

## 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: February 11, 2021	Completed by: Vilma Go
Vendor Name, Address, Contact: Jefferson Manor Address: 1662 W. Jefferson Blvd., Los Angeles, CA 90018 Contact: Vilma Go Contact No.: (213) 880-1627 CP	
Vendor Number: HX0781	
Service Type and Code: RCFE - 915	

# Home and Community-Based Services (HCBS) Rules

## DEPARTMENT FUNDING GUIDANCE

### **Federal Requirement #1:**

*The setting is integrated in, and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.*

### **Guidance:**

- Do individuals receive services in the community based on their needs, preferences and abilities?
- Does the individual participate in outings and activities in the community as part of his or her plan for services?
- If an individual wants to seek paid employment, does the home staff refer the individual to the appropriate community agency/resource?
- Do individuals have the option to control their personal resources, as appropriate?

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

Please explain: Jefferson's clients needs are supported with individual preferred resources wherein they decide their personal choice activities, access to such activities and support in seeking how they would be integrated in the community using their funds and deciding how these will be applied. They are encouraged to avail of community resources for their healthcare needs as well as leisure and recreation activities likewise utilizing their personal and incidental funds.

### **Federal Requirement #2:**

*The setting is selected by the individual from among setting options, including non-disability-specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.*

### **Guidance:**

- Does the provider have a current regional center Individual Program Plan (IPP) on file for all individuals?
- Does each individual's IPP document the different setting options that were considered prior to selecting this setting?

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

Please explain: Each client has their IPPs on file at the home and used as basis by the home in providing their desired needs and support. Such plans are deliberated by the client's ID Team to determine appropriateness and relevancy to the client's needs and are updated and/or adjusted according to a change in a need or support by the client whenever applicable.

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

### **Federal Requirement #3:**

*Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.*

### **Guidance:**

- 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.)?

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

Please explain: The home is staffed with individuals who are adept at observing, understanding and empathizing with the needs of the clients such that any identified need may be supported and met. Staff is skilled in communication and alternative communication techniques not limited to verbal and visual methods. Clients' actions or even behaviors can be observed and 'read' by staff capable of understanding what clients want to relay and the need or even want can be met.

### **Federal Requirement #4:**

*Optimizes but does not regiment individual initiative, autonomy, and independence in making life choices, including, but not limited to, daily activities, physical environment, and with whom to interact.*

### **Guidance:**

- Does the provider offer daily activities that are based on the individual's needs and preferences?
- Does the provider structure their support so that the individual is able to interact with individuals they choose to interact with, both at home and in community settings?
- Does the provider structure their support so that the individual is able to participate in activities that interest them and correspond with their IPP goals?

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

Please explain: Prior to COVID-19, clients attended program/s of choice. When LA county underwent a stay-at-home order, the home provided clients with alternative program activities that they can choose from or that which they preferred in line

## Home and Community-Based Services (HCBS) Rules

### DEPARTMENT FUNDING GUIDANCE

with their respective IPPs.

#### **Federal Requirement #5:**

*Facilitates individual choice regarding services and supports, and who provides them.*

#### **Guidance:**

- 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?

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

Please explain: The home is sensitive to the preferred needs of its clients such that choice and compatibility with staff is observed. Clients are encouraged to voice out in any form of communication any discontent with a staff and the home responds by providing alternative individuals that the client can better have a rapport and interaction with.

#### **Federal Requirement #6:**

*The unit or dwelling is a specific physical place that can be owned, rented or occupied under a legally enforceable agreement by the individual receiving services, and the individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city or other designated entity. For settings in which landlord/tenant laws do not apply, the State must ensure that a lease, residency agreement or other form of written agreement will be in place for each participant and that the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord/tenant law.*

#### **Guidance:**

- As applicable, does each individual have a lease, residency agreement, admission agreement, or other form of written residency agreement?
- Are individuals informed about how to relocate and request new housing?

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

Please explain: The home client's have respective admission agreement/s, containing eviction and appeal rights among other items. These are discussed annually with each client and updated or revised whenever appropriate to meet their needs.

#### **Federal Requirement #7:**

#### **Guidance:**

## Home and Community-Based Services (HCBS) Rules

### DEPARTMENT FUNDING GUIDANCE

<p><i>Each individual has privacy in his/her sleeping or living unit:</i></p> <ul style="list-style-type: none"> <li><i>Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors as needed.</i></li> <li><i>Individuals sharing units have a choice of roommates in that setting.</i></li> <li><i>Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.</i></li> </ul>	<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: Each client has their respective bedrooms which they arrange, decorate and fix according to their choice(s).</p>	
<p><b><u>Federal Requirement #8:</u></b></p> <p><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></p> <p>Please explain: Clients at the home engage in activities of their own choosing. The have full access to all facilities in the home with as much comfort and ease as they can.</p>	
<p><b><u>Federal Requirement #9:</u></b></p> <p><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></p> <p>Please explain: The pandemic situation provides that the home be most cautious in keeping its clients and staff safe; this entails that friends, family and/or other visitors are not encouraged to come for a visit. The home explained to the family the reason for the home temporarily not encouraging visitors to the home. The home informed them that for the meantime they can communicate thru facetime, zoom, messenger or other virtual methods available.</p>	

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

<p><b><u>Federal Requirement #10:</u></b>  <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>          Please explain: Jefferson Manor is home to its clients. As such it is continually exploring ways and means that would improve it to make it more homelike, comfortable and easily accessible especially for those who have ambulatory issues.</p>	

