

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	PathPoint
Vendor number(s)	(1) Access Chatsworth: H32900 (2) AV CAP: HL0044 (3) Pathfinder: PL1205 (4) AV Access: HL0225
Contact Name	Lauren Loza
Contact Email	Lauren.Loza@PathPoint.org
Primary regional center	North Los Angeles County Regional Center
Service type(s)	(1) Adult Developmental Center (2) Adult Developmental Center (3) Community Integration Training (4) Adult Developmental Center
Service code(s)	(1) 510 (2) 510 (3) 055 (4) 510
Number of consumers typically & currently served	Total NLACRC = 318
Typical and current staff-to-consumer ratio	(1) 1:4 (2) 1:3 (3) 1:2 & 1:1 (4) 1:4
<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>PathPoint offers a variety of day services for adults with IDD including both facility and community-based options. The facility-based services are typically licensed programs for people with severe disabilities. Direct Support Professionals (DSP) work with individuals to learn new skills and engage in their community through activities like art, gardening, and cooking, as well as trips to local places such as parks, events, and volunteer sites. The community-based services are usually unlicensed programs for people with mild to moderate disabilities. These services take place largely in the community through mostly vocational activities like Project SEARCH internships, group employment, and volunteering. Prior to the pandemic, PathPoint was able to maximize community integration and choice for both facility and community-based day services by offering a variety of activities in highly-integrated settings. In response to the pandemic, PathPoint closed its program facilities and transitioned day services to online classes or highly restricted in-person contact. The community activities and vocational services were suspended due to most public spaces shutting down and businesses temporarily discontinuing the supported employment and volunteer opportunities. While some individuals have been able to return to limited in-person activities, the majority of people supported are still connecting with PathPoint remotely. The pandemic restrictions combined with the system-wide staffing crisis is significantly hindering PathPoint's ability to provide person-centered support in compliance with the HCBS Final Rule.</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>	

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PathPoint is requesting funds to support the “Progress for Providers” assessment through Helen Sanderson Associates (HSA). HSA will lead a cohort of providers through the year-long assessment which is designed to evaluate an agency’s progress towards using person-centered practices. The process will allow PathPoint to reevaluate its services, understand how the pandemic has impacted HCBS compliance, and plan for the future of services post-pandemic. The pandemic is not over and even after the virus is controlled, the IDD system will likely continue components of more personalized service delivery. By working with PCT experts and other service providers, PathPoint will be an industry leader in re-imagining services for the post-pandemic world.

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?

PathPoint’s objectives for the Progress for Providers assessment are to 1) identify areas for improvement with person-centered practices across the agency, 2) learn about strategies to address these areas of concern from industry experts, providers, DSPs, and individuals supported and their families, 3) successfully implement and evaluate an action plan for change, and 4) share lessons learned with other providers and DDS/RCs. HSA will facilitate a step-by-step approach to ensure that providers fulfill each objective. The Progress for Providers approach includes four components. First, each agency in the cohort will assemble a “Changemaker Team” of 12 individuals including people supported, DSPs, leadership, and other stakeholders. Then the cohort of agencies will meet for five HSA facilitated three-hour sessions to gather evidence of the agency’s progress, identify areas of change, and discuss strategies for improvement. Once the agencies identify their top priorities, the cohort will go through three 6-8 week-long “sprints”. Each sprint will include 1:1 coaching with HSA, focusing on one priority at a time with the purpose of testing changes on a small scale, evaluating what’s working and what’s not working, and learning from experience before implementing on a broader scale. The final component will be the Community of Peer Practices and Support group, where the cohort will meet for one 90-minute session every month to hear from guest speakers and discuss learning topics identified by the group. The four phases will take 10 months to complete. Then HSA will meet with each agency 1:1 to gather feedback, capture highlights, and identify patterns, which will be compiled in to a final report. The assessment will cover all of the concept categories for this grant because community integration, individual rights, and personal choice are all core principles of person-centered practices that will be addressed and the cohort is collaborative in and of itself.

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.

