

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: 02/17/2021	Completed by: STEVE J. CAMPBELL
Vendor Name, Address, Contact: Click or tap here to enter text.	
KESHER HOUSE – 21390 Eastern Heights Rd Linden CA 95236 LINDEN GROVE – 21373 Eastern Heights Rd Linden CA 95236 QUARTER HOUSE – 2111 Livingston Lane Stockton CA 95210	
Vendor Number: Keshher House HV0412 Linden Grove HV0414 Quarter House HV0365	
Service Type and Code: Keshher House -313 Linden Grove -313 Quarter House-915	

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

<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: <i>This program fails the community access requirement for 3 reasons (1)The home is located in Linden CA which is 15 miles from Stockton which is over 30-45 minutes from driving time each way. (2) This program provides services and supports to highly behavioral individuals who need extra support staff to ride with them and these individuals have a tendency to feed off each other’s behaviors making community outings with more than 1 or 2 individuals impossible. (3) Because of such dangers like COVID-19 transporting individuals in a tightly packed van is impossible while many of our staff and residents have been offered their COVID-19 vaccination some staff declined getting the vaccination. And some conservators stated that their relative is not to get the Covid Vaccination. With these 3 reasons our program does not provide sufficient access into the community for our residents. To remedy these, we are asking for funding to provide the following: (1) That all vans be equipped with flexi glass sneeze guard and security partitions. This will be for our existing vans. This will be for the 1 existing van we have for Keshar House, 1 existing van for Linden Grove and 1 existing van for Quarter House. (2) In addition we are requesting funding for a purchase of additional vehicle large enough to accommodate a resident, their support staff that will have the flexi glass, social distancing barriers installed.</i></p> <p><i>The staff at all three vendored adult residential facilities are currently lacking in person-centered thinking/planning knowledge, along with any training regarding the Home and Community-Based rules. We agree however that providing this training now would pay substantial dividends in the adherence</i></p>	

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

of the much-needed changes in philosophy of work that have been called upon by the HCBS rules and that are set to become regulations within a short two years. We are asking for funding to pay the licensees to obtain train-the-trainer certification for person-centered planning and person-centered training. The licensee will then be able to train existing staff and any new hires. The licensee will also be able to observe the environment stays in compliance and in addition the licensee will be able to meet with any family members and conservators who might be confused or resistant to HCBS related changes in the facility.

Federal Requirement #2:

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

Guidance:

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

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

Please explain: Before an individual moves in our crisis home, stepdown home or specialized level 4i home VMRC committee convince to discuss the residential settings. Many lower costs options are discussed before the group recommends our homes. The list of options considered are not shared in the current IPP's.

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

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

	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: No individual living in our home needs assistive communication technology. Our homes have areas set aside where meetings can occur with and individual, our consultants, their conservator, or their legal representative. This ensures privacy when discussing personal concerns. When individuals first move into our home clients rights are explained to the individual and their conservator with a written copy given to the client and a signed copy kept in the individuals chart.</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: <i>Kesher House and Linden Grove carehomes in Linden CA are situated on several acres of land. This allows individuals to be outside and participate in many outdoor activities. However, linden Ca is far from most family and friends and visiting even before social distancing is problematic. Additionally, these homes do not have adequate technological devices. We are requesting funding to pay for 2-desktop computers per home to be used by residents to surf the internet, to check and write email to friends and family. Additionally, we are requesting funding for one tablet per home be available for residents to make confidential facetime or otherwise video call to their friends, family, conservator, or legal representative. Also requesting for Quarter House Care home in Stockton, CA which supports some individuals who are court ordered not to be in the community, and therefore have limited contact with family. We are asking for funding for one desktop computers to be used by residents to surf the internet, to check and write email to friends and family. and one tablet for residents to make confidential facetime or otherwise video call to their friends, family, conservator, or legal representative.</i></p>	