### CONTACT INFORMATION

Contact Name: Vilma Go  
 Contact Phone Number: (213) 880 – 1667  
 Email Address: angelogm@sbcglobal.net

### 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/>.

# Home and Community-Based Services (HCBS) Rules

## DEPARTMENT FUNDING GUIDANCE

Vendor name	Jefferson Manor
Vendor number(s)	HX0781
Primary regional center	South Central Los Angeles Regional Center (SCLARC)
Service type(s)	Residential (RCFE)
Service code(s)	915
Number of consumers typically and currently served	Four (4) consumers
Typical and current staff-to-consumer ratio	1:2 ratio
<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>Brief description of service: Jefferson Manor is requesting HCBS funding to modify its existing bathtub into a more senior accessible and friendly walk-in flat shower. This will be safer for our senior and aging clients in getting in and out of the shower, and, with greater confidence with the navigation they can better enjoy their shower and hygiene experience thereby uplifting their spirits and adding joy to their lives in the process.</p> <p><b>Project Narrative Description:</b> 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>It is anticipated that with the conversion of the bathtub into a walk-in flat shower the fall risk(s) involved in having to step over almost one foot of the height of the bathtub to get into the bathtub unit itself to have a bath or shower is mitigated. It will be a whole lot easier to simply walk straight into the shower rather than maneuver the height of the bathtub specially if the senior client has difficulty ambulating or is using an adaptive mobility unit such as a wheelchair or walker (which 2 of our clients do). The shower area will likewise be fitted with grab bars for extra support and security ensuring better health and safety measures for our clients.</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___ 2___ 3_X_ 4_X_ 5___ 6___ 7___ 8_X_ 9___ 10___10_</p>	
<p>Enhance the freedom and support to conduct their own schedules and activities in undertaking their ADLs at the same time having more dignity and increasing their confidence in becoming more independent. The proposal to convert the bathtub into a flat walk-in shower is anticipated to enrich their personal lives more by having more freedom and alleviation of fear in maneuvering getting in and out of a bathtub versus simply walking right thru into a flat walk-in shower.</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</p>	

## Home and Community-Based Services (HCBS) Rules

### DEPARTMENT FUNDING GUIDANCE

information is in the evaluation section, please copy it here.
The existing bathtub is used daily by our clients. To convert it into a flat walk-in shower for their daily use will increase their confidence and dignity as well as enrich their ADL experience. Access in maneuvering entry and exit into the shower will most definitely mitigate a fall or accident thereby ensuring the client's safety and health.
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 proposal will enhance HCBS compliance in unquantifiable terms of increased confidence, dignity, privacy, productivity and enrichment of our client's lives.
6. What are the proposed outcomes and objectives of the concept, and what are the methods of achieving and tracking them?
It is projected that consumers of the home will be happier and more productive in their quest towards becoming more independent and empowered in their choice(s) of preferred activities to undertake.
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.
Home presented the situational idea of the proposal to convert their bathtub into a flat walk-in shower. Our non-ambulatory clients were most welcome of the idea and anticipated its fruition.
8. Please describe how the concept you propose will enable you to provide more person-centered services to your clients.
The home's proposal will fulfill the person centered service of what will be important for them – their level of comfort, self-confidence, dignity and self-assurance is enhanced.
9. Please address your plan for maintaining the benefits, value, and success of your project at the conclusion of 2020-21 HCBS Funding.
Home will continue to pursue support and assistance to its consumers in their individual preferences for a more productive and independent life in terms of personal enrichment and enjoyment of their lives.
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 <a href="#">link</a> .
Overall expenses in the conversion proposal is estimated to be is estimated to be \$15,000 to \$20,000 (labor and materials/supply).
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.
The home has projected funding from HCBS.

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

<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) <u>    N/A    </u>          Disparity Funding <input type="checkbox"/> No <input type="checkbox"/> Yes.          If Yes, FY(s) <u>                    </u>          CPP Funding <input type="checkbox"/> No <input type="checkbox"/> Yes.          If Yes, FY(s) <u>                    </u>          CRDP Funding <input type="checkbox"/> No <input type="checkbox"/> Yes.          If Yes, FY(s) <u>                    </u>            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>None; N/A</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>	
<p>None; N/A</p>	

HCBS CONCEPT BUDGET	
Vendor Name	Jefferson Manor
Vendor Number(s)	HX0781

	Year 1 Budget			Year 2 Budget		Total
	Wage and Benefits	FTE		FTE	Annual Cost	Cost
permit to convert			\$ 500		\$ -	
labor - to demolish			\$ 2,000		\$ -	
labor - to put up the flat walk-in shower			\$ 5,000		\$ -	
contractor's permit			\$ 1,000		\$ -	
			\$ -		\$ -	\$ -
			\$ -		\$ -	\$ -
			\$ -		\$ -	\$ -
			\$ -		\$ -	\$ -
			\$ -		\$ -	\$ -
Personnel Subtotal			\$ 8,500		\$ -	\$ -
Supplies/Materials						
Supplies/Materials			\$ 9,000			
%, molding, paint, cement, finishing						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Operating Subtotal			\$ 9,000		\$ -	\$ -
Administrative Expenses						
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Administrative Subtotal			\$ -		\$ -	\$ -
Capital expenses						
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Capital Subtotal						\$ -
Total Concept Cost			\$ 17,500		\$ -	\$ -

See Attachment F for budget details and restrictions