

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

The Home and Community-Based Services (HCBS) rules ensure that people with disabilities have full access to, and enjoy the benefits of, community living through long-term services and supports in the most integrated settings of their choosing. In order to assist in determining eligibility for compliance funding, providers must complete this evaluation. Both “Yes” and “No” answers require an explanation. A “No” response *could* mean a service setting is out of compliance with the HCBS rules and is potentially eligible for funding to make necessary adjustments. Once this evaluation is completed, it should act as a guide for filling out the provider compliance funding concept, which is required for any provider to be eligible for compliance funding. **Completion of this evaluation is for the sole purpose of applying for compliance funding and does not take the place of future provider assessments that the Department may require to determine provider compliance with the HCBS settings rules. Only providers requesting compliance funding need to complete this evaluation.**

Federal Requirements #1-5 apply to providers of all services, including residential and non-residential settings. Federal Requirements #6-10 are additional requirements that apply only to provider-owned or controlled residential settings.

The column labeled “Guidance” contains a series of questions intended to help identify compliance or non-compliance with each requirement as it relates to the HCBS rules. While responses to these questions can help in the determination of whether or not a particular requirement is met, these responses may not be the sole factor in this determination.

More information on the HCBS rules and this form can be found at <https://www.dds.ca.gov/initiatives/cms-hcbs-regulations/>.

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

Date(s) of Evaluation: February 17, 2021	Completed by: Desiree C. Clifton
Vendor Name, Address, Contact: Cynthia’s Children’s Home 739 Village Avenue Lathrop, CA. 95330	
Vendor Number: HV0627	
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: Our residents are children and they do have the opportunity to control their resources when they are eligible to receive them. However, our residents do have a barrier with access to the community based on their individual preferences, and with access to community activities.</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No Please explain: Yes our residents have a current IPP and there is also discussions of available options for placement.</p>	
<p><u>Federal Requirement #3:</u> <i>Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> • Does the provider inform individuals, in a manner they can understand, of their rights to privacy, dignity, respect, and

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	<p>freedom from coercion and restraint?</p> <ul style="list-style-type: none"> • Does the provider communicate, both verbally and in writing, in a manner that ensures privacy and confidentiality? • Do staff communicate with individuals based on their needs and preferences, including alternative methods of communication where needed (e.g., assistive technology, Braille, large font print, sign language, participants' language, etc.)?
<p>Does the service and/or program meet this requirement? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Please explain: Currently we do provide assistance and services to our residents in their preferred mode for communication. Additionally, we will soon have a Hispanic resident joining our home and in anticipation for the resident's arrival we have brought aboard Spanish speaking staff to provide communication between our home and the resident's family who are predominately Spanish speaking.</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: At present we do not have a vehicle for the facility and therefore community activities are impacted when scheduling to ensure everyone's needs are met with the one vehicle that we have available to use through the Administrator/Licensee.</p>	
<p><u>Federal Requirement #5:</u> <i>Facilitates individual choice regarding services and supports, and who provides them.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> • Does the provider support individuals in choosing which staff

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	<p>provide their care to the extent that alternative staff are available?</p> <ul style="list-style-type: none"> • Do individuals have opportunities to modify their services and/or voice their concerns outside of the scheduled review of services?
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Does the service and/or program meet this requirement? **Yes** **No**

Please explain: We engage in person centered planning in our home and residents are encouraged to engage in activities with preferred staff. Additionally, residents are encouraged to be a part of our process for screening and hiring new staff.

<p><u>Federal Requirement #6:</u> <i>The unit or dwelling is a specific physical place that can be owned, rented or occupied under a legally enforceable agreement by the individual receiving services, and the individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city or other designated entity. For settings in which landlord/tenant laws do not apply, the State must ensure that a lease, residency agreement or other form of written agreement will be in place for each participant and that the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord/tenant law.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> • As applicable, does each individual have a lease, residency agreement, admission agreement, or other form of written residency agreement? • Are individuals informed about how to relocate and request new housing?
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Does the service and/or program meet this requirement? **Yes** **No**

Please explain: Each resident has an admission agreement and are informed about their rights for relocation.

