

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 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: 02/08/2021	Completed by: Shirley Richards
Vendor Name, Address, Contact: Richards Manor III 4280 Dulcey Drive, San Jose, CA 95136 (408) 300-1688 / (408) 821-2477	
Vendor Number: HS0042	
Service Type and Code: Adult Residential Facility- Code: 4I	

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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?
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Does the service and/or program meet this requirement? Yes No
Please explain: *Richards Manor is currently using only one van for six consumers. With the diversity in choice and preferences, the facility needs another vehicle to transport based on individual participation in community activities and as part of the respective IPP's. The additional transportation can then accommodate simultaneous community preferences of individuals choice to provide services in community based on individual needs as part of his or her plan for services. Should the individual consumer want to seek paid employment RCH can then provide transportation to meet his or her preferred choice. With additional transportation access consumer will have individual option of resources available to each consumer.*

<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?
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<p>Does the service and/or program meet this requirement? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Please explain: <i>Currently, Richards Manor have the individual Person-Centered IPP on file for each resident consumer.</i></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? • 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: <i>Richards Manor III has a Resident Council 2x per month. Composed of all 6 consumer residents, Family members, resident representatives, advocates, facility staff and others are welcome to participate in resident council meetings. The council is presided by the administrator and conducted in a language familiar to all. It may also include photos or pictures. Council Meeting focus on recommendations to the facility to improve the quality of daily living and care in the consumers /residents. To promote and protect resident rights. Residents are reminded of their rights and provided with request needed to improve service needs to each consumers preference and choice.</i></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?

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<p>Does the service and/or program meet this requirement? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Please explain: <i>When the annual IPP is discussed with the ID Team, the preferences and interests of consumers are always considered before preparing a daily schedule both at home during weekdays and in the community during weekends.</i></p>	
<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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No Please explain: <i>Each resident is given preferences as to who will provide services and assistance to them. Individual resident is offered to voice and make changes to their services outside the structured schedule of their choice and preference.</i></p>	
<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?

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

Please explain: *Each resident and/or legal guardian/conservators has a signed written admission agreement and terms of contract on file prior to admission. Each consumer is informed during quarterly meetings that available housing is available to them should they want to move or relocate.*

Federal Requirement #7:

Each individual has privacy in his/her sleeping or living unit:

- 1. Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors as needed.*
- 2. Individuals sharing units have a choice of roommates in that setting.*
- 3. 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 requirement? **Yes** **No**

Please explain: *Richards Manor has six consumers / residents, (2) two of them have their private bedrooms. Each client is assisted to decorate own room based on their personal preference and choice. Consumers could lock their own bedroom. Each consumer was provided with their own bedroom key. With regards to roommates each shared room are both compatible, share common likes and interest.*

Federal Requirement #8:

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

Guidance:

- Do individuals have access to food at any time?
- Does the home allow individuals to set their own daily schedules?
- Do individuals have full access to typical facilities in a home such as a kitchen, dining area, laundry, and comfortable seating in shared areas?

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Does the service and/or program meet this requirement? **Yes** **No**
 Please explain: *Richards Manor has a week supply of non-perishables and three days' supply of perishables like vegetables and fruits. Fresh fruits are open to all on the kitchen countertop. A refrigerator and freezer available to all at any time, though the facility has instituted meal schedules. All meals are prepared in coordination with facility nutritionist and consumers preference choice.*

<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?
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Does the service and/or program meet this requirement? **Yes** **No**
 Please explain: *Visitors are welcome especially families and friends of residents. Consumers may also go for dine outs or shopping or overnight visit to their family on weekends. Currently due to the current situation of COVID19 visitors are not allowed in the facility until further notice.*

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

Please explain: *Individuals can move around the facility and enjoy the various parts including laundry area, kitchen, dining room, activity/family room, covered backyard patio. Grab bars installed in the bathroom; side ramp available for residents needs to move around the facility. Appliances/furniture accessible to each resident / consumer needs at all times.*

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	Richards Manor III
Vendor number(s)	HS0042
Primary regional center	San Andreas Regional Center
Service type(s)	Adult Residential Facility
Service code(s)	4I
Number of consumers typically and currently served	6
Typical and current staff-to-consumer ratio	1: 2 and or 1:1 depending on consumer's needs at a given hour of the day to provide safety measure and quality to all consumers.
<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>See Staff Schedule, detail typical day consist of regular program and services provided daily hour of the day. Please see attached daily detailed schedule of Richards Manor III.</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><i>Richards Manor III requesting for transportation as we currently use one van for six consumers. To provide diversity of choice and preferences, the facility needs another vehicle to transport based on individual participation in community activities and as part of the respective IPP's. The additional transportation can then accommodate simultaneous community preference of choice to provide services in community based on individual needs as part of her plan for the extra services needed. Should the individual consumer want to seek paid employment RCH can then provide transportation to meet her preferred choice. With additional transportation access consumer will have individual option of resources available to each consumer needs.</i></p>	
<p>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.</p>	
<p>1 <u>X</u> 2 ___ 3 ___ 4 ___ 5 ___ 6 ___ 7 ___ 8 ___ 9 ___ 10 ___</p>	
<p>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>	
<p><i>The concept is necessary to provide services based on consumers preferences and choices as described in their Person-Centered IPP.</i></p>	

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<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.</p>	
<p><i>With the new transportation, facility can now provide greater community integration programs as discussed in the ID team during IPP planning.</i></p>	
<p>6. What are the proposed outcomes and objectives of the concept, and what are the methods of achieving and tracking them?</p>	
<p><i>The concept aims to provide individuals with more access to the community. These will be tracked in their daily activity form.</i></p>	
<p>7. Please describe how and/or what was done to include input from the individuals served in developing this concept? Discuss not only the development of the concept, but also what steps were taken to identify the interests and desires of the individuals and who was involved in that process.</p>	
<p><i>Based in the home council meeting conducted 2x a month consumer has voiced out their individual preferences for community integration outings with additional transportation.</i></p>	
<p>8. Please describe how the concept you propose will enable you to provide more person-centered services to your clients.</p>	
<p><i>The concept will definitely provide more Person-Centered services as these have been verbally expressed by the consumers themselves to more personalized and individualized.</i></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><i>This transportation unit will provide more access to community for individual preference even after the 2021 funding.</i></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. 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><i>1 transportation unit Siena (enclosed quotation copy from Capitol Toyota Dealership).</i></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><i>Not Applicable</i></p>	
<p>12. Have you or the organization you work with been a past recipient of DDS funding? If yes, what fiscal year(s)?</p>	<p>HCBS Funding <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. If Yes, FY(s) _____ 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) _____</p>

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	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 (Not Applicable)	
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.	
<i>Not Applicable.</i>	
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
 Vendor Name: RICHARD MANOR III
 Vendor Number(s): HS 0042

	Year 1 Budget			Year 2 Budget		Total
	Wage and Benefits	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 unit 2021 Sienna XLE 8 Passenger						\$ 49,058.68
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Capital Subtotal			\$ -		\$ -	\$ 49,058.68
Total Concept Cost			\$ -		\$ -	\$ 49,058.68

See Attachment F for budget details and restrictions