

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	GOOD SHEPHERD HOME
Vendor number(s)	HE0384
Contact Name	FEDELITO RUIZ
Contact Email Address	FEDELITORUIZ@GMAIL.COM
Primary regional center	EASTERN LOS ANGELES REGIONAL CENTER
Service type(s)	RESIDENTIAL FACILITY ADULTS – STAFF OPERATED
Service code(s)	915
Number of consumers typically and currently served	6
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>We are a residential facility serving currently 6 – consumers , all wheel chair bound and developmentally and physically non-ambulatory. Our concept for our requested funding is basically to bring our consumers to their places of interest like, beach, parks or theaters ,including but not limited to their scheduled medical appointments, laboratory works, consultant’s appointments i.e. neurologist, psychiatrist, ophthalmologist etc. We have an SUV-Nissan vehicle we use for our facility operation, but not capable of transporting a wheel-chair bound consumer . We also utilize ACCESS transportation, La Mirada transport services , LA-CARE transport services , but most of the times we would use them , a failure of a no-show, late show -up or out-of the area denial of services are given back to us. In order for us to provide and engage our consumers go to places, events and points of their interests, including going to their medical appointments, and receive other services in the community, we need a Van – wheel chair accessible on site to transport them at times they would seek and need. If granted, then our barrier in bringing them closer to the greater community just like other individuals not receiving Medicaid HCB Services do receive, is then met and resolved.</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>Transporting our consumers , at least when times permit, their interests dictates, weather allows, we can be able to bring them closer to the community and places of their interest with the provision of a wheel-chair accessible van at any time of our control and disposal. We have a SUV -vehicle but not with accessible ramps to bring enable them hop inside the vehicle. Definitely we can not bring them go all</p>	

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altogether to a place of common interests, them being 6 at the same time. But with the support an additional ,specialized , handicapped vehicle with ramps, our barriers of giving them more attention and self-centered provision of care would be highly achieved, managed and safely supervised at all times .

In order for us to provide and engage our consumers go to places, events and points of their interests, including going to their medical appointments, and receive other services in the community, we need a Van – wheel chair accessible on site to transport them at times they would seek and need. If granted, then our barrier in bringing them closer to the greater community just like other individuals not receiving Medicaid HCB Services do receive, is then met and resolved.

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?

Our clients total of (6) are all seniors (60 +), disabled -physically and mentally challenged will be able to regularly access and join the greater community with this specialized vehicle that is designed to meet the needs for transport specifically for disabled and elderly individuals. We will add this transport vehicle to our current SUV- vehicle doubling or tripling our local resources of transportation currently available though highly UNRELIABLE and NOT DEPENDABLE on times that we needed them. Our sad experiences seeking their support and availability were more of failures, disappointments, frustrations and more often than not DELAYS.

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.

Though all our consumers (6) of them all are non-communicative individuals, having been with them years, days and nights providing them daily care and supervision, we know by heart and mind what they would want and long to have. They communicate to us using their hands, smiles, signs and gestures telling us what that want and would make them happy. Trust us.

If granted, then our barrier in bringing them closer to the greater community just like other individuals not receiving Medicaid HCB Services do receive, is then met and resolved.

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

Our CONSUMERS – a total of 6 ,all disabled -physically and mentally challenged will be able to regularly access and join the greater community with this specialized vehicle that is designed to meet the needs for transport specifically for disabled and elderly individuals.We could take them to the beach on summer time, to La Mirada

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<p>Regional Park on the 4th of July, or just watch the sea shore on bright sunny day. Of course, we could not bring them altogether at the same time, but with this added transport vehicle at our disposal , their desires, their needs and even our dreams will all come to a reality.</p>	
<p>7. What percentage of individuals served by your program will directly benefit from implementation of this concept?</p>	
<p>100 %- total of 6- consumers that we currently serve.</p>	
<p>8. Please address your plan for maintaining the benefits, value, and success of your project at the conclusion of 2021-22 HCBS Funding.</p> <p>The realization of our funding will leave /give a long lasting benefits not only to our current consumers but for the rest who will come to us in the future. That is the main reason why we would like to request support and assistance from the Department, because the success of our project /concept proposal would last not only for a year, two years but even up to 10 years with the grace of God.</p>	
<p>Estimated cost of the wheelchair accessible Van : \$80,000.00.-Brand new. As of June 2020. This is based from our inquiries with the local transport vendors of wheel-chair accessible van here in Buena Park, Anaheim Hills, area. The price might vary due to Supply / Chain DELIVERIES we now faced nation wide.</p>	
<p>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.</p> <p>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.</p>	
<p>We will handle all related monthly maintenance costs, like change oil,,tire rotation, monthly service and scheduled maintenance checkups to preserve and keep the vehicle for an extended period of time. A brand new one will help us achieve our goal..</p>	
<p>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.</p>	
<p>We would be highly grateful if our funding be given a favorable merit and approval and we wish to have our project be completed by March, 2022 to prevent the inflation costs of brand new vehicles normally arising by May of every year..</p>	
<p>11. Have you or the organization you work with been a past recipient of DDS funding? If yes, what fiscal year(s)?</p>	<p>HCBS Funding <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. If Yes, FY(s) _____</p>
	<p>Service Access and Equity Funding <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. If Yes, FY(s) _____</p>
	<p>CPP Funding <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. If Yes, FY(s) _____</p>
	<p>CRDP Funding <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. If Yes, FY(s) _____</p>

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	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.	
No. Not applicable.	
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.	
No. Have not received any prior funding ever.	

HCBS CONCEPT BUDGET							\$80,000.00
Vendor Name	GOOD SHEPHERD HOME, LLC						
Vendor Number(s)	HE0384						
	Wage and Benefits	Year 1 Budget		Year 2 Budget		Total	
		FTE	Annual Cost	FTE	Annual Cost	Cost	
Personnel (wage + benefits)							
Position Description	N/A	N/A	N/A	N/A	N/A	N/A	
Position Description			\$ -		\$ -	\$ -	
Position Description			\$ -		\$ -	\$ -	
Position Description			\$ -		\$ -	\$ -	
Position Description			\$ -		\$ -	\$ -	
Position Description			\$ -		\$ -	\$ -	
Position Description			\$ -		\$ -	\$ -	
Position Description			\$ -		\$ -	\$ -	
Personnel Subtotal			N/A	N/A	N/A	N/A	
Operating expenses							
N/A			N/A		N/A	N/A	
					\$ -	\$ -	
					\$ -	\$ -	
					\$ -	\$ -	
					\$ -	\$ -	
					\$ -	\$ -	
					\$ -	\$ -	
					\$ -	\$ -	
					\$ -	\$ -	
Operating Subtotal			N/A		N/A	N/A	
Administrative Expenses							
N/A			N/A		N/A	N/A	
					\$ -	\$ -	
					\$ -	\$ -	
					\$ -	\$ -	
					\$ -	\$ -	
					\$ -	\$ -	
					\$ -	\$ -	
Administrative Subtotal			N/A		N/A	N/A	
Capital expenses							
VEHICLE - WHEEL CHAIR ACCESSIBLE VAN			\$ 80,000				
					\$ -	\$ -	
					\$ -	\$ -	
					\$ -	\$ -	
					\$ -	\$ -	
					\$ -	\$ -	
					\$ -	\$ -	
Capital Subtotal			\$ 80,000		N/A	N/A	
Total Concept Cost			\$ 80,000		N/A	#VALUE!	

See Attachment F for budget details and restrictions