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

<p><u>Federal Requirement #5:</u> <i>Facilitates individual choice regarding services and supports, and who provides them.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> • Does the provider support individuals in choosing which staff provide their care to the extent that alternative staff are available? • Do individuals have opportunities to modify their services and/or voice their concerns outside of the scheduled review of services?
<p>Does the service and/or program meet this requirement? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Please explain: We have a high staff to resident ratio and many of our residents have additional staff paid for with patch funding, this gives us a large pool of staff choices with whom residents can work. Our homes focus on communication and client choice and because of high staff ratio much of our daily schedule can be individualized. This is to say we have choices in menu, activities and other routines.</p>	
<p><u>Federal Requirement #6:</u> <i>The unit or dwelling is a specific physical place that can be owned, rented or occupied under a legally enforceable agreement by the individual receiving services, and the individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city or other designated entity. For settings in which landlord/tenant laws do not apply, the State must ensure that a lease, residency agreement or other form of written agreement will be in place for each participant and that the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord/tenant law.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> • As applicable, does each individual have a lease, residency agreement, admission agreement, or other form of written residency agreement? • Are individuals informed about how to relocate and request new housing?
<p>Does the service and/or program meet this requirement? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Please explain: Each residents have a VMRC placement agreement and every IPP meeting relocation is always discussed between the individual and their legal representative.</p>	

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

<p><u>Federal Requirement #7:</u> <i>Each individual has privacy in his/her sleeping or living unit:</i></p> <ul style="list-style-type: none"> <i>Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors as needed.</i> <i>Individuals sharing units have a choice of roommates in that setting.</i> <i>Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.</i> 	<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</p> <p>Please explain: <i>Kesher House, Linden Grove and Quarter House all residents have their own room. Residents are encouraged to furnish their rooms with items and decorations of their own choosing. The linden homes fail because the bedrooms do not have locks in the bedroom doors. The lack of door locks has led to resident's privacy being invaded and even the destruction of personal property by other residents. We are requesting funding to pay for locks for each of the resident bedroom doors that will also give staff quick access in case of fire or other emergency. Such a door lock might be a keyless entry door lock that would allow individuals to might lose a key to still have access to their bedrooms independently.</i></p>	
<p><u>Federal Requirement #8:</u> <i>Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> • Do individuals have access to food at any time? • Does the home allow individuals to set their own daily schedules? • Do individuals have full access to typical facilities in a home such as a kitchen, dining area, laundry, and comfortable seating in shared areas?
<p>Does the service and/or program meet this requirement? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please explain: <i>As much as possible we encourage to participate in their daily routines. Because of the high staff to resident ratio and because many residents have additional staff paid for by Patch funding, daily routines are modified and adjusted by the residents.</i></p>	
<p><u>Federal Requirement #9:</u> <i>Individuals are able to have visitors of their choosing at any time.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> • Are visitors welcome to visit the home at any time?

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

	<ul style="list-style-type: none"> • 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 type="checkbox"/> No</p> <p>Please explain: Family and other visitors are welcome. We encourage visits throughout the day up to about 8pm. We have found that after 8pm, our residents like to have a quiet time without the stimulation of having visitors in the home would cause. We do encourage family involvement including outings with families and even overnight visits. This, however, have to be done carefully in small steps and with good communication between family and carehome.</p>	
<p><u>Federal Requirement #10:</u> <i>The setting is physically accessible to the individual.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> • Do individuals have the freedom to move about inside and outside the home or are they primarily restricted to one room or area? • Are grab bars, seats in bathrooms, ramps for wheelchairs, etc., available so that individuals who need those supports can move about the setting as they choose? • Are appliances and furniture accessible to every individual?
<p>Does the service and/or program meet this requirement? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Please explain: <i>The Linden homes failed in providing residents with full autonomy in making choices where to spend their free time and to engage with their peers. Because the back doors of Linden Grove ARF and back door of the Activity room at Keshar House have a step-down ledge that makes it difficult for some residents who use walkers, have vision problems or other physical disabilities. We are asking for funding to pay for permanent ADA compliant ramps to be installed. Two ramps leading to the patio at Linden Grove ARF and one ramp leading from the activity room to the patio for Keshar House.</i></p>	

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

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.