<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.</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
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<p>Individuals sharing units have a choice of roommates in that setting.</p> <p>Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.</p>	<p>own personal items, in a manner that is based on their preferences?</p> <ul style="list-style-type: none"> 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: Our residents have their own bedrooms and the ability to lock their bedroom doors. Each resident also has input and the ability to decorate their bedroom according to their personal preferences.</p>	
<p><u>Federal Requirement #8:</u></p> <p><i>Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> Do individuals have access to food at any time? Does the home allow individuals to set their own daily schedules? Do individuals have full access to typical facilities in a home such as a kitchen, dining area, laundry, and comfortable seating in shared areas?
<p>Does the service and/or program meet this requirement? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please explain: The residents can access the kitchen and other areas at any time and there are snacks located in common areas of the home that they can choose from throughout the day. There is also ample seating in shared areas. Residents in our home do not have free access to the laundry facilities because they are children. But they can be assisted to do their laundry as a part of skill building and be present in the laundry room with staff support and supervision.</p>	
<p><u>Federal Requirement #9:</u></p> <p><i>Individuals are able to have visitors of their choosing at any time.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> Are visitors welcome to visit the home at any time? Can individuals go with visitors outside the home; such as for a meal or shopping, or for a longer visit outside the home, such as for holidays or weekends?
<p>Does the service and/or program meet this requirement? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Please explain: Yes- our residents can have visitors at any time. However, our residents are children and therefore cannot go with visitors outside of our residents without the visitor going through the approval process of their responsible party, guardian, or parent involved.</p>	
<p><u>Federal Requirement #10:</u></p>	<p><u>Guidance:</u></p>

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<p><i>The setting is physically accessible to the individual.</i></p>	<ul style="list-style-type: none"> • Do individuals have the freedom to move about inside and outside the home or are they primarily restricted to one room or area? • Are grab bars, seats in bathrooms, ramps for wheelchairs, etc., available so that individuals who need those supports can move about the setting as they choose? • Are appliances and furniture accessible to every individual?
<p>Does the service and/or program meet this requirement? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Please explain: The residents have the freedom to move about the facility inside and outside. Our home is ambulatory and we do not have grab bars or wheelchair ramps for the population we provide care to. Our appliances and furniture are accessible to everyone.</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

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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	Cynthia's Children's Home
Vendor number(s)	HV0627
Primary regional center	Valley Mountain Regional Center
Service type(s)	Residential
Service code(s)	915
Number of consumers typically and currently served	4
Typical and current staff-to-consumer ratio	2:1 or 3:1 depending on severity of behavior
<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>The residents will wake up around six in the morning because they are school age and must participate in school district services via Zoom Monday through Friday until around 3pm in the afternoon. During this time, the residents will receive breakfast, lunch, snacks, as well as support with medication and schoolwork from staff. After school has ended residents engage in activity during the early afternoon and evening while dinner is prepared. This can be anything from a walk in the community to playing games in the home, arts and crafts, or listening to music. Dinner will follow this activity and residents. Will begin wind down to have support with medications and bathing/hygiene/grooming in the evening before bed. Because they are in school, they do have a bedtime during the week. During the weekends, the bedtime is relaxed to allow them a later evening, and the residents are taken out in the community. During the week, when there are appointments, scheduling is very important because of transportation and medical/dental/psychiatric needs are a priority over social due to reliance on the vehicle of Administrator/Licensee. During the weekend, the outings will have to be coordinated with residents needing to compromise to ensure everyone is involved. Again- this is due to having no vehicle for the facility.</p>	
<p>Project Narrative Description: While filling out this section, reflect on how services are typically provided and how that might have changed in the past year. Think about what has been learned in the past year and how that might shape services going forward. Funding awarded through this concept can span the course of up to two years which would allow time to shape services to be more person-centered and align with the HCBS federal requirements.</p>	
<p>2. Please provide a brief summary narrative of the concept for which you are requesting funding, including justification for the funding.</p>	
<p>We are requesting funding to purchase a van/SUV for our facility because we do not have. One. We will need to purchase a vehicle that will comfortably seat a minimum of seven people. This is because some of our residents have behaviors that will require 2:1 supports in some settings. This vehicle will provide transportation to 4 residents and 3 staff if necessary. When we are able to purchase a vehicle specifically for use with the residents, community outings can be planned accommodated around each residents need, and will no longer be planned around when the Administrator/Licensee is available to provide access for community activities and access. Additionally, we can purchase a vehicle that specifically ensure the residents are comfortable, and will provide ample space to reduce any potential behaviors during transit. The current vehicle does not</p>	

