



Home and Community-Based Services Provider Compliance Funding Guidelines Fiscal Year 21-22



Department of Developmental Services
September 2021

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Background

In January 2014, the federal Centers for Medicare and Medicaid Services issued final regulations, or rules, for Home and Community-Based Services (HCBS)¹. The rules require that HCBS programs funded through Medicaid (called Medi-Cal in California) provide individuals with disabilities full access to the benefits of community living and offer services and supports in settings that are integrated in the community. This includes opportunities to seek employment in competitive and integrated settings, the freedom to control personal resources, and engaging in the community to the same degree as individuals who do not receive regional center services. The HCBS rules focus on the nature and quality of individuals' experiences and not just the settings where the services are delivered. The Department of Developmental Services (Department) continues to offer training on the HCBS rules and person-centered practices. Completed trainings and informational materials can be found at this [link](#). The Department strongly encourages viewing previously recorded HCBS trainings.

In recognition that some service providers need to take steps towards modifying their services to come into compliance with the HCBS rules by March 2023, the Fiscal Year 2021-22 enacted budget contains \$15 million to fund changes.

Provider Concepts

Service providers are invited to apply for funds through regional centers, and all submitted concepts will be forwarded to the Department as they are received. Regional centers are required to make recommendations for funding, although final approval will be made by the Department.

The HCBS rules represent a significant, system-wide change to the way services are delivered. Given the broad scope of the rules, providers are encouraged to submit concepts that offer a unique and innovative path to enhanced person-centered service delivery. Funding may be used for more creative service delivery options and is intended to help a service provider improve the quality of their service, as opposed to expanding an existing service. Concepts should demonstrate how the requested change in service delivery will impact individuals in offering more choices or options and opportunities for community engagement and inclusion in innovative ways.

Providers of services in settings identified in the California Statewide Transition Plan (Attachment A) are eligible for funding. The Department will give priority to providers who identified as not in compliance with at least one of the federal requirements through the [Provider Assessment](#) process.

Application Process

There are multiple phases and timelines associated with the funding application process. Concepts submitted to regional centers after the date noted below may be ineligible for consideration.

¹ <https://www.medicaid.gov/medicaid/hcbs/index.html>

1. Providers must submit completed concepts to regional centers by November 12, 2021.
2. Regional centers must submit completed concepts and evaluations to the Department by December 10, 2021.
3. The Department will review the concepts and notify regional centers of selected concepts by February 25, 2022.
4. Regional centers and providers whose concepts were selected may enter into a contract agreement.

Provider Concept Submission by November 12, 2021

Service providers need to review these instructions and submit a completed concept form (Attachment C) to the designated contact person for the regional center (Attachment B) to be considered for initial approval.

Prior to receiving concepts from service providers, regional centers are encouraged to initiate discussions with service providers regarding the funding process. This will include but is not limited to walking providers through ways to implement more person-centered practices within their service provision, encouraging providers to view trainings on the DDS website, and discussing options approved providers will have for submitting invoices and claiming for project funds through their regional center. Regional Centers should prioritize outreach to providers that identified to be out of compliance with one or more Federal Requirements of the HCBS Final Rule in the [Provider Self-Assessment](#) that was completed on August 31, 2020. Providers who self-identified as out of compliance with at least one of the federal requirements can be found within the Self-Assessment data previously sent to regional centers in September 2020, and copies of each completed self-assessment sent to each regional center as well.

Providers are encouraged to maximize support from the Disability Thrive Initiative and learn how other service providers across the state are providing services in more individualized ways, explore previous trainings provided by the Initiative, and seek technical assistance regarding person-centered outcomes and involving individuals served in the development of any proposed changes to service delivery. The Initiative holds regular “virtual office hours” for this purpose. More information can be found at: <https://scdd.ca.gov/iddthrive/>.

Regional Center Submission to the Department by December 10, 2021

Regional centers must submit all completed concepts to the following email address, along with funding recommendations and the basis for the recommendations: HCBSregs@dds.ca.gov. Please use the regional center concept feedback form included as Attachment D, which includes the following information requests:

- Description of the ability of the provider to implement the concept based on current service provision;
- Description, if applicable, of the progress on prior funding awards and the overlap or uniqueness of the proposed concept with prior awards; and,
- Recommendation on the project – yes or no – please include brief rationale.

