

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	Bright Year Care Home
Vendor number(s)	HN0573
Contact Name	Giorjeous Garcia
Contact Email Address	brightyearscahome@gmail.com
Primary regional center	NBRC
Service type(s)	915
Service code(s)	ARF 4i
Number of consumers typically and currently served	4
Typical and current staff-to-consumer ratio	1:2
<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>Bright Years Care Home is a Level 4i ARF with 4 residents. The residents are served at a 1:2 staff to consumer ratio. The residents within this home all receive 24 hour care and support with all Activities of Daily Living. While BYCH provides support for activities and needs within the home, BYCH also supports residents in their need and desire to be a part of the community. Upon receiving training on Person Centeredness, BYCH has identified areas in which they can improve to ensure all participants in the home have access to equal choice, independence, and access to the community. This concept proposal targets FR#1: Community Integration, FR#2: Choice, and FR#10: Accessibility. At this time, of the 4 residents living in the home, 2 residents are non-ambulatory and use a wheelchair to travel from one location to another, both inside and outside of the home. The home currently utilizes staff vehicles or borrows a wheelchair accessible wheelchair accessible van in order to take non-ambulatory residents out into the community for activities or services like medical appointments.</p>	
<p>Project Narrative Description: While filling out this section, reflect on how services are typically provided and how that might have changed in the past year. Think about what has been learned in the past year and how that might shape services going forward. Funding awarded through this concept can span the course of up to two years which would allow time to shape services to be more person-centered and align with the HCBS federal requirements.</p>	
<p>2. Please provide a brief summary narrative of the concept for which you are requesting funding, including justification for the funding.</p>	
<p>BYCH is requesting HCBS funding to purchase a wheelchair accessible van. The purchase of a wheelchair accessible van ensures that all residents of the home are able to equally access the community, in a manner that is dignified and respectful of choice. The van would result in an increase in community outings and activities that are meaningful to the resident and based on person centeredness.</p>	
<p>3. Identify which category/ categories this concept addresses.</p>	
<p><input checked="" type="checkbox"/> Community Integration</p>	

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<input checked="" type="checkbox"/> Individual Rights <input checked="" type="checkbox"/> Choice <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>
<ul style="list-style-type: none"> • 100% of BYCH residents will be able to access community activities or services based on their likes, needs, and preferences. • 100% of residents will be able to make choices in regards to where or how they spend time in the community. • Outcomes of these objectives will be tracked, reported, and submitted to resident's Service Coordinator on their Quarterly Reports.
<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>BYCH held discussions with residents, support circles, and conducted a self-assessment to identify areas that could be improved in regards to Person Centeredness. Based on these conversations residents preference, likes, dislikes, goals, and needs were identified. These conversations lead to this concept which would increase the residents' quality of life.</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 wheelchair accessible van will allow BYCH to increase opportunities for choice and community integration especially for our residents that utilize wheelchairs. It would allow participants to access activities that are found to be meaningful to them based on conducting person centered practices.</p>
<p>7. What percentage of individuals served by your program will directly benefit from implementation of this concept?</p>
<p>100% of our residents will benefit from this concept.</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>At the end of 2021-22 HCBS funding, residents will continue to benefit from using the van to access preferred locations, activities, and services within the community.</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>A wheelchair accessible van will be purchased within 1 month of funding.</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</p>

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<p>long-term costs. Please mark “not applicable” if costs will all be incurred during the program timeframe; up to two years.</p>	
<p>Not Applicable.</p>	
<p>11. Have you or the organization you work with been a past recipient of DDS funding? If yes, what fiscal year(s)?</p>	<p>HCBS Funding <input checked="" type="checkbox"/> No ___ Yes. If Yes, FY(s) _____</p> <p>Service Access and Equity Funding ___ No ___ Yes. If Yes, FY(s) _____</p> <p>CPP Funding ___ No ___ Yes. If Yes, FY(s) _____</p> <p>CRDP Funding ___ No ___ 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.</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.</p>	

HCBS CONCEPT BUDGET		FY21-22				
Vendor Name		Bright Years Care Home				
Vendor Number(s)		HN0573				
	Wage and Benefits	Year 1 Budget		Year 2 Budget		Total
		FTE	Annual Cost	FTE	Annual Cost	Cost
Personnel (wage + benefits)						
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Personnel Subtotal			\$ -		\$ -	\$ -
Operating expenses						
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Operating Subtotal			\$ -		\$ -	\$ -
Administrative Expenses						
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Administrative Subtotal			\$ -		\$ -	\$ -
Capital expenses						
Wheelchair Accessible Van			\$ 68,360			\$ 68,360
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Capital Subtotal			\$ 68,360		\$ -	\$ 68,360
Total Concept Cost			\$ 68,360		\$ -	\$ 68,360

