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/

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	OPARC
Vendor number(s)	HP5260, HJ0529, PJ4958, HJ0531, H25908, H25844, H62653, H25907, H25909, HJ0914, HJ0530
Contact Name	Andrea Wells
Contact Email Address	awells@oparc.org
Primary regional center	Inland
Service type(s)	Adult Developmental Centers, Behavior Management Programs, Work Activity Program, Supported Employment- Group, Supported Employment- Individual Placement, Community Integration
Service code(s)	510, 515, 954, 950, 952, 055
Number of consumers typically and currently served	Typically Served- 850, Currently Serve-708
Typical and current staff-to-consumer ratio	Typical and current- 1:4, 1:3, 1:25, 1:1

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?
OPARC's Day Programs are at sites where prior to Covid, participants typically met at their site and then departed for pre-determined activities including volunteer work & paid employment, usually not tied to PCPs/goals. Currently services may or may not include lengthy time in community activities, however, all supports adhere to Covid compliances and individual desires. OPARC provides a hybrid of programming involving remote alternative services including daily calls, video calls, emailing/text messaging, package/material deliveries, & a variety of virtual trainings to Day, WAP, SE and Explore programs. Traditional services for Day Programs, WAP and SE have resumed in limited numbers due to Covid restrictions. The breadth of support is driven by choices made at each person's IDT. We have 17 SE active groups and 19 IPs. Since June 1, 2020, 118 PCP's have been completed & 72 community resources have been developed.
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.
Funding for participating in "Progress for Providers", a collaborative training with other providers through Helen Sanderson Associates to gain PCP sustainability by considering innovative, alternative ways of implementing person-centered approaches. We'll also be working alongside people we support to check areas of progress and identify top priorities for change while receiving facilitated support and coaching to implement action plans for change to better meet HCBS guidelines.

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Fund Lead PCP Facilitator and 3.5 PCP Facilitators to continue to develop PCPs and be drivers of the Progress for Providers assessment and action planning and mentor direct care staff in their roles of keeping the PCPs active and up to date.

An abundance of resources have been gathered specific to PCP outcomes desired and can be utilized by multiple people in multiple programs. The development of software would allow real time scheduling of these resources by 8 programs and avoid large numbers accessing the same resource at one time. We have not been able to find existing software that has the capability of handling the complexity of variables involved.

3. Identify which category/ categories this concept addresses.

[X] Community Integration
[   ] Individual Rights
[X] Choice
[X] 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?

Progress for Providers is a 10-month collaboration of people receiving long term services and supports, people providing supports and HSA. Participation of scheduled activities and completion certificate, PCPs evolved, PCT skills used as a part of everyday culture, and the completion of the remaining 147 PCPs will be evidence of achievements. Progress for Providers is a helpful complement to statewide HCBS assessments. Statewide assessments identify WHAT changes are needed; Progress for Providers will help identify HOW changes can be made and PCP Facilitators will DRIVE identified change. Self-advocates, family members, and employees will play an active role in shaping our response to the HCBS final Rule. Their voices are crucial to ensuring that services not only comply with federal expectations but also provide them with opportunities to pursue individual goals based on what is important to and for each person. Computer program developed to schedule access of resources will allow for community integration and implementation of PCPs without saturation. Once the program is developed and successfully utilized, it can be shared with other CA service providers.

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.

OPARC gathers participant input on a regular basis through satisfaction surveys, input meetings, and assessments to make changes/additions to supports provided & cultural change. Specifically, after each PCP is developed, a survey is taken of the Planner's satisfaction of the process and new plan developed. Overwhelmingly, 95% Planners are happy with the changes and appreciate how the plans are so much more personal. To keep this organizational culture shift and these PCPs alive, we must continue our education.

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

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Everything about this proposal is to enhance successful PCP sustainability. Having the capability to coordinate the available resources developed will allow efficient access; additional training/mentoring and collaboration will allow us to broaden our understanding and evolve existing PCPs; and ensure that all people we support have a PCP developed.
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 Progress for Providers course will train several changemakers to mentor staff at all levels to complete an agencywide culture shift and PCP sustainability. The computer program to coordinate resources will continue to be used by all programs to access available resources and add additional ones as they are developed.
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.

Progress for Providers

Program Element	Timeline	Description
Orientation	Month 1	2 or 3-hour zoom session for overview of cohort and tips for identifying Changemaker Team
Changemaker Team Development	Month 2	2 or 3-hour zoom session
Progress for Provider Facilitated Review	Month 3 and 4	Five weekly 3-hour facilitated zoom session with dedicated breakout space for each Changemaker Team
Identifying Priorities for Change and Sprint Planning and Implementation	Three cycles: Month 4 and 5 Month 6 and 7 Month 8 and 9	Facilitated 3-hour zoom planning session with H S A to evaluate progress in using person-centered approaches Creation of baseline data and action plan for improvement pilot
Coaching Support during Sprints	Months 4-9	Coaching through Slack and as needed for support calls. Facilitated 3-hour zoom session to run a retrospective and celebrate progress to date and determine next sprint plan
Ongoing Community of Peer Practice and Support	ongoing	Dedicated space to connect with other cohort members and invited subject matter experts. Discover what wants to emerge!