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

Vendor name	KESHER HOUSE,LINDEN GROVE, QUARTER HOUSE
Vendor number(s)	Kesher House HV0412 Linden Grove HV0414 Quarter House HV0365
Primary regional center	VALLEY MOUNTAIN REGIONAL CENTER
Service type(s)	ADULT RESIDENTIAL
Service code(s)	KESHER HOUSE – 113 LINDEN GROVE – 113 QUARTER HOUSE - 915
Number of consumers typically and currently served	KESHER HOUSE – 4 LINDEN GROVE – 5 QUARTER HOUSE - 4
Typical and current staff-to-consumer ratio	KESHER HOUSE – 1:1 AND 1:2 LINDEN GROVE – 1:1 AND 1:2 QUARTER HOUSE – 1:2
<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>All 3 homes are Vmrc vendorized facilities providing services to individuals with severe behaviors and who have both medical and mental health issues. In addition, Kesher House and Linden Grove provides services and supports to adults who are on autism spectrum. Quarter House provides services to individual who have court issues and mental health issues.</p> <p>A typical day includes assistance with hygiene and opportunities for socialization and assistance with health issues as well as providing support to decrease problematic behaviors. The baseline of the population we served are pretty much those individuals who do not tolerate well the traditional “institutionalized” carehome. So, in many ways, we have already implemented many of the items in the HCBS rule.</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>Our homes are designed to decrease behaviors while increasing skills including social skills. The items for which we are requesting funding increase community access while keeping behaviors down to a minimum. We are requesting items that will increase privacy and dignity which will help support social skills and self-esteem. We are requesting items that will help people be social distant which will help individuals with preexisting health conditions ti stay as healthy as possible. And we are requesting funding for items that will help individuals in our homes maintain a relationship with their friends and family.</p>	

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

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__ 3__ 4_x 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.
One barrier I want to mention here is knowledge we have staff who have worked in carehomes for years and to get them to buy into HCBS rules will take a lot of training and meetings and supervision so that OLD habits don't slowly start creeping back in. So, the request for funds to set a train to trainer will help take care of that barrier. And the one additional barrier is money. It is not so much that the cost of coming into compliance is so expensive it is just that there are so many other things also crying for our money. On a typical day, I might plan to make the purchases necessary to bring us into compliance but then there is unforeseen overtime I must pay or repairs from a behavior episode I must make. So, the best way to guarantee we come into compliance is to have some money earmarked specifically for HCBS items.
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.
By having an inhouse certified HCBA train the trainer we would be able to educate all staff working in the homes. We have staff working different times of the day, different times of the week, some staff have other jobs and some staff who care for family members when they are not working. The possibility of not getting all the staff to take and pass a community-based class is almost impossible. In addition, the other items for which we are requesting funding are those items that should be professionally installed while being professionally installed would make the items last longer but it also makes them more expensive. For us to reach compliance by 2023 and maintain compliance thereafter we are going to have to professionally install the doorknobs, the ramps and van shields. And this can only happen with assistance from HCBS grant.
6. What are the proposed outcomes and objectives of the concept, and what are the methods of achieving and tracking them?
TRAINING- Licensee will sign up for and take the classes leading to HCBS train the trainer certification this will include in-state and out-of-state classes as required. This will allow the carehome to apply and reflect HCBS standards in all current and future residents chart including their IPP's, ISP's and HCBS will be reflected in the individual behavior plans, then carehome will hold in-service classes that guarantee will reach all staff. That means, there will be classes during the day, during afternoon, during evening and some classes during the weekends to guarantee there will be a class available to all staff on all shifts. Documentation will be kept on all staff who have taken the HCBS training which will be kept in the personnel files available for review. The

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

expectation here is that all staff will have firm understanding of HCBS rules and apply those rules in their interactions with residents, their families and legal representatives. In addition, the Certified HCBS Trainer will meet with administrators and house managers to review clients charts for compliance with HCBS rules. In addition, Certified HCBS Trainer will meet house consultants to modify and review ISP's, behavior plans and other protocols to be developed for staff to ensure compatibility with updated HCBS rules by the end of 2022.

RAMP-To enable all residents to access common social areas like the back patio up to 3 contractors will be contacted to give estimates for permanent ADA compliant ramps. It is expected that these ramps can installed by the end of 2021.

VEHICLE - As California opens up its businesses and there are more community events in which to participate the additional van requested here will be in greater demand. By searching to the internet and local car dealerships the appropriate vehicle will be purchased and the sneeze guard shield will be installed by the beginning of 2022.

