

## 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](mailto: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  | Successful Living-Lynwood Home |
| Vendor number(s)   | PG2374                         |
| Contact Name   | Annie Liu                      |
| Contact Email Address  | Asuccessfulliving@gmail.com    |
| Primary regional center  | Golden Gate Regional Center    |
| Service type(s)  | Residential Services           |
| Service code(s)  | 113                            |
| Number of consumers typically and currently served   | 4                              |
| Typical and current staff-to-consumer ratio  | 1 to 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>Lynwood Home is a specialized facility, which provides residential services for individuals with developmental disabilities. We currently have 4 residents living in the home. Two of them are legally blind, and the other two also have visual impairments. Their ages are from 49 to 56 and three of them use adult brief/pull-up for incontinence. They all have unsteady gait and need close supervision and full assistance for their ADLs. Two of them need to use wheelchairs for doctor visits and community activities due to mobility issues. However, the facility currently doesn't have a wheelchair accessible vehicle. Lack of appropriate transportation hinders them to join some community activities and limits their choices in the community.</p>   |                                |
| <p><b>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.</b></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 funding for purchasing a wheelchair accessible vehicle and conducting the relevant training. Our current vehicles are not able to provide appropriate transportation for our residents with mobility issues and visual impairment. In the past years, transportation is always a challenge for our residents. Even with sufficient staff's assistance, they were afraid of going to the community due to transportation issues. For those two residents using wheelchairs in the community, it is very difficult for them to get on and off the car without the support of the wheelchair. Also due to visual impairments, all our residents cannot see depth correctly, so any steps in the car could cause anxiety for them to use transportation for outings or community activities. A wheelchair accessible vehicle could solve those issues and help our residents get into the community without difficulties. In addition, the relevant training is necessary to ensure staff know how to operate and maintain the vehicle appropriately.</p> |                                |
| <p>3. Identify which category/ categories this concept addresses.</p>  |                                |
| <p>[ Y ] Community Integration</p>   |                                |

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| <input type="checkbox"/> Individual Rights<br><input type="checkbox"/> Choice<br><input type="checkbox"/> Collaboration  |
| <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>A wheelchair accessible vehicle can solve the transportation issues for our residents with mobility issue and visual impairment. With the appropriate transportation, we could offer more community activities for our residents at a regular base, such as going to the farmer's market, shopping in the mall, going to the local library, and so forth. All those activities are based on each resident's abilities and interests. The wheelchair accessible vehicle will help them access to those activities available in the community and provide them an appropriate transportation support for any kinds of outings as needed or at a regular base. As an important part of each individual's service plan, the community integration plan will be discussed with the residents, their family and social workers at their quarterly and annual meetings. Based on each individual's needs and interests, the goal, type and frequency of community outings will be addressed in their service plan. The direct care staff are responsible to track their outings on the facility daily report and help the individual to reach their goals for community integration.</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>All our 4 residents love to socialize with people and enjoy going to the community. However, regular vehicles can't meet their transportation needs due to their unsteady gait and blindness/visual impairment. Although our residents are not able to verbally express their needs clearly, their conservators, families, and social worker advocate for them and strongly support us by phone or email for our request for a wheelchair accessible vehicle. Once we have the vehicle, all facility staff will be trained how to safely operate and maintain it. The individuals and their care team will work together and identify their abilities and interests for different community activities. By following each individual's care plan and schedule agreed by the whole care team, staff will assist them in participating in all kinds of community activities which are the desires and choices of the individual.</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 individuals that we currently serve at the facility have difficulties to get on and off regular vehicle due to their physical conditions. They all love community activities, but lack of appropriate transportation support has hindered them participating in community outings. All of them had developed fear and anxiety of getting on and off the car. Because of that, they often withhold themselves from going out. A wheelchair accessible vehicle and the relevant training could minimize their fear of getting on and off the car and provide appropriate and reliable transportation support for their daily living.</p>  |
| <p>7. What percentage of individuals served by your program will directly benefit from implementation of this concept?</p>   |
| <p>Since all individuals living in the facility have mobility issues and blindness/visual impairment, 100% of individuals served by our program will directly benefit from a wheelchair accessible</p>   |

