

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/>

Home and Community-Based Services (HCBS) Rules Reference Information

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.

Home and Community-Based Services (HCBS) Rules Reference Information

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.

Home and Community-Based Services (HCBS) Rules Reference Information

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.

Home and Community-Based Services (HCBS) Rules Reference Information

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.

Home and Community-Based Services (HCBS) Rules Reference Information

Vendor name	Activities, Recreation, and Care (ARC)
Vendor number(s)	P24909, H32804, HL0403
Contact Name	Carole-Ann Scott
Contact Email Address	cascott@arc-cares.org
Primary regional center	North Los Angeles County Regional Center (NLACRC)
Service type(s)	Adaptive Skills Training, Activity Center, Adult Day Care
Service code(s)	605, 505, 855
Number of consumers typically and currently served	Typically, 35-40
Typical and current staff-to-consumer ratio	Depending on program, 1:4, 1:6

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?

ARC provides **Adaptive Skills Training (AST)** services for participants in independent living residences. Support of participants receiving services in the community is based on their needs, preferences, and abilities and *prior to the pandemic*, participants typically took community trips for a wide variety of reasons. However typical days during the pandemic are atypical for ARC. During the pandemic we staff our AST services full day as many participants did not attend live day program services. AST services include assisting participants with morning activities and preparing for the day and evening through bed-time tasks. Our AST DSPs assist participants with accessing Zoom classes or provide other participant chosen stimulating activities, to help them maintain a sense of independence, routine, and engagement. Participants work with DSP staff to prepare all meals. ARC provides **Activity Center (Day Program)** services five days per week. Individuals are offered a *selection of activities* based on their needs and preferences. ARC participants can select groups and available staff with whom they choose to interact. The Day Program DSP staff track individuals' IPP goals and work to align activities toward specific goals. At the end of each program day, staff and individuals interact to review the day's successes and identify any modification of services and/or concerns. Beginning in April 2020 ARC began providing Day Program services remotely utilizing Zoom (4 classes p/day, 5 days/wk), well-care phone calls, and delivering materials to individual participants at home. Classes include: Speech and Communication, Reading and Writing, Chair Yoga, Drawing, Acting, Bingo!, and Music Appreciation, among others. Fitness/health is also a strong focus of ARC activities as many participants have fitness/health goals. Typical activities include annual Tennis Camp, running in the LA Marathon, Special Olympics, and other community fitness events. Discussion and light cooking classes address nutrition. Due to COVID Adult Day Care and Supp. Day Services Program Support were suspended.

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.

Home and Community-Based Services (HCBS) Rules Reference Information

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.

The foundation of the HCBS Final Rule implementation is **Person-Centered Planning (PCP)** for all individuals receiving HCBS services. ARC faces compliance challenges with the Final Rule in a section of Federal Requirement 1, specifically, “[t]he setting/service is integrated and supports full access to the greater community, including opportunities to seek employment and work in competitive integrated settings”. To make this adjustment, it is critical that the entire ARC community understands the principals and processes encompassed by PCP. ARC proposes providing extensive training for the ARC community (staff, Board of Directors, families) in the practice of PCP. This will require engaging consultation through Life Works, which provides training and consultation in the elements of PCP and involves a thorough exploration of the individual’s needs, their rights, and desires for a purposeful life, keeping the individual central to the process. The proposed training will span 12-months, initially with a core group of administrative & leadership staff to be followed by training the Board of Directors and finally offering the opportunity for training to participants’ families. Life Works offers a train-the-trainer component, affording sustainability for continuing and reinforcing the process. ARC will engage Life Works for training, reinforcement, and coaching to ensure that the practice of PCP is firmly rooted in our practice. **Once the training/consultation year is completed, ARC will be fully capable of utilizing the Person-Centered process to understand and implement meaningful additions to our programs in vocational training and providing opportunities for work in competitive integrated settings, bringing us into compliance with the section of Federal Requirement 1 noted above.** These additions will involve adjustments/changes to ARC programming and potentially collaboration with other organizations. Foundational to ARC’s recently developed Strategic Plan is the cultural shift to PCP. Finally, given the impact the pandemic has had on revenue and fundraising opportunities, funding for the training and implementation of Person-Centered Planning at ARC is critical to its success.

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?

Goal – ARC will build capacity of ARC community, including leadership, staff, board of directors and families by engaging in a year-long training/coaching experience focused on developing a Person-Centered Planning (PCP) system consultation provided by Life Works.

Objective 1 – ARC will facilitate Life Works led training in PCP for ARC core leadership team. Outcomes include successful completion of the 3-day immersion in theory and practice of PCP, focus on PCP values for client care, re-defining roles and responsibilities.

Home and Community-Based Services (HCBS) Rules Reference Information

Objective 2 – ARC will facilitate Life Works led training in PCP for a broader group of the ARC community, including ARC program participants, board members, and DSP staff. Outcomes include successful completion of the 3-day immersion in theory and practice of PCP, focus on PCP values for client care.