FLEXI SHIELDS/SECURITY GUARD - In order to promote social distancing and to protect the driver from severe behaviors the van flexi glass sneeze guard shield will be researched, local body shops and mechanics will be contacted after appropriate shield is selected, it will be professionally installed and the carehome vehicles should have this shield by the middle of 2022.

DOORKNOBS - In order to ensure more privacy a locksmith who has previously done work at the carehome will be contacted to research the most appropriate locking doorknobs for the bedroom doors and will install them with whatever materials are needed to withstand the demands of carehome bedroom doors. These locking doorknobs should be installed by the beginning of 2022.

COMPUTER/TABLET- In order to increase socialization and contact with friends and family, local computer stores will be contacted, and the desktops will be loaded with appropriate software and be furnished with appropriate ADL compliant keyboard and mouse. And the tablets will be purchased and outfitted with appropriate case and screen protector as needed. The appropriate apps will be installed on the tablet that could include zoom or other apps that would enable individual to do video calling with their friends, families, conservators and legal representatives. This technology could be purchased by the beginning of 2022.

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

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

what steps were taken to identify the interests and desires of the individuals and who was involved in that process.

The items requested here are generally chosen because they solved a problem. The individuals, staff, administrator, and licensee regularly get together to address problems. For example, individual living in our home is requesting more frequent community outings. At the same time, they also mentioned how some residents don't like to sit with other residents when on this outings. So, we have come to the conclusion an additional van is required.

Another example individual living in our home complains of other residents going into their room uninvited and sometimes even having personal items taken. Residents have requested from the staff that no one be allowed in their bedrooms, especially when they are not home. We have come to the conclusion that compliance with HCBS rule with having locks on the doors will alleviate that problem.

We have residents who use walkers and find it difficult to go on the back patio from the back sliding glass door because the ledge is too high. It's impossible for him to reach the backyard by going around the house by the front door. However, because the weather has been so cold he is asking us to find a better way for him to access the back patio. We have come to the conclusion that an ADA compliant ramp would be the best solution.

There are times when it's difficult for the families and even legal representatives to drive all the way to Linden. They have requested that Facetime or Zoom be used to still have a virtual visit. A care home staff have used their personal phones to facilitate this. At other times when the weather is poor staff have asked residents what kind of indoor activities they might like. Sometimes the answer includes surfing the net, going on YouTube, or even reading an email from family members. We have come to the conclusion that the care home have dedicated computers and tablets to facilitate surfing the net and communication with family.

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

The items requested here will facilitate the feeling of safety and the feeling of having a home environment while increasing self-esteem because of the increase of independence.

With the additional van there will be less fights in the van, and there will be more community outings.

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

With the new doorlocks residents will not have to worry about intruders or staff being stolen.

With the ramps, individuals can have better access to the patio and not worry about falling.

With having computers and tablets at home the residents won't have to feel reluctant from borrowing staff's personal devices. And they will be able to contact friends and family and surf the internet at times of their own choosing.

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

Train-the Trainer Training - the reason the licensee will become the train the trainer is to be available to train the existing staff now and any incoming staff in the future. While a paid employee who becomes the train-the-trainer might eventually leave employment, the licensee will always be involved in the carehome. In addition, the licensee is involved in hiring and supervising house consultants and will coordinate with these consultants so that plans will reflect HCBS guidelines. The licensee is involved in hiring new consultants. Therefore, because the licensee will be the Certified HCBS Trainer, he will ensure that new consultants have a firm understanding of HCBS standards.

It is important that the person we send to the HCBS certification classes will understand the material presented as well as being able to bring that knowledge back and teach the staff how to use these materials while also be able to review existing plans, procedures and help consultants develop new IPPs, lsp's and other protocols. We feel our project will be successful because the licensee has the following qualifications.

Our licensee has a Juris Doctor Law Degree from Humphrey's University and therefore will be familiar in understanding laws and regulations required by HCBS. He has taken the Train-the-Trainer MAB, CPI and Ukeru certification. To get these certifications he was required to travel out of state and attended classes over several days. We are confident he can also take out of state multi day courses in order to gain HCBS certification. He is also a CA state DSS vendor to teach carehome staff CEU's and to teach the Initial Adult Residential facilities Administrator Certification course. Therefore, we feel he has the skill to bring HCBS information back to carehome staff, house managers and administrators and present the information in a manner in which it can be understood and incorporate it into carehome policies and procedures. The licensee has earned a Master's degree in counseling psychology from Grand Canyon University and is able to understand and work with our behavioral consultant in developing ISP's and protocols. We feel this will enable him to effectively work with our behavioral consultants in

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

modifying existing behavioral plans and ISP's to ensure compliance with HCBS rules.

