

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	C.A.S.A. Luna, Inc./Crestmoor Home
Vendor number(s)	PG 2486
Contact Name	Rosemarie Gail Navarro
Contact Email Address	Crestmoorhome@gmail.com
Primary regional center	Golden Gate Regional Center
Service type(s)	Residential (Adult Residential Facility)
Service code(s)	113
Number of consumers typically and currently served	4
Typical and current staff-to-consumer ratio	1:1
<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>Crestmoor Home is designed to provide care and services to 4 ambulatory or non-ambulatory individuals who have developmental disabilities and maladaptive behavioral challenges. We support all individuals in their ADLs (activities of daily living) such as hygiene/grooming, meal preparations, household chores, medication administration and other basic living needs. A typical weekday consists of hygiene, breakfast, household chores, tabletop activities and group outings like going to parks, beaches, malls and grocery shopping at big chains like Costco and Target. The weekend normally includes attending fairs, events and church services. We train them and keep them engaged in all activities at home like preparing meals, setting the table, cleaning and organizing their rooms while we provide more opportunities for their community involvement with these outings.</p> <p>We have previously identified our program as compliant in the Self-Assessment but as we have learned more about the HCBS Federal Requirements through various resources like HCBS Roundtables, we came to realize that we're just partially meeting or not meeting some of the federal requirements. We're currently facing some barriers to provide community integration to all our individuals and we're struggling to support their choice of daily activities all the time. Currently, we have a zero baseline for a good quality, individualized outing due to transportation issue and we would like to request for an additional van to address this.</p> <p>To ensure that we are respecting our individuals' choices and preferences, we need to have a PCT Training and a PCP Coordinator to lead CH in our day-to-day service and support to our individuals through person-centered practices.</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>We are requesting to be funded for a big van to help us make our individuals' personal lives enjoyable and obtain satisfying experiences now and in the future. Our individuals at CH had</p>	

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lived in an institution with restricted setting most of their lives and one of our main goals is to not only let them see what a beautiful world we have, but also for them to experience freedom and to have equal access to the general public. We normally do group outings but it's been very challenging because of individual differences. They have their own specific activities and places of interest and they want to be engaged and involved at the same time. We tried to utilize public transportation like Uber but the individuals do not like changes and they only work with their preferred staff. Half of them want to see the nature in Lake Tahoe while some want to see Disneyland and Casino.

We also would like to be funded for a PCT Training and a PCP Coordinator to help staff in navigating the PCT tools to be used in providing a more quality and individualized service.

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 main objective is to provide safe and reliable transportation to each individual we serve, wherever and whenever they choose to go and whom to go with. Having the additional van will ensure that preferred daily activities, community outreach and accessibilities are met and carried out in the safest and most consistent manner. Baseline outings of at least once a week per individual to the ultimate end goal of three to five individualized outings per week will be tracked in their ISPs. We will not only track the numbers of the outings but also the quality of the outings by having a small talk with the individual after the activity and discuss whether it's a success or if there are rooms for improvement to get prepared for the next one. These meetings/discussions will be included in their daily progress notes.

We will be utilizing the different person-centered practices whatever is the most appropriate, with the help of the PCP Coordinator to ensure that we are efficiently and accurately gathering inputs from our individuals and also using the correct person-centered practices.

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.

The ID Team which includes the individual, family members, social worker, and the provider meet annually/quarterly to review the IPPs and assess if goals are being met and if there are any changes/progress that need to be addressed. During these meetings, the individuals and their family members have expressed the need for them to receive more access to the community to fulfill plans of community integration and social development while simultaneously addressing their other needs and desires in the home setting. The Administrator/Lead Staff also meets with each individual at least once a week and they all have expressed their wish to go out more without having to wait and go with the other individuals at home. Individual surveys were also administered in developing this concept, and all agreed that acquisition of a new bigger van would increase their quality of life and satisfaction. Individuals will take an active role in the whole process and their preferences regarding safety, features, comfortability, color, etc. will be greatly considered. Eventually,

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we will narrow down the choices and allow individuals to participate in van test drives. The facility will utilize data tracking sheets, calendars, and quarterly client surveys to track outings and to ensure that individuals' quality of life, community engagement and access, and person-centered choices are in compliance with the HCBS Final Rules.

