

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	Lowell House
Vendor number(s)	HF0621, PF5028, PF5033
Contact Name	Sirbrina McNamar
Contact Email Address	smcnamar@mcnamarres.com
Primary regional center	Far Northern Regional Center
Service type(s)	Adult Residential Facility
Service code(s)	915
Number of consumers typically and currently served	4
Typical and current staff-to-consumer ratio	Typical/Current 1:2, occasional 1:1, 1:4 during Noc (10p-6a)
<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>Lowell House is a 4 bed (private rooms), level 4i home. The main focus is to support individuals that have a dual diagnosis of ID and Mental Illness. Program consist of medication management, ISP goals, improving maladaptive behaviors, assistance with ADLs, individualized activities such as cooking, art and crafts, using the internet, and community outings of choice. Prior to the Covid-19 pandemic, residences either had an educational, job or day program to or attended. Due to the lockdown restrictions and safety measures we all must take, one of the residents was diagnosed with Parkinson's and has lost ambulation abilities. This has made it much more difficult for the resident, who is used to having much more independence to relying on staff for safe transportation. It has become apparent that during these restrictive times, Lowell House would benefit from the ability to transport residents on individual outings.</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>Concept 1) Lowell House was developed from the start with HCBS and Person Centered principles in mind, however we can improve in some key areas with the assistance of funding. In order to offer more refined residential program where the residents individual needs are kept as the priority of program, staff would benefit from more in depth training in implementing person center concepts. Staff development is essential to executing a program that will enhance each resident in achieving their person centered plan. With so</p>	

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many options for integration for the residents currently not available or restricted, assistance in identifying available communal activities is important. Lowell House would also like to request funding to create a position in the facility for a Person Center Coordinator for the next 2 years. This person would not only work with the staff continuously with implementing person center thinking into their work duties, but also aid the residents in creating and refining goals more specifically to their preferences and choices with access to the greater community. The person in position would be responsible in assisting residents in areas of: possible employment opportunities, identifying available activities such as taking classes, joining communal groups, learning new skills outside the home or remotely (individually and collectively), assist residents in creating their daily schedules and other ways to integrate in the community. The PCC would assist administration in updating the current policies and procedures to ensure HCBS regulations and PCT is amplified to support staff in implementation. The goal would be at the end of the tenure. Concept 2) Person Centered Thinking-Trainer Certification for Administration. Two Administrative level employees would attend the training and become a certified trainer in Person Center Thinking. With this, staff will receive monthly trainings from the administration directly that would coincide with what the PCC would be implementing in their job duties. These requests will ensure uniformity in quality of staff trainings, integrity in job duties and confidence in staff performance and understanding HCBS regulations, which directly effects the quality of care our residents receive. Concept 3) Wheelchair accessible van as outings have always been limited due to not having the capacity to comfortably fit all residents in one vehicle and without having a vehicle that is wheelchair accessible, it limits even further outings that can be accomplished for our non-ambulatory clients. It will also open up the ability for residents to invite their friends, or family who also have limited mobility, out together which would greatly enrich the resident's quality of life. These residents would benefit from the ability to have friends or significant others in their lives to be able to attend along with them. One of our residents does not comfortably fit in smaller vehicles which affects her decisions at times on going places with the rest of her roommates. Having a larger, wheelchair accessible vehicle would make it possible for the residents to go places outside the local area and enjoy other types of outings, like plays in Sacramento, museums they haven't been to and day trips to the ocean and bay area.

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?

Outcome 1) The addition of the PCC will enhance the training and focus of staff on execution of person centered concepts. The creation of this position and its implementation will assist Lowell House in truly becoming a residence that embodies person center ideas and will be evident in the over improvement of the residents individual quality of life. Outcome 2) Certification of PCT-Trainer course will not only increase the level of knowledge and understanding of what it means to be person first

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but this certification can in turn help other agencies in our area. We would be able to offer to train the staff of other facilities on these concepts. The overall sharing of person centered skills improves the community at large. Outside organizations and organizations that work with our residents could benefit from the trainings and this further improves the residents lives. Community activities are and will continue to be monitored on residents individual monthly outing calendars. The outcome should show a clear increase of outings especially for non-ambulatory clients due to the purchase of a wheelchair accessible van. Lowell House will continue to schedule weekly outings, usually two a week, but with the addition of the PCC, we will be able to offer outings with more input from the residents even more.

