

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: Click or tap here to enter text.	Completed by: Click or tap here to enter text.
Vendor Name, Address, Contact: Hasu Compassionate Care Home, 20312 Shadow Mountain Road, Walnut, CA 91789 Ashish Bhavsar 9096318521	
Vendor Number: PP0417	
Service Type and Code: 113,915	

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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 Please explain: We are an Adult Residential Facility with 4 clients that aspire to have community integration component, but unable to integrate all consumers into the community. We are faced with transportation challenges for consumers who has different need then the other consumer to integrate. We would also require additional management oversight in the community. When consumers do go out in the community they are assisted by direct care staff and are provided with recreational options as well as volunteer opportunities. Now, extensive integrated options are not offered by our program.</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 Please explain: All clients that live at our facility are provided with options that are in accordance with SGPRC regulations and documented in the individual planning meetings. At our residential facility, self-advocacy and choice making is strongly implemented in all planning and activities, however we are unable to provide individual preference for activity because we have only one transportation available for the facility.</p>	

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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: All staff receive initial and continuing education on the client rights and all clients and/or client representatives are given written material on client's rights on a yearly basis. Additionally, client's rights materials are posted throughout our program. All individual personal information is guarded for privacy and discussions regarding individual needs are only discussed with pertinent members of their support team in a private setting.</p>	
<p><u>Federal Requirement #4:</u> <i>Optimizes but does not regiment individual initiative, autonomy, and independence in making life choices, including, but not limited to, daily activities, physical environment, and with whom to interact.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> • Does the provider offer daily activities that are based on the individual's needs and preferences? • Does the provider structure their support so that the individual is able to interact with individuals they choose to interact with, both at home and in community settings? • Does the provider structure their support so that the individual is able to participate in activities that interest them and correspond with their IPP goals?
<p>Does the service and/or program meet this requirement? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Please explain: We offer activities to the best of our ability in our home setting. However, our current residents frequently request daily activities outside of the home setting, which we can only provide in limited quantities due to staffing and transport limitations. When we are able to provide community outings, residents come home refreshed and happy</p>	

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and have a new outlook for the week; spirits are completely lifted after any community outing and residents usually request another outing immediately upon arriving home from the last one. We are also lacking in the depth of daily activities that we provide in home. Residents need more hands-on activities to participate in at home besides just the usual arts and crafts.

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: All clients are encouraged by all members of our organization to advocate for themselves and engage in daily activity planning and choice making. We have an open-door policy where individuals are encouraged to voice opinions, questions, and concerns. We encourage clients to provide with their preferences on which provider support individuals that they like to work with.

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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></p> <p><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</p> <p>Please explain: Each client has legally enforceable residency agreement document that is signed by them and the licensee on admission. Everyone knows the process of how to relocate and request new housing if they wish so.</p>	
<p><u>Federal Requirement #7:</u></p> <p><i>Each individual has privacy in his/her sleeping or living unit:</i></p> <p><i>Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors as needed.</i></p> <p><i>Individuals sharing units have a choice of roommates in that setting.</i></p> <p><i>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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please explain: Yes, each individual residing at Tohi Care Homes, Inc. has a choice regarding roommates and private accommodations. One resident has recently</p>	

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Attachment C Home and Community-Based Services (HCBS) Rules CONCEPT FORM requested a private-room and we are in the process of granting this request. All residents have personalized their rooms and continue to decorate their spaces as they wish. There are door locks on bedroom doors as well.

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?

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

Please explain: Clients have full access to all the common area of the facilities such as kitchen, dining room, laundry, living room, and backyard. Common areas are equipped with comfortable sitting and designed in such a way where optimal amount of positive interaction among other clients and staff takes place. Refrigerator is always accessible at any time. Individuals have equal access to public transportation, however at time where we have no public transportation and individual desires to integrate into community---we face transportation challenge. Please see #1 for detail expiration.

Federal Requirement #9:

Individuals are able to have visitors of their choosing at any time.

Guidance:

- 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?

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

Please explain: Individuals are not restricted in any way of having guest of their liking. Individuals are encouraged to have visitors. The visiting policies must be in accordance to the house rules that are put forward in admission policy, which is signed by the client.

Federal Requirement #10:

The setting is physically accessible to the individual.

Guidance:

- Do individuals have the freedom to move about inside and outside the home or are they primarily restricted to one room or area?

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	<ul style="list-style-type: none"> • 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 checked="" type="checkbox"/> No</p> <p>Please explain: Individuals are not prevented from entering or exiting certain areas of the setting. Appliances and furniture accessible to every individual equally. Currently there are no grab bars, ramps for wheelchairs, as all clients are mixture of non-ambulatory and ambulatory.</p>	

CONTACT INFORMATION

Contact Name: Ashish Bhavsar

Contact Phone Number: 909-631-8521

Email Address: Ashishbhavsar@hotmail.com

ACKNOWLEDGEMENT

By checking the box below, I acknowledge that completion of this evaluation is for the sole purpose of applying for compliance funding and does not take the place of future provider assessments that the Department may require to determine provider compliance with the HCBS settings rules.