Community access – while vehicles eventually wear out having the extra vehicle paid for by this funding will prevent property destruction during fights while on community outing. And this additional vehicle will reduce the mileage on all vehicles, enabling all the vehicles last longer. The money saved in the decrease in fights and property destruction will be saved to purchase future vehicles.

The flexi glass screens will be chosen for that which can withstand high wear and tear and also those shields which can be removed and reinstalled in any future vehicle. If the driver feel safe and can concentrate on the road and if the shields can assist in social distancing more community outing will occur leading to a better life for the residents In our home.

Doorknobs like all mechanical devices do not last forever. But a good quality professionally installed device has a better chance of lasting for many years. While the cost of replacing all the doorknobs on all the bedroom door is prohibited, the repair replacement of one door know every so often is quite acceptable.

A computer and tablet will be purchased from a knowledgeable computer store. The computer chosen will be those that can upgraded as needed, those that can be repaired and those that a local computer technician can service.

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](#).

TRAINING- COST: \$29,650.00

Train-the-Trainer Instructor Certification Cost -Estimated cost of reaching competence in HCBS standards is estimated at \$25,000 this includes completing in-state classes if available and any out of state classes that are required for certification. Out of state classes, of course, come with additional expenses such as hotels, meals, transportation. Because of extra distant classes, local classes will be taken whenever possible. This includes taking a class in state will be chosen over any out of state classes = \$25,000.00

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

2 hr inservice class x 3 shifts + Weekend shifts for 3 Facility to be held on quarterly basis throughout 2022. = \$2400.00

Handouts/Training Materials for 30 Staff Total= \$750.00

Consultant Hours spent on Reviewing and modifying current plans. - \$1500.00

Licensee will sign up for and take the classes leading to HCBS train the trainer certification, then carehome will hold in-service classes that guarantee will reach all staff. That means, there will be classes during the day, during afternoon, during evening and some classes during the weekends to guarantee there will be a class available to all staff on all shifts. Documentation will be kept on all staff who have taken the HCBS training which will be kept in the personnel files available for review. The expectation here is that all staff will have firm understanding of HCBS rules and staff responsibilities by the end of 2022.

Additional time will be needed for review with facility consultants to bring current plans into compliance with HCBS rules. Because crisis homes and stepdown homes have individuals who have many ISP's and other plans it could take up to 2 hours per individual to review current plans and protocols. Our level 4i home is a specialized home for individuals with developmental disabilities, substance abuse issues and mental health issues also have many ISP's, plans and protocols for their health, mental health and legal responsibilities. This home also will require up to 2 hours per individual to review current plans and protocols with consultants.

RAMP- Total Cost \$8,250.00

Linden Grove Labor and Materials for cement ramp \$250 per linear foot = for 3x3 ramp \$2250 x 2 = Total \$4500.00

Kesher House Labor and Materials for cement ramp \$250 per linear foot = for 3x5 ramp \$3750.00

To enable all residents to access common social areas like the back patio independently instead of waiting for staff to assist them. A permanent ADA compliant ramps will be installed by the end of 2021.

VEHICLE – Total Cost \$68,000.00

2021 Dodge Grand Caravan \$34,000 for Kesher House

2021 Dodge Grand Caravan \$34,000 for Linden Grove

As California opens up its businesses and there are more community events in which to participate the additional van requested here will be in greater

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

demand. By searching to the internet and local car dealerships the appropriate vehicle will be purchased by the beginning of 2022.

FLEXI SHIELDS/SECURITY GUARD – Total Cost \$1,750.00

Grand Caravan Sneeze Guard/Security Partition for 5 van @\$350 each

In order to promote social distancing and to protect the driver from severe behaviors the van flexi glass sneeze guard shield will be researched, local body shops and mechanics will be contacted after appropriate shield is selected, it will be professionally installed and the carehome vehicles should have this shield by the middle of 2022.