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.

Community activities are predetermined by what residents request or what is immediately available to do in the community. Staff have noticed that resident feedback has been for more variety and, more individual trips with a 1:1 staff ratio and for areas outside of town.

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

With the inclusion of a wheel chair accessible van we can provide more individualized transportation which will enable staff to honor resident's interest as they explore more choices, preferences, and have more opportunity for community involvement.

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

All 4 residents

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

Lowell House will provide continuous staff training, monitoring and evaluation of the Person Centered Planning process to ensure that Individuals' services are in compliance with HCBS Federal Requirements. Lowell House will document individuals' progress in their quarterly reports. Progress will include objectives, goals, baseline and measurable success information for small group and one-to-one outings in the community provided by this wheelchair mini-van project. Lowell House will address daily and resolve any problems with the effectiveness of Small Group/ One-to-One outing execution to ensure provision of individualized services for those who require access to wheelchair vans.

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](#).

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HCBS funds will be used only and immediately to purchase one wheel chair accessible van at the cost of \$60,000 (van and purchase-related fees). Lowell House will assume all future and ongoing maintenance and recurring costs associated with van usage (insurance, maintenance, fuel, DMV fees). Cost for PCC-T for 2 administrative level staff is \$13,050 each totaling \$26,100.00 USD through Learning Community for Person-Centered Practices. Person Centered Coordinator @\$52,800 x 2(yrs). Total \$191,700.00

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.

Obtaining the Training level certification for PCC will only require fees relating to recertification requirements which Lowell House will fund directly. Due to the ability to train staff in-house cost is saved from sending new staff to trainings elsewhere which incur cost quickly. Lowell will plans to collaborate with different agencies (ARFs) and provide PCT to them, giving them additional opportunities in becoming up to compliance with HCBS and person centered practices. Person Center Coordinator will be meant as a temporary position to ensure 1 individual is focused completely on immersing the facility into PCC. Once the 2 years is over, at this time the facility administrator who will also have been certified as a PCT-T will be able to continue the ground work that was done by the PCC. Lowell House may reduce the PCC position into part time if this position is still needed which Lowell House will directly fund.

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 checked="" 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

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							191,700
Vendor Name	Lowell House						
Vendor Number(s)	hf0621						
	Wage and Benefits	Year 1 Budget		Year 2 Budget		Total	
		FTE	Annual Cost	FTE	Annual Cost	Cost	
Personnel (wage + benefits)							
Person Center Coordinator	4400	1.00	\$ 52,800	1.00	\$ 52,800	\$ 105,600	
Position Description			\$ -		\$ -	\$ -	
Position Description			\$ -		\$ -	\$ -	
Position Description			\$ -		\$ -	\$ -	
Position Description			\$ -		\$ -	\$ -	
Position Description			\$ -		\$ -	\$ -	
Position Description			\$ -		\$ -	\$ -	
Position Description			\$ -		\$ -	\$ -	
Personnel Subtotal			\$ 52,800		\$ 52,800	\$ 105,600	
Operating expenses							
Person centered training- trainer certification for 2 individuals 13,050 each			\$ 26,100			\$ 26,100	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
Operating Subtotal			\$ 26,100		\$ -	\$ 26,100	
Administrative Expenses							
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
Administrative Subtotal			\$ -		\$ -	\$ -	
Capital expenses							
wheel chair accessible van			\$ 60,000			\$ 60,000	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
Capital Subtotal			\$ 60,000		\$ -	\$ 60,000	
Total Concept Cost			\$ 138,900		\$ 52,800	\$ 191,700	

See Attachment F for budget details and restrictions