Regional centers should work with eligible providers to ensure they submit all required information, and that the concept is in alignment with these guidelines and the intent of the HCBS rules.

Should the regional center require further time to review, additional time may be requested from the Department. The Department may request supplementary information from providers or regional centers, as necessary.

DDS Concept Review

In reviewing concepts, the Department will use a merit-based process so that each concept receives a fair review. The concept review process includes, but is not limited to, consideration of:

- Concept completeness;
- The provider's person-centered approach in developing the concept;
- Direct relationship between the proposed plan and how it will improve the provider's ability to consistently meet the federal requirements;
- Plan for sustainability;
- Estimated budget and timeline of the proposed plan; and,
- The ability of the concept to enhance current services through individualized service delivery.

The Department will employ a multi-phase review process that considers the submitted application's timeliness and format. Scoring will be based on the rubric in Attachment E. Funding will be allocated based on score rankings until funds are depleted for the 2021-2022 funding cycle. Regional center input may be considered in the final funding decision.

Funding guidance is provided for providers and regional centers as Attachment F.

Notification of Selected Concepts by February 25, 2022

The Department will notify regional centers of the concepts selected for funding.

Contract Development

Concepts selected by the Department will require a contract agreement between the regional center and the service provider, which will include, but will not be limited to, the following:

- Details regarding the project, including specifics on how the funding will be used to enhance person-centered service delivery;
- Details regarding how consumer input will be used in the development, implementation, and ongoing monitoring of the project;
- A detailed budget for the project;
- A project timeline identifying key milestones;
- Qualitative and quantitative measures to determine progress; and,

- A requirement for quarterly reporting to the regional center on progress toward implementation of the project, including progress related to key milestones.

Questions

Please direct any questions to the Department's dedicated HCBS inbox at HCBSregs@dds.ca.gov.

Service Type	Service Code	Service Code Description
Residential	096	Geriatric Facility (Residential Care Facility for the Elderly)
Residential	113	DSS Licensed Specialized Residential Facility (Adult Residential Facilities for Persons with Special Health Care Needs)
Residential	904	Family Home Agency (Adult Family Home, Certified Family Home, Family Teaching Home)
Residential	905, 915	Adult Residential Facility
Residential	910, 920	Children's Residential Facility; Group Home; Foster Family Home; Small Family Home
Day Program	028	Socialization Training Program
Day Program	055	Community Integration Training Program
Day Program	063	Community Activities Support Services
Day Program	475	Participant-Directed Community-Based Training Service for Adults (Community-Based Training Provider)
Day Program	505	Activity Center
Day Program	510	Adult Development Center
Day Program	515	Behavior Management Program
Day Program	855	Adult Day Care (Adult Day Care Facility)
Employment	950	Supported Employment Program-Group Services
Employment	954	Work Activity Program

Regional Center	Contact Person	Email Address
Alta California Regional Center	Katherine Weston	kweston@altaregional.org
Central Valley Regional Center	Anthony Ash	aash@cvrc.org
Eastern Los Angeles Regional Center	Lizette Villa	lvilla@elarc.org
Frank D. Lanterman Regional Center	Sonia Garibay	sgaribay@lanterman.org
Far Northern Regional Center	Katie Inks	kinks@farnorthernrc.org
Golden Gate Regional Center	Jacqueline Lawton	jlawton@ggrc.org
Harbor Regional Center	Stacy Schafer	Stacy.Schafer@harborrc.org
Inland Regional Center	Dalila Balderas	dbalderas@inlandrc.org
Kern Regional Center	Leslie Reynaga	lreynaga@kernrc.org
North Bay Regional Center	Shawan Casborn	shawanc@nbrc.net
North Los Angeles County Regional Center	Evelyn McOmie	emcomie@nlacrc.org
Regional Center of the East Bay	Fructuoso Menchavez	fmenchavez@rceb.org
Regional Center of Orange County	Arturo Cazares	acazares@rcocdd.com
Redwood Coast Regional Center	Cindy Claus-John Sierra Braggs	cclaus-john@redwoodcoastrc.org sbraggs@redwoodcoasrc.org
San Andreas Regional Center	Ann Sieber	asieber@sarc.org
South Central Los Angeles Regional Center	Evelyn Galindo	evelyng@sclarc.org
San Diego Regional Center	Tiffany Swan	tiffany.swan@sdrcc.org
San Gabriel/Pomona Regional Center	Lourdes Sanchez	lsanchez@sgprc.org
Tri-Counties Regional Center	Diva Johnson Mark O'Keefe	djohnson@tri-counties.org mokeefe@tri-counties.org
Valley Mountain Regional Center	Anna Sims	asims@vmrc.net
Westside Regional Center	Megan Mendez	meganm@westsiderc.org

