

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

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

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

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

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

Questions may be directed to [HCBSregs@dds.ca.gov](mailto:HCBSregs@dds.ca.gov).

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| Date(s) of Evaluation: February 6, 2021   | Completed by: Doris D. Woodruff |
| Vendor Name, Address, Contact: DDAC Co LLC dba Saint Andrews Manor (SAM) and Saint Charles Manor (SCM); SAM - 36 St. Andrews Road Valley Springs, CA 95252; SCM - 3316 St. Ann Way, Modesto, CA 95355; Contact: Doris Woodruff, cell phone (209) 483-8725 |                                 |
| Vendor Number: HV0379 (SAM); HV0216 (SCM)   |                                 |
| Service Type and Code: Adult Residential Facility<br>SAM – 113; SCM - 915   |                                 |

*Doris Woodruff*  
02/12/21

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| <p><b><u>Federal Requirement #1:</u></b><br/><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><b><u>Guidance:</u></b></p> <ul style="list-style-type: none"> <li>• Do individuals receive services in the community based on their needs, preferences and abilities?</li> <li>• Does the individual participate in outings and activities in the community as part of his or her plan for services?</li> <li>• If an individual wants to seek paid employment, does the home staff refer the individual to the appropriate community agency/resource?</li> <li>• Do individuals have the option to control their personal resources, as appropriate?</li> </ul> |
| <p><b>Does the service and/or program meet this requirement?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br/>Please explain: Our facilities offer all of the services described in the above guidelines but it is our goal of improving the consumers' access to the community and its available services. Currently each of our facilities goes on outings in the community but the residents can not all go together and only to limited distance from the homes due to vehicle and to some degree, staffing, limitations.</p> |  |
| <p><b><u>Federal Requirement #2:</u></b><br/><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><b><u>Guidance:</u></b></p> <ul style="list-style-type: none"> <li>• Does the provider have a current regional center Individual Program Plan (IPP) on file for all individuals?</li> <li>• Does each individual's IPP document the different setting options that were considered prior to selecting this setting?</li> </ul>  |
| <p><b>Does the service and/or program meet this requirement?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br/>Please explain: . All residents in our homes have current Individual Program Plans on file. The IPPs mention that the current plan is the best on all the options considered.</p>   |  |
| <p><b><u>Federal Requirement #3:</u></b><br/><i>Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.</i></p>   | <p><b><u>Guidance:</u></b></p> <ul style="list-style-type: none"> <li>• Does the provider inform individuals, in a manner they can understand, of their rights to privacy, dignity, respect, and</li> </ul>  |

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|  | <p>freedom from coercion and restraint?</p> <ul style="list-style-type: none"> <li>• Does the provider communicate, both verbally and in writing, in a manner that ensures privacy and confidentiality?</li> <li>• 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.)?</li> </ul>   |
| <p><b>Does the service and/or program meet this requirement?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please explain: All our residents are afforded privacy and treated with dignity and respect. For some residents who need half-bedrail for their safety, the home gets proper doctor's prescription and authorization from Licensing and Regional Center. Staff uses alternative methods of communication such as large font prints and sign language, use of ipad and visual signage for consumers who cannot verbally communicate. Staff's familiarity with the consumers enhances effective communication.</p> |   |
| <p><b><u>Federal Requirement #4:</u></b><br/><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><b><u>Guidance:</u></b></p> <ul style="list-style-type: none"> <li>• Does the provider offer daily activities that are based on the individual's needs and preferences?</li> <li>• 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?</li> <li>• 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?</li> </ul> |
| <p><b>Does the service and/or program meet this requirement?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Please explain: Due to transportation limitations, our facilities are not able to fully offer our residents the ability to interact with individuals or activities they choose in community settings. There are times when residents want to go to different places over the weekends, but since we do not have enough vehicles to accommodate their needs, we are not able to meet everyone's needs.</p>  |   |