I AGREE

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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	Hasu Compassionate Care Home
Vendor number(s)	PP0417
Primary regional center	SGPRC
Service type(s)	
Service code(s)	113, 915
Number of consumers typically and currently served	4
Typical and current staff-to-consumer ratio	1:2, 1:3
<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>Our home provides home-like services with directed and intensive staffing. Depending on the person's age, adult day programs, or go to work during weekdays. In the evenings, individuals engage in leisure activities, eat a healthy meal, and prepare for the next day. Weekends are spent relaxing, engaging in enjoyable activities at home and in the community, visiting with family and friends, and/or running errands.</p> <p>Following are comments on baseline/current levels for aspects of services for which we are requesting funding. Activities outside the home are desired by service recipients but are dictated by availability of staff and transportation. Attempts are made for individual choice and determination but frequently community sites and activities are chosen by consensus and participation as in groups only due to limited transportation and staffing resources. We would like to see a 50% increase of activities being conducted at 3:1 ratio over the course of the 2 year grant program timetable.</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>Project funding will be used to build 3 rooms, purchase a vehicle (wheelchair accessible van), and cover additional staffing costs to increase opportunities for service recipients to control their own schedules and activities, and engage more fully in community life.</p>	

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These additional resources will allow for individualized choice, rather than compromising on group outings which is the current standard.

We are dedicated to community inclusion through expanding choice and activity options for residents. However, we are unable to afford or sustain funding for 1: 1 staffing support needed to provide full individualized choice. We believe it is possible to increase options and choice through hiring a Person-Centered Planning Coordinator (Activity Coordinator), who will facilitate participation in evening and weekend activities for the residents, and through increased involvement of staff and community volunteers as additional help at those events and activities. Funding would be utilized for: the hiring of a Person-Centered planning coordinator (Activity Coordinator); staff training to advance understanding of the requirements/benefits of volunteer participation with community activity programs; additional staffing for weekend and evening activities; agency Volunteer Coordinator to provide increased training and recruitment of community volunteers.

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___ 4_X_ 5___ 6___ 7_X__ 8_X__ 9___ 10_X__

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. Federal Requirement #1: The core and foundation of HCBS guidelines revolve around Choice, Rights and Opportunities to integrate and have full access to the benefits of the community. To provide all individuals with equal opportunities to access the community we require additional transportation and direct service support. Currently all clients are restricted to activities/outings that are chosen as a group, and sometimes individual choices cannot be provided because there is only one transportation for all the clients.
2. Federal requirement #2 ----To add an integrated employment component to our behavioral management services we must conduct vocational assessments to develop person centered plans that provide everyone with equal choices, rights and opportunities to not only gain but sustain integrated employment in the community. To accomplish this requirement, we are seeking funding to have a vocational assessment conducted for everyone receiving services. Assessment with be conducted by a vocational specialist who has experience developing vocational assessments for

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individuals with developmental disabilities. In addition, we are seeking funding to hire a staff member (vocational liaison) with a vocational background to help seek employment opportunities in the community so that individuals have employment placement options. Vocational liaison can be synonymous with the Person-centered planning coordinator.

3. Federal Requirement #4- The underlying foundation behind person center planning is to provide individuals with choice, rights and opportunities to integrate into the community. When providing individuals with more choices and opportunities to integrate in the community, there is more exposure to risk. And since most of our services are provided in a site-based setting, we are requesting additional funding to permanently hire an additional supervisor. This supervisor will assist in monitoring staff and client interactions in the community in addition will provide behavioral support and training to ensure client's person-centered plans are followed.
4. Federal Requirement #1,4, and 8: the barriers are the same and include: limited access to transportation (only 1 van per home); staffing limitations and the need to maintain safe staffing ratios (don't have enough staff available for 1:1 outings and some individuals need 2:1 ratios while in the community); and balancing the needs/desires of others in the home. This concept is necessary to provide the resources (vehicles and staff) to meet HCBS requirements of providing opportunities for service recipients to engage in community life and control their own schedules and activities.
5. Federal Requirement #10: Although we have 4 individualized rooms and 2 bathrooms, we do not have grab bars, appropriate permanent seats (we do have temporary seats but it is not so inviting), and wheelchair ramps for individuals to roam on their own.

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.

Having greater access to transportation and augmented staff support will provide the resources necessary: • for individuals to increase access to services in the community, and participate in individualized outings and activities outside the home (Requirement #1) • to honor individuals' choices regarding participation in preferred activities outside of the home and interaction with people of their choosing (Requirement #4) • to

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empower individuals to decide their own schedules and receive the support necessary to implement their choices (Requirement #8)

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

The primary outcome is increased personal choice and options in activities for all the residents. The secondary outcome is to create a new culture at our agency, where we work across departments/silos/homes to develop efficient procedures and maximize resources to advance person centered planning, programs, and mission. Objectives include: hiring/training of activity coordinator by 9/2021; interview residents of home regarding activity interests by 10/2021; develop process for communication and coordination of scheduling for staffing/client activities by 11/2021; training regarding volunteer relations and regulations by 11/2021; recruitment/screening of volunteers for weekend and evening activity support by 11/2021; staff hiring or reallocation to activity support positions by 12/2021; implementation by 1/2022; evaluate and adapt 6/2022, explore expansion of program to additional residents, 3/22. As a pilot program, this initiative will be advanced through a Plan of Action (with objectives, who is responsible, date) that will be developed and conducted by a staff team of Activity Coordinator, residential home staff and residential clients, overseen by the Residential Director, and reported on quarterly to the Program Committee of the Administrator.

We are proposing also to remodel the bathrooms, install grab bars, and wheelchair ramps. This project will be done within 3 months of funding.

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.

Discussions were held at the group home with residents on an individual basis, and input was also obtained from our behaviorist who work with the residents on more personal levels. The findings and concept were further discussed at a team meeting which included administrator, CEO, residential director (house supervisor) and a family member. Volunteer Coordinator and Development Director. Additional conversations with clients in the agency's other homes will take place by 6/21 to determine expansion of this concept to other residents.

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

The concepts of a Person-centered planning coordinator (Activity Coordinator), additional staffing for evening/weekends, volunteer participation in evening and weekend activities, and thereby increasing activity options based on preferences, was developed to advance person-centered choices and individualized preference, and individualize services in our residential homes.