PathPoint recently launched a new Strategic Plan for 2021-2024 which includes the need to complete an agency-wide person-centered assessment and implement improvements as one of three goals. The leadership team gathered data and feedback from a wide variety of sources to develop this goal, including research, DDS/RC data, industry experts’ input, stakeholder surveys, staff feedback, community webinars, advisory committees, and more. Annually, PathPoint conducts a satisfaction survey with people supported, families, funders, and partners. The survey for people supported asks

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person-centered questions such as “Do you get the services you want?”, “Do you help make decisions that affect you?”, “Do you feel safe at PathPoint?”, and “Are your cultural, linguistic, and spiritual needs being met?”. PathPoint’s DSPs also gather input from individuals using person-centered tools such as one-page profiles. Due to the pandemic, staff met with each individual and their support team to customize a new ISP for alternative services and identify patterns that informed this project. Since the start of the pandemic, PathPoint has held eight community webinars for people supported, families, and other stakeholders to provide program updates and gather feedback. PathPoint also started a family advisory committee that meets with the CEO and Executive Director bi-monthly. This year PathPoint launched a program committee with industry experts from the Board of Directors including a former RC Board Chair, parent of a person with IDD, and psychologist for youth with IDD. The Board and leadership team reviewed all of this feedback when developing the goals for the Strategic Plan.

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

One of the significant patterns that PathPoint identified while gathering feedback was that the pandemic has impacted everyone in different ways and, in many cases, individual needs are highly dynamic during this turbulent time. Some individuals prefer alternative services while others are desperate to return to work or facility-based activities. Many individuals and families are still living in survival mode and their service needs change daily depending on health and safety factors. Many providers and individuals served believe that components of alternative services are worth continuing beyond the pandemic because this type of support can be highly individualized. The Progress for Providers assessment will help PathPoint and other providers recalibrate services to ensure that the future of the industry is as person-centered as possible. HSA has 20+ years of experience with helping individuals and organizations to thrive using person centered approaches and self-management practices. Mary Beth Lepkowsky, the consultant who will be working with the cohort, has served on statewide advisory committees for person-centered planning, self-determination, and HCBS, and worked at TCRC for several years. With HSA’s expert support, PathPoint will work collaboratively with the cohort to enhance person-centered practices statewide. Furthermore, HSA has stated that its approach will improve the workplace environment for DSPs, which will address the current staffing crisis. Hiring and retaining high quality staff is critical for providing person-centered support.

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 approach is designed so that agencies can complete it as many times as needed in order to be fully compliant with the HCBS Final Rule. Providers will have a framework to continue the approach on their own or work with HSA again, depending on the support needed. PathPoint plans to use the framework for ongoing program evaluation and development. Karen Moore, Executive Director of IDD services will take part in the cohort. Karen has been a certified PCT trainer/mentor for 13 years and will oversee the plan for continuous improvement. PathPoint’s Changemaker Team will also include other staff from PathPoint who are certified PCT trainers as well as key staff from the DSP, mid-management, and leadership levels to establish maximum buy-

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in throughout the agency. The Progress for Providers assessment is the next step in PathPoint's journey to sustainable compliance with the HCBS Final Rule and collaborating with industry leaders statewide to help other providers do the same.

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 the 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](#).

PathPoint is applying to three RCs to cover the entire agency catchment area. The proposed budget for NLACRC is proportionate to the amount of services in this region.
Program Manager Wages & Benefits: \$3,317.52 for NLACRC's portion of the 10% FTE allocated to the entire project. The Program Manager will be responsible for overseeing the project implementation, coordinating with the consultant and RCs, and ensuring that all grant requirements are met.

HSA Assessment: \$6,250 for NLACRC's portion of the total cost of the assessment.

Additional Consulting & Implementation: \$5,000 for additional consulting funds for completing the assessment and implementing changes agency-wide due to PathPoint's size and scope of services.

Indirect Admin: \$2,185.13 for administrative costs incurred per PathPoint's indirect cost allocation plan. Indirect costs for this project will be 15% or less.

