

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.

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?

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- 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.

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.

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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	REACH
Vendor number(s)	H26239, H26243, P26489, H26207, P91895, P91897
Contact Name	Gabriel Aguirre
Contact Email Address	Gaguirre@reach.services
Primary regional center	ELARC
Service type(s)	Delta, Transportation, Program Supplement
Service code(s)	510
Number of consumers typically and currently served	230
Typical and current staff-to-consumer ratio	1:1 (127) / 1:3 (103)
<p>1. REACH provides 200 individuals with community-based services. 30 individuals, within the program, are provided more physical support and are considered, by REACH, to be medically fragile, and anticipate that these consumers will be unable to receive full-time community-based services when the HCBS guidelines are fully implemented. These factors include aging, medical needs increasing due to diagnoses, and identified as being highly at risk to contract the COVID-19 virus. These consumers receive services primarily on site. REACH intends to comply with the HCBS requirements for all 230 consumers receiving services in the local community. Consumer schedules are directed by the individuals, as well as all IPP objectives. REACH support staff provide communication, emotional, and, at times, physical supports.</p>	
<p>The immediate needs of the program to comply with the HCBS rulings are reflected in the following program plan. 1) Training for all staff on Person Center Planning. 2.) Hiring a community integration specialist to assist in identifying other consumers that potentially will have issues with a fully integrated community service. 2) Education and outreach to all consumers and families centralizing on person centered planning philosophy, access to community services (generic resources), and a reformatting of all publications and internal policies and guidelines.</p>	
<p>REACH requests funding to provide much needed training on how to effectively provide person centered thinking for consumers and families, which would promote self-advocacy in a broader scope for the individual pertaining to their REACH Education services. REACH has identified 25-30 individuals within the program that, due to aging, have developed more medically sensitive supports that have diminished or greatly decreased their ability to access their local community entirely. Funding would allow for REACH to educate and work with consumers and their circle of supports to find applicable full-time community integration and/or assist in transitioning to more appropriate types of services. Furthermore, funding will promote outreach, through parent forums and workshops, to assist consumers and circles of support to identify</p>	

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<p>needs and resources in the community that will comply with HCBS regulations. REACH has also identified the need to make modifications to promotional and descriptive publications of our services, reflecting the new HCBS regulations and overall person-centered planning.</p>
<p>3. Identify which category/ categories this concept addresses.</p> <p>[x] Community Integration [x] Individual Rights [x] Choice [x] Collaboration</p>
<p>4. REACH's proposed objectives will be to provide quarterly parent/consumer forums addressing: 1. Person-centered planning, 2. HCBS guidelines, 3. Access to generic resources, specific to consumer's local community, for all consumers, including those with AAC supports, and 4. A Focused workshop, led by a Community Integration Specialist (CIS) for the 30 consumers requiring more intensive supports in the community. Records of attendance and minutes will be recorded. Data will be tracked specifically on the 30 individuals receiving on-site supports and schedules will be reported to ELARC service coordinators. Additionally, a training for all staff reflecting providing supports through the lens of PCP and advocacy will be conducted. Lastly, all publications describing our services, consumer handbooks, and guidelines will be reexamined and edited to reflect the HCBS changes and PCP philosophies. The intended goals are as follows: 1. Better informed consumers and families to better advocate objectives in ISPs, 2. Better knowledge of local generic resources, and 3. Roadmaps for the 30 individuals who are not compliant with HCBS guidelines.</p>
<p>5. Due to aging, many long-time consumers have had their services reassessed. Health concerns and other needs have changed and have presented REACH with the need to adjust how services were being rendered. Recently, REACH has experienced staffing turnover and other pandemic related factors that forced REACH to reconsider and redevelop staff trainings to better reflect PCP. Our efforts to outreach and educate the community and consumers caused for reflections on the material being distributed by the agency and the need for reformatting to reflect the HCBS guidelines.</p>
<p>6. By creating regular parent/consumer forums and workshops, coupled with staff training and editing of publications, it is REACH's intention to foster well-educated individuals and their circles of supports better access to the resources available to them, considered their needs and types of service, in the community and to overall be better self-advocates in IPP meetings, daily schedule selecting, and gaining more access to their local community. To best support this objective, REACH will train all support staff with the necessary understanding of PCP concepts to support consumers.</p>
<p>7. Immediately, 15% of consumers in program will benefit from the funding (30 identified consumers not in compliance with HCBS and not receiving full inclusive services). Upon completion of the outreach and education campaign, the intended</p>

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impact would be 75-80% of all consumers in program.

8. Please address your plan for maintaining the benefits, value, and success of your project at the conclusion of 2021-22 HCBS Funding.

At the conclusion of the HCBS funding, it is the aim for REACH to continue training and educating staff on PCP thinking and promoting a culture of inclusivity for consumers. Already instilled into the REACH philosophies pertaining to presuming competency, a furthering of fostering inclusivity and self-advocacy throughout the agency and its services. The community integration specialist position will be maintained by a current or newly hired case manager (Training Specialist) and will continue adding consumers to their workload as the program resumes full programming for regional center consumers and enrollments begin to increase. We will be rebranding a current position (Senior Counselor) that is already built into the current budget to maintain the position of Community Integration Specialist. We will also be using our Grant writer and Fund Developer to find additional funding to enhance the program.