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| <p><b><u>Federal Requirement #5:</u></b><br/><i>Facilitates individual choice regarding services and supports, and who provides them.</i></p>   | <p><b><u>Guidance:</u></b></p> <ul style="list-style-type: none"> <li>• Does the provider support individuals in choosing which staff provide their care to the extent that alternative staff are available?</li> <li>• Do individuals have opportunities to modify their services and/or voice their concerns outside of the scheduled review of services?</li> </ul> |
| <p><b>Does the service and/or program meet this requirement?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br/>Please explain: With the staff's best intention to provide the residents the care and services they need, we feel that proper training that emphasizes person-centered thinking will allow our staff to excel and be able even more in providing and/or modifying the services according to the consumers' individual choices.</p> |  |

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| <p><b><u>Federal Requirement #6:</u></b><br/><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><b><u>Guidance:</u></b></p> <ul style="list-style-type: none"> <li>• As applicable, does each individual have a lease, residency agreement, admission agreement, or other form of written residency agreement?</li> <li>• Are individuals informed about how to relocate and request new housing?</li> </ul> |
| <p><b>Does the service and/or program meet this requirement?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br/>Please explain: All residents have written admission agreements on file. The residents and/or their representatives are all informed on how to relocate and request new housing.</p>  |   |

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| <p><b><u>Federal Requirement #7:</u></b><br/><i>Each individual has privacy in his/her sleeping or living unit:</i></p> <ol style="list-style-type: none"> <li>1. <i>Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors as needed.</i></li> <li>2. <i>Individuals sharing units have a choice of roommates in that setting.</i></li> <li>3. <i>Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.</i></li> </ol>   | <p><b><u>Guidance:</u></b></p> <ul style="list-style-type: none"> <li>• Do individuals have a choice regarding roommates or private accommodations?</li> <li>• Do individuals have the option of furnishing and decorating their sleeping or living units with their own personal items, in a manner that is based on their preferences?</li> <li>• Do individuals have the ability to lock their bedroom doors when they choose?</li> </ul> |
| <p><b>.Does the service and/or program meet this requirement? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</b><br/>Please explain: At SAM and SCM, each consumer is accorded privacy, security, and the freedom to decorate their sleeping or living units. The consumer can lock their doors but the staff has keys to the rooms for safety reasons. Staff knocks on the doors to announce entry into the room. Four consumers at SAM have private rooms and two share one bedroom. Two consumers at SCM have private rooms and two share one bedroom. Not all consumers can be provided private rooms.</p>  |  |
| <p><b><u>Federal Requirement #8:</u></b><br/><i>Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.</i></p>   | <p><b><u>Guidance:</u></b></p> <ul style="list-style-type: none"> <li>• Do individuals have access to food at any time?</li> <li>• Does the home allow individuals to set their own daily schedules?</li> <li>• Do individuals have full access to typical facilities in a home such as a kitchen, dining area, laundry, and comfortable seating in shared areas?</li> </ul>   |
| <p><b>Does the service and/or program meet this requirement? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</b><br/>Please explain: Unfortunately due to the limitations on available vehicles and staffing, the residents are not able to set their own daily schedule and cannot go out in the community whenever and wherever they want. There are times, although not frequent, that the staff has to notify the medical/dental office to re-schedule the consumers' appointment to a different time the same day due to problems with transportation. The consumers have access to food at all times. Kitchen, dining area, laundry and common areas with adequate seating and entertainment are available to the consumers.</p> |  |

