

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/>

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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.

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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.

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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.

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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.

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Vendor name	Mother Lode Rehabilitation Enterprises Inc.
Vendor number(s)	H09365
Contact Name	Nick Abela
Contact Email Address	nickabela@morerehab.org
Primary regional center	ALTA Regional
Service type(s)	Adult Development Center
Service code(s)	510
Number of consumers typically and currently served	Typical: 130 Current: 97
Typical and current staff-to-consumer ratio	Typical: 1:4 Current: 1:2 (due to pandemic)

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?

In the past year, MORE has moved into a newly remodeled building and is in the process of rethinking and changing the way we provide services. The motivation behind creating these changes are:

- Our desire to “raise-the-bar” in the quality of services to the people we serve
- The new amenities in the remodeled building that will allow us to provide services previously non-existent to people in our region with ID/DD
- The change in federal mandates with the legislation of HCBS guidelines
- And our ongoing belief in the Person-Centered Thinking Philosophy

Traditional services currently include in-person participation in our Life Skills, Creative Arts and Vocational Instruction programs. All traditional services are offered with strict enforcing of social distancing and mask wearing in accordance with Community Care Licensing and California Department of Public health guidelines. The staff to client ratio never exceeds 1:4 and currently averages 1:2.

A typical day for clients participating in traditional services includes making choices from a wide variety of classes and activities. These include Creative Arts, Gardening, Yoga, Music Appreciation, World Travel, Self-Advocacy and Public Speaking, Go Wild Read Book Club, Whole Body Health, Sign Language, and Community activities of the person’s choosing (Sherwood Demonstration Gardens, museums, shopping, dining, parks, trails etc.). Our offerings are continuously updated to meet the desires of our clients. Community activities have been limited to small groups over the last two years due to the pandemic. Before the pandemic, clients were taken on outings by vans and in larger groups rather than individual trips because of the lack of vehicles.

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Person-Centered Thinking began years ago through Alta/DDS but was never formalized into a training program like it is today. We have always believed in this strategy and new staff as well as existing staff are being provided opportunities to start using Person-Centered Thinking techniques with many of our clients. However, due to significant changes of staff, during the past two years, many have not gone through official PCT training.

Our vision for the future includes integrating the people we serve with non-disabled people in their communities and supporting them in Competitive Integrated Employment (CIE). Our priority will be training the people served by MORE to access their community and utilize resources like any other citizen would, with emphasis on Self-Advocacy and Informed Choice/Decision Making.

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.

2. Please provide a brief summary narrative of the concept for which you are requesting funding, including justification for the funding.

MORE is transitioning into a Person-Centered Organization to offer our clients more individualized services and greater choice. While much of the leadership team and some staff have received Person-Centered Thinking training many of our newer staff have not. We are requesting funding to send additional staff through the training. In addition, we would like to have two staff complete the necessary training to become certified Person-Centered Thinking trainers. Our goal is to have a sustainable mechanism to train persons served by MORE, their families and new staff in Person-Centered Thinking. Training our staff will better equip them to learn the interests, strengths, needs and preferences of the people we serve. Training our clients, will increase their own abilities to be Self-Advocates, training care providers and families will support the clients in their needs/interests and lead Self-Directed lives.

We are also requesting funding to increase our ability to educate our clients and families in Social Security. Many of our clients, care providers and families have turned down Competitive Integrated Employment opportunities out of fear that benefits would be cut. We do not currently have the expertise to provide benefits counseling. Our goal is to be able to provide this type of counseling as it will be imperative when supporting our clients in CIE. We would like to hire an expert to train staff and spend several hours providing education to our clients and families. Additionally, we would like to send four staff members to WIP-C training to become fully credentialed Benefits Practitioners. With the capacity to provide benefits counseling, we would be far better poised to support our clients as they pursue CIE (another core component of the HCBS mandate).

Finally, we are requesting funds for three smaller vehicles and one wheelchair accessible van. Currently, MORE has a small fleet of vehicles, however, most of them are large vans or work trucks. As a result, many clients have no options to access the community as public transportation is very limited in our area and individualized