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](#).

Community Integration Specialist – key staff person that will be responsible for working with the 30 identified consumers receiving 80% of services on site. **Person Centered Training** – all staff will be provided training and will become implemented into REACH's orientation training. **Person Centered Certification** – cost to have two REACH staff members certified in Person Center principles. We are seeking funding for the training not for wages. The wages for staff are already built into REACH budget. REACH will collaborate with outside sources to bring in a credentialed Person-Centered Planning Mentor, such as Mr. Joe Donofrio, to provide the person-centered planning training/certification for the two existing REACH staff members. REACH certified person-centered planners will ensure that the organization is implementing person centered practices and planning. The REACH certified-person centered planners will consult with agency leadership to ensure person centered philosophies are taking place and will work with the REACH Human Resources Department to ensure person-centered philosophy and values are a part of the onboarding process in the form of reading materials for all new staff. The REACH certified person-centered planners will consult with their Person-Centered Planner Mentor for two years. After the two years, the certified person-centered planners will be encouraged to transition their role to Person-Centered Mentors in order to provide REACH staff and consumer's curriculum and training that promotes independence and a life consumers will value. **Marketing/ Print Materials** – cost to reformat and edit publications, policies, and guidelines for the department. **Eye Tracking Accent 1400** – will be used to assist with communication for those requiring AAC accommodations.

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Board maker accessories, Laminator, and iPads – These items will be used to assist with individuals with AAC needs to become more independent and assist with communication supports. Board Maker and having access to a dependable laminator is very important because it provides a way for our services users to have a low cost communication aid when they do not have access to expensive communication tools. Having access to a simple laminated yes/no card can be huge when they are not able to verbally answer yes or no when making choices. Having a laminated picture board can help a service user choose what activity they want to participate in or what they would like to eat for lunch. REACH recommends specifically the apple iPads due to their manifold of communication, specifically for AAC users, applications and software. By having access to iPads, consumers will be given an important tool that will give them the ability to access the world. They would be able choose apps that will help them with schedule planning, give them the ability to research interests, develop friendships, stay in tune with world events and give them the tools needed to communicate to one another by using various apps like Zoom, Whatsapp and Facetime. iPads are very useful to many service users to help with AAC and communication. AAC and communication devices and apps provides a bridge to the consumer’s community and brings people out of isolation and promotes independence. Apps like Proloquo2Go, Touchchat and Conversation Skills are necessary to help give them the ability to communicate when they don’t have a voice. Consumers can use iPads to work on job seeking and stay organized using various tools such as calendars, alarms and task tracking apps to help them focus on time keeping. By having the ability to choose their own apps, this helps promote self-determination, which is the ability for a student to make decisions regarding their own life.

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.

The trainers and community integration specialists will be existing staff that will continue their roles beyond the timeframe of the funding. The equipment and materials used will be used beyond the funding period and will assist the organization to remain in compliance with HCBS guidelines.

11. Have you or the organization you work with been a past recipient of DDS funding? If yes, what fiscal year(s)?	HCBS Funding <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. If Yes, FY(s) _____
	Service Access and Equity Funding <input type="checkbox"/> No <input type="checkbox"/> Yes. If Yes, FY(s) _____
	CPP Funding <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. If Yes, FY(s) _____
	CRDP Funding <input checked="" type="checkbox"/> No <input type="checkbox"/> 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

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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.

N/A

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.

N/A

HCBS CONCEPT BUDGET	\$231,078					
Vendor Name	REACH - SFS					
Vendor Number(s)	H26239					
	Wage and Benefits	Year 1 Budget		Year 2 Budget		Total
		FTE	Annual Cost	FTE	Annual Cost	Cost
Personnel (wage + benefits)						
Community Intergration Specialist	68,889	1.00	\$ 68,889	1.00	\$ 68,889	\$ 137,778
Position Description			\$		\$	\$
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Personnel Subtotal			\$ 68,889		\$ 68,889	\$ 137,778
Operating expenses						
Parent Fourm/Workshops			\$ 500		\$ 1,000	\$ 1,500
Wages for (2) PCP trainers - 22 hours each			\$ 1,000		\$ 1,000	\$ 2,000
Print Material/Outreach			\$ 4,000		\$ 5,000	\$ 21,000
Wages for (150) staff - 6 hours of training			\$ 21,000		\$ 21,000	\$ 42,000
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Operating Subtotal			\$ 26,500		\$ 28,000	\$ 66,500
Administrative Expenses						
Administrative Expenses			\$ 13,400		\$ 13,400	\$ 26,800
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Administrative Subtotal			\$ 13,400		\$ 13,400	\$ 26,800
Capital expenses						
Board Maker accessories			\$ 750			\$ 750
Laminator machine			\$ 300			\$ 300
iPads (5)			\$ 1,840			\$ 1,840
Eye tracking device - Accent 1400			\$ 8,000			\$ 8,000
						\$ -
						\$ -
						\$ -
						\$ -
Capital Subtotal			\$ 10,890		\$ -	\$ 10,890
Total Concept Cost			\$ 119,679		\$ 110,289	\$ 241,968

See Attachment F for budget details and restrictions