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

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We plan to utilize of a new software scheduling system to increase staffing options and client support while reducing overhead. We believe this pilot concept will provide new opportunities for activities and choice for our clients; a new model for efficient staffing across programs and career growth; and increase volunteer involvement with our agency. Perhaps most important, we are anticipating an increased financial efficiency that will help sustain this concept going forward. We are planning regular meetings of an implementation team to review progress, financial impact, challenges, and successes, and adapt the initiative as needed.

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](#).

Firstly, we plan to purchase a van (wheelchair enabled \$62,000) 6 months after funding.

Secondly, two year budget request (\$81,117/year) is for a full-time Person-centered planning coordinator (hiring by 9/2021), three additional/reallocated direct care staff to work with residents during evening and weekend hours (hiring or reallocation of positions by 11/2021), and administrative expenses at rate allowed for this grant (at start of award, est 9/2021).

Thirdly, Construction of additional room/ or separation of rooms will be completed within one year of funding. This process will include engineering, architectural planning, permitting from the city, and construction. The rooms will cost approximately \$50,000 each, which will include ADA compliant remodeling of the existing bathrooms.

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.

As noted in answer #9 above, the agency is launching a new staff scheduling model and cross training of staff across departments to maximize staff resources, minimize OT and provide for career growth. We see this as a sustainability initiative which will help control expenses and optimize staffing. In addition, utilizing volunteers in activities and outings will allow for enhanced community inclusion at minimal expense to the agency.

12. Have you or the organization you work with been a past

HCBS Funding No Yes.

If Yes, FY(s)

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recipient of DDS funding? If yes, what fiscal year(s)?	Disparity Funding <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. If Yes, FY(s) _____ CPP Funding <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. If Yes, FY(s) _____ CRDP Funding <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. If Yes, FY(s) _____ _____ If yes to any question be sure to answer questions 13 and 14.
<p>For providers who have received prior HCBS, Disparity, CPP or CRDP Funding from DDS</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>Not applicable</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>Not applicable</p>	

HCBS CONCEPT BUDGET						
Vendor Name		Hasu Compassionate Care Home				
Vendor Number(s)		PP0417 (service code 113)				
	Wage and Benefits	Year 1 Budget		Year 2 Budget		Total
		FTE	Annual Cost	FTE	Annual Cost	Cost
Personnel (wage + benefits)						
Person Centered Planning Coordinator	81117	1.00	\$ 81,117		\$ -	\$ 81,117
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Personnel Subtotal			\$ 81,117		\$ -	\$ 81,117
Operating expenses						
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
Operating Subtotal			\$ -		\$ -	\$ -
Administrative Expenses						
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
Administrative Subtotal			\$ -		\$ -	\$ -
Capital expenses						
Vehicle with a lift			\$ 62,000		\$ -	\$ 62,000
Insurance for the vehicle			\$ 3,500		\$ -	\$ 3,500
Installing ADA compliant Bathrooms/wheelchair ramp (\$1600)			\$ 32,000		\$ -	\$ 32,000
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
Capital Subtotal			\$ 97,500		\$ -	\$ 97,500
Total Concept Cost			\$ 178,617		\$ -	\$ 178,617

See Attachment F for budget details and restrictions

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

Date(s) of Evaluation: Click or tap here to enter text.	Completed by: Click or tap here to enter text.
Vendor Name, Address, Contact: Hourglass Home, 1121 Hourglass place, Diamond Bar, CA 91784, Ashish Bhavsar 9096318521	
Vendor Number: HP6499	
Service Type and Code: 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 Please explain: We are an Adult Residential Facility with 6 clients that aspire to have community integration component, but unable to integrate all consumers into the community. We are faced with transportation challenges for consumers who has different need then the other consumer to integrate. We would also require additional management oversight in the community. When consumers do go out in the community they are assisted by direct care staff and are provided with recreational options as well as volunteer opportunities. Now, extensive integrated options are not offered by our program.</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 Please explain: All clients that live at our facility are provided with options that are in accordance with SGPRC regulations and documented in the individual planning meetings. At our residential facility, self-advocacy and choice making is strongly implemented in all planning and activities, however we are unable to provide individual room and board. Currently we can only offer shared rooms due to constraints of our physical home. We have only 3 rooms to be shared by 6 consumers.</p>	

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

<p><u>Federal Requirement #3:</u> <i>Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> • Does the provider inform individuals, in a manner they can understand, of their rights to privacy, dignity, respect, and freedom from coercion and restraint? • Does the provider communicate, both verbally and in writing, in a manner that ensures privacy and confidentiality? • Do staff communicate with individuals based on their needs and preferences, including alternative methods of communication where needed (e.g., assistive technology, Braille, large font print, sign language, participants' language, etc.)?
<p>Does the service and/or program meet this requirement? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please explain: All staff receive initial and continuing education on the client rights and all clients and/or client representatives are given written material on client's rights on a yearly basis. Additionally, client's rights materials are posted throughout our program. All individual personal information is guarded for privacy and discussions regarding individual needs are only discussed with pertinent members of their support team in a private setting.</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</p> <p>Please explain: All clients are encouraged to advocate for themselves and engage in daily activity planning and choice making. Individuals are encouraged to interact with all peers and engage and building meaningful relationships with peers of their liking. Most</p>	

**Home and Community-Based Services (HCBS) Rules
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of the residents are requesting a single unit for themselves, and we have not been able to arrange them with proper room-mates as best of their satisfaction.

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: All clients are encouraged by all members of our organization to advocate for themselves and engage in daily activity planning and choice making. We have an open-door policy where individuals are encouraged to voice opinions, questions, and concerns. We encourage clients to provide with their preferences on which provider support individuals that they like to work with.