Home and Community-Based Services (HCBS) Rules Reference Information

The Home and Community-Based Services (HCBS) rules supports people with disabilities to 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. **Completion of this concept form is for the sole purpose of applying for compliance funding and does not take the place of provider assessments or remediation that the Department has required to determine provider compliance with the HCBS settings rules.**

Prior HCBS funding focused primarily on barriers to compliance with the 10 federal requirements of the HCBS Final Rule. HCBS funding for fiscal year 2021-2022 will still take the 10 federal requirements into account and will also place increased emphasis on the outcome of a provider's concept. To simplify the process, the federal requirements were placed in three categories that target similar outcomes. Those categories are Community Integration, Individual Rights, and Choice. A fourth category, Collaboration, may be used for a concept between multiple providers to develop a community resource or collaborate on a project benefiting multiple settings. The bulleted questions listed under each category are for providers to consider when thinking about their current operations and plans for the future. These questions should be used when considering ways to build a concept that will achieve increased person-centered practices ongoing.

Service providers may request a copy of their completed self-assessment, by contacting their regional center HCBS Program Evaluator. A blank copy of the assessment can be found at <https://www.dds.ca.gov/wp-content/uploads/2020/09/CADDSHCBSProviderSelfAssessment.pdf>.

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.

Community Integration

How will providers support the following through their services?

- Individuals receiving services in the community based on their needs, preferences and abilities.
- Individuals participating in activities in the community, which are routinely accessed by the general public, and are not solely for the purpose of supporting people with disabilities, as part of their plan for services.
- Individuals exercising control over their schedules and activities.
- Opportunities for activities in the community that include meaningful interaction with individuals not receiving regional center services, not including paid staff or volunteers (e.g. development of hobbies or interests, volunteering, job training, etc.).
- Access to competitive integrated employment opportunities. Note: information on California's Competitive Integrated Employment Initiative can be found at <http://www.chhs.ca.gov/home/cie/>

Home and Community-Based Services (HCBS) Rules Reference Information

Individual Rights

How will providers support the following through their services?

- Informing individuals, in a manner they can understand, of their rights to privacy, dignity, respect, and freedom from coercion and restraint.
- Communication 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.).
- Individuals have informed consent and regular review regarding residential agreements, admission agreements, or other forms of written residency agreements.
- Individuals taking active roles in program policies and shared house rules.
- Individuals understanding of the balance between the rights they have and respecting the rights of others, building skills of negotiation.
- Individuals' understanding of the different service options available to them, and working towards individualized goals with support.
- Choice regarding roommates or private accommodations.
- Visitors are welcome to visit the home at any time.
- Individuals going 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.
- Individuals having the freedom to move about inside and outside the home.
- For those requiring accessible supports, grab bars, seats in bathrooms, ramps for wheelchairs, etc., are available so that individuals can move about the setting as they choose.
- Appliances and furniture are accessible to every individual.

Choice

How will providers support the following through their services?

- Offering daily activities based on individual's needs and preferences.
- Structuring support so that individuals are able to interact with people they choose to interact with, both at home and in community settings.
- Structuring support so that individuals are able to participate in activities that interest them and correspond with their IPP goals.
- Supporting individuals in choosing which staff provide their care to the extent that alternative staff are available.
- Opportunities to modify services and/or voice concerns outside of the scheduled review of services (IPP review).
- Individuals having access to food at any time.
- Supporting individuals to set their own daily schedules.