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		Monthly webinars to hear from guest experts and/or discuss topics identified by the group Learn with and from each other, share resources and examples of new developments
Working out Loud to Share stories of impact	Month 10	H S A will interview each Changemaker Team to capture the highlights of what was tried and learned, including top tips for peers. Stories will be organized in an end of cohort digital report

The PCP Facilitators will continue to be funded from the end of HCBS grant 20-21 until the end of this grant cycle. It is anticipated to take 2 months to develop the computer program to coordinate resources and an additional month to input the resource data.

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.

Two of the PCP positions will continue to be funded by OPARC to aid in the development of additional PCPs as they are developed for new people starting their services and continue to train and mentor staff. Current Job Developers will continue to develop resources for volunteers and work.

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)16-17, 17-18, 18-19, 19-20, 20-21 Service Access and Equity Funding X No __ Yes. If Yes, FY(s) ___ CPP Funding X No ___ Yes. If Yes, FY(s) _____ CRDP Funding X No ___ Yes. If Yes, FY(s) _____ 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.

2016-17: Add 2 Job Developers: # with CIE as a vocational objective= 354 # with exposure to competitive employment including volunteerism, PIP, or ESA= 236 # of CIE placements/PIP's= 3 Participation in employment activities/sites= 94 # of participants who have the option for community integration= 431
17-18: Add work opportunities to Behavior Program: 15 additional people are in volunteer jobs, 5 working in PIP.
18-19: Train 2 PCT Trainers: Trainers started coaching; due to COVID-19 delays and reformatting, PCT Trainer training was extended. 1 PCT Trainer is certified; 2nd Trainer candidate is no longer with agency, so another is in final phase of certification.
19-20: Hired Integration Facilitator, Lead PCP Facilitator, and PCP Facilitator. 79 PCP's developed; 23 community resources secured.

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20-21: To date, we have developed 58 PCPs (slightly surpassing our benchmarks) and 84 resources secured.
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.
We continue to develop new PCPs. Meaningful PCPs take between 5-10 hours to develop using traditional methods. Since Covid, Facilitators have found that meaningful PCPs are taking between 14.5-25 hours to complete remotely. Case Managers do not have the time to develop all of the remaining anticipated 147 PCPs, hence the need to continue the PCP Facilitator positions. The Progress for Providers course is intended to build upon what has already been learned and to take our organization's culture shift to the next level. The computer program to organize and track resources used in real time will efficiently allow identified PCP needs and desires to be met.

HCBS CONCEPT BUDGET	INLAND REGIONAL CENTER						
Vendor Name	OPARC						
Vendor Number(s)	HP5260, HJ0529, PJ4958, HJ0531, H25908, H25844, H62653, H25907, H25909, HJ0914, HJ0530						

	Wage and Benefits	Year 1 Budget		Year 2 Budget		Total	
		FTE	Annual Cost	FTE	Annual Cost		Cost
Personnel (wage + benefits)							
PCP Facilitator Lead (Full Time)	67,000.00	0.40	$ 26,800	0.60	$ 40,200	$	67,000
PCP Facilitator (Full Time)	63,000.00	0.40	$ 25,200	0.60	$ 37,800	$	63,000
PCP Facilitator (Full Time)	63,000.00	0.40	$ 25,200	0.60	$ 37,800	$	63,000
PCP Facilitator (Part Time)	32,000.00	0.40	$ 12,800	0.60	$ 19,200	$	32,000
			$ -		$ -	$	-
			$ -		$ -	$	-
			$ -		$ -	$	-
			$ -		$ -	$	-
			$ -		$ -	$	-
Personnel Subtotal			$ 90,000		$ 135,000	$	225,000
Operating expenses						$	143,950
Program for Scheduling Resources			$ 8,000			$	8,000
Progress for Providers Training			$ 22,000			$	22,000
						$	-
						$	-
						$	-
						$	-
						$	-
						$	-
						$	-
						$	-
Operating Subtotal			$ 30,000		$ -	$	30,000
Administrative Expenses							
Administrative Cost - Chief Program Officer			$ 18,000		$ 20,250	$	38,250
						$	-
						$	-
						$	-
						$	-
						$	-
						$	-
						$	-
Administrative Subtotal			$ 18,000		$ 20,250	$	38,250
Capital expenses							
						$	-
						$	-
						$	-
						$	-
						$	-
						$	-
						$	-
						$	-
						$	-
Capital Subtotal			$ -		$ -	$	-
Total Concept Cost			$ 138,000		$ 155,250	$	293,250

See Attachment F for budget details and restrictions