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

Only providers of services in **provider-owned or controlled residential settings** need to complete the remainder of this evaluation. In **provider-owned or controlled residential settings**, in addition to the above requirements, the following requirements must also be met:

<p><u>Federal Requirement #6:</u> <i>The unit or dwelling is a specific physical place that can be owned, rented or occupied under a legally enforceable agreement by the individual receiving services, and the individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city or other designated entity. For settings in which landlord/tenant laws do not apply, the State must ensure that a lease, residency agreement or other form of written agreement will be in place for each participant and that the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord/tenant law.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> • As applicable, does each individual have a lease, residency agreement, admission agreement, or other form of written residency agreement? • Are individuals informed about how to relocate and request new housing?
<p>Does the service and/or program meet this requirement? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Please explain: Each client has legally enforceable residency agreement document that is signed by them and the licensee on admission. Everyone knows the process of how to relocate and request new housing if they wish so.</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: Currently individuals are not offered private rooms due to constraints of the physical plant. We have 3 bedrooms available to be shared between 6 clients.</p>	

**Home and Community-Based Services (HCBS) Rules
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However individual choices for privacy, and options for furnishing and decorating their section of the room is highly encouraged. Clients also share rooms with their preferred roommate.

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?

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

Please explain: Clients have full access to all the common area of the facilities such as kitchen, dining room, laundry, living room, and backyard. Common areas are equipped with comfortable sitting and designed in such a way where optimal amount of positive interaction among other clients and staff takes place. Refrigerator is always accessible at any time. Individuals have equal access to public transportation, however at time where we have no public transportation and individual desires to integrate into community---we face transportation challenge. Please see #1 for detail expiration.

Federal Requirement #9:

Individuals are able to have visitors of their choosing at any time.

Guidance:

- 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?

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

Please explain: Individuals are not restricted in any way of having guest of their liking. Individuals are encouraged to have visitors. The visiting policies must be in accordance to the house rules that are put forward in admission policy, which is signed by the client.

Federal Requirement #10:

The setting is physically accessible to the individual.

Guidance:

- 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

**Home and Community-Based Services (HCBS) Rules
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	<p>so that individuals who need those supports can move about the setting as they choose?</p> <ul style="list-style-type: none"> • Are appliances and furniture accessible to every individual?
<p>Does the service and/or program meet this requirement? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Please explain: Individuals are not prevented from entering or exiting certain areas of the setting. Appliances and furniture accessible to every individual equally. Currently there are no grab bars, ramps for wheelchairs, as all clients are ambulatory.</p>	

CONTACT INFORMATION

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Contact Phone Number: 909-631-8521

Email Address: Ashishbhavsar@hotmail.com

ACKNOWLEDGEMENT

By checking the box below, I acknowledge that completion of this evaluation is for the sole purpose of applying for compliance funding and does not take the place of future provider assessments that the Department may require to determine provider compliance with the HCBS settings rules.

I AGREE

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

Regional center vendors may receive funding to make changes to service settings and/or programs to help them come into compliance with the HCBS rules. To be considered for funding, vendors must complete and submit this form and the provider compliance evaluation form as one packet to the regional center with which it has primary vendorization.

Instructions:

- The concept form on the next page must be used, may not exceed four pages plus the budget worksheet and any cost backup, and must be kept in Arial 12-point font. Submit the form in Microsoft Word or PDF format. An extra half page is permitted to answer questions about prior funding.
- Using a form from previous years will negatively impact a concept score, so please ensure the current FY 20-21 form is used.
- For providers that operate programs with several vendor numbers involved in one concept, one evaluation and concept form should be submitted and should list all vendor numbers for related/included programs. If multiple programs owned by the same parent company have different compliance evaluations or concepts, additional applications can be submitted but should be attached in the same document as the other owned programs so they can be reviewed together.
- The results of the evaluation should be clearly laid out in the section referring to identification of federal requirements that are currently out of compliance, which the concept will address.
- The concept form includes detailed information that describes the funding requests and supports how the requests will assist the provider to come into compliance.
- There should be a clear link between what is being requested and the federal requirement currently out of compliance.
- Concepts should demonstrate how the requested change in service delivery will impact individuals in offering more choices and opportunities.

Strengths of previously funded concepts:

- Identified the need as well as proposed a plan to provide outreach and information regarding the HCBS rules to individuals served and members of their support teams.
- Discussed the need for additional funds to effectively support individuals served on a more individualized basis in overcoming barriers to community integration and employment, as appropriate.
- Prioritized the preferences of individuals served and utilized their feedback in the development of the concept.
- Implemented a sustainable plan for person-centered planning/thinking and training regarding the HCBS rules.
- Enabled residents to age in place and exercise more choice and independence.

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	Hourglass Home
Vendor number(s)	HP6499
Primary regional center	SGPRC
Service type(s)	Residential
Service code(s)	915
Number of consumers typically and currently served	6
Typical and current staff-to-consumer ratio	1:3, 1:6
<p>1. Please provide a brief description of the service/setting. Include what a typical day consists of during regular program as well as how services are currently being provided. This response must include the baseline/current levels for any aspects of the program for which the concept proposes funding.</p>	
<p>Our home provides home-like services with directed and intensive staffing. Depending on the person's age, adult day programs, or go to work during weekdays. In the evenings, individuals engage in leisure activities, eat a healthy meal, and prepare for the next day. Weekends are spent relaxing, engaging in enjoyable activities at home and in the community, visiting with family and friends, and/or running errands.</p> <p>Following are comments on baseline/current levels for aspects of services for which we are requesting funding. Activities outside the home are desired by service recipients but are dictated by availability of staff and transportation. Attempts are made for individual choice and determination but frequently community sites and activities are chosen by consensus and participation as in groups only due to limited transportation and staffing resources. We would like to see a 50% increase of activities being conducted at 3:1 ratio over the course of the 2year grant program timetable.</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 summary narrative of the concept for which you are requesting funding, including justification for the funding.</p>	
<p>Project funding will be used to build 3 rooms, purchase a vehicle (wheelchair accessible van), and cover additional staffing costs to increase opportunities for service recipients to control their own schedules and activities, and engage more fully in community life. These additional resources will allow for individualized choice, rather than compromising on group outings which is the current standard.</p> <p>We are dedicated to community inclusion through expanding choice and activity options for residents. However, we are unable to afford or sustain funding for 1: 1 staffing support needed to provide full individualized choice. We believe it is possible to increase options and choice</p>	