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| <p><b><u>Federal Requirement #9:</u></b><br/><i>Individuals are able to have visitors of their choosing at any time.</i></p>   | <p><b><u>Guidance:</u></b></p> <ul style="list-style-type: none"> <li>• Are visitors welcome to visit the home at any time?</li> <li>• Can individuals go with visitors outside the home; such as for a meal or shopping, or for a longer visit outside the home, such as for holidays or weekends?</li> </ul>   |
| <p><b>Does the service and/or program meet this requirement?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br/>Please explain: There are designated visiting hours at SAM and SCM, but not anytime. SAM and SCM will accommodate visitors and family members to visit the consumer outside of the visiting hours as long as the visit is properly coordinated with the facility and that other consumer's privacy is not affected. With proper coordination with the facility staff, the consumers are free to go with visitors outside the home, even on weekends and holiday. We will change this policy to comply with HCBS rules. At this time of Covid 19 pandemic, and even if the pandemic ends, the consumers, visitors, consultants, and VMRC Service Coordinators need a private space at SAM and SCM to maintain safety and privacy and will avoid disturbing other consumers, especially at night outside of designated visiting hours. An enclosed patio extension on the back of each facility will accommodate this need. The patio extension, weather permitting, can be opened to outdoors to bring in fresh air and enjoy the nice green golf course landscape at SAM.</p> |  |
| <p><b><u>Federal Requirement #10:</u></b><br/><i>The setting is physically accessible to the individual.</i></p>   | <p><b><u>Guidance:</u></b></p> <ul style="list-style-type: none"> <li>• Do individuals have the freedom to move about inside and outside the home or are they primarily restricted to one room or area?</li> <li>• Are grab bars, seats in bathrooms, ramps for wheelchairs, etc., available so that individuals who need those supports can move about the setting as they choose?</li> <li>• Are appliances and furniture accessible to every individual?</li> </ul> |
| <p><b>Does the service and/or program meet this requirement?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br/>Please explain: Consumers both in SAM and SCM are free to move around inside and outside of the facility. However, consumers that are deemed by their Primary Care Physician not capable of being outside of the facility without assistance must be supervised by a staff. Appliances, furniture, and handicap provisions such as grab bars and ramps are available and compliant with both federal and State</p>  |  |

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handicap accessibility standards in both facilities. Consumers on wheelchairs must be accompanied by staff or under the supervision of the transporter or Day Program staff when outside the facilities.

**CONTACT INFORMATION**

Contact Name: Doris Woodruff  
Contact Phone Number: 209-483-8725  
Email Address: ddadios@gmail.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.

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   | DDAC Co LLC dba Saint Andrews Manor (SAM) and Saint Charles Manor (SCM)   |
| Vendor number(s)  | HV0379 (SAM); HV0216 (SCM)  |
| Primary regional center   | Valley Mountain Regional Center   |
| Service type(s)   | Adult Residential Facility  |
| Service code(s)   | SAM – 113; SCM - 915  |
| Number of consumers typically and currently served  | Six for SAM and Four for SCM  |
| Typical and current staff-to-consumer ratio   | 4-5:6 depending on the activity of the day at SAM; 1-2:4 depending on the activity of the day and medical appointments at SCM |
| <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><b>FOR SAM:</b> SAM is a Negotiated rate facility at 24/7 operation serving six consumers with severe developmental and physical disabilities and are classified as medically fragile. Four out of the six consumers are non-ambulatory and wheelchair bound and one consumer is cognitively non-ambulatory. The sixth consumer is obese but ambulatory. The staff provide meals and snacks and assist the consumers in their medicine intake and daily living activities. Three consumers have oxygen machines supporting their breathing. One consumer is fed through a tube.</p> <p>All consumers will be afforded Day Program activities within the facility once the facility is approved and issued a vendor contract for this program. The facility proposes to install an Enclosed patio enclosure at the back of the facility to serve as a dedicated Visitor and Day Program area. This enclosed area can be opened to the outdoors, weather permitting, for the consumers and visitors to enjoy fresh air and the green golf course landscaping. The Visitor area will enable the staff to better control access into the facility from outside visitors and comply with Prevention of Covid 19 Infection Protocol by having visitors enter the front door of the enclosed area located at the back of the facility. Visitors can be family members, friends, consultants, and VMRC staff who do not live and work at the facility.</p> <p>SAM is using one old (and frequently in need of repairs) van that can accommodate three consumers on wheelchairs. Staff uses this van to transport consumers to their medical/dental appointments, to community outings, and typical grocery store/pharmacy errands. A second trip is necessary to transport the rest of the consumers to the community outing venue. The facility does not have the capability to allow each consumer to attend activities of his/her choosing if the activity and the place to visit is different from other consumers. The facility needs to</p> |   |

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expand the existing parking area at the front of the facility to accommodate the van. The existing handicap route and ramp needs to be refurbished or reconfigured compliant with ADA requirements to allow consumer access to the van.