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<p>transportation is almost non-existent. Although one wheelchair accessible van is owned, MORE serves thirteen individuals who use chairs. Due to this and lack of accessible public transportation, the amount of time each is able to spend in the community is very limited. While every attempt is made to allow individual choice, transportation is the primary barrier and our only wheelchair accessible van is in constant use. With the addition of new and reliable vehicles, smaller groups (with similar interests, needs and preferences) could go into the community. Furthermore, additional vehicles would allow us to facilitate more Person-Centered services and Discovery activities as the need to go out as part of a large group would be alleviated. These vehicles could also be used to provide individualized services and supports during non-traditional service hours.</p>
<p>3. Identify which category/ categories this concept addresses.</p>
<p><input checked="" type="checkbox"/> Community Integration <input type="checkbox"/> Individual Rights <input checked="" type="checkbox"/> Choice <input checked="" 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>The outcome for the Person-Centered Thinking training is to become a Person-Centered Organization by providing every employee and person served by MORE with the training. With certified trainers, we would have a mechanism to provide future staff, clients, care providers, families and other service providers with this imperative training. We would add this training to our mandatory training for staff and track them in our training database.</p> <p>The outcome for the Social Security training is to become more competent in benefits counseling and have certified Benefits Practitioners on staff. This would result in more of our clients seeking Competitive Integrated Employment in meaningful. It would also allow us to provide more outreach and education to families/care providers who are hesitant about losing benefits. We would track this in current surveys that document the number of clients in CIE.</p> <p>Outcomes for the vehicle acquisition are to provide more community-based services based upon individual preference and need. The objectives are to provide each client served with opportunities to choose where in the community they want to receive services. Achieving and tracking will occur through existing program surveys, a community outing database and case notes.</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>Throughout the year, we ask each individual served about their interests, needs, desires and what would make MORE better serve them. This occurs in a variety of different formats including verbally, in surveys, ISP meetings and a variety of other</p>

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Person-Centered techniques. In addition, we have had several open forums with clients, staff, and families about the HCBS mandate and what things would make us more compliant. We continuously make changes to the services we provide based on the needs and desires of our clients.

Based on the above, we determined the majority of our clients wanted to pursue employment and engage more in the community. We developed our concept from the major barriers that were identified: hesitancy to seek employment from fear of losing Social Security Benefits, and limited individualized transportation.

Additionally, there was a lot of interest expressed by our clients to go out into the community more frequently, with greater choice regarding the destination. This led to the development of our request for additional vehicles as it would allow more clients to go out more frequently, with more individualized choice.

6. Please describe how the concept you propose will enable you to provide more person-centered services to the individuals you serve.

Ensuring that all staff our trained in Person-Centered Thinking is imperative and will allow us to provide person-centered services to all individuals served.

Providing benefits counseling to our clients will allow them to make Informed Choices about pursuing CIE. This will be person-centered because of the individualized and person-centric approach.

More vehicles will allow our clients to receive services in the community based on interests, needs and preferences. It will allow us to provide more person-centered services as we could individualize community services rather than only be able to support large groups in the community.

7. What percentage of individuals served by your program will directly benefit from implementation of this concept?

100% of individuals served by MORE will directly benefit from the 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.

After the funding has concluded for Person-Centered Thinking and Social Security training, all our staff will be competent in two critically important concepts regarding the implementation of the HCBS mandate. Additionally, we will have a sustainable mechanism to provide training to future staff and other providers in our region.

After the funding expires for the vehicles, we will continue to cover all costs for insurance, maintenance, fuel etc. and will have a mechanism to provide individualized community services for the lifetime of the vehicle (approximately 15 years).

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

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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](#).

Person-Centered Thinking Training for 20 staff: **\$4,500**

Person-Centered Thinking train the trainer trainings for 2 staff: **\$10,000**

Social Security Benefits Training: **\$150**

WIP-C Credentialing for 4 staff: **\$6300**

Purchase three smaller fuel-efficient vehicles: **\$86,412.00**

Purchase one wheelchair accessible van: **\$63,205.35**

All training will be initiated within the first six months of approval and conclude within 12 months.

Vehicle acquisition will occur within three months of approval.

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.

"not applicable"

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.

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HCBS CONCEPT BUDGET						
Vendor Name		Mother Lode Rehabilitation Enterprises Inc				
Vendor Number(s)		HO9365				
	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						
Person-Centered Thinking Training (20 staff)			\$ 4,500			\$ 4,500
Person-Centered Thinking Train the trainers (2 staff)			\$ 10,000			\$ 10,000
Social Security Benefits Training for staff, clients, families & care providers			\$ 150			\$ 150
WIP-C Credentialing/Training (4 staff)			\$ 6,300			\$ 6,300
Three Toyota Hybrid Vehicles			\$ 86,412			\$ 86,412
One Wheelchair Accessible Van			\$ 63,205			\$ 63,205
						\$ -
						\$ -
Capital Subtotal			\$ 170,567		\$ -	\$ 170,567
Total Concept Cost			\$ 170,567		\$ -	\$ 170,567

See Attachment F for budget details and restrictions