

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

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- 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.

Federal Requirement #4: Independence

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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	Ferrer Home Care 3
Vendor number(s)	HF0370
Contact Name	Rosemarie Ferrer
Contact Email Address	ferrerhomecare@gmail.com
Primary regional center	Far Northern Regional Center
Service type(s)	Adult Regional Center
Service code(s)	915
Number of consumers typically and currently served	4
Typical and current staff-to-consumer ratio	1:2

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?

Ferrer Home Care 3 level 4-i Adult Residential Facility (ARF) with 4 private beds. Staffing ratio is 1:2. All of the individuals we serve have moderate to severe maladaptive behavior, physical limitations and personal care deficits. A typical weekday consists of the following: Morning routine consists of wake-up, hygiene routine including bathing and dressing, eating breakfast of their choosing, and medication assistance. During the day, they have the choice with their preferred activity some of which include going to the store, out to eat, walk in the park, participate in community events, watching TV, listen to music, stretch/exercise, read magazines, board games, hang out in back yard or play basketball, etc. Since their day programs are not open yet, weekdays and weekends are spent on community events as a group or individually of the client's choice following all safety guidelines set by the department of health/CDC and facilities Covid-19 protocol. We are an active home, often attending community events because it is the hopes and dreams of the individuals we serve to visit and explore different areas and attend a variety of events. If an individual wishes to not participate in a group event, our home has ample staff and an additional vehicle to either stay back at home with them or plan an alternative event. Since getting a wheelchair accessible family van, the ability for the individuals served we have the ability to access the community with ease providing additional staff for more 1-1 activities. Prior to that wheelchair accessible family van, our home was driving a non wheelchair accessible van that made it difficult to transport some of the individuals we serve. In one instance, it took two staff to carry a particular individual and place them into a seat. With the addition of the wheelchair accessible family van the individuals we serve have expressed so much joy since as it's very accommodating for those who have physical limitations. Lastly, they appreciated that they were able to exercise their right to choose as they were part of the decision making in picking out the van. Our home has integrated person centered concepts by having our staff complete the Person Centered Thinking Training. With person centered thinking

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principles set as the foundation of our home, we will strive to better serve our individuals.
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.
We are requesting funding to have an environmental accessible funding for the two bathroom(s) at this facility. All individuals served are aging and one individual's primary mode of mobility is using his wheelchair. Presently, the situation poses difficulty in showering this individual because the shower stall does not allow the individual to access the shower independently as there is a raised step. To safely provide this individual a hygiene routine, it takes two staff with significant strength to transfer the individual from his wheelchair to the shower chair. Having an accessible shower will benefit both the individual and the staff by providing them not only independence in accessing the shower, sink and toilet but a safe, comfortable and dignified experience in while using the bathroom.
3. Identify which category/ categories this concept addresses.
<input type="checkbox"/> Community Integration <input checked="" type="checkbox"/> Individual Rights <input checked="" type="checkbox"/> Choice <input type="checkbox"/> 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 objective is to ensure that the individuals we serve exercise their individual rights of accessibility in their home by having an accessible bathroom(s) to accommodate a roll in shower, raised toilets, grab bars, and wall mounted sink. We are only asking for one roll in shower. Both bathrooms to have grab bars, raised toilets and wall mounted sink. By having a safe and accessible bathroom, the individuals we serve will have the feeling that they live in an environment where everything is easily accessible with no obstacles. With regards to methods of achieving and tracking our objectives and outcomes, we will have a close relationship with our regional center HCBS representative and communicate any progress or concerns by either phone or email. We will update them on a quarterly basis by using the HCBS Budget spreadsheet and Exhibit B HCBS milestones quarterly report spreadsheet to assure we are on pace to completing the project in becoming HCBS compliant.
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.
Our home has quarterly meetings with the individuals we serve and their planning team

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where we discuss how things are going at their home. We dive deep to discuss likes and dislikes and goals and aspirations. We discussed as a group what they could change about their lives and having an accessible bathroom that can accommodate a wheel in shower stall was important to them because it will give them a comfortable and dignified experience when showering. We also asked the individuals if it was important for the staff to have the accessible bathroom and they agreed that in order for them to be best served the safety of the ones caring for them is just as important. We assured the individuals we serve that if we can make a lasting impact on their happiness with a certain action on their living situation we will without hesitation.

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

By having a home with a bathroom that can be easily accessible, accommodating all the individuals with mobility issues, the home will complete Federal Requirement #2 and #10. By having them exercise their right to accessibility and their right to choose a setting that accommodates their physical limitations, we are empowering the individuals we serve to live a life without compromise. This in-turn enhances the person-centered service delivery followed by Ferrer staff.

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

100%. As the individuals we serve are aging, having a bathroom that can accommodate a wheel in shower stall will create the ultimate accessible environment for them.

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

We will have constant communication with the individuals we serve to see how this modification has improved their independence and choices when doing their hygiene routine. We will document and report everything to our regional center HCBS representative on a quarterly basis by completing the HCBS Budget spreadsheet and Exhibit B HCBS milestones quarterly report spreadsheet.

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](#).

The licensees will find the most cost effective, licensed contractor that has experience in environmental accessibility and ADA regulations to provide this service. After contacting a few contractors they gave quotes of \$30,000 for labor costs, \$12,500 for materials, \$4,500 for permits and drafting fees and a 10% contingency fee for unforeseen issues/cost increases for a total of \$51,700.00 for both bathrooms. This project is projected to be finished within 6-12 months post 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

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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.

For the environmental accessible bathrooms, this will be done as a one time billing

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 <u>X</u> Yes. If Yes, FY(s) ___ 19-20 ___ 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.
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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.

Our home was granted funding for a wheelchair accessible family van and Person Centered Thinking Training for staff. We purchased the van with the input of the individuals we serve and have been using it frequently as they desire. The staff are scheduled to complete the Person Centered Thinking Training in the new year.

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.

The concept request of an environmental accessible bathroom to accommodate a wheelchair shower stall is not redundant with our previous funding of a wheelchair accessible family van and Person Centered Thinking Training for staff.

Subtotal				\$ -
Expenses				
Subtotal				\$ -
expenses				
Labor			\$	30,000.00
Materials			\$	12,500.00
Permits			\$	4,500.00
10% Contingency			\$	4,700.00
Subtotal			\$	51,700.00
Cost			\$	51,700.00
See Attachment F for budget details and restrictions				

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