SAM does not have an emergency generator to provide electrical power to the facility and to the life-sustaining equipment used by consumers non-stop, 24 hours seven days a week. SAM has two consumers using Oxygen Concentrator 24/7, and three consumers using nebulizers four times a day, seven days a week. A consumer uses a C-PAC machine and two consumers use percussion vests two times a day, seven days a week.

The least attractive alternative to prolonged power outage is to relocate the consumers to another facility with electrical power. Having an emergency generator hooked up to the facility's electrical system is the most cost effective, efficient, and least disruptive to the consumers during prolonged power outages. Power outages are becoming common and frequent during fire season and high wind situation.

**FOR SCM:** SCM is a Level 3 ARF licensed for four ambulatory/non-ambulatory medically fragile consumers. Staff provides meals and snacks and assists consumers in their medicine intake and daily living activities. Due to Covid 19 pandemic, Day Program Centers drop off their materials at the facility to keep the consumers occupied and can participate in scheduled virtual Zoom meetings. Consumers have a choice in their daily activities such as watching TV, outdoor walking and sitting with proper PPE in place. SCM is using one old (and frequently in need of repairs) van that can accommodate two consumers on wheelchairs and four seats to accommodate two consumers and two staff plus one driver. Staff uses this van to transport consumers to their medical/dental appointments, to community outings, and typical grocery store/pharmacy errands. SCM needs a second trip if not all consumers want to visit the same place or activities. Similar to SAM, the facility does not have the capability to allow each consumer to attend activities of his/her choosing if the activity and the place to visit is different from other consumers.

SCM does not have an emergency generator to provide power to the facility during prolonged power outages. The least attractive alternative to prolonged power outage is to relocate the consumers to another facility with electrical power. Having an emergency generator hooked up to the facility's electrical system is the most cost effective, efficient, and least disruptive to the consumers during prolonged power outages. Power outages are becoming common and frequent during fire season and high wind situation.

The facility intends to apply for In-House Day Program at the facility. All consumers will be afforded Day Program activities within the facility once the facility is approved and issued a vendor contract for this program. The facility proposes to install an Enclosed patio enclosure at the back of the facility to serve

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as a dedicated Visitor and Day Program area. This enclosed area can be opened to the outdoors, weather permitting, for the consumers and visitors to enjoy fresh air. The Visitor area will enable the staff to better control access into the facility from outside visitors and comply with Prevention of Covid 19 Infection Protocol by having visitors enter the front door of the enclosed area located at the back of the facility. Visitors can be family members, friends, consultants, and VMRC staff who do not live and work at the facility.

### **SAM and SCM typical day consist of:**

#### **Weekday Schedule:**

**5am-9am** - Prepare residents for their activity of the day, either to attend day programs, stay at home, or other community activities. Staff assists the consumers in showering/grooming, administer medications, breakfast, prepare consumer lunches to bring to day program. Staff completes progress notes and and necessary charts for the consumers. Staff perform daily cleaning chores.residents, clean bathrooms and bedrooms. Because of Covid 19 pandemic and closure of many conventional Day Programs, VMRC has approved that Day Program activities to be conducted in-house within SAM facility. The in-house Day Program will commence once VMRC issues a vendor contract.

**9am-2pm** – Staff assist the consumers in their daily living activities. Assist consumers with In-Home Day Program at SAM. For SCM, staff prepares food for the consumers upon return from their Day Program

**2pm-7pm** – Upon completion of Day Program activities, staff prepares and serves dinner, prepare and administer evening medication, provide physical therapies as the consumer's individual service plan.

**7pm-10pm** – Staff assists the consumers in brushing their teeth, change into bedtime clothing, administer bedtime medicines, clean the facility, and complete service provider notes and charts. Staff cleans the facility in preparation for next day activities.

**10pm-6am** – Bedtime for consumers both at SAM and SCM. At SAM, staff performs at least an hourly or as needed check of each consumer for necessary repositioning, diaper change, and that life sustaining equipment are all in order. At SCM, there is no requirement for an awake staff but staff assists the consumers if needed.

#### **Weekend/holiday schedule:**

On weekends, consumers have a choice of staying late in bed or do the activities of their choosing. Staffs take the consumers out for community outings or visit shopping malls, movies, church, restaurants, or places of their choosing.