Home and Community-Based Services (HCBS) Rules Reference Information

Collaboration

- Does your program excel in a particular facet of your service type that can be beneficial to other programs in coming into compliance and strengthening person-centered practices?
- Does your concept involve at least one additional agency who will share in the development and implementation of the concept?
- Are there increased benefits to people you serve by collaborating on this concept with other providers?
- Are you developing a community of practice? (i.e. a group of people who share a common interest and come together to learn from each other and achieve a common goal.)

Some previously funded concepts have successfully collaborated to assist other providers in enhancing their services through projects such as:

- Development of toolkits and resources regarding the Final Rule, or areas within the Final Rule (employment options, housing, person-centered planning, etc.), that can be broadly accessed.
- Training and knowledge-sharing with others in their catchment area.
- Creation of person-centered planning applications/software.

HCBS Final Rule: List of Federal Requirements

Federal Requirement #1: Access to the Community

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.

Federal Requirement #2: Choice of Setting

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.

Federal Requirement #3: Right to be Treated Well

Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.

Home and Community-Based Services (HCBS) Rules Reference Information

Federal Requirement #4: Independence

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.

Federal Requirement #5: Choice of Services and Supports

Facilitates individual choice regarding services and supports, and who provides them.

For providers who operate a residential setting:

Federal Requirement #6: Residential Agreement

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.

Federal Requirement #7: Privacy

- 1. Each individual has privacy in his/her sleeping or living unit:*
- 2. Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors as needed.*
- 3. Individuals sharing units have a choice of roommates in that setting.*
- 4. Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.*

Federal Requirement #8: Schedule and Access to Food

Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.

Federal Requirement #9: Right to Visitors

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

Federal Requirement #10: Accessibility

The setting is physically accessible to the individual.

Home and Community-Based Services (HCBS) Rules CONCEPT FORM

Regional center vendors may receive funding to make changes to service settings and/or programs to enhance current services through individualized service delivery. To be considered for funding, vendors must complete and submit this form 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. Please use the current FY 21-22 form.
- For providers that operate programs with several vendor numbers involved in one concept, one blueprint 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 blueprints 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 concept includes detailed information that describes the funding requests and supports how the requests will assist the provider in **enhancing person-centered service delivery**.
- Concepts should demonstrate how the requested change in service delivery will impact individuals in **offering more choices and opportunities**.

While concept development should be individualized for each provider, some common themes persist among those that have been previously selected for funding.

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.

Home and Community-Based Services (HCBS) Rules Reference Information

Vendor name	
Vendor number(s)	
Contact Name	
Contact Email Address	
Primary regional center	
Service type(s)	
Service code(s)	
Number of consumers typically and currently served	
Typical and current staff-to-consumer ratio	
<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. If you have previously identified your program as compliant with the HCBS Final Rule through the Self-Assessment, what changes have occurred that has changed your level of compliance?</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>3. Identify which category/ categories this concept addresses.</p> <p><input type="checkbox"/> Community Integration</p> <p><input type="checkbox"/> Individual Rights</p> <p><input type="checkbox"/> Choice</p> <p><input type="checkbox"/> Collaboration</p>	
<p>4. Please list the proposed objectives and outcomes of the concept, as well as the methods of achieving and tracking them. How will this concept assist you in reaching goals within the category that you are requesting funds?</p>	
<p>5. Please describe how and/or what was done to ensure that individuals served by the program led the development of this concept? Discuss not only the development of the concept, but also what steps were taken to identify the interests and desires of the individuals and who was involved in that process.</p>	
<p>6. Please describe how the concept you propose will enable you to provide more person-centered services to the individuals you serve.</p>	

Home and Community-Based Services (HCBS) Rules Reference Information

7. What percentage of individuals served by your program will directly benefit from implementation of this concept?	
8. Please address your plan for maintaining the benefits, value, and success of your project at the conclusion of 2021-22 HCBS Funding.	
9. 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 .	
10. 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.	
11. 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) _____ Service Access and Equity Funding ___ No ___ Yes. If Yes, FY(s) _____ CPP Funding ___ No ___ Yes. If Yes, FY(s) _____ CRDP Funding ___ No ___ Yes. If Yes, FY(s) _____ If yes to any question be sure to answer questions 13 and 14.
For providers who have received prior HCBS, Disparity, CPP or CRDP Funding from DDS	
12. 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.	
13. 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.	