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

through hiring a Person-Centered Planning Coordinator (Activity Coordinator), who will facilitate participation in evening and weekend activities for the residents, and through increased involvement of staff and community volunteers as additional help at those events and activities. Funding would be utilized for: the hiring of a Person-Centered planning coordinator (Activity Coordinator); staff training to advance understanding of the requirements/benefits of volunteer participation with community activity programs; additional staffing for weekend and evening activities; agency Volunteer Coordinator to provide increased training and recruitment of community volunteers.

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__ 4_X_ 5__ 6__ 7_X_ 8_X_ 9__ 10_X_

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. Federal Requirement #1: The core and foundation of HCBS guidelines revolve around Choice, Rights and Opportunities to integrate and have full access to the benefits of the community. To provide all individuals with equal opportunities to access the community we require additional transportation and direct service support. Currently all clients are restricted to activities/outings that are chosen as a group, and sometimes individual choices cannot be provided because there is only one transportation for all the clients.
2. Federal requirement #2 ----To add an integrated employment component to our behavioral management services we must conduct vocational assessments to develop person centered plans that provide everyone with equal choices, rights and opportunities to not only gain but sustain integrated employment in the community. To accomplish this requirement, we are seeking funding to have a vocational assessment conducted for everyone receiving services. Assessment will be conducted by a vocational specialist who has experience developing vocational assessments for individuals with developmental disabilities. In addition, we are seeking funding to hire a staff member (vocational liaison) with a vocational background to help seek employment opportunities in the community so that individuals have employment placement options. Vocational liaison can be synonymous with the Person-centered planning coordinator.
3. Federal Requirement #4- The underlying foundation behind person center planning is to provide individuals with choice, rights and opportunities to integrate into the community. When providing individuals with more choices and opportunities to integrate in the community, there is more exposure to risk. And since most of our services are provided

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

in a site-based setting, we are requesting additional funding to permanently hire an additional supervisor. This supervisor will assist in monitoring staff and client interactions in the community in addition will provide behavioral support and training to ensure client's person-centered plans are followed.

4. Federal Requirement #7: An option for a private unit in a residential setting may be provided. Currently at our facility we are only able to offer 3 rooms that are shared among 6 clients. Each of this rooms offer privacy however it may not be as private as having an individual room. Therefore, we are requesting additional funding to build additional 3 rooms.
5. Federal Requirement #1,4,8, and 10: the barriers are the same and include: limited access to transportation (only 1 van per home); staffing limitations and the need to maintain safe staffing ratios (don't have enough staff available for 1:1 outings and some individuals need 2:1 ratios while in the community); and balancing the needs/desires of others in the home. This concept is necessary to provide the resources (vehicles and staff) to meet HCBS requirements of providing opportunities for service recipients to engage in community life and control their own schedules and activities.

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.

Having greater access to transportation and augmented staff support will provide the resources necessary: • for individuals to increase access to services in the community, and participate in individualized outings and activities outside the home (Requirement #1) • to honor individuals' choices regarding participation in preferred activities outside of the home and interaction with people of their choosing (Requirement #4) • to empower individuals to decide their own schedules and receive the support necessary to implement their choices (Requirement #8)

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

The primary outcome is increased personal choice and options in activities for all the residents. The secondary outcome is to create a new culture at our agency, where we work across departments/silos/homes to develop efficient procedures and maximize resources to advance person centered planning, programs, and mission. Objectives include: hiring/training of activity coordinator by 9/2021; interview residents of home regarding activity interests by 10/2021; develop process for communication and coordination of scheduling for staffing/client activities by 11/2021; training regarding volunteer relations and regulations by 11/2021; recruitment/screening of volunteers for weekend and evening activity support by 11/2021; staff hiring or reallocation to activity support positions by 12/2021; implementation by 1/2022; evaluate and adapt 6/2022, explore expansion of program to additional residents, 3/22. As a pilot program, this initiative will be advanced through a Plan of Action (with objectives, who is responsible, date) that will be developed and conducted by a staff team of Activity Coordinator, residential

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home staff and residential clients, overseen by the Residential Director, and reported on quarterly to the Program Committee of the Administrator.

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.

Discussions were held at the group home with residents on an individual basis, and input was also obtained from our behaviorist who work with the residents on more personal levels. The findings and concept were further discussed at a team meeting which included administrator, CEO, residential director (house supervisor) and a family member. Volunteer Coordinator and Development Director. Additional conversations with clients in the agency's other homes will take place by 6/21 to determine expansion of this concept to other residents.

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

The concepts of a Person-centered planning coordinator (Activity Coordinator), additional staffing for evening/weekends, volunteer participation in evening and weekend activities, and thereby increasing activity options based on preferences, was developed to advance person-centered choices and individualized preference, and individualize services in our residential homes.

All residents having their individual unit, that can have a door to give them more privacy further provides them with person-centered choices and individualized preference at our residential establishments.

