

## 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](mailto: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	Oak and Cedar LLC
Vendor number(s)	PA2087(ALTA) / HNO558(NBRC)
Contact Name	Charles Clariza
Contact Email Address	oacadp@gmail.com
Primary regional center	Alta California Regional Center
Service type(s)	Adult Day Program
Service code(s)	055
Number of consumers typically and currently served	8
Typical and current staff-to-consumer ratio	1:2
<p>1. Please provide a brief description of the service/setting. Include what a typical day consists of during regular program as well as how services are currently being provided. This response must include the baseline/current levels for any aspects of the program for which the concept proposes funding. 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>Oak and Cedar (OAC) is an Adult Day Program that serves our participants in the community at a 1:2 ratio. Oak and Cedar identifies as a Behavioral Day Program, in that we are designed to support consumers who may display behaviors that would interfere or be considered a barrier to community integration/inclusion. Day to day, OAC supports participant with skill building including, but not limited to, identifying and utilizing coping skills, communication goals, and socially appropriate behaviors. After attending trainings and regional center workshops on Person Centered Training, OAC has come to a deeper understanding of person centered practices and has identified areas in the organization where we are lacking and could improve for the benefit of our participants. While attending a workshop in August 2021, OAC staff received introductory training in the use of person centered planning processes known as The Liberty Plan and PATH. This was the catalyst of change and the motivation behind creating a concept for HCBS Funding. At this time, none of OAC's participants have Person Centered Plans which is related to FedReq #4 (Independence) and FedReq #5 (Choice of Service and Supports). We believe that through these planning processes, our participants will be better able to make choices on what community activities, services, supports, and personal goals can be experienced or addressed. This would lend to a day program where day to day activities becomes more individualized and meaningful to them. An additional area of concern is related to FedReq #10 (Accessibility). At this time, participants utilizing wheelchairs are not currently able to access the community due to limitations of vehicles. OAC believes the addition vans with a lift would lend to more access to the community for our participants.</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>	

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OAC is requesting funding for 2 positions that we feel would lead our organization towards person centeredness.

- **The Person Centered Director (PCD)** would be responsible for overseeing the overall growth towards person centered practices. Their role would include attending regular training on PCP standards and practices, then create changes to organizational policies/protocols based on what they have learned. They would also be in charge of creating and teaching curriculum based on Person Centered Planning so that the practices remain sustainable within the organization. Additional tasks include conducting PCP meetings, writing PCP reports, supervising the PCP Specialist, coming to an understanding of HCBS, and working with our participants to ensure the services they receive from our organization remains meaningful to them.
- As a outcome of the this concept, OAC would like 100% of our participants to participate in a Person Centered Planning session, which would then yield their individualized plan. According to trainings on The Liberty Plan and PATH, these planning sessions are typically held every 1 to 2 years as participants goals, needs, and desires, may change in that time. To run these planning sessions, it is recommended that 2 facilitators be present; a Content Facilitator and a Graphic Facilitator. OAC is requesting funding for a **Person Centered Specialist (PCS)** that will work alongside the PCD to conduct these planning meetings with our current/future participants and their circles of support. Additional duties will include supporting the PCD in the overall goal of moving the organization towards person centeredness, conducting assessments on current state of person centered practices, and working with our participants to ensure that services remain meaningful to them on a day to day basis. The PCD and PCS will work as a team to ensure that all current and future participants receive services that are meaningful and individualized to them.
- OAC is requesting funding for two vans (one with lift). After holding conversation with our participants and their circle of support, a common concern continues to be COVID and the overall safety of our participants while in the community. In order to continue to abiding by CDC recommendation, OAC is requesting one van to ensure 3 individuals (1 staff and 2 participants) can be transported safely in the community. Once COVID subsides, the van can then be used on occasion to transport a group of participants should they want to participate in a group activity like going to a local Rivercats baseball or Kings game. The second van would be equipped with a wheelchair lift to ensure that all OAC participants are able to equally access services and preferred locations within the community. The use of vans would allow us to execute and take action on the plans created through the PCP process.
- OAC is requesting funding for ongoing PCP Training and Materials.

3. Identify which category/ categories this concept addresses.

- Community Integration  
 Individual Rights  
 Choice  
 Collaboration

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?

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- 100% of OAC participants (and their support circle) will participate in Person Centered Planning sessions.
- 100% of OAC participants will receive Person Centered Plans that will details their likes, dislikes, preferences, and goals. These plans will help participants to independently make choices about how and where they receive services from our program.
- OAC will adopt changes to policies and procedures created by our PCP Team (PCD/PCS) that will lead us towards becoming and remaining a Person Centered Organization.
- OAC new hires will receive PCP training imbedded in their onboarding training.
- 100% of OAC employees will receive Annual PCP Training.
- 100% of OAC employees will receive reoccurring supervision to ensure person centered practices are maintained.
- 100% of OAC participants will have equal access to the community.

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.

Preference Assessments and Conversations with participants and circle of support (Family, Caretakers, Service Coordinators, etc.) were held to identify areas of need and support that were meaningful to the person. During these meetings, likes, dislikes, preferences, needs, concerns and goals were shared. At the conclusion of these engagements, it was clear that individualized planning was important to the participant and the quality of services OAC provides.

