and DSPs to plan, implement, and modify each consumer's individual service plans (ISPs) in accordance to established principles of person-centered planning/thinking. Through these trainings, consumers will be best supported by staff in establishing and achieving person-centered goals and objectives and will ensure compliance to person-centered IPPs and HCBS federal requirements. Overall, these trainings will</p>	

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improve consumers' quality of life through increased community integration and social engagement.

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 X 3 X 4 X 5 X 6 ___ 7 ___ 8 ___ 9 ___ 10 ___

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: Carehome staff needs to be trained by a qualified trainer to successfully plan, implement, and integrate person-centered plans that will enable consumers to receive services in the community based on their needs, interests, preferences and skills.

#2: DSPs are not currently adequately trained on person-centered planning/thinking and the HCBS rules. Currently, the service plans do not fully reflect a person-centered approach.

#3: Residents are informed of their rights to privacy, dignity, respect, and freedom from coercion and restraint in a way that they can understand (words, pictures, or signs) upon admission and annually. There is a need to have train-the-trainer certification in person-centered planning/thinking and staff training regarding the HCBS rules to improve staff communication with consumers based on their individual needs and choices.

#4: There is a need for staff training in order to modify individual service plans to reflect and integrate more person-centered activities in resident outings.

#5: DSPs do not currently have the adequate training specific to person-centered thinking/planning as well as HCBS rules that will enable them to facilitate each individual consumer's choices with regards to services and supports and who provides them.

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.

#1: The train-the trainer and staff training on person-centered planning/thinking will enable DSPs to successfully plan, implement, and integrate person-centered plans so that consumers will receive services in the community based on their needs, preferences, and abilities.

#2: The training series will help DSPs practice and integrate person-centered planning/thinking practices.

#3: Staff training will promote better communication between consumers and DSPs that will respect each individual preferences, needs and abilities.

#4: The proposed staff training program enable DSPs to plan and implement more person-centered activities.

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#5: By providing intensive training on person-centered practices and HCBS final rules, DSPs will be able to fully facilitate and empower each individual in making choices with regards to received services and supports and who provides them (for example, “what is important for versus important to the individual”).

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

Proposed Objectives: 1) To provide person-centered ARF services to all carehome residents.

Proposed Outcomes:

Carehome services and activities will be individualized, person-centered, and HCBS-compliant.

Methods of achieving: continuous staff training

Methods of tracking: daily notes, data collection, quarterly reports

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.

The administrator met with the residents as well as staff to assess residents' current needs and preferences with regards to the federal requirements and program areas identified as HCBS non-compliant.

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

Intensive training will enable DSPs to be knowledgeable and competent in providing person-centered services, activities and choices that are compliant to HCBS final rules.

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

DSPs will continue to receive annual in-service training on person-centered thinking/planning as well as the HCBS rules.

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 [link](#).

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Total training costs will be \$20,000 . Please see attached Excel sheet for budget information.	
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.	
After the time frame of the requested funding, Blue Sky RCH will fund any training-related expenses in order to sustain this program.	
12. Have you or the organization you work with been a past recipient of DDS funding? If yes, what fiscal year(s)?	HCBS Funding <u> X </u> No ___ Yes. If Yes, FY(s) _____ Disparity Funding <u> X </u> No ___ Yes. If Yes, FY(s) _____ CPP Funding <u> X </u> No ___ Yes. If Yes, FY(s) _____ CRDP Funding <u> X </u> 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.	
n/a	
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.	
n/a	

HCBS CONCEPT BUDGET						
Vendor Name		BLUE SKY RCH				
Vendor Number(s)		HS0822				
	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			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Personnel Subtotal			\$ -		\$ -	\$ -
Operating expenses						
Train-the-Trainer fee c/o Trudy Gable (PHP)			\$ 7,000		\$ 7,000	\$ 7,000
employees' Person Centered Training (\$400 x 10 staff)			\$ 5,000		\$ 5,000	\$ 5,000
Venue			\$ 2,000		\$ 2,000	\$ 2,000
Snacks			\$ 1,500		\$ 1,500	\$ 1,500
Professional fee for Training 10 staff (25-hour training)			\$ 3,000		\$ 3,000	\$ 3,000
Transportation			\$ 1,500		\$ 1,500	\$ 1,500
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
Operating Subtotal			\$ 20,000		\$ -	\$ 20,000
Administrative Expenses						
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
Administrative Subtotal			\$ -		\$ -	\$ -
Capital expenses						
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
Capital Subtotal			\$ -		\$ -	\$ -
Total Concept Cost			\$ 20,000		\$ -	\$ 20,000

See Attachment F for budget details and restrictions