

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	Lakeview Lodge
Vendor number(s)	H89120
Contact Name	Rosalinda Campbell
Contact Email Address	lakeviewlodgebayarea@gmail.com
Primary regional center	Golden Gate Regional Center (GGRC)
Service type(s)	Residential Care Facility for the Elderly (RCFE)
Service code(s)	915
Number of consumers typically and currently served	Currently serving: 12 Typically serves: 15
Typical and current staff-to-consumer ratio	1:2
<p>1. Please provide a brief description of the service/setting. Include what a typical day consists of during regular program as well as how services are currently being provided. This response must include the baseline/current levels for any aspects of the program for which the concept proposes funding. If you have previously identified your program as compliant with the HCBS Final Rule through the Self-Assessment, what changes have occurred that has changed your level of compliance?</p>	
<p>Lakeview Lodge is an RCFE, specializing in memory care. In addition to DD/ID, all of the residents have a diagnosis of dementia (or a related condition) and behavior challenges ranging from yelling to aggression and property destruction. Many have chronic medical conditions, mental health diagnoses and limited mobility. Lakeview Lodge provides 24/7 staffing, including awake overnight staff and staffing during the day for consumers who do not want to, or cannot, attend an external day program. Additionally, Lakeview Lodge has a hospice waiver from Community Care Licensing which allows residents the option to stay at home as they prepare for the end of their life. Balancing the concepts of “important to” and “important for” is a challenge, given the intensive constellation of needs of the consumers who reside at Lakeview Lodge, especially those who have all of the aforementioned conditions/challenges. The facility is not in compliance with a number of the HCBS “Final Rules,” as indicated in our self-assessment, and we expect to be under heightened scrutiny while we work toward compliance. Our staff provide care and support to the elderly residents, while encouraging them to remain as independent as possible. We strive to provide fun and safe community activities, but we struggle with the transportation that is needed to safely access the community. The facility is isolated and located away from public transportation. We lack a reliable vehicle with a lift. We are therefore limited in who we can safely and effectively transport. The lack of a vehicle with a lift restricts our ability to provide safe and effective transport to non-ambulatory (wheelchair reliant) consumers. As a result, we are not in compliance with HCBS “Final Rules” #1, 4 and 5.</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>	

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Lakeview Lodge does not have a vehicle with a lift. As a result, we cannot safely and effectively transport consumers in wheelchairs. As an RCFE with non-ambulatory beds, we routinely have residents who are non-ambulatory and reliant on wheelchairs for mobility. These consumers wish to safely access the community with their peers. They cannot do so without a reliable vehicle with a lift. This limits their choices and access to the community, and is inconsistent with person-centered planning. As we move toward compliance with the HCBS “Final Rule” we are looking to improve access, choices, rights, independence, integration, normalization and autonomy. We are striving to support the concept of “equal footing” for individuals with DD/ID, which reflects a life similar to one lived by a peer who does not receive Medicaid funding.

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 objectives are to provide more choices, opportunities and community access to the residents. We expect that the consumers will have improved quality of life, be happier and be healthier both mentally and physically. Behavior will improve. Choices will be increased both in number and in scope, and will be embraced as a right rather than a privilege. We will document consumer activities and outcomes via methods such as activity and behavior logs, and by using person-centered tools such as “important to/important for,” “good day/bad day” and a One Page Profile, showing preferred destinations and activities. We have already begun to incorporate some of these person-centered practices into our ISPs and we will be doing more of this as we move toward the 2023 “Final Rule” compliance target. We will ask consumers directly how they feel as a result of the implementation of the concept, and, with their permission, we will get feedback from collaterals as well. (This may include family, friends, social workers and interested others.) Additionally, we will develop a satisfaction survey to track outcomes.

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.

Along with the absence of an accessible vehicle, COVID 19 has limited access to the community and preferred activities and destinations. This has contributed to a greater sense of isolation. It has been very difficult for consumers to understand why they could not go out during the pandemic, and all of the consumers are anxious to return to life before COVID 19. Staff regularly have conversations with the consumers what activities they would like to participate in. As most the staff have been at the home for many years, several of the consumers have developed relationships with the staff and feel comfortable approaching them at any time and asking for what they want. AC knows what she likes, and she regularly asks for movies, bowling and shopping. LY asks to go to the zoo, as does CE, AH and TL. CE, AH and TL also ask for a picnic at a park. RY