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| <p><b>FOR SCM:</b> Services and daily activities are similar to SAM except the four consumers have moderate to significant medical conditions and do not have yet approved In House Day Programs.</p>  |
| <p><b>Project Narrative Description:</b> While filling out this section, reflect on how services are typically provided and how that might have changed in the past year. Think about what has been learned in the past year and how that might shape services going forward. Funding awarded through this concept can span the course of up to two years which would allow time to shape services to be more person-centered and align with the HCBS federal requirements.</p>  |
| <p>2. Please provide a brief summary narrative of the concept for which you are requesting funding, including justification for the funding.</p>   |
| <p>SAM and SCM are not in compliance with concepts 1, 4, 5, 7 and 8. Our funding requests include funds to buy two vans with wheelchair lifts so we are able to provide our consumers more options in community outings and activities, funds to train the staff for a person-centered thinking approach, funds for enclosed facility extension to offer privacy and safety to consumer visitors, consultants, VMRC Service Coordinators, and funds for generators in case of long periods without electricity. We are also requesting funding to expand the existing parking area and handicap access at SAM.</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 checked="" type="checkbox"/> 6 <input type="checkbox"/> 7 <input checked="" type="checkbox"/> 8 <input checked="" type="checkbox"/> 9 <input checked="" 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><b>Funds for Emergency Generators:</b> Each facility needs at least 6 KW emergency generator to provide electrical power to medical equipment, emergency lighting, and refrigeration in case of long periods of electrical power outage. Consumers at SAM have medical conditions that require Oxygen Concentrator operating non-stop, 24 hours a day, seven days a week. SAM has two consumers using Oxygen Concentrator 24/7, and three consumers using nebulizers four times a day, seven days a week. A consumer uses a C-PAC machine and two consumers use percussion vests two times a day, seven days a week.</p> <p>It is preferred to purchase propane fueled generators as it is safer to store additional propane tanks. Without electricity, we would not be able to effectively provide the services our residents need. If there is ever a crisis where there is no power for an extended period of time, it would be absolutely critical for our homes to either find another way to get power or to move our residents to another location with power. Since all of our residents at SAM and SCM are medically fragile, we believe that the better alternative is to have an emergency generator so we would not have to relocate the residents to an environment they are unfamiliar with and so they would be able to continue whatever activities they normally enjoy and perform. Given the current situation in California with multiple prolonged blackouts caused by preventive measures due to high winds and fire, we believe this is an extremely valid investment for the benefit of our consumers.</p> |

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**Funds for Training:** All staff are required to undergo training on Person-Centered Thinking Process in providing care to consumers.

**Funds for Vehicles:** For SAM and SCM, reliable means of transportation will ensure timely and safe transporting of consumers to community outings and to their regular daily needs such as trips to medical/dental appointments. Without adequate means of transportation to wheelchair bound consumers (four consumers at SAM are wheelchair bound and two ambulatory) and four at SCM, the facilities cannot transport the consumers in one trip in case of major emergencies such as fires, flooding, earthquake, and prolonged power outages. SAM is located in Valley Springs, a remote small town in Calaveras County while SCM is in Modesto, both in California. The van that SAM uses is 14 years old (2007 Dodge) with close to 200,000 mileage and in need of frequent repairs, including the wheelchair lift. The van that SCM uses is 15 years old and has 227,124 mileage. The wheelchair lift on that van gets stuck while in operation. Due to our vans being old, we only access the community resources that are near our facilities. We are requesting 2 vans with wheelchair lifts, one each for SAM and SCM. Six medically fragile and wheelchair bound consumers will use the van for SAM and four consumers for SCM. Each van must accommodate staff who will accompany the consumers on medical/dental and leisure community trips. Having 2 new vehicles will eliminate the conflict of having consumers go to different places but cannot accommodate due to lack of available vehicles. The new vehicles will also reduce or eliminate the anxiety of having mechanical breakdowns on trips and getting the wheelchair lift stuck with the consumer during the lifting process. The front parking at SAM needs to be expanded and/or reconfigured for the new van. Wheelchair pathway also needs to be configured to provide ADA compliant access to and from the van.