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| vehicle and the relevant training.   |  |
| 8. Please address your plan for maintaining the benefits, value, and success of your project at the conclusion of 2021-22 HCBS Funding.  |  |
| Our program is responsible to keep the wheelchair accessible vehicle in good condition by doing monthly safety checking, quarterly transportation safety training, maintaining sufficient insurance coverage, and completing all required automobile services as scheduled or needed. All individuals' community integration plan/schedule will be maintained and updated at their quarterly review and annual meeting. A monthly outing plan/schedule for each individual will also be discussed with the individual and the care team before being posted in the facility.   |  |
| 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.<br>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 <a href="#">link</a> .                     |  |
| We are planning to purchase a wheelchair accessible vehicle first, which could take 1-3 months, and the estimated cost is about \$70,000. The next step is to train all staff how to safely operate and maintain the vehicle, which could take up to 1 month, then on-going transportation safety training every quarter. The initial staffing training cost will be about \$2,000. The last step is to assist individuals in learning or being comfortable on using the wheelchair accessible vehicle, it could take about 2 weeks to 1 month. Finally, the facility will be able to start providing the appropriate and safe transportation to our residents using the wheelchair accessible vehicle for community activities and events by following each individual's care plan. |  |
| 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.   |  |
| Not applicable   |  |
| 11. Have you or the organization you work with been a past recipient of DDS funding? If yes, what fiscal year(s)?  | HCBS Funding <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. If Yes, FY(s) _____<br>Service Access and Equity Funding <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. If Yes, FY(s) _____<br>CPP Funding <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. If Yes, FY(s) <u>2015-2016</u><br>CRDP Funding <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. If Yes, FY(s) _____<br>If yes to any question be sure to answer questions 12 and 13. |
| <b>For providers who have received prior HCBS, Disparity, CPP or CRDP Funding from DDS</b>   |  |
| 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   |  |



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update(s) previously provided to regional centers or DDS.

The CPP funding that we received was for remodeling the facility to be ADA compliance, which include ADA bathroom, sprinkler system, and slopes throughout the facility. The project was completed in 2016.

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 funding that we received in 2015-2016 did not include the cost of purchasing a wheelchair accessible vehicle.

| HCBS CONCEPT BUDGET                |                   | Community Integration and Individual Rights |             |               |             |           |
|------------------------------------|-------------------|---|-------------|---------------|-------------|-----------|
| Vendor Name                        |                   | Successful Living-Lynwood Home              |             |               |             |           |
| Vendor Number(s)                   |                   | PG2374                                      |             |               |             |           |
|                                    | Wage and Benefits | Year 1 Budget                               |             | Year 2 Budget |             | Total     |
|                                    |                   | FTE   | Annual Cost | FTE           | Annual Cost | Cost      |
| <b>Personnel (wage + benefits)</b> |                   |   |             |               |             |           |
| Position Description               |                   |   | \$ -        |               | \$ -        | \$ -      |
| Position Description               |                   |   | \$ -        |               | \$ -        | \$ -      |
| Position Description               |                   |   | \$ -        |               | \$ -        | \$ -      |
| Position Description               |                   |   | \$ -        |               | \$ -        | \$ -      |
| Position Description               |                   |   | \$ -        |               | \$ -        | \$ -      |
| Position Description               |                   |   | \$ -        |               | \$ -        | \$ -      |
| Position Description               |                   |   | \$ -        |               | \$ -        | \$ -      |
| Position Description               |                   |   | \$ -        |               | \$ -        | \$ -      |
| Personnel Subtotal                 |                   |   | \$ -        |               | \$ -        | \$ -      |
| <b>Operating expenses</b>          |                   |   |             |               |             |           |
|                                    |                   |   |             |               |             | \$ -      |
|                                    |                   |   |             |               |             | \$ -      |
|                                    |                   |   |             |               |             | \$ -      |
|                                    |                   |   |             |               |             | \$ -      |
|                                    |                   |   |             |               |             | \$ -      |
|                                    |                   |   |             |               |             | \$ -      |
|                                    |                   |   |             |               |             | \$ -      |
|                                    |                   |   |             |               |             | \$ -      |
|                                    |                   |   |             |               |             | \$ -      |
| Operating Subtotal                 |                   |   | \$ -        |               | \$ -        | \$ -      |
| <b>Administrative Expenses</b>     |                   |   |             |               |             |           |
| Staff Training Cost                |                   |   | \$ 2,000    |               |             | \$ 2,000  |
|                                    |                   |   |             |               |             | \$ -      |
|                                    |                   |   |             |               |             | \$ -      |
|                                    |                   |   |             |               |             | \$ -      |
|                                    |                   |   |             |               |             | \$ -      |
|                                    |                   |   |             |               |             | \$ -      |
|                                    |                   |   |             |               |             | \$ -      |
| Administrative Subtotal            |                   |   | \$ 2,000    |               | \$ -        | \$ 2,000  |
| <b>Capital expenses</b>            |                   |   |             |               |             |           |
| Purchase of a wheelchair vehicle   |                   |   | \$ 70,000   |               |             | \$ 70,000 |
|                                    |                   |   |             |               |             | \$ -      |
|                                    |                   |   |             |               |             | \$ -      |
|                                    |                   |   |             |               |             | \$ -      |
|                                    |                   |   |             |               |             | \$ -      |
|                                    |                   |   |             |               |             | \$ -      |
|                                    |                   |   |             |               |             | \$ -      |
| Capital Subtotal                   |                   |   | \$ 70,000   |               | \$ -        | \$ 70,000 |
| Total Concept Cost                 |                   |   | \$ 72,000   |               | \$ -        | \$ 72,000 |

See Attachment F for budget details and restrictions