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

We plan to utilize of a new software scheduling system to increase staffing options and client support while reducing overhead. We believe this pilot concept will provide new opportunities for activities and choice for our clients; a new model for efficient staffing across programs and career growth; and increase volunteer involvement with our agency. Perhaps most important, we are anticipating an increased financial efficiency that will help sustain this concept going forward. We are planning regular meetings of an implementation team to review progress, financial impact, challenges, and successes, and adapt the initiative as needed.

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](#).

Firstly, we plan to purchase a van (wheelchair enabled \$62,000) 6 months after funding.

Secondly, two year budget request (\$81,117/year) is for a full-time Person-centered planning coordinator (hiring by 9/2021), three additional/reallocated direct care staff to work with

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

residents during evening and weekend hours (hiring or reallocation of positions by 11/2021), and administrative expenses at rate allowed for this grant (at start of award, est 9/2021).

Thirdly, Construction of additional room/ or separation of rooms will be completed within one year of funding. This process will include engineering, architectural planning, permitting from the city, and construction. The rooms will cost approximately \$50,000 each, which will include ADA compliant remodeling of the existing bathrooms.

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.

As noted in answer #9 above, the agency is launching a new staff scheduling model and cross training of staff across departments to maximize staff resources, minimize OT and provide for career growth. We see this as a sustainability initiative which will help control expenses and optimize staffing. In addition, utilizing volunteers in activities and outings will allow for enhanced community inclusion at minimal expense to the agency.

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 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.

Not applicable

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	Hourglass Home					
Vendor Name	Hasu Homes Inc					
Vendor Number(s)	HP6499					
	Wage and Benefits	Year 1 Budget		Year 2 Budget		Total
		FTE	Annual Cost	FTE	Annual Cost	Cost
Personnel (wage + benefits)						
Person Centered Planning Coordinator	81117	1.00	\$ 81,117		\$ -	\$ 81,117
(Activity Coordinator)			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Personnel Subtotal			\$ 81,117		\$ -	\$ 81,117
Operating expenses						
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Operating Subtotal			\$ -		\$ -	\$ -
Administrative Expenses						
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Administrative Subtotal			\$ -		\$ -	\$ -
Capital expenses						
Vehicle with a lift			\$ 62,000			\$ 62,000
Insurance for the vehicle			\$ 3,500			\$ 3,500
Remodel Room for privacy (quarantine) X 3 rooms Above cost includes remodeling of 2 bathrooms			\$ 150,000			\$ 150,000
						\$ -
						\$ -
						\$ -
						\$ -
Capital Subtotal			\$ 215,500		\$ -	\$ 215,500
Total Concept Cost			\$ 296,617		\$ -	\$ 296,617

See Attachment F for budget details and restrictions

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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: Click or tap here to enter text.	Completed by: Click or tap here to enter text.
Vendor Name, Address, Contact: Kendall Guest Homes 1 & 2, 4700 and 4702 Maxson st, El Monte, CA, 91732. Ashish Bhavsar, 9096318521	
Vendor Number: HP0097, HP0098	
Service Type and Code: 915	

**Home and Community-Based Services (HCBS) Rules
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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</p> <p>Please explain: We are an Adult Residential Facility and Residential Care facility for Elderly with 6 and 9 clients respectively that aspire to have community integration component, but unable to integrate all consumers into the community. We are faced with transportation challenges for consumers who has different need then the other consumer to integrate. We would also require additional management oversight in the community. When consumers do go out in the community they are assisted by direct care staff and are provided with recreational options as well as volunteer opportunities. Now, extensive integrated options are not offered by our program.</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</p> <p>Please explain: All clients that live at our facility are provided with options that are in accordance with SGPRC regulations and documented in the individual planning meetings. At our residential facility, self-advocacy and choice making is strongly implemented in all planning and activities, however we are unable to provide individual room for the Kendall Guest Home 1 (ARF). Currently we can only offer shared rooms due to constraints of our physical home. We have only 3 rooms to be shared by 6 consumers. The consumers are given information about different setting options and</p>	

**Home and Community-Based Services (HCBS) Rules
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training is provided as needed. Through this process the IPP is developed and implemented. Each individual's current IPP is maintained in their file. The implementation process requires additional training among staff provided by a qualified professional to provide the necessary skills required to ensure each individual's plan is realized.

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: All staff receive initial and continuing education on the client rights and all clients and/or client representatives are given written material on client's rights on a yearly basis. Additionally, client's rights materials are posted throughout our program. All individual personal information is guarded for privacy and discussions regarding individual needs are only discussed with pertinent members of their support team in a private setting.

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?

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

Please explain: All clients are encouraged to advocate for themselves and engage in daily activity planning and choice making. Individuals are encouraged to interact with all peers and engage and building meaningful relationships with peers of their liking. All individuals in Kendall Guest Home I are requesting a single unit for themselves, and we have not been able to arrange them with proper room-mates as best of their satisfaction.

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: All clients are encouraged by all members of our organization to advocate for themselves and engage in daily activity planning and choice making. We have an open-door policy where individuals are encouraged to voice opinions, questions, and concerns. We encourage clients to provide with their preferences on which provider support individuals that they like to work with.

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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 Please explain: Each client has legally enforceable residency agreement document that is signed by them and the licensee on admission. Everyone knows the process of how to relocate and request new housing if they wish so.</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: Currently individuals are not offered private rooms due to constraints of the physical plant. We have 3 bedrooms available to be shared between 6 clients in</p>	

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Kendall Guest Home I. However individual choices for privacy, and options for furnishing and decorating their section of the room is highly encouraged. Clients also share rooms with their preferred roommate.

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?