See Attachment F for budget details and restrictions



MobilityWorks of California, LLC
 1822 Embarcadero Ave.
 Oakland, CA 94606
 (510) 927-3187
 EIN#: 06-1751490
 fax: (510) 927-3188

Quote

Proposal #: Q218475

Price Quote Valid for 14 Days

Wayne Magnus Email: wayne.magnus@mobilityworks.com Phone: (510) 927-3187

Billing Name Bright Years Care Home	Buyer Name Bright Years Care Home	Stock #
Address 1223 Eton Court	Address 1223 Eton Court	Quote # Q218475
City, State ZIP Fairfield, CA 94533	City, State ZIP Fairfield, CA 94533	Proposal Date 11/05/2021
County SOLANO	County SOLANO	Accepted date
Telephone (707) 386-3888	Telephone (707) 386-3888	

New/Used	Make Toyota	Model / Trim Sienna LE	Year 2021	Color	To Be Delivered On Or About
Type of Vehicle	VIN		Mileage	Job Reference: Customer P.O.:	
Chassis, Conversion and Additional Equipment (See Page 2 for detail):					\$64,710.00
Protection Products:					\$0.00
					MBW Rewards (\$0.00)
					Total \$64,710.00
					Documentary Fee \$80.00
					License Fee \$600.00
					Smog Cert. \$8.25
					Smog Fee \$50.00
					Delivery \$0.00
					Sales tax \$2,911.57
					Total Cash Delivered Price \$68,359.82
					Note 1 Rebate(s) (\$0.00)
					GPC (\$0.00)
					Third Party Payor(s) (\$0.00)
		Cash Down	Check/PO	-	-
		Payment	Deposit Amount + Cash Down Payment		(\$0.00)
					Total Credits (\$0.00)
Trade-In(s)					
Year	Make	Model	Vin	Payoff Amount	Allowance
ONLY THOSE ITEMS AND SERVICES SPECIFICALLY WRITTEN ON THIS ORDER ARE INCLUDED IN THE STATED PRICE. ANY OTHER AGREEMENTS, UNLESS IN WRITING, ARE NOT BINDING ON SELLER.				Amount Due Upon Delivery	\$68,359.82

The first and second pages of this Order comprise the entire agreement affecting this purchase and no other agreement or understanding of any nature concerning this purchase has been made or entered into, or will be recognized. I hereby certify that no credit has been extended to me for the purchase of this motor vehicle except as appears in writing on the face of this agreement.
 I have read and understand the second page of this agreement and agree to it as a part of this order the same as if it were printed above my signature. I certify that I am of legal age, or older, that I have legal capacity and authority to execute this agreement on behalf of my company, and hereby acknowledge receipt of a copy of this order.

 Buyer's Signature **Bright Years Care Home**

 Approved By: **Wayne Magnus**

 Co-Buyer's Signature

This order is not valid unless signed and accepted by dealer and is only valid for 14 days.

Note 1 OEM Incentives and availability are subject to change and the end user must meet qualifications by OEM to qualify.





Quote

Proposal #:Q218475

MobilityWorks of California, LLC

1822 Embarcadero Ave.

Oakland, CA 94606

(510) 927-3187

EIN#: 06-1751490

fax: (510) 927-3188

Price Quote Valid for 14 Days

Wayne Magnus Email: wayne.magnus@mobilityworks.com Phone: (510) 927-3187

Billing Name Bright Years Care Home	Buyer Name Bright Years Care Home	Stock #
Address 1223 Eton Court	Address 1223 Eton Court	Quote # Q218475
City, State ZIP Fairfield,CA 94533	City, State ZIP Fairfield,CA 94533	Proposal Date 11/05/2021
County SOLANO	County SOLANO	
Telephone (707) 386-3888	Telephone (707) 386-3888	

<i>New/Used</i>	<i>Make</i> Toyota	<i>Model / Trim</i> Sienna LE	<i>Year</i> 2021	<i>Color</i>	<i>To Be Delivered On Or About</i>
<i>Type of Vehicle</i>	<i>VIN</i>		<i>Mileage</i>	<i>Job Reference: Customer P.O.:</i>	

Additional Equipment Summary

- VIN#	
VMI Northstar E Manual Conversion, Full Cut, Manual In-Floor Style Ramp, Side Entry Ramp Access, 11" Dropped Floor, Removable Front Passenger Seat Base, Manual Tiedowns Toyota ADA NS Dual Mid Row Seat for VMI Northstar Conversion	
1 Vehicle Delivery Up To 70 Miles, 1 Driver	
1 AMF:K530311-0000HL Retractable Straps (Set of 4 H370525HF), Flat	

Buyer's Signature Bright Years Care Home

Approved By: Wayne Magnus

Co-Buyer's Signature

This order is not valid unless signed and accepted by dealer and is only valid for 14 days.

