

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: February 10, 2021	Completed by: Gilbert Cardenas
Vendor Name, Address, Contact: Paving the Way II, 12452 Firestone Blvd. Downey, Ca 90242 Contact: Gilbert Cardenas	
Vendor Number: PX0494	
Service Type and Code: 063 Community Activities Support Services	

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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: Individuals receive services in the community based on their needs, preferences and abilities, and participate in community activities to the extent possible. Individuals also have the option to control their personal resources to the extent possible. However, those individuals who are capable are limited in their ability to seek employment due to limited transportation opportunities.

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: The provider does have a current Regional Center IPP on file for all individuals, however the IPP documents do not reflect the different setting options that were considered prior to this setting. However evaluations of our Person Centered Training efforts revealed that training in Person Center Planning would provide a stronger background for development of IPP's reflecting the best possible directions for there individuals.

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<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: Click or tap here to enter text.</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 checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Please explain: Please explain: It is the provider's goal and intention to offer daily activities based on needs, wants and preferences, and structured support so that the individual is able to interact with others they choose to interact with and so that the individual is able to participate in activities that interest them and correspond with their IPP goals. However, oftentimes the provider's goals cannot meet these challenges due to limited transportation options which can change based on consumer needs and behaviors as well as schedules.</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 checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Please explain: At this time, we are not able to allow individuals to choose staffing or to modify their services outside of the prepared schedule of services provided. This is due to limited staffing and staffing availability and transportation issues which do not allow for much flexibility in our operations.</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:

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: [Click or tap here to enter text.](#)

Federal Requirement #7:

*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.*

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: [Click or tap here to enter text.](#)

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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 type="checkbox"/> Yes <input type="checkbox"/> No Please explain: Click or tap here to enter text.</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 type="checkbox"/> Yes <input type="checkbox"/> No Please explain: Click or tap here to enter text.</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 type="checkbox"/> Yes <input type="checkbox"/> No Please explain: Click or tap here to enter text.</p>	

CONTACT INFORMATION

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Contact Name: Sathara Bailey
Contact Phone Number: 562 307- 4699
Email Address: sbailey@choicesrus.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

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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.

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Vendor name	Paving The Way II
Vendor number(s)	PX 0604
Primary regional center	South Central Los Angeles Regional Center
Service type(s)	Community Activities Support Services
Service code(s)	063
Number of consumers typically and currently served	21
Typical and current staff-to-consumer ratio	One to one
<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>PTW II is a community-based program specially designed to provide employment opportunities to individuals who cannot or do not fit in a typical day program due to various behavioral issues; therefore, this is a one-to-one staffing. Daily determinations of appropriateness based on the individual's IPP for the day's programs are made. Individuals are picked up and taken to the specific site for the day and returned to their home at the end of the daily program.</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 two vans, one for non-ambulatory in order to better serve those who participate in the program. The current number of vehicles limits the opportunities to address individual needs and preferences because we are not able to deliver them to multiple locations on a regular basis or in a timely manner for job skill trainings, interviews, or jobs. The second element is for the leadership training we believe that the staff would benefit tremendously from leadership training in their direction and working with the consumers in the program and assisting them in making decisions regarding their goals and participation in the program.</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 X 2 X 3 4 X 5 X 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>The primary barrier in meeting this concept goal is funding. While we do have some vehicles available for the program, we do not have enough to be able to meet the consumers' individualized goals, needs and preferences on a regular basis. The vehicles are used for all of the participants in the program which limits flexibility for individualized schedules as intended in Person-Centered concept.</p>	
<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>	

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The proposed concept provides accessible vehicles which would make it more possible to meet the transportation needs and desires of the participants in a timely and much more regular manner than is currently possible and which would be more consistent with the Person Center approach. In addition, the second element of the proposed concept would provide leadership training for staff to assist both staff in working with the residents and achieving our PCP goals and being in compliance with HCBS rules.

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

The objectives of the proposed concepts are to provide our residents with desirable community integration that meets their needs and expectations. The vehicles would be purchased as soon as funding is granted and received. Use of vehicles and purpose can easily be tracked with sign in sheets showing individual and location traveled to and from. Leadership training will be scheduled and noted when completed.

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.

As part of our ongoing effort, our residents are regularly asked what they would like to do in the community. These discussions often lead to negotiations regarding who can do what and when due to the lack of appropriate transportation. As a result, staff has made several requests, on behalf of the residents, for more transportation availability.

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

Leadership training and Person-Centered Planning training will help our staff to better understand how to address the issues they face daily and to be and feel better equipped to address them in a person-centered manner. The vehicles will provide more opportunity, flexibility and ability to address the wants, needs and preferences of the individuals which would meet with person-centered goals

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

We anticipate immediately purchasing the vehicles and enrolling staff in the leadership training classes. The vehicles should last for many years with basic maintenance.

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](#).

The capital costs are for the purchase of the 2 minivans (one wheel chair assessable) at for a total of \$120,000.00. It is expected that vehicles will be purchased immediately upon grant approval and funding. The operating costs are for the Leadership Training course for 2 staff members at \$980.00. The Leadership training is expected to be completed by all staff attending the course no later than March 2022. These courses are

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offered quarterly; our timing allows time for the participating individuals to schedule their course in a manner that best fits their overall schedule but to complete the course by no later than March 2022.

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.

Not applicable – All cost will be incurred during the program time frame, up to (2) two years.

12. Have you or the organization you work with been a past recipient of DDS funding? If yes, what fiscal year(s)?

HCBS Funding ___ No X Yes. If Yes, FY(s) _____
 Disparity Funding ___ No ___ Yes. If Yes, FY(s) _____
 CPP Funding ___ No ___ Yes. If Yes, FY(s) _____
 CRDP Funding ___ 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.

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.

HCBS CONCEPT BUDGET		Paving The Way II				
Vendor Name		Paving The Way LLC				
Vendor Number(s)		PX0494				
	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						
Leadership Training			\$ 980			\$ 980
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Operating Subtotal			\$ 980		\$ -	\$ 980
Administrative Expenses						
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Administrative Subtotal			\$ -		\$ -	\$ -
Capital expenses						
Mini Van			\$ 45,000			\$ 45,000
WheeChair Van			\$ 75,000			\$ 75,000
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Capital Subtotal			\$ 120,000		\$ -	\$ 120,000
Total Concept Cost			\$ 120,980		\$ -	\$ 120,980

See Attachment F for budget details and restrictions