**Funds for Visitor Area (Enclosed facility extension)**

The enclosed facility extension each for SAM and SCM will be used as Visitor Area for consumers and for all other facility meetings. Visitors include family members, friends, consultants, and VMRC and Licensing staff. The facility can observe better social distancing and other Covid 19 Infection Prevention Protocol by having outside personnel access the area through the back door of the facility and not traverse through the interior of the facility. Visitors will be restricted to one area outside of the main facility. At SAM, the enclosed extension area will also be used for VMRC's approved In-House Sustained Learning Day Program. At SCM, the extension area will also be used by our consumers for all of their social and recreational activities. Extension area can be opened to outdoors to bring fresh air and proper air circulation, weather permitting.

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| <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><b>Funds for Training</b> – This will address concept #5. Training for Person-Centered approach will enable our staff implement HCBS concepts according to our consumers’ needs.</p> <p><b>Funds for Emergency Generators</b> – This will address concept #1. The emergency generator each for SAM and SCM will ensure our consumer’s needs are met during prolonged power outages. SAM serves medically fragile consumers who use electrically powered life-sustaining machines at 24/7 basis. The emergency generators will negate the need of relocating consumers to other facilities with electrical power. Relocation to other facilities will bring anxiety and hardship to consumers. Power outages are becoming more common and frequent for fire prevention.</p> <p><b>Funds for Vehicles</b> – This will address concept #1, 4, and 8. A working reliable van for each facility provide flexibility in accessing community points of interest and will facilitate consumers to interact and socialize with others outside of the facility.</p> <p><b>Funds for Enclosed Facility Extension (Visitor Area)</b> – This will address concept # 9. Consumers are able to have visitors of their choosing at any time while providing privacy and quiet sleeping hours to other consumers. The visitors do not have to traverse the interior of the facility but rather access the area through the visitor area front door at the back of the facility. The Visiting Area will also provide private and safe venue for family members, friends, medical providers, consultants, and other governmental regulatory staff such as VMRC and Licensing. At SAM, the area will be used for Sustained Learning Day Program in addition to being used by all visitors. At SCM, the area will be used as a Visitor Area and for consumers’ social and recreational activities.</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>Our proposed outcomes and objectives are to meet and implement all of HCBS’ concepts regarding person-centered thinking to include freedom of choice and control on how they live their lives. We will conduct quarterly evaluations with consumers to determine the effect of HSBC concepts on the improvement on their quality of life. We will discuss the consumer’s feedback on places we visited with them, the persons they met, new experiences, and activities they want to do in the future.</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</p>   |

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| involved in that process.   |
| The Administrator, House Manager, and staff performed a survey with our consumers about activities they want to do that they are not currently getting. We asked for their input on areas and services where the staff can improve in providing care for them. Most of the consumers want to travel and visit theme parks and other places of interest away from the facility. None of the consumers want to relocate during prolonged power outages.   |
| 8. Please describe how the concept you propose will enable you to provide more person-centered services to your clients.  |
| Concept will ensure the continuity of support and services to consumers, during normal times and times of emergency, with the Person-Centered concept in services at full implementation. Having adequate and reliable transportation at SAM and SCM, consumers will have the flexibility of choosing which places of interest they want to visit, which is one of the very important aspect of person-centered thinking.   |
| 9. Please address your plan for maintaining the benefits, value, and success of your project at the conclusion of 2020-21 HCBS Funding.   |
| <p><b>Training</b> - The facility will have regularly scheduled training for staff to keep implementing HCBS policies and to keep emphasizing/developing person-centered plans</p> <p><b>Vehicles</b> - Vehicles will be regularly serviced per manufacturer recommendations. The staff will immediately alert the Administrator and/or House Manager if the vehicles manifest unusual sounds or erratic performance. Varied community outings of consumers' choice will be regularly scheduled to fully utilize the benefits that the vehicles provide.</p> <p><b>Generators</b> – Each month, staff will run the emergency generators for at least 15 minutes to test that they are functioning properly based on manufacturer's specifications. Propane is the fuel of choice as it is safe to store. Facility will keep adequate supply of propane fuel for the generators.</p> <p><b>Enclosed Facility Extension (Visitor Area)</b> - The facility will maintain the area similar to the care and maintenance of the main facility in terms of cleanliness, habitability, and in good and adequate repair. The area will be disinfected and cleaned in compliance with CDC and Covid 19 Infection Prevention Protocol.</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. Administrative costs, if any, must comply with DDS' vendor requirements, including a cap</p>   |

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of 15% of the sum of personnel/benefits, consulting, and operating costs (must exclude capital costs). This information can be found at this [link](#).

