

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	Rosel's Home
Vendor number(s)	PG1664
Contact Name	John Ruzzel Skaggs
Contact Email Address	Roselshome01@gmail.com
Primary regional center	San Bruno
Service type(s)	Adult Residential Facility (ARF)
Service code(s)	113
Number of consumers typically and currently served	4
Typical and current staff-to-consumer ratio	1:1 1:2

1. Please provide a brief description of the service/setting. Include what a typical day consists of during regular program as well as how services are currently being provided. This response must include the baseline/current levels for any aspects of the program for which the concept proposes funding. If you have previously identified your program as compliant with the HCBS Final Rule through the Self-Assessment, what changes have occurred that has changed your level of compliance?

Rosel's Home is an adult residential facility that provides care and services to four behaviorally and developmentally challenged individuals. Rosel's Home provides activities of daily living such as bathing, grooming, serving food, medication administration, and other basic living needs. The home is also a training ground-like for community integration to help reduce the maladaptive behaviors. Rosel's Home encourages normalization in areas of training such as money management and training our residents in decision making when it comes to purchases at the mall and groceries for their needs. All individuals attend day program five days a week before pandemic. A typical weekday consists of the following:

- 6am is their wake-up time and hygiene routine
- 7am is their breakfast and medication assistance
- 8am to 9am choice to watch TV or listen to music in the living room while waiting for their rides to come.
- 9am to 2pm is their day program

Individuals have different interests and ways to spend their time after day program and before dinner at 6pm: we consider this the individual's "free time." Weekends are spent on community outings and events as a group with the current Rosel's Home van. We are anticipating if any of the residents will want to get a job in the future in order to earn money, they are unable to do so because Rosel's Home cannot guarantee that they can reach their jobs on time with only one van. For example, if individual A decides to go to a concert during individual B's work shift, then both cannot be accommodated which denies one of the individual's choices putting us out of HCBS compliance.

Additionally, at this moment, Rosel's Home does not have a dedicated individual who can focus on implementing the strategies and tools of person-centered thinking.

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Although the staff have attended very brief training sessions, we need more in-depth training to understand more about the person-centered thinking tools, how to use them, and how to implement person-centered strategies. Having a person-centered thinking trainer and coordinator will be a large improvement to the way Rosel's Home currently operates, allowing the staff to be more aware of how to use the person-centered principles to best serve our Individuals.

Project Narrative Description: While filling out this section, reflect on how services are typically provided and how that might have changed in the past year. Think about what has been learned in the past year and how that might shape services going forward. Funding awarded through this concept can span the course of up to two years which would allow time to shape services to be more person-centered and align with the HCBS federal requirements.

2. Please provide a brief summary narrative of the concept for which you are requesting funding, including justification for the funding.

In our concept we address our inability to be compliant with HCBS in several situations and therefore we are requesting funding to comply. Our residents have expressed their feelings and interest in attending sports events and out of town trips. In order to accommodate individual outings to special events, which will energize residents and make them feel included and accepted as a member of society, Rosel's Home requires one additional van. With the freedom, assistance, and support of having a van, we are able to promote independence and help residents develop their gifts to make a positive impact in other people's lives. In order to achieve and enjoy the benefits of the community in the most integrated settings of their choosing, Rosel's Home is requesting for funds to buy an additional van. This allows residents the opportunity to visit many places of their choosing whether it be work, church events, concerts, trips, family visits, or somewhere else they desire without having the need to wait on each other or go as a group since there is only one current van.

Additionally, Rosel's Home is also requesting funding for Person-Centered Thinking (PCT) Train the Trainer to increase knowledge on and deepen our understanding of person-centered practices. This training will also be used to educate the residents, all staff, and families regarding HCBS regulations and PCP tools. We also request for funding for a Person-Centered Practice (PCP) Coordinator who will ensure the use of person-centered practices at the home. This person will be the one participating in the train the trainer will continue to provide staff training especially for the newly hired, participate in PC thinking and/or planning processes, and oversee the implementation of all individuals' person-centered plans.

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?

The objectives are that the residents will be more confident that they have equal footing with other people not receiving Medicaid benefits (i.e. "non-residents"). In addition, we wish to see the residents feeling welcomed, accepted, and loved with a sense of

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belonging in their communities. For instance, Rosel's Home has one specific individual who enjoys shopping (so much so that the individual asks the staff daily if they can go out even just for window shopping). However, we cannot always serve the individual's choice since the one van is often needed for other activities during the day. There is another individual who does not particularly enjoy spending all day at home and would love to take trips everyday (whether it will be going to parks, community outings, going out to eat, etc.). One of our residents is religious and wishes to go to church regularly, but most residents enjoy taking trips and doing other out of the home activities on the weekends and during church events. Both cannot be accommodated. Our inability to provide these individualized choices cause anxiety in them which lead to behavioral issues weekly (if not daily). Some of the individuals have already expressed they are not pleased going out in groups all the time. They also want the privacy at times. Rosel's Home firmly believes that having another van would not only put us in HCBS compliance, but also make the Home a happier, more cheerful place with fewer behavioral issues. This would improve the residents' quality of life and lessen stress which could lead to a longer lifespan of our residents.

There will be updated, ongoing documentation to indicate their activities for the day they received the benefits of having a van (going to work, going on outings, etc.).