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

Please explain: Clients have full access to all the common area of the facilities such as kitchen, dining room, laundry, living room, and backyard. Common areas are equipped with comfortable sitting and designed in such a way where optimal amount of positive interaction among other clients and staff takes place. Refrigerator is always accessible at any time. Individuals have equal access to public transportation, however at time where we have no public transportation and individual desires to integrate into community---we face transportation challenge. Please see #1 for detail expiration.

Federal Requirement #9:

Individuals are able to have visitors of their choosing at any time.

Guidance:

- 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?

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

Please explain: Individuals are not restricted in any way of having guest of their liking. Individuals are encouraged to have visitors. The visiting policies must be in accordance to the house rules that are put forward in admission policy, which is signed by the client.

Federal Requirement #10:

The setting is physically accessible to the individual.

Guidance:

- 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

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	<p>so that individuals who need those supports can move about the setting as they choose?</p> <ul style="list-style-type: none"> • Are appliances and furniture accessible to every individual?
<p>Does the service and/or program meet this requirement? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Please explain: Individuals are not prevented from entering or exiting certain areas of the setting. Appliances and furniture accessible to every individual equally. Currently there are no grab bars, ramps for wheelchairs, as all clients are mixture of ambulatory and non-ambulatory.</p>	

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

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/>.

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Vendor name	Kendall Guest Home 1 and 2
Vendor number(s)	HP0097 and HP0098
Primary regional center	SGPRC
Service type(s)	Residential
Service code(s)	915
Number of consumers typically and currently served	15
Typical and current staff-to-consumer ratio	1:3, 1:6
<p>1. Please provide a brief description of the service/setting. Include what a typical day consists of during regular program as well as how services are currently being provided. This response must include the baseline/current levels for any aspects of the program for which the concept proposes funding.</p>	
<p>Our home provides home-like services with directed and intensive staffing. Depending on the person's age, adult day programs, or go to work during weekdays. In the evenings, individuals engage in leisure activities, eat a healthy meal, and prepare for the next day. Weekends are spent relaxing, engaging in enjoyable activities at home and in the community, visiting with family and friends, and/or running errands.</p> <p>Following are comments on baseline/current levels for aspects of services for which we are requesting funding. Activities outside the home are desired by service recipients but are dictated by availability of staff and transportation. Attempts are made for individual choice and determination but frequently community sites and activities are chosen by consensus and participation as in groups only due to limited transportation and staffing resources. We would like to see a 50% increase of activities being conducted at 3:1 ratio over the course of the 2-year grant program timetable.</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 summary narrative of the concept for which you are requesting funding, including justification for the funding.</p>	
<p>Project funding will be used to build 3 rooms, purchase a vehicle (wheelchair accessible van), and cover additional staffing costs to increase opportunities for service recipients to control their own schedules and activities, and engage more fully in community life. These additional resources will allow for individualized choice, rather than compromising on group outings which is the current standard.</p> <p>We are dedicated to community inclusion through expanding choice and activity options for residents. However, we are unable to afford or sustain funding for 1: 1 staffing support needed to provide full individualized choice. We believe it is possible to increase options and choice</p>	

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through hiring a Person-Centered Planning Coordinator (Activity Coordinator), who will facilitate participation in evening and weekend activities for the residents, and through increased involvement of staff and community volunteers as additional help at those events and activities. Funding would be utilized for: the hiring of a Person-Centered planning coordinator (Activity Coordinator); staff training to advance understanding of the requirements/benefits of volunteer participation with community activity programs; additional staffing for weekend and evening activities; agency Volunteer Coordinator to provide increased training and recruitment of community volunteers.

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__ 4X__ 5__ 6__ 7_X_ 8__ 9__ 10_X__

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. Federal Requirement #1: The core and foundation of HCBS guidelines revolve around Choice, Rights and Opportunities to integrate and have full access to the benefits of the community. To provide all individuals with equal opportunities to access the community we require additional transportation and direct service support. Currently all clients are restricted to activities/outings that are chosen as a group, and sometimes individual choices cannot be provided because there is only one transportation for all the clients.
2. Federal requirement #2 ----To add an integrated employment component to our behavioral management services we must conduct vocational assessments to develop person centered plans that provide everyone with equal choices, rights and opportunities to not only gain but sustain integrated employment in the community. To accomplish this requirement, we are seeking funding to have a vocational assessment conducted for everyone receiving services. Assessment will be conducted by a vocational specialist who has experience developing vocational assessments for individuals with developmental disabilities. In addition, we are seeking funding to hire a staff member (vocational liaison) with a vocational background to help seek employment opportunities in the community so that individuals have employment placement options. Vocational liaison can be synonymous with the Person-centered planning coordinator.
3. Federal Requirement #4- The underlying foundation behind person center planning is to provide individuals with choice, rights and opportunities to integrate into the community. When providing individuals with more choices and opportunities to integrate in the community, there is more exposure to risk. And since most of our services are provided

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in a site-based setting, we are requesting additional funding to permanently hire an additional supervisor. This supervisor will assist in monitoring staff and client interactions in the community in addition will provide behavioral support and training to ensure client's person-centered plans are followed.

4. Federal Requirement #7: An option for a private unit in a residential setting may be provided. Currently at our facility we are only able to offer 3 rooms that are shared among 6 clients. Each of this rooms offer privacy however it may not be as private as having an individual room. Therefore, we are requesting additional funding to build additional 3 rooms.
5. Federal Requirement #1,4, and 8: the barriers are the same and include: limited access to transportation (only 1 van per home); staffing limitations and the need to maintain safe staffing ratios (don't have enough staff available for 1:1 outings and some individuals need 2:1 ratios while in the community); and balancing the needs/desires of others in the home. This concept is necessary to provide the resources (vehicles and staff) to meet HCBS requirements of providing opportunities for service recipients to engage in community life and control their own schedules and activities.