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

The concept proposed will enable OAC to provided Person Centered Services as our organization as a whole will adopt policies and procedures that are built on PCP standards. Furthermore, all employees will be trained and retrained on PCP practices to ensure that the concepts and practices gained from this proposal are sustainable for the life of the organization. The utilization of a PCP team (PCD/PCS) helps us meet this goal of becoming a more person centered organization for our participants. Additionally, vans awarded in this grant allow us to execute and take action on the plans that are actually created through Person Centered Planning.

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

100% of all our participants 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.

A major component of the PCP Team's (PCD/PCS) role is to create policy and procedural changes to ensure OAC is able meet PCP standards and practices. Additional components of their role is to train current and future staff on the values of PCP and how to take action according to individualized plans to ensure every day is meaningful for our participants. Based on these actions, PCP will become integrated into the core of how OAC functions, which ensures it will be able to maintain and sustain



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should employees in the role decide to move on. In the case this should happen, current employees who have received training and have knowledge of person centered practices would have the opportunity to move up and take on the role of a PCD or PCS.

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](#).

Person Centered Director will be hired within 2 months of grant.

Person Centered Specialist will be hired within 3 months of grant.

Materials needed for training will be purchased with 4 months of the grant

Van #1 with lift will be purchased within 3 months of the grant.

Van #2 will be purchased within 6 months of the grant.

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.

Following the conclusion of HCBS FY21\_22 funding, Oak and Cedar will absorb the cost to maintain Person Centered Positions. Vehicle maintenance will be absorbed to in order to ensure use of the vehicles continues to provide community access for all individuals equally.

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) \_\_\_20-21\_\_\_  
 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.

In FY20-21 OAC received HCBS funding for its day program in the North Bay Regional Center Catchment area. With this funding, OAC was able to hire a Person Centered Planning Coordinator (PCPC) whose role included attending and creating PCP trainings, evaluating OAC's (NBRC) person centered practices, and create policy and procedural changes focusing on person centeredness. Currently, OAC is on track with all its Q1 milestones which included creating, interviewing, and hiring for the PCPC position. The PCPC has met with all NBRC participants and held conversations and assessments to identify needs of supports and preferences for services or experiences in the community. Additionally within Q1 the PCPC has attended trainings on the role, including Alternative Services & Beyond: HCBS Final Settings Rule presented by Disability Thrive Initiative

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and trainings on Person Centered Planning (The Liberty Plan and PATH). Upcoming scheduled trainings with a PCP Consultant keeps us on track to meeting Q2 goals.

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.

After receiving HCBS funding to hire a PCPC specifically for its North Bay Regional Center participants and catchment area, OAC(NBRC) has already recognized a shift towards person centeredness and an improvement in compliance of the HCBS Final Settings Rule. The concept proposed for FY21-22 builds on the prior award and requests funding for a PCP team to continue OAC's move towards person centeredness and compliance as a whole organization; which includes our participants in the Alta California Regional Center catchment area. Funding for a PSD and PCS position is a reaction from the success seen in bringing on a PCPC for our NBRC office, as well as a new understanding from trainings received this year, of the amount of time and gravity of the task to prepare and facilitate Person Centered Planning meetings using methods like The Liberty Plan or PATH for 100% our current and future Alta Regional California Center participants. OAC has not received funding for vehicles in the past.

HCBS CONCEPT BUDGET		FY21-22					
Vendor Name		Oak and Cedar LLC					
Vendor Number(s)		PA2087					
	Wage and Benefits	Year 1 Budget		Year 2 Budget		Total	
		FTE	Annual Cost	FTE	Annual Cost	Cost	
<b>Personnel (wage + benefits)</b>							
Person Centered Director	56612.21	1.00	\$ 56,612	1.00	\$ 56,612	\$ 113,224	
Person Centered Specialist	42935.28	1.00	\$ 42,935	1.00	\$ 42,935	\$ 85,871	
			\$ -		\$ -	\$ -	
			\$ -		\$ -	\$ -	
			\$ -		\$ -	\$ -	
			\$ -		\$ -	\$ -	
			\$ -		\$ -	\$ -	
			\$ -		\$ -	\$ -	
<b>Personnel Subtotal</b>			<b>\$ 99,547</b>		<b>\$ 99,547</b>	<b>\$ 199,095</b>	
<b>Operating expenses</b>							
PCP Supplies/Materials (e.g Laptops, Projector, Bind			\$ 2,500		\$ 2,500	\$ 5,000	
PCP Training/Consultant (Training Seminar + Consul			\$ 3,500		\$ 1,500	\$ 5,000	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
<b>Operating Subtotal</b>			<b>\$ 6,000</b>		<b>\$ 4,000</b>	<b>\$ 10,000</b>	
<b>Administrative Expenses</b>							
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
<b>Administrative Subtotal</b>			<b>\$ -</b>		<b>\$ -</b>	<b>\$ -</b>	
<b>Capital expenses</b>							
Van with Lift Conversion			\$ 79,959			\$ 79,959	
Van			\$ 59,080			\$ 59,080	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
<b>Capital Subtotal</b>			<b>\$ 139,039</b>		<b>\$ -</b>	<b>\$ 139,039</b>	
<b>Total Concept Cost</b>			<b>\$ 244,587</b>		<b>\$ 103,547</b>	<b>\$ 348,134</b>	

See Attachment F for budget details and restrictions