**Home and Community-Based Services (HCBS) Rules
Reference Information**

HCBS CONCEPT BUDGET						
Vendor Name						
Vendor Number(s)						
	Wage and Benefits	Year 1 Budget		Year 2 Budget		Total
		FTE	Annual Cost	FTE	Annual Cost	Cost
Personnel (wage + benefits)						
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Personnel Subtotal			\$ -		\$ -	\$ -
Operating expenses						
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
Operating Subtotal			\$ -		\$ -	\$ -
Administrative Expenses						
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
Administrative Subtotal			\$ -		\$ -	\$ -
Capital expenses						
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
Capital Subtotal			\$ -		\$ -	\$ -
Total Concept Cost			\$ -		\$ -	\$ -

See Attachment F for budget details and restrictions

Home and Community-Based Services (HCBS) Rules REGIONAL CENTER RECOMMENDATION FORM

REGIONAL CENTER:	
VENDOR NAME:	
VENDOR NUMBER:	

Please confirm the provider reported to be out of compliance in the self-assessment.	
Please describe any potential challenges this vendor might have in implementing this concept.	
If the vendor has received other funding from DDS, including HCBS, service access and equity funding or CPP funding, please comment on how the vendor used the funds and met or did not meet the funding expectations. Please also comment on the uniqueness of this request relative to any prior funding received. Mark N/A if no prior funding received.	
Please mark whether you recommend or do not recommend the concept and describe your rationale.	
Recommend:	
Do not recommend:	
Rationale:	

**Home and Community-Based Services (HCBS) Rules
DEPARTMENT REVIEW FORM AND SCORING RUBRIC**

NAME OF REVIEWER:	
VENDOR NAME:	
REGIONAL CENTER:	
VENDOR NUMBER:	

REVIEW (Completed by at least 2 reviewers who shall not be aware of other scores)

Completeness (score – 0 or 1 point only):	Weight	Score	Max Total
Evaluation form is complete	3	1	3
Concept form is complete	3	1	3
Content review (score – 0 inadequate, 1 satisfactory, 2 exceptional):			
Service Description/Baseline for services	1	2	2
Summary Narrative	2	2	4
Proposed Outcomes and Methods to Achieve	6	2	12
How Participant Input is Incorporated	3	2	6
How Person-Centered Services are Improved	4	2	8
Percentage of Participants to Benefit from Implementation	2	2	4
Sustaining Benefits and Value	3	2	6
Budget and Timeline	2	2	4
Total Score (for rank)			52

<p>OBJECTIVE SUMMARY:</p> <ul style="list-style-type: none"> - What is being recommended for funding by reviewer and brief justification for vendor's request(s) if applicable - Items not considered for funding with rationale - Impact of prior funding review if relevant -Questions for the regional center 	
<p>Recommended \$</p> <ul style="list-style-type: none"> - Include items and costs 	

**Home and Community-Based Services (HCBS) Rules
DEPARTMENT REVIEW FORM AND SCORING RUBRIC**

NAME OF REVIEWER 1:	
NAME OF REVIEWER 2:	
NAME OF REVIEWER 3:	
VENDOR NAME:	
REGIONAL CENTER:	
VENDOR NUMBER:	

Review Comparison Completed by 2nd Reviewer

FIRST SCORE:		FIRST \$ REC:	
SECOND SCORE:		SECOND \$ REC:	
		\$ REC DIFFERENCE:	
SCORE DIFFERENCE: (3RD REVIEW IF >10) Circle if yes		\$ REC DIFFERENCE: 3RD REVIEW Circle if yes	
THIRD SCORE:		THIRD \$ REC:	
AVERAGE OF 2 CLOSEST SCORES: (USED FOR RANK)		RECONCILED \$ REC: (TEAM)	
REGIONAL CENTER RECOMMENDATION: Yes No			

Home and Community-Based Services (HCBS) Rules DEPARTMENT REVIEW FORM AND SCORING RUBRIC

