

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	Pioneer Homes of Ca., Inc (Pioneer and Cameron Homes)
Vendor number(s)	PH1490 (Pioneer) HH1373 (Cameron)
Contact Name	Annabelle Agliam and Ronnel Agliam
Contact Email Address	pioneer_homes_ca@yahoo.com
Primary regional center	Harbor Regional Center
Service type(s)	Adult Residential Facility
Service code(s)	915 (Pioneer) 113 (Cameron)
Number of consumers typically and currently served	4 (Pioneer Home) 3 (Cameron Home)
Typical and current staff-to-consumer ratio	Pioneer: 4 clients to 2 staff on most awake hours plus 1 additional extra staff working extra hours per day. Cameron: 3 clients to 2 staff on most awake hours plus 1 additional extra staff working extra hours per day during am/pm.

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?

Pioneer Home is a Level 4I home serving 4 individuals and Cameron Home is a negotiated rate home serving 3 individuals. Prior to the Covid pandemic, clients typically attend day programs during the week. During the pandemic, clients were much more restricted to doing day program activities via Zoom or Go To Meetings with limited amount of hours spent per client per day. Outdoor and out of home activities were very limited as most business establishments limited the number of people they were accepting or closed temporarily. Various activities which include the community walks are done at the home setting to supplement the limited day program hours. Home activities were expanded. Most prolonged outdoor activities on a weekly basis occurs on weekends. Clients wishing to do other activities that they desire are not able to go to the desired activities due to the limitation of the transportation. We are able to provide their desired activities only on a taking turn basis. Clients will need to be able to attend other different activities that they desire concurrently with other clients. Currently, we are unable to do simultaneous activities in each home as a result of having only one vehicle for each home. At times, we needed to shorten the activity of one client to provide a chance to another client.

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.

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We are requesting funding for a wheelchair accessible van for each home. Clients typically go out in group activities and may go to a variety of places even if it does not interest them because one prefers to go to a particular place. Various community activities are usually done in rotation so everyone gets a turn to their desired place. Because one client will have a desire to do a particular activity and we have limited transportation capability to do multiple activities all at once, we are limited to just going to one place at a time or maybe two short activities if we can. If we get funding for a new vehicle, we will have the ability to do multiple activities at the same time without much regard to the time involved per activity.

Many of our clients are also ageing and will use a wheelchair for long distances and have other mobility restrictions. The use of a wheelchair accessible van will promote dignity and independence for the individuals to be able to navigate the community in more comfortable transportation as their mobility needs may change, enabling them to continue residing in their home to age in place.

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 objective is to be able to provide each individual currently living in our homes to exercise their choice of activity and increase individualized community integration when they want to do it without having to wait for their turn. We are able to improve providing these choices only if we have a second vehicle to utilize at any given time. For the purpose of tracking our success, we will utilize our current activity log, and we would add sections where we track when individuals do a certain preferred activity by themselves with a staff. We would also track to demonstrate an overall increase in opportunities to access the community with the use of two vehicles.

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.

In each home, we have individuals who have various medical, physical, and behavioral support needs. Many clients are ageing and are over 65 years old. The concept was thought of because all of our clients want an activity that differs from the others. Clients have verbalized their desires to staff and family members and their reactions to various opportunities are also observed by staff. One of our client's 90-year-old mother is verbalizing that she wants to have her son at home at least once a month and maybe more for a few hours each time, but she does not drive and cannot take public transportation. He misses his mom and always says

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her name. He speaks to her on the phone frequently. He enjoys spending time with mom and plays with his dog when he is there.

Another client also wants to go shopping all the time even if he only window shops. He will often become upset if he is not taken to a mall or a department store or a grocery. He has lived in the home for ten years now and his interest in shopping has always been a priority- but his house-mates do not always have this same interest.

A third client, who is the oldest recently, found out that his sister now lives in the nearby city and lives in a nursing home. The sister has been longing to have her brother and has made an effort to visit every month when she moved to the nearby city, but is now in a nursing home and not able to visit him. Instead, this client has expressed interest in being able to visit her at the nursing home to spend time with her.

Another client is the youngest at 50. He is very social and likes to visit his brothers, nieces and nephews. Prior to getting vaccinated, his family has restricted all of the interactions to Facetime only. They did not visit him nor allowed him to visit for more than a year. His only remaining brother lives more than an hour away and has been homebound due to illness. This client has been telling everyone that he will visit him and his aunt. He is oftentimes is seen pretending to speak with them on the phone and that he will see them soon.

We have another client who enjoys attending sporting events like baseball and basketball games. He watches events on television, has his favorite teams, and has his bedroom decorated with sports memorabilia. His grandma will call to remind him about important games. Again, he would like to attend more sporting events, but this is not always possible due to the transportation restrictions.

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

By having another vehicle at each home, more opportunities will be given to individual clients wanting to do some other activities that they will enjoy on their own. For instance, client #1 wants to go to his mom and clients #3 or #4 can go visit a relative and one would accompany client #2 to go shopping. By having 2 vehicles, three activities will be done all at one time.

