

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/>

Home and Community-Based Services (HCBS) Rules Reference Information

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

Home and Community-Based Services (HCBS) Rules Reference Information

- 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

All residents from Lomas Home are non-ambulatory with fragile health. All of the residents use wheelchair for medical appointments. Some of the appointments last up to 6 hours and leave the rest of the residents without transportation.

Our residents can't access the community every time they wish to do so nor have individualized outings. Lomas staff try to do the best to keep a person-centered schedule but at this point, the lack of extra transportation is denying residents full access to community and full control of their daily living choices.

Federal Requirement #2: Choice of Setting

Lomas Home is licensed as RCFE to accept 4 individuals and we are at full capacity. Each individual's ISP documents the different options and settings for PCT that our residents along with their family, conservators, doctors and close friends can develop.

Federal Requirement #3: Right to be Treated Well

1. All staff at Lomas home inform individuals in a manner they can understand by incorporating spoken words, basic ASL, gestures and/or pictures to explain their rights.
2. Staff communicate both verbally and written, using plain language in a manner that ensures privacy and confidentiality.

Home and Community-Based Services (HCBS) Rules Reference Information

Staff communicate with individuals based on their needs and preferences, including alternative methods of communication where needed.

Every staff at Lomas Home is trained on individuals rights as well on ISP, how to work with people with developmental disabilities and challenging behavior, dementia and sundowning etc.

Federal Requirement #4: Independence

We provide daily activities that are based on the individual's needs and preferences as much as possible. Many times, this is difficult due to lack of extra transportation and the need for better training of PCT to find what nonverbal residents want, to find places of their preferences or activities they will enjoy doing. With a PCT trainer to help the staff to better assist the residents and an extra wheelchair will assure better, longer, fun and individualized outings and schedules for all of the residents. Until now we have managed to work around many issues by doing group outings and activities but it is obvious that some of our residents do not enjoy as much of the others. We go on outings in groups to the salon, movie theater, mall, farmer markets etc. But they get to go where they need to, rather than where they want to. This is difficult when a consumer with severe behavior, fragile health and nonverbal does not like being there and is going to act out in public and endanger themselves or others. With additional funds for PCT trainers it enables us to ensure the consumer and public are safe should a severe behavior occur. Having a dedicated staff to help and train other staff while in the community or medical appointments will assure resident success on their goals in a safe and dignified manner. In addition, the need for an extra wheelchair van for non- ambulatory residents will have a more individualized program and opportunity to do their own individual outing if desired.

Federal Requirement #5: Choice of Services and Supports

Lomas Home supports the individual's choices for staff assignment to the extent that alternative staff are available. All individuals have the opportunities to modify his/her services and/or voice their concerns outside of the scheduled review of services on a daily basis. Conservators are involved and help our residents on any decision of their daily and future living.

For providers who operate a residential setting:

Federal Requirement #6: Residential Agreement

Lomas home residents have an admission agreement. Each individual and families and conservator are informed about how to request new housing whenever he/she wishes to do so.

Federal Requirement #7: Privacy

All residents at Lomas Home have their own private bedroom accommodations. All individuals have the option to furnish and decorate their rooms as they please. At

Home and Community-Based Services (HCBS) Rules Reference Information

Lomas Home only the bathroom and entry door can be locked. All residents have the option of closing their bedroom door and staffs do not enter the resident room if the door is closed without knocking and receiving consent

Federal Requirement #8: Schedule and Access to Food

Lomas Home residents have access to food at any time. They also chose the food for from the menu during the week. The residents set their own daily schedule, when to wake and get ready at their convenience. With the exception of knives, chemicals and medicine the residents have full access to any part of the house. When they need to do laundry, staff is always available to assist. The back and front yard are set up for them to use at any time. Lomas home also has a nice indoor sitting area to use, TV, games, board games etc. are also available.

Federal Requirement #9: Right to Visitors

Following COVID-19 visitation guides and Loma's home visitation hours Loma's home is always welcome visitors. Residents sign out and sign in when on extended family visits with family for holidays, weekends, etc. Staff also will be sent if requested by family members with particular consumers that require assistance even when being with family.

Federal Requirement #10: Accessibility

Bars and benches for sitting are available depending on residents' needs. Rise planting bed and a non-ambulatory back yard area for the individuals who like gardening. A nice extra sitting area at the front, back and garage area for those residents who like spending a quiet time are also available. The residents move around the house as they choose without restrictions.

Home and Community-Based Services (HCBS) Rules Reference Information

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.

Home and Community-Based Services (HCBS) Rules Reference Information

Vendor name	Lomas Home
Vendor number(s)	PG3028
Contact Name	Libia Cruz-Leon
Contact Email Address	cruzlibia@yahoo.com
Primary regional center	GGRC
Service type(s)	RCFE
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 programs 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 have changed your level of compliance?</p>	
<p>Lomas Home is a RCFE facility that serves individuals with mental disabilities and challenging behaviors. It is licensed for 4 individuals and at the moment we are at full capacity. All 4 individuals, because of their health or behaviors, use a wheelchair for medical appointments. We currently have a wheelchair van that only accommodates two wheelchairs at the time to be able to fit all residents and staff. Lomas residents' health is fragile and they have many appointments during the month. Because of the intensity of behaviors and fragile health, some of the appointments have to be under sedation at San Francisco UCSF hospital. These appointments take up to 6 hours and leaves all other residents at home without transportation, interrupting everyone else's daily schedules and routines.</p> <p>Lomas Home staff does the best to help individuals on developing their daily schedule but with nonverbal individuals we have more challenges. Having a PCT trainer staff who can train and help other staff understand and develop a better PCT ISP Lomas Home residents will enjoy their daily living at a much higher quality.</p> <p>With an extra mini wheelchair van and a PCT trainer, we will assure that residents will have the choice of individual outings and a better personal ISP.</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>Lomas Home is requesting a mini wheelchair van that costs \$90,000. This will benefit all of the residents on better accommodation when transporting and more individual outings and schedules. With this van, residents won't be left behind while a peer has a 6-hour doctor's appointment and will enjoy the option of going to the community,</p> <p>PCT train the trainer is a course that a staff will need to help Lomas staff and residents to develop a better and more PCT ISP and schedules. This is an intensive and hands on training that requires a person to be full commitment and hands on this. That's why the salary for the trainer is higher than regular staff. We also know this is an expensive course but Lomas home</p>	