REVIEW GUIDE

	Weight	Score	Total
Scores of 0 (not complete) or 1 (complete) only			
Evaluation form is complete For both residential and non-residential settings, at least one of the federal requirements is filled out. Providers may focus on one or more federal requirements.	3	1	3
Concept form is complete All required items are filled out. Make sure to confirm that questions about prior funding are completed, if relevant.	3	1	3
Scores of 0 (inadequate), 1 (adequate) or 2 (exceptional)			
Service Description/Baseline for services Description of services enables reader to understand current service delivery model and the baseline situation for the aspects of the service delivery model that will be impacted by the concept.	1	2	2
Summary Narrative Explains the concept succinctly and completely and could stand alone to describe the project to an individual with only the summary.	2	2	4
Proposed Outcomes and How Achieved Outcomes and method for achieving them are clear, realistic, and appropriate for addressing identified deficiencies. Exceptional scores will include objective means to track outcomes.	6	2	12
How Participant Input Incorporated Concept design and purpose reflect input from target population that takes into consideration the communication styles and methods of the population served. Exceptional scores include extensive direct input from participants/families in the concept development process.	3	2	6
How Person-Centered Services are Improved Concept improves individual choice for participants and enhances ability to integrate into the community in meaningful ways.	4	2	8
Percentage of Participants to Benefit from Implementation Concept provides a benefit to a significant number of individuals served by the program.	2	2	4
Sustaining Benefits and Value Concept creates lasting benefit to program that enables program improvements to be maintained after funding cycle.	3	2	6
Budget and Timeline All major parts of the budget are explained in narrative. Budget amounts are reasonable and clearly indicate the use of funds linked to the concept.	2	2	4

Guidelines for Scores:

2 - Exceptional

- Exceeds the minimum requirements explained above and specifically describes how and/or what will be accomplished.

1 - Adequate

- Satisfies the minimum requirements explained above and describes generally how and/or what will be accomplished.

0 - Inadequate

- Does not satisfy the minimum requirements explained above, and does not describe how and/or what will be accomplished.

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

Complete the line-item budget estimated to fulfill the goals of the project. The worksheet is divided into the following sections:

- Personnel: salary/wages and benefits
- Operating expenses
- Administrative expenses/indirect costs
- Capital costs

For each item needed include the annual cost (“Year 1 annual cost” “Year 2 Annual Cost”). Add the total cost for the duration of the project (“Total Cost”). If the project duration is 12 months, only complete the “Year 1” column.

Budget Details and Restrictions

Allowable Expenses

Allowable expenses shall meet the following criteria:

- Not prohibited under state laws, regulations, or HCBS program requirements;
- Reasonable costs for project activities;
- Related to the goal of the project; and,
- Adequately documented.

The project costs and planned use of resources must be appropriate to support the proposed activities and achieve the project outcomes. The following provides descriptions and examples of allowable items under each project category.

Direct Costs

Direct costs are incurred for activities or services that benefit the HCBS compliance funds project. Direct costs are separated into personnel and operating expenses.

Personnel: Salary/Wages and Benefits

Personnel costs are direct operating costs for project staff time devoted to fulfilling the goals of the project.

- Salary/Wages
 - Employee costs must be directly related to the activities of the project.
 - Full-time equivalent (FTE) means an employee who works full time (e.g., 40 hours per week).
 - Total hours worked on all concepts, grants or contract funding sources cannot exceed 1 FTE for each employee.
- Benefits
 - Benefits include payroll taxes, workers’ compensation, health and welfare and all other required employee benefits.
 - Benefits should include the percentage that will be charged to the concept.
 - Subcontractors are included under operating expenses.

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Operating Expenses

Operating expenses are costs incurred as a result of activities performed as a service to the target population. Examples of operating expense line items include the following:

- Advertising and outreach
 - Costs associated with creating flyers, documents, advertisement, etc.
 - Other specific purposes necessary to meet the requirements of the concept.
- Food and beverages for training/workshop attendees
 - Applicants must demonstrate that food and beverage costs for clients, potential clients, and their families are necessary to meet the goals and objectives of the project.
 - Food and beverage line item can be used for meetings/training/workshops for the HCBS compliance concept.
- Instructional Items
 - Instructional materials (e.g., pens, paper, curricular materials, manuals, books, DVDs) must be purchased only in amounts reasonably expected to be utilized during the term, and in performance of the HCBS compliance concept agreement for workshops and/or trainings for participants.
 - Technology for the instruction and continuation of providing services virtually. i.e.: internet access/data plan, Zoom license, etc.
- Office Supplies
 - Office supplies for use during the project by project staff in performance of project activities (e.g., paper, pens, folders, binders).
- In-state travel
 - Per diem and travel costs for vendor staff to travel to HCBS compliance concept-related meetings/training within the State of California (e.g., airfare, bus, train, rental cars, personal vehicle mileage, lodging, and food costs).
 - Projects may utilize this travel line item to meet with other HCBS compliance projects if there is a project need.
 - Actual costs are not to exceed the CalHR designated rates as stated on: <https://www.calhr.ca.gov/employees/Pages/travel-reimbursements.aspx>
- Facility costs, such as rent and utilities for project activities
 - Costs must be proportionate to the usage of the space dedicated to project activities, not space already funded by other programs.
 - If facility costs are included as indirect costs, they cannot also be included under operating expenses
- Subcontractor costs
 - Subcontractor costs are project activities performed by another organization that is not an employee of the vendor.
 - Examples of subcontractor costs include but are not limited to:
 - Interpretation and/or translation costs;
 - Speakers/trainers who are not employees; and,
 - Costs associated with rental space for a training or workshop for participants (e.g., staff).

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- Include information in the budget narrative about contractor expenses.
 - For each subcontracted employee, the total hours worked for all the line item positions on the project and/or all other funding sources cannot exceed 1 full-time equivalent (FTE). FTE means an employee who works full time (e.g., 40 hours per week).
 - If a subcontracted employee is working on multiple projects, include the project name, funding source, and FTE for each of these projects in the budget narrative.

Administrative Expenses/Indirect Costs

Administrative expenses are indirect, organization-wide, general-management costs (i.e., activities for the direction and control of the organization as a whole) that are necessary to successful implementation of the project.

- If expenses are included under personnel or operating, those costs cannot also be included under administrative expenses/indirect costs.
- Administrative expenses/indirect costs must be supported by actual costs incurred and paid by the organization.
- Administrative expenses shall not exceed 15% cap of total funds received, excluding capital costs as per:
http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=4629.7&lawCode=WIC.
- Each administrative expense needs to be listed in the budget worksheet as a separate line item along with the corresponding cost and description.

The administrative expense allocation method utilized must be explained in the budget narrative and justified within the project concept.

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Items that cannot be paid with HCBS funds

- Items that should be funded pursuant to an Individual Program Plan (IPP)
- Items that are part of basic safety or other concept that should be funded by a provider (accessibility challenges can be funded if too large/not appropriate to be done as part of an IPP, e.g., adding a ramp to a home to support aging in place.)
- A concept with sustainability concerns (e.g., financial sustainability concerns or unsustainable goals/objectives, staff requests that have been funded in previous years through this process)
- Concepts where primary purpose of funding is generating revenue stream without primary benefit to existing population (e.g., for transition)
- Transition plan that does not include substantial/primary benefit for current participants
- Any funding when a program is closing
- Maintenance costs for existing or new items
- Vehicle insurance and/or extended warranties
- Vehicle(s) for the provider with no direct benefit to consumers, or not essential for providing supports to consumers
- Out-of-state travel
- In-state travel and per diem that is not in accordance with or exceeds the CalHR designated rates
- Commute mileage
- Conferences, defined as events solely focused on information dissemination that are not tied to the project goal
- Supplements to the salaries of existing full-time staff
- Consumer wages
- Food and beverages for meetings that do not include target population participants
- Entertainment purposes including, but not limited to, raffles, games, contest prizes, gambling, bingo
- Alcohol
- Promotional items such as: souvenirs, wearables, gifts, gift cards, “stuff we all get” (also known as “S.W.A.G.”), giveaways, etc.
- Lobbying
- Fundraising
- Bad debts
- Interest
- Fines and penalties
- Professional Liability Insurance
- Security services
- Expenses described as “miscellaneous,” “other” or “etc.”
- Costs budgeted as a direct line item expense, if an administrative expense/indirect cost rate is already used