**Vehicles** – The two vans we want to purchase will be equipped with wheelchair lift and can accommodate four wheelchair bound consumers and six passengers plus the driver. The van made by Ford and Dodge costs at \$70,000 each. The parking area in front of SAM needs to be expanded. Handicap accessibility to the front and back of the facility and to and from the van needs to be reconfigured to enhance accessibility by staff, consumers, and visitors. The cost of widening of the front parking and handicap accessibility improvements at SAM is estimated at \$8,000. Two years of insurance coverage for the two vans is estimated at \$4,000.

**Training** – Training funds will be spent for 17 staff for 3 days at 6 hours per day. Average staff hourly rate is \$14 plus employer Social Security taxes at 6.2%, Medicare taxes at 1.45%, and Worker’s Comp at 12% of staff hourly rate. The trainees will be provided \$15 per day per staff meal allowance for 3 days of training.

**Emergency Standby Generators** – A 6 kw propane fueled emergency power generator costs approximately \$4,000 installed each for SAM and SCM. Installation includes connection to the main electrical power panel and transfer switches.

**Enclosed facility extension (Visitor Area)** – Based on Home Advisor estimate, an enclosed facility extension to be used as visitor area, costs around \$20,000 each for SAM and SCM. Home Advisor describes it as a Life Room, with a fully functional, comfortable space with access to the outdoors. With the click of a button, access to the outside will be cut off and transform the area as an indoor space that serves as an addition to the home or facility.

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.

Operation and maintenance of vehicles and emergency power generators will be funded by the facility as normal or regular operating expenses. After the initial funding for training, any additional training will be funded by the facilities. Maintenance of the visitor area will be similar to the maintenance of the main facility.

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) \_\_\_ 2020 \_\_\_  
 Disparity Funding  No \_\_\_ Yes.  
 If Yes, FY(s) \_\_\_  
 CPP Funding \_\_\_ No  Yes.  
 If Yes, FY(s) \_\_\_ 2012 \_\_\_  
 CRDP Funding  No \_\_\_ Yes.

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|   | <p>If Yes, FY(s) _____</p> <p>If yes to any question be sure to answer questions 13 and 14.</p> |
| <p><b>For providers who have received prior HCBS, Disparity, CPP or CRDP Funding from DDS</b></p>   |   |
| <p>13. If your organization has received prior funding from any of the above sources, please provide an update on the prior funding project. You may copy and paste from progress update(s) previously provided to regional centers or DDS.</p>   |   |
| <p>The CPP funding for SAM was to develop and establish a Negotiated Rate Adult Residential Facility at Valley Springs. Funding for this was spent and closed in 2012. SAM has been in operation since 2012. The HCBS funding is for Train the Trainer for Person-Centered Thinking Program is in the process of securing a HCBS Qualified Trainer.</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>Current funding request is to procure transport vehicles, expand parking area, emergency generators, enclosed facility extension (visitor area) and staff training funding. Previous funding was to develop and establish a new Negotiated Rate ARF at Valley Springs, California. The HCBS funding is to Train the Trainer for the Person-Centered Thinking Program. There is no redundancy in funding.</p> |   |