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<p>asks for bowling, the zoo, the park and McDonald's. TJ asks for a picnic and a park trip. Several consumers ask for ice cream and they all express excitement about returning to their day program, which is expected to happen in November.</p>
<p>6. Please describe how the concept you propose will enable you to provide more person-centered services to the individuals you serve.</p>
<p>The residents will have more choices about where they go and what they do. They will be able to plan their outings and make decisions about what to buy, eat and drink. Consumers will have more control over their schedules and greater access to services and activities which are available to individuals who do not receive Medicaid funding. Consumers who wish to will be able to safely access their community and non-ambulatory residents will be fully included. As the consumers in the home age and change, so do their desires. The full implementation of this concept is a fluid process and will change as the wants, desires and choices of the consumers change. Each consumer has given input into where s/he would like to go and what s/he would like to do. In addition to the activities mentioned in question #5, we anticipate incorporating leisurely drives and other destinations into the routine.</p>
<p>7. What percentage of individuals served by your program will directly benefit from implementation of this concept?</p>
<p>100% of the individuals at Lakeview Lodge will directly benefit from the implantation of this concept. All of the residents will use the vehicle, including residents who require a lift due to the use of a wheelchair.</p>
<p>8. Please address your plan for maintaining the benefits, value, and success of your project at the conclusion of 2021-22 HCBS Funding.</p>
<p>The benefits of having a safe and accessible vehicle will seamlessly generalize to future years. We have a track record of keeping our vehicle(s) in good working condition and would do so with a new vehicle. We have service records to substantiate our claims and we will maintain a record of all service and maintenance moving forward. We will document consumer activities and outcomes via methods such as activity, health and behavior logs, and by using person-centered tools such as "important to/important for," "good day/bad day" and a One Page Profile, showing preferred destinations and activities. We have already begun to incorporate some of these practices into our ISPs and we will be doing more of this as we move toward the 2023 compliance target. We will work with social workers to ensure that IPPs also reflect the wants, needs and desires of the consumers. As we learn more about person-centered thinking and planning we will incorporate additional tools and practices which will contribute to the long-term success of the project.</p>
<p>9. Write a brief narrative below explaining each major cost category and timeline. Complete the budget template at the end of the concept sheet. An Excel version with formulas is available. When applicable, budgets should include personnel/benefits, operating costs such as consultants or training, administrative expenses/indirect costs, and capital costs (assets lasting more than 2 years). If project spans 2 years or occurs in phases, budget should be separated by phase/year.</p> <p>Administrative costs, if any, must comply with DDS' vendor requirements, including a cap of 15% of the sum of personnel/benefits, consulting, and operating costs (must exclude capital costs). This information can be found at this link.</p>

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<p>Vehicle: 2022 Ford Transit 150 with mobility lift: \$68,827.50 Base price: \$63,000 Taxes: \$5,827.50 Insurance (12 month estimate): \$2873.00 Title and registration/California DMV: \$798.00 Total reimbursement: \$72,498.50 If approved, Lakeview Lodge will purchase the van, secure insurance and register the vehicle within 60 days.</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 anticipate being able to sustain/absorb the required servicing and maintenance of the vehicle, as well as the associated fees and insurance moving forward.</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 X No ___ Yes. If Yes, FY(s) _____ Service Access and Equity Funding X No ___ Yes. If Yes, FY(s) ___ CPP Funding X No ___ Yes. If Yes, FY(s) _____ CRDP Funding X No ___ 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>	

HCBS CONCEPT BUDGET						
Vendor Name		Lakeview Lodge				
Vendor Number(s)		H89120				
	Wage and Benefits	Year 1 Budget		Year 2 Budget		Total
		FTE	Annual Cost	FTE	Annual Cost	Cost
Personnel (wage + benefits)						
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Personnel Subtotal			\$ -		\$ -	\$ -
Operating expenses						
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Operating Subtotal			\$ -		\$ -	\$ -
Administrative Expenses						
Insurance (12 months)			\$ 2,873			\$ 2,873
Title and Registration			\$ 798			\$ 798
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Administrative Subtotal			\$ 3,671		\$ -	\$ 3,671
Capital expenses						
2022 Ford Transit with mobility lift			\$ 68,828			\$ 68,828
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Capital Subtotal			\$ 68,828		\$ -	\$ 68,828
Total Concept Cost			\$ 72,499		\$ -	\$ 72,499

See Attachment F for budget details and restrictions