DOORKNOBS – Total Cost \$1,300.00

Keshar House -4 doors, Linden Grove -5 doors and Quarter House-4 doors

In order to ensure more privacy a locksmith who has previously done work at the carehome will be contacted to research the most appropriate locking doorknobs for the bedroom doors and will install them with whatever materials are needed to withstand the demands of carehome bedroom doors. These locking doorknobs should be installed by the beginning of 2022.

COMPUTER/TABLET- Total Cost \$4,550.00

Keshar House 2-Desktop (\$700x2) + 1 Tablet (\$350)

Linden Grove 2-Desktop (\$700x2) + 1 Tablet (\$350)

Quarter House 1-Desktop (\$700x1) + 1 Tablet (\$350)

At our home we have highly behavioral individuals who sometimes want to have what the other has. If there was only one desktop available to surf the internet it will be difficult to regulate use time and arguments could occur which is why we are asking for 2 desktops for consumers to use at both Keshar House and Linden Grove.

The desktops will be loaded with appropriate software and be furnished with appropriate ADL compliant keyboard and mouse. And the tablets will be purchased and outfitted with appropriate case and screen protector as needed. The appropriate apps will be installed on the tablet that could include zoom or other apps that would enable individual to do video calling with their friends, families, conservators and legal representatives. This technology could be purchased by the beginning of 2022.

11. Please address sustainability of funding sources for all programs or concepts requiring any funding past the timeframe of the requested funding, especially those that involve staff or other long-term costs. Please mark “not applicable” if costs will all be incurred during the program timeframe; up to two years.

NOT APPLICABLE ALL MONEY WILL BE SPENT BEFORE 2023.

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

<p>12. Have you or the organization you work with been a past recipient of DDS funding? If yes, what fiscal year(s)?</p>	<p>HCBS Funding <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. If Yes, FY(s) ___ Disparity Funding <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. If Yes, FY(s) _____ CPP Funding <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. If Yes, FY(s) 2010-2011, 2012-2013, 2014-2015 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>
<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>ALL CPP GRANTS HAVE BEEN RECEIVED 6 YEARS AGO OR EARLIER.</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>PREVIOUS FUNDING WAS RECEIVED BEFORE HCBS RULES WERE DEVELOPED. THE ITEMS WHICH WE ARE REQUESTING ARE FOR THOSE AREAS IN WHICH WE HAVE DEFICITS.</p>	

HCBS CONCEPT BUDGET	FY 20-21	
Vendor Name	Kesher House, Linden Grove, Quarter House	
Vendor Number(s)	HV0412 / HV0414/HV 0365	

	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						
TRAIN-THE-TRAINER instructor education			\$ 25,000			\$ 25,000
2 hrs inservice class x 3 shifts + Weekend shifts for 3 Facility			\$ 2,400			\$ 2,400
TRAINING SUPPLIES for 30 Staff			\$ 750			\$ 750
Consultants Modification and Review IPP, ISP, Other plans and protocols			\$ 1,500			\$ 1,500
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Operating Subtotal			\$ 29,650		\$ -	\$ 29,650
Administrative Expenses						
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Administrative Subtotal			\$ -		\$ -	\$ -
Capital expenses						
2021 Dodge Grand Caravan for Kesher and LindenGrove			\$ 68,000			\$ 68,000
Grand CaraVan Sneeze Guard/Security Partition for 3 van			\$ 1,750			\$ 1,750
Linden Grove 3x3 Backyard ramp x2 (material + Labor)			\$ 4,500			\$ 4,500
Kesher House 3x5 Activity ramp (materials + Labor)			\$ 3,750			\$ 3,750
Locking doorknob to install in 13 doors (for 3 facilities)			\$ 1,300			\$ 1,300
2- computer deskstop for Kesher			\$ 1,400			\$ 1,400
2- computer deskstop for Linden Grove			\$ 1,400			\$ 1,400
1-computer deskstop for Quarter House			\$ 700			\$ 700
3- tablet total for 3 homes			\$ 1,050			\$ 1,050
Capital Subtotal			\$ 83,850		\$ -	\$ 83,850
Total Concept Cost			\$ 113,500		\$ -	\$ 113,500

See Attachment F for budget details and restrictions