*Devin Woodruff*  
02/12/21  
Concept - Page 1

| HCBS CONCEPT BUDGET                         |                     |   |             |               |             |            |
|---|---------------------|---|-------------|---------------|-------------|------------|
| Vendor Name                                 |                     | DDAC Co LLC dba Saint Andrews Manor (SAM) and Saint Charles Manor (SCM) |             |               |             |            |
| Vendor Number(s)                            |                     | HV0379 - 113 (SAM); HV0216 - 915 (SCM)                                  |             |               |             |            |
|   | Salary and Benefits | Year 1 Budget   |             | Year 2 Budget |             | Total      |
|   |                     | FTE   | Annual Cost | FTE           | Annual Cost | Cost       |
| <b>Personnel (salary + benefits)</b>        |                     |   |             |               |             |            |
| Staff Pay During Training                   | 14                  | 306.00  | \$ 4,284    |               | \$ -        | \$ 4,284   |
| Employer Taxes @ 6.2% SS and 1.45% Medicare | 1.07                | 306.00  | \$ 327      |               | \$ -        | \$ 327     |
| Worker's Comp @ 12% of staff pay            | 1.68                | 306.00  | \$ 514      |               | \$ -        | \$ 514     |
| Position Description                        |                     |   | \$ -        |               | \$ -        | \$ -       |
| Position Description                        |                     |   | \$ -        |               | \$ -        | \$ -       |
| Position Description                        |                     |   | \$ -        |               | \$ -        | \$ -       |
| Position Description                        |                     |   | \$ -        |               | \$ -        | \$ -       |
| Position Description                        |                     |   | \$ -        |               | \$ -        | \$ -       |
| Position Description                        |                     |   | \$ -        |               | \$ -        | \$ -       |
| Personnel Subtotal                          |                     |   | \$ 5,126    |               | \$ -        | \$ 5,126   |
| <b>Operating expenses</b>                   |                     |   |             |               |             |            |
|   |                     |   |             |               | \$ -        | \$ -       |
|   |                     |   |             |               | \$ -        | \$ -       |
|   |                     |   |             |               | \$ -        | \$ -       |
|   |                     |   |             |               | \$ -        | \$ -       |
|   |                     |   |             |               | \$ -        | \$ -       |
|   |                     |   |             |               | \$ -        | \$ -       |
|   |                     |   |             |               | \$ -        | \$ -       |
|   |                     |   |             |               | \$ -        | \$ -       |
|   |                     |   |             |               | \$ -        | \$ -       |
| Operating Subtotal                          |                     |   | \$ -        |               | \$ -        | \$ -       |
| <b>Administrative Expenses</b>              |                     |   |             |               |             |            |
|   |                     |   |             |               | \$ -        | \$ -       |
|   |                     |   |             |               | \$ -        | \$ -       |
|   |                     |   |             |               | \$ -        | \$ -       |
|   |                     |   |             |               | \$ -        | \$ -       |
|   |                     |   |             |               | \$ -        | \$ -       |
|   |                     |   |             |               | \$ -        | \$ -       |
|   |                     |   |             |               | \$ -        | \$ -       |
| Administrative Subtotal                     |                     |   | \$ -        |               | \$ -        | \$ -       |
| <b>Capital expenses</b>                     |                     |   |             |               |             |            |
| Van with Wheelchair Lift for SAM            |                     |   | \$ 70,000   |               | \$ -        | \$ 70,000  |
| Expand SAM driveway for van                 |                     |   | \$ 6,000    |               | \$ -        | \$ 6,000   |
| Van with Wheelchair Lift for SCM            |                     |   | \$ 70,000   |               | \$ -        | \$ 70,000  |
| 6 KW Emergency Generator for SAM            |                     |   | \$ 4,000    |               | \$ -        | \$ 4,000   |
| 6 KW Emergency Generator for SCM            |                     |   | \$ 4,000    |               | \$ -        | \$ 4,000   |
| Improve handicap accessibility at SAM       |                     |   | \$ 2,000    |               | \$ -        | \$ 2,000   |
| Insurance for 2 vans for two years          |                     |   | \$ 4,000    |               | \$ -        | \$ 4,000   |
| House extension - DP/Visitors - SAM and SCM |                     |   | \$ 40,000   |               | \$ -        | \$ 40,000  |
|   |                     |   |             |               | \$ -        | \$ -       |
| Capital Subtotal                            |                     |   | \$ 200,000  |               | \$ -        | \$ 200,000 |
| Total Concept Cost                          |                     |   | \$ 205,126  |               | \$ -        | \$ 205,126 |

See Attachment F for budget details and restrictions