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.

Having greater access to transportation and augmented staff support will provide the resources necessary: • for individuals to increase access to services in the community, and participate in individualized outings and activities outside the home (Requirement #1) • to honor individuals' choices regarding participation in preferred activities outside of the home and interaction with people of their choosing (Requirement #4) • to empower individuals to decide their own schedules and receive the support necessary to implement their choices (Requirement #8)

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

The primary outcome is increased personal choice and options in activities for all the residents. The secondary outcome is to create a new culture at our agency, where we work across departments/silos/homes to develop efficient procedures and maximize resources to advance person centered planning, programs, and mission. Objectives include: hiring/training of activity coordinator by 9/2021; interview residents of home regarding activity interests by 10/2021; develop process for communication and coordination of scheduling for staffing/client activities by 11/2021; training regarding volunteer relations and regulations by 11/2021; recruitment/screening of volunteers for weekend and evening activity support by 11/2021; staff hiring or reallocation to activity support positions by 12/2021; implementation by 1/2022; evaluate and adapt 6/2022, explore expansion of program to additional residents, 3/22. As a pilot program, this initiative will be advanced through a Plan of Action (with objectives, who is responsible, date) that will be developed and conducted by a staff team of Activity Coordinator, residential

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<p>home staff and residential clients, overseen by the Residential Director, and reported on quarterly to the Program Committee of the Administrator.</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>Discussions were held at the group home with residents on an individual basis, and input was also obtained from our behaviorist who work with the residents on more personal levels. The findings and concept were further discussed at a team meeting which included administrator, CEO, residential director (house supervisor) and a family member. Volunteer Coordinator and Development Director. Additional conversations with clients in the agency's other homes will take place by 6/21 to determine expansion of this concept to other residents.</p>
<p>8. Please describe how the concept you propose will enable you to provide more person-centered services to your clients.</p>
<p>The concepts of a Person-centered planning coordinator (Activity Coordinator), additional staffing for evening/weekends, volunteer participation in evening and weekend activities, and thereby increasing activity options based on preferences, was developed to advance person-centered choices and individualized preference, and individualize services in our residential homes.</p> <p>All residents having their individual unit, that can have a door to give them more privacy further provides them with person-centered choices and individualized preference at our residential establishments.</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>We plan to utilize of a new software scheduling system to increase staffing options and client support while reducing overhead. We believe this pilot concept will provide new opportunities for activities and choice for our clients; a new model for efficient staffing across programs and career growth; and increase volunteer involvement with our agency. Perhaps most important, we are anticipating an increased financial efficiency that will help sustain this concept going forward. We are planning regular meetings of an implementation team to review progress, financial impact, challenges, and successes, and adapt the initiative as needed.</p>
<p>10. Write a brief narrative below explaining each major cost category and timeline. Complete the budget template at the end of the concept sheet. An excel version with formulas is available. When applicable, budgets should include personnel/benefits, operating costs such as consultants or training, administrative expenses/indirect costs, and capital costs (assets lasting more than 2 years). If project spans 2 years or occurs in phases, budget should be separated by phase/year.</p> <p>Administrative costs, if any, must comply with DDS' vendor requirements, including a cap of 15% of the sum of personnel/benefits, consulting, and operating costs (must exclude capital costs). This information can be found at this link.</p>
<p>Firstly, we plan to purchase a van (wheelchair enabled \$62,000) 6 months after funding.</p> <p>Secondly, two year budget request (\$81,117/year) is for a full-time Person-centered planning coordinator (hiring by 9/2021), three additional/reallocated direct care staff to work with</p>

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residents during evening and weekend hours (hiring or reallocation of positions by 11/2021), and administrative expenses at rate allowed for this grant (at start of award, est 9/2021).

Thirdly, Construction of additional room/ or separation of rooms will be completed within one year of funding. This process will include engineering, architectural planning, permitting from the city, and construction. The rooms will cost approximately \$50,000 each, which will include ADA compliant remodeling of the existing bathrooms.

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.

As noted in answer #9 above, the agency is launching a new staff scheduling model and cross training of staff across departments to maximize staff resources, minimize OT and provide for career growth. We see this as a sustainability initiative which will help control expenses and optimize staffing. In addition, utilizing volunteers in activities and outings will allow for enhanced community inclusion at minimal expense to the agency.

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 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.

Not applicable

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		Kendall Guest Homes				
Vendor Name		Kendall Guest Home 1 and 2				
Vendor Number(s)		HP0097, HP0098				
	Wage and Benefits	Year 1 Budget		Year 2 Budget		Total
		FTE	Annual Cost	FTE	Annual Cost	Cost
Personnel (wage + benefits)						
Person Centered Planning Coordinator	81117	1.00	\$ 81,117		\$ -	\$ 81,117
(Activity Coordinator/ Vocational Liaison)			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Personnel Subtotal			\$ 81,117		\$ -	\$ 81,117
Operating expenses						
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
Operating Subtotal			\$ -		\$ -	\$ -
Administrative Expenses						
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
Administrative Subtotal			\$ -		\$ -	\$ -
Capital expenses						
Vehicle with a lift (for 2 vehicles)			\$ 124,000		\$ -	\$ 124,000
Insurance for the vehicle			\$ 7,000		\$ -	\$ 7,000
Remodel Room for privacy (quarantine) X 3 rooms Above cost includes remodeling of 2 bathrooms			\$ 150,000		\$ -	\$ 150,000
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
Capital Subtotal			\$ 281,000		\$ -	\$ 281,000
Total Concept Cost			\$ 362,117		\$ -	\$ 362,117

See Attachment F for budget details and restrictions