During staff meeting and casual interviews, it was observed that most of them are not aware of the PCT concept and tools.

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

The van will be a great tool to our individuals' freedom, choices, and unrestricted access to the community. There will be more opportunities for quality and individualized outings, possible employment, and they do not have to deal with cancelations or postponement of schedules to accommodate other individual's planned activity which could potentially trigger maladaptive behaviors. Individuals can attend their preferred church service when they have their own transportation. One individual can fulfill his wish of staying in the beach and do fishing all day while the others can still go for grocery shopping and snacking at different food chains. We will have improved flexibility to be able to offer more meaningful activities and choices. All individuals need and preference will be timely served and properly accommodated. All will be happier and more satisfied because they do not have to worry of the time limit, thus will lead to a quality and satisfying community integration.

Having the PCT Training and a PCP Coordinator who will train and equip all the staff with person-centered practices will help us develop and improve our skills. This will be a tedious process but with the help of the funding, priceless outcomes are guaranteed. Staff will be the best supports and advocates of our individuals in achieving their full potential and living the best quality of life.

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

100%. All 4 of them will be greatly benefited.

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

If granted for funding, we will make sure that the new van will be maintained and will be kept in safe and good running condition. We will designate drivers who have a good driving history. We will conduct Driver's Safety Training every 6 months. We will track and file all maintenance record and we will absorb ongoing maintenance cost. The van will be used solely for individuals' interest and will be exhausted until it's last possible mileage.

We will continue to utilize the ISP Data Tracking to monitor the frequency of recreational and community integration, which simultaneously addresses the success of less maladaptive behavioral occurrences. Using Person-Centered Planning, we will relentlessly pursue more meaningful activities for the individuals we serve.

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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<p>The fund will be used immediately to purchase a big van. We will assume all future and ongoing maintenance and recurring costs associated with the van usage (insurance, gas, registration).</p> <p>Van - \$89,246; PCT Training - \$32,000; PCP Coordinator - \$322,653</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 will continue to keep the van in good repair through tight maintenance schedule to ensure safety of our individuals.</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"/> / <input type="checkbox"/> No <input type="checkbox"/> Yes. If Yes, FY(s) _____</p> <p>Service Access and Equity Funding <input checked="" type="checkbox"/> / <input type="checkbox"/> No <input type="checkbox"/> Yes. If Yes, FY(s) _____</p> <p>CPP Funding <input checked="" type="checkbox"/> / <input type="checkbox"/> No <input type="checkbox"/> Yes. If Yes, FY(s) _____</p> <p>CRDP Funding <input checked="" type="checkbox"/> / <input type="checkbox"/> No <input type="checkbox"/> Yes. If Yes, FY(s) _____</p> <p>If yes to any question be sure to answer questions 13 and 14.</p>
<p>For providers who have received prior HCBS, Disparity, CPP or CRDP Funding from DDS</p>	
<p>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.</p>	
<p>N/A</p>	
<p>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.</p>	
<p>N/A</p>	

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CONCEPT FORM

HCBS CONCEPT BUDGET							
Vendor Name		Crestmoor Home					
Vendor Number(s)		PG2486					
	Wage and Benefits	Year 1 Budget		Year 2 Budget		Total	
		FTE	Annual Cost	FTE	Annual Cost	Cost	
Personnel (wage + benefits)							
PCP Coordinator	\$92,187	1.75	\$ 161,326	1.75	\$ 161,326	\$ 322,653	
Position Description			\$ -		\$ -	\$ -	
Position Description			\$ -		\$ -	\$ -	
Position Description			\$ -		\$ -	\$ -	
Position Description			\$ -		\$ -	\$ -	
Position Description			\$ -		\$ -	\$ -	
Position Description			\$ -		\$ -	\$ -	
Personnel Subtotal			\$ 161,326		\$ 161,326	\$ 322,653	
Operating expenses							
PCT Training			\$ 32,000			\$ 32,000	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
Operating Subtotal			\$ 32,000		\$ -	\$ 32,000	
Administrative Expenses							
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
Administrative Subtotal			\$ -		\$ -	\$ -	
Capital expenses							
Van						89,246	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
Capital Subtotal			\$ -		\$ -	\$ -	
Total Concept Cost			\$ 193,326		\$ 161,326	\$ 354,653	

See Attachment F for budget details and restrictions