Increased person-centered principles will be achieved through the development of a sustainable and ongoing staff development plan. Development tools will address known methods that support adult learners and diverse learning styles. Staff participation will be tracked by recording staff members' names in an attendance log.

A Person-Centered Thinking Trainer will ensure compliance through immersive training on how to move each individual's plan from paper to reality. It will allow focused training for new staff, more in-depth training for current staff, and allow for the monitoring of this plan, thus ensuring continuous application of the person-centered thinking processes. There will also be updated, ongoing documentation to indicate the staffs' continued use of the principles learned from the Person-Centered Thinking Trainer thus ensuring the ongoing use of the HCBS funding benefits even after the funds have ended.

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.

During the IPP meeting in 2021, the residents and their family members had expressed the need for the residents and themselves to receive more access to the community. The desire from the residents centered around wanting to be a part of their community by doing normal, daily activities in public (shopping, going to movies, visiting parks, taking trips, etc.) Their families' desires were focused on ensuring that their sons, daughters, brothers, and sisters are able to live happy and full lives as any other member of society would live.

The provider, staff, and residents had a meeting regarding the Person-Centered Thinking and HCBS compliance. Among other things, the provider informed the staff and residents regarding what benefits a PCT trainer could bring to the Home. After that discussion the residents agreed that it would be a good idea for the staff to be trained by a PCT trainer in order to improve interactions between the staff and the residents.

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<p>Additionally, Rosel's Home will implement a quality check on each of the 4 residents' ISP/IPP in order to ensure it is PCP focused. This will be tracked through an ISP/IPP check-off list to be completed by Rosel's staff and residents.</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>With the resources expanded, we will be able to have more flexibility in offering a wider variety of life choices, and we will be able to encourage the residents to come up with more activities of their choice to integrate into their everyday lives. With the added opportunity of having a van, staff will be able to ask residents multiple times a day if they wish to go out and do something of their choosing.</p> <p>Person centered services will be achieved through the development of well-trained staff by a qualified professional. After training the staff on person centered thinking, the PCT Trainer will ensure staff receive monitoring for compliance, continued refinement of PCP skills, and continued education as needed.</p>
<p>7. What percentage of individuals served by your program will directly benefit from implementation of this concept?</p>
<p>100%</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>Rosel's Home will continue to train, orient, and educate the staff further on person-centered awareness for the residents, and we will continuously research more meaningful activities utilizing the person-centered concept. The benefits provided during the funding period will in no way be reduced or eliminated. After the funding period is over the implementations mentioned in this proposal will continue to be provided and documented.</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>
<p>Rosel's Home has three major categories of funding. Those categories consist of the need for a Vehicle (Van), a Person-Centered Thinking Trainer, and Person-Centered Practice Coordinator. These three categories will begin within a week of receiving the first approved funds.</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>
<ul style="list-style-type: none"> - Vehicle requested for funding will be on a tight maintenance schedule to ensure trouble free operation for a longer time.

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- Rosel's Home will train the staff on performing a walk-around check of the vehicle before and after every trip in order to keep it in good repair to ensure the safety of the residents.
- The PCT Trainer will train the PCP Coordinator and create a manual regarding the PCP regulations and tools.
- The PCP Coordinator will take over and continue the practices as outlined by the PCT trainer when the PCT trainer's year is over. Rosel's Home intends to maintain the position long term to ensure full compliance all the time. The Home will adjust its financial resources accordingly.

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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 ___ Yes. If Yes, FY(s) _____ Service Access and Equity Funding ___ No ___ Yes. If Yes, FY(s) _____ CPP Funding <input checked="" type="checkbox"/> No ___ Yes. If Yes, FY(s) _____ CRDP Funding <input checked="" type="checkbox"/> No ___ Yes. If Yes, FY(s) _____ If yes to any question be sure to answer questions 13 and 14.
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For providers who have received prior HCBS, Disparity, CPP or CRDP Funding from DDS

12. If your organization has received prior funding from any of the above sources, please provide an update on the prior funding project. You may copy and paste from progress update(s) previously provided to regional centers or DDS.

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						
Vendor Name		ROSEL'S HOME				
Vendor Number(s)		PG1664				
	Wage and Benefits	Year 1 Budget		Year 2 Budget		Total
		FTE	Annual Cost	FTE	Annual Cost	Cost
Personnel (wage + benefits)						
Position Description	97,217.50	1.75	\$ 170,131	1.75	\$ 170,131	\$ 340,261
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Personnel Subtotal			\$ 170,131		\$ 170,131	\$ 340,261
Operating expenses						
Operating expenses			\$ 2,500		\$ 3,500	\$ 6,000
Administrative Expenses			\$ 1,000		\$ 2,000	\$ 3,000
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Operating Subtotal			\$ 3,500		\$ 5,500	\$ 9,000
Administrative Expenses						
Person-Centered Train the Trainer			\$ 30,000			\$ 30,000
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Administrative Subtotal			\$ 30,000		\$ -	\$ 30,000
Capital expenses						
Van			\$ 80,000			\$ 80,000
Registration			\$ 800			\$ 800
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Capital Subtotal			\$ 80,800		\$ -	\$ 80,800
Total Concept Cost			\$ 284,431		\$ 175,631	\$ 460,061

See Attachment F for budget details and restrictions