Objective 3 – ARC will reinforce leadership application of PCP model by engaging the leadership group in a 2-hour Life Works coaching. Outcomes include ensuring necessary personnel and tracking structures is in place to successfully maintain PCP at ARC.

Objective 4 - ARC will reinforce application of PCP model by engaging the larger group (see Objective #2) in a 2-hour Life Works coaching. Outcomes include ensuring necessary personnel, tracking structures and community “buy-in” is in place to successfully maintain PCP at ARC.

Objective 5 – ARC will identify leadership/staff to engage in periodic coaching sessions (2 hours each) *between* the quarterly group trainings. Outcomes include developing leadership/staff expertise for the sustainability of the PCP model.

Application of Categories: The primary goal of building capacity of ARC’s community by immersing the community in PCP serves all three of the Categories listed above. However, specific to the outstanding compliance need in the Community Integration category, ARC will, by providing the foundational system of Person-Centered Planning, have the capacity to develop *participant preferred* opportunities to seek employment and access to competitive integrated employment opportunities.

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.

The PCP concept was conceived during development of the ARC Strategic Plan. ARC reached out to our Day Program participants, AST participants, families, staff, board members, and many colleagues in the field to gather input utilized to shape the plan for ARC’s future. Two priority Strategic Focus areas evolved: *providing quality, inclusive, person-centered services and supports* and maintaining financial sustainability. This concept developed from the first focus area. To be successful, the ARC community must understand and implement PCP strategies. During development of the Strategic Plan members of the ARC Strategic Plan Task Force interviewed and, more importantly, listened to individuals who receive ARC services and their family members about what they see as necessary to ARC participants now, and going forward. It became clear that the more our participants are involved in their own dreaming, planning and decision making, the more fulfilled they perceive their lives to be. Through these interactions with participants, communication strategies were utilized to maximize understanding their desires.

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

ARC envisions providing a PCP system demonstrating respect for the dignity of all, ensuring that the individual has positive control over their desired life, that the individual is valued for their contributions to the community and is supported in a network of relationships, familial, friend, and paid, within the desired community. By training *all* ARC staff, they be clear about the PCP approach and will apply it to all daily services.

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

Home and Community-Based Services (HCBS) Rules Reference Information

One hundred percent of individuals served at ARC will directly benefit from concept	
8. Please address your plan for maintaining the benefits, value, and success of your project at the conclusion of 2021-22 HCBS Funding.	
ARC will maintain the benefits, value, and success of PCP by ensuring designated ARC staff members are trained as PCP <i>trainers</i> . Regularly scheduled reviews will support the practice of PCP and avoid program drift. Regular staff meetings run by Program Managers will provide a consistent review of utilization and implementation of the PCP concepts. ARC will schedule meetings with participants, in groups or individually, according to the participant's preference, to reflect and assess the progress of PCP implementation.	
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 .	
The plan is to provide the following training over the course of one year (See #4– Objectives 1-5). Month 1 & 4: 3-day training, \$1,500 p/day, p/facilitator; Month 7 & 10: 2-day reinforcer, \$1,500 p/day, p/facilitator; Month 2, 3, 5, 6, 8, 9, 11, 12: 2-hr coaching, \$225 p/hr. Meal cost for two 3-day intensives and two 2-day reinforcement trainings is \$3,000. Travel expense for facilitators (calculated at .575 cents per mile) is \$639.44. Administrative costs (15% of Consultant's fee) is \$5,040. Total request-\$42,279	
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.	
N/A - All costs will be incurred during the 1-year proposal time frame.	
11. Have you or the organization you work with been a past recipient of DDS funding? If yes, what fiscal year(s)?	HCBS Funding x No ___ Yes. If Yes, FY(s) _____ 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.	
N/A	
13. If your organization received prior funding, please explain how the current funding request is not redundant with any prior funding received and/or builds on the prior funding but was not part of the original funding.	
N/A	

HCBS CONCEPT BUDGET						
Vendor Name		Activities, Recreation, and Care (ARC)				
Vendor Number(s)		P24909, H32804, HL0403, PL0394				
	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						
Contractor 1 Consultant			\$ 16,800			\$ 16,800
Contractor 2 Consultant			\$ 16,800			\$ 16,800
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Operating Subtotal			\$ 33,600		\$ -	\$ 33,600
Administrative Expenses						
Meals			\$ 3,000			\$ 3,000
Travel			\$ 639			\$ 639
Administrative Costs (15% Consultant fees)			\$ 5,040			\$ 5,040
						\$ -
						\$ -
						\$ -
						\$ -
Administrative Subtotal			\$ 8,679		\$ -	\$ 8,679
Capital expenses						
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Capital Subtotal			\$ -		\$ -	\$ -
Total Concept Cost			\$ 42,279		\$ -	\$ 42,279

See Attachment F for budget details and restrictions