Timeline:

April/May 2022 Orientation & Changemaker Team Development

May/June 2022 Progress for Provider Facilitated Review

June-Nov 2022 Sprint Planning and Implementation with Coaching

Ongoing Monthly Community for Peer Practice and Support

Nov/Dec 2022 Working Out Loud to Share Stories of Impact

Jan/Feb 2023 Planning for Org-wide Expansion

March/June 2023 Org-wide Implementation

August 2023 Final Reporting

Total Request = \$16,753

10. Please address sustainability of funding sources for all programs or concepts requiring any funding past the timeframe of the requested funding, especially those that involve staff or other long-term costs. Please mark "not applicable" if costs will all be incurred during the program timeframe; up to two years.

Not applicable – all costs will be incurred during the proposed grant timeline.

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, 18/19, 19/20, 20/21 Service Access and Equity Funding: ___ No X Yes. If Yes, FY(s): 17/18, 18/19, 20/21 CPP Funding: ___ No X Yes. If Yes, FY(s): 21/22 CRDP Funding: ___ No X Yes. If Yes, FY(s): 21/22 If yes to any question be sure to answer questions 13 and 14.
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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.

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With HCBS funds, PathPoint revamped its day services in 2017 to increase compliance with the Final Rule by training staff in PCT and restructuring programs to incorporate more community-based activities. In 2018, PathPoint was awarded HCBS funds for Technology Specialists to identify tech needs, provide assistive devices, and monitor progress using person-centered tools. The Specialists were pivotal in helping PathPoint adapt to alternative services. The Technology Specialists developed an Assistive Technology (AT) Guide with person-centered self-assessments and activities, which is being shared with people supported, providers, and DDS/RCs. Prior to the pandemic, PathPoint was awarded SAE funds to support a team of Latinx Family Outreach Specialists in offering 1:1 support for Latinx/Spanish-speaking individuals with IDD and their families. Thanks to SAE funds, the AT Guide was translated into Spanish and the Latinx Family Outreach Specialists will be using it with the individuals they support. The AT Guide and PathPoint's expertise in tech training are fundamental for the CPP/CDRP funded Lending Library project with TCRC, which will provide custom assessments, ongoing training, and assistive devices/equipment to individuals at no cost. In 2019, PathPoint was awarded HCBS funds for three staff members to complete the PCT trainer certification program. The Latinx Specialists attended the trainee's practice sessions. The PCT trainers will take part in the HSA assessment for the proposed project. PathPoint is currently working on the 2020 HCBS funded project for four staff to complete the Person-Centered Planning Live certification program with HSA and transition individuals who were receiving subminimum wage prior to the pandemic into competitive employment or other meaningful activities of their choice.

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.

Each of PathPoint's DDS grant-funded projects build upon each other, as explained in the previous question. PathPoint has yet to complete an org-wide PCT assessment and the cohort model is timely for helping providers statewide learn how to ensure services are fully person-centered now and post-pandemic.

HCBS CONCEPT BUDGET		Progress for Providers - NLACRC					
Vendor Name		PathPoint					
Vendor Number(s)							
	Wage and Benefits	Year 1 Budget		Year 2 Budget		Total	
		FTE	Annual Cost	FTE	Annual Cost	Cost	
Personnel (wage + benefits)							
Project Manager Wages	78,088.89	0.025	\$ 1,952	0.0125	\$ 976	\$ 2,928	
Project Manager Benefits	10,378.39	0.025	\$ 259	0.0125	\$ 130	\$ 389	
Position Description			\$ -		\$ -	\$ -	
Position Description			\$ -		\$ -	\$ -	
Position Description			\$ -		\$ -	\$ -	
Position Description			\$ -		\$ -	\$ -	
Position Description			\$ -		\$ -	\$ -	
Position Description			\$ -		\$ -	\$ -	
Personnel Subtotal			\$ 2,212		\$ 1,106	\$ 3,318	
Operating expenses							
Assessment Expense (HSA Consultat)			\$ 4,167		\$ 2,083	\$ 6,250	
Additional Consulting and Implementation Funds			\$ 3,333		\$ 1,667	\$ 5,000	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
Operating Subtotal			\$ 7,500		\$ 3,