7. What percentage of individuals served by your program will directly benefit from implementation of this concept?
100%

8. Please address your plan for maintaining the benefits, value, and success of your project at the conclusion of 2021-22 HCBS Funding.
The plan would be to purchase a wheelchair accessible vehicle for each home which can benefit all of our aging clients in fulfilling their desired activities for a long period of time in a vehicle that can best accommodate their potentially changing mobility needs. The clients can take rotations every week if they want to

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<p>do something else. The vehicle will be well maintained so that it will provide many years of service.</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>The project consists of purchasing a wheelchair accessible van with a ramp for each home at an approximate cost of about \$70,000 each, ideally within the next six months. This will enable to carry a good number of clients and staff who will be minding the clients with their individual activities.</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>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>Other than the purchase of a vehicle through the HCBS funding if granted, the project can be sustained as the home is required to provide adequate staffing and is able to provide the necessary gasoline, insurance and maintenance on a regular basis.</p>	
<p>11. Have you or the organization you work with been a past recipient of DDS funding? If yes, what fiscal year(s)? N/A</p>	<p>HCBS Funding <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. If Yes, FY(s) _____</p> <p>Service Access and Equity Funding <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. If Yes, FY(s) _____</p> <p>CPP Funding <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. If Yes, FY(s) _____</p> <p>CRDP Funding <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. If Yes, FY(s) _____</p> <p>If yes to any question be sure to answer questions 13 and 14.</p>
<p>For providers who have received prior HCBS, Disparity, CPP or CRDP Funding from DDS</p>	
<p>12. If your organization has received prior funding from any of the above sources, please provide an update on the prior funding project. You may copy and paste from progress update(s) previously provided to regional centers or DDS. 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. N/A</p>	

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HCBS CONCEPT BUDGET							\$77,300
Vendor Name	Pioneer Homes of Ca. Inc						
Vendor Number(s)	HH 1373						
			Year 1 Budget		Year 2 Budget		Total
	Wage and Benefits		FTE	Annual Cost	FTE	Annual Cost	Cost
Personnel (wage + benefits)							
Position Description	DSP	15000	0.25	\$ 3,750	0.25	\$ 3,750	\$ 7,500
Position Description				\$ -		\$ -	\$ -
Position Description				\$ -		\$ -	\$ -
Position Description				\$ -		\$ -	\$ -
Position Description				\$ -		\$ -	\$ -
Position Description				\$ -		\$ -	\$ -
Position Description				\$ -		\$ -	\$ -
Position Description				\$ -		\$ -	\$ -
Position Description				\$ -		\$ -	\$ -
Personnel Subtotal				\$ 3,750		\$ 3,750	\$ 7,500
Operating expenses							
Gasoline				\$ 2,400		\$ 2,400	\$ 4,800
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
Operating Subtotal				\$ 2,400		\$ 2,400	\$ 4,800
Administrative Expenses							
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
Administrative Subtotal				\$ -		\$ -	\$ -
Capital expenses							
				\$ 65,000			\$ 65,000
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
Capital Subtotal				\$ 65,000		\$ -	\$ 65,000
Total Concept Cost				\$ 71,150		\$ 6,150	\$ 77,300

See Attachment F for budget details and restrictions

HCBS CONCEPT BUDGET							\$80,800
Vendor Name	Pioneer Homes of Ca. Inc dba Cameron Home						
Vendor Number(s)	PH 1490						
			Year 1 Budget		Year 2 Budget		Total
	Wage and Benefits		FTE	Annual Cost	FTE	Annual Cost	Cost
Personnel (wage + benefits)							
Position Description	DSP	20000	0.25	\$ 5,000	0.25	\$ 5,000	\$ 10,000
Position Description				\$ -		\$ -	\$ -
Position Description				\$ -		\$ -	\$ -
Position Description				\$ -		\$ -	\$ -
Position Description				\$ -		\$ -	\$ -
Position Description				\$ -		\$ -	\$ -
Position Description				\$ -		\$ -	\$ -
Position Description				\$ -		\$ -	\$ -
Position Description				\$ -		\$ -	\$ -
Personnel Subtotal				\$ 5,000		\$ 5,000	\$ 10,000
Operating expenses							
Gasoline				\$ 2,400		\$ 2,400	\$ 4,800
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
Operating Subtotal				\$ 2,400		\$ 2,400	\$ 4,800
Administrative Expenses							
Tickets				\$ 500		\$ 500	\$ 1,000
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
Administrative Subtotal				\$ 500		\$ 500	\$ 1,000
Capital expenses							
				\$ 65,000			\$ 65,000
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
Capital Subtotal				\$ 65,000		\$ -	\$ 65,000
Total Concept Cost				\$ 72,900		\$ 7,900	\$ 80,800

See Attachment F for budget details and restrictions