Home and Community-Based Services (HCBS) Rules Reference Information

<p>will assure that the person that takes the course will stay in the company for at least 5 years. In these 5 years all of the current employees for Lomas and Lunas home (a sister home) and more to come will be fully trained on PCT. Having a PCT trainer will benefit other residents and staff of different homes that I administrate.</p> <p>PCT train the trainer will benefit all current residents and more to come.</p>
<p>3. Identify which category/ categories this concept addresses.</p>
<p><input checked="" type="checkbox"/> Community Integration</p> <p><input checked="" type="checkbox"/> Individual Rights</p> <p><input checked="" type="checkbox"/> Choice</p> <p><input type="checkbox"/> Collaboration</p>
<p>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?</p>
<p>The purpose of these funds is to improve the quality of life of Lomas residents. Having a more PCT ISP is a goal and having the staff that understand and how to better serve our residents will improve 100% the life of our residents' quality of life.</p> <p>With this extra van and a PCT trainer Lomas staff will be able to change to a more individualized ISP and to track the behavior during the different environments, types of outing or activity, length and quality. After these funds are in place and all of the requirements are met, Lomas Home is expecting that individuals' maladaptive behavior will decrease by 50% for each resident.</p>
<p>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.</p>
<p>Lomas Home together with families, conservators and close friends are in communication to help our residents find better goals. We have noticed on some of the group activities and outings that not everyone enjoys the same. We can see on the residents faces and behavior when they like or dislike the activity. Some of the time the family offered their cars and time for the individuals to go and enjoyed different places. This problem can be solved with extra transportation and a designated person to develop a PCT ISP goals, activities and motivate our residents for a better quality of life. Even better is that this individual will train others to do so.</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>Having extra transportation and a PCT trainer will benefit all of the residents. Lomas Home had identified that with only these two items will benefit everyone in the home and also other individuals. Some of my staff have a part time job with another provider and having training at Lomas home will benefit all other providers and consumers that my staff works with. We will have a chain reaction and help the community as well when the knowledge is shared to others.</p>
<p>7. What percentage of individuals served by your program will directly benefit from implementation of this concept?</p>
<p>100% of my residents will benefit from it.</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>Lomas Home will have a contract to assure that PCT trainers will stay with the company for at least 5 years. The training the PCT will provide to Lomas staff will benefit all of the residents and other individuals that my staff works part time with.</p>

Home and Community-Based Services (HCBS) Rules Reference Information

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](#).

We are requesting person center practice coordinator with a salary of \$85,000 a year and a train the trainer course of 30,000 first year a \$2, 00 for open future leaning. A brand-new wheelchair van for the amount of \$90,000, together with a HCBS administration and booking cost of \$25,000 for two years. All of these add the amount of \$317,500.

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.

A brand-new mini wheelchair van will last at least 15 years with good maintenance that Lomas home will provide.

Lomas Home will have a contract to assure that PCT trainers will stay with the company for at least 5 years. The training the PCT will provide to Lomas staff will benefit all of the residents and other individuals that my staff works part time with.

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 X Yes. If Yes, FY(s) 2015/2016
 Service Access and Equity Funding ___ No ___ Yes. If Yes, FY(s) ___
 CPP Funding ___ No X Yes. If Yes, FY(s) 2015/2016
 CRDP Funding ___ No ___ 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.

CPP was Start up funds and the home is finished and running.

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 CPP was only to start the home, this request is to provide a better, fair, equal and complete services for our residents.

HCBS CONCEPT BUDGET	Wheelchair van and PCT trainer staff					
Vendor Name	LOMAS HOME					
Vendor Number(s)	PG3028					
	Wage and Benefits	Year 1 Budget		Year 2 Budget		Total
		FTE	Annual Cost	FTE	Annual Cost	Cost
Personnel (wage + benefits)						
PCT trainer	85000	1.00	\$ 85,000		\$ 85,000	\$ 170,000
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Personnel Subtotal			\$ 85,000		\$ 85,000	\$ 170,000
Operating expenses						
PCT train the trainer			\$ 30,000		\$ 2,500	\$ 32,500
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
Operating Subtotal			\$ 30,000		\$ 2,500	\$ 32,500
Administrative Expenses						
HCBS administracion and booking			\$ 25,000			\$ 25,000
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
Administrative Subtotal			\$ 25,000		\$ -	\$ 25,000
Capital expenses						
Wheelchair minivan 2020 toyota sienna FWD XLE plu			\$ 90,000			\$ 90,000
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
Capital Subtotal			\$ 90,000		\$ -	\$ 90,000
Total Concept Cost			\$ 230,000		\$ 87,500	\$ 317,500

See Attachment F for budget details and restrictions