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<p>accommodate seven people and this requires planning and coordination of social activities within the community.</p>
<p>3. Identify which HCBS federal requirements this concept addresses that are currently out of compliance. Could be all or a subset of those identified as out of compliance on the evaluation.</p>
<p>1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input checked="" type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/></p>
<p>4. For each HCBS out-of-compliance federal requirement that is being addressed by this concept, describe the barriers to compliance and why this concept is necessary. If this information is in the evaluation section, please copy it here.</p>
<p>Federal Guideline #1 Access to the community and access for employment will be achieved through purchase of a facility vehicle. Currently we do not have a vehicle. Because the finances of the home do not support it at this time and we have fulfilled the need through use of the Administrator/Licensee's vehicle. However, our home houses children and they are usually very active in the community. Additionally, we have teenagers and would like to encourage them to seek gainful employment through ancillary agencies that will support them with working-however transporting them to and from work would be a barrier without a facility vehicle dedicated only to the needs of the residents.</p> <p>Federal Guideline #4 Structuring our support to allow residents to engage in activities of their choice within the community and aligned with their IPP would be increased with the purchase of a facility vehicle. At present we will need to coordinate our outings for all residents without having a vehicle for the facility. Additionally, the vehicle that we do have available does not accommodate the needs to transport all residents and staff at once. For some community activities, there might be more than one resident interested, and if that were the case, the need for how we transport would change and need to be accommodated by a seven passenger vehicle to ensure equal access with appropriate levels of supervision for health and safety.</p>
<p>5. For each out-of-compliance federal requirement that is addressed in this concept, please explain how the concept will bring the vendor into compliance by March 2023.</p>
<p>When we purchase a vehicle for the facility use only, we will provide access to the community based on needs AND preferences all the time. This will occur because if there are medical/dental/psychiatric needs they can be addressed in conjunction with social recreational when we have staff utilize the facility vehicle while the Administrator/Licensee. Handles medical needs. There will no longer be a barrier to equal access per their choice and their will no longer be a need to coordinate as we do now. There will be a vehicle that can accommodate all residents and necessary staff during instances of all residents choosing to be involved at once. Finally, if we provide assistance to our residents with gaining employment, we will always have a vehicle available to transport them to and from work as necessary.</p>
<p>6. What are the proposed outcomes and objectives of the concept, and what are the methods of achieving and tracking them?</p>
<p>The proposed outcome will be to provide a vehicle for facility use that is available solely for the residents medical and social needs per their choice.</p> <p>The objective is to purchase a seven passenger vehicle that will accommodate all residents as well as necessary staff. This vehicle will provide access for the entire group of 4 residents or for individual outings per choice because the vehicle will always be located on site.</p>

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<p>The method for achieving compliance with Federal Guidelines #1 and 4 is to purchase a vehicle with the input of the residents and have it available for use.</p> <p>The way that will be track its effectiveness is through the continuous use of the vehicle by all residents. This will be tracked through both Quarterly and Annual progress reports which reflect each residents outings for the reporting period.</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>Input was gathered from the residents directly through residents intake process when finding out what their individual interest are, as well as when the residents engage with the staff directly and make request to do certain things in the community. When attempting to determine how we could best meet the needs of the residents, it is clear we will need a vehicle for facility use only. This allows the vehicle to be readily available when residents make the choice to engage in activities, and they do not have to coordinate with the schedule of the Administrator/Licensee.</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 vehicle will be for the facility and will only be used to facilitate assisting residents to engage in medical/dental/psychiatric services based on their needs as well as social and recreational activities per their choice. The vehicle will also accommodate the home doing things as an entire group with appropriate staffing levels as well as individually.</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>The vehicle will be available for use long after the conclusion of the funding year. Once purchased utilizing grant funds, we will be able to maintain the integrity of the vehicle in safe operating condition for the life of the vehicle. It will be available for current residents as well as future residents to come.</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>We will purchase a seven passenger vehicle. An example of the vehicle we would purchase is a 2020 Toyota Highlander Hybrid. The vehicle has high safety ratings. The vehicle seats seven passengers comfortably. The vehicle is a hybrid which will be efficient for gas and transporting residents frequently. The vehicle gets away from the stigma of transporting residents in a van. Finally, it is cost efficient and has a sticker price of approximately \$45,000 which would cover purchase, taxes, licenses, and fees.</p>
<p>11. Please address sustainability of funding sources for all programs or concepts requiring any funding past the timeframe of the requested funding, especially those that involve staff or other long-term costs. Please mark "not applicable" if costs will all be incurred during the program timeframe; up to two years.</p>
<p>Not Applicable</p>

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<p>12. Have you or the organization you work with been a past recipient of DDS funding? If yes, what fiscal year(s)?</p>	<p>HCBS Funding <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. If Yes, FY(s) _____ Disparity Funding <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. If Yes, FY(s) _____ CPP Funding <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. If Yes, FY(s) _____ CRDP Funding <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. If Yes, FY(s) _____</p> <p>If yes to any question be sure to answer questions 13 and 14.</p>
<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	\$45,000
Vendor Name	Cynthia's Children's Home
Vendor Number(s)	HV0627

	Year 1 Budget			Year 2 Budget		Total
	Wage and Benefits	FTE	Annual Cost	FTE	Annual Cost	Cost
Personnel (wage + benefits)						
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Personnel Subtotal			\$ -		\$ -	\$ -
Operating expenses						
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Operating Subtotal			\$ -		\$ -	\$ -
Administrative Expenses						
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Administrative Subtotal			\$ -		\$ -	\$ -
Capital expenses						
2020 Toyota Highlander Hyt id - 7 passenger vehicle includes taxes, and license fees			\$ 45,000			\$ 45,000
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Capital Subtotal			\$ 45,000		\$ -	\$ 45,000
Total Concept Cost			\$ 45,000		\$ -	\$ 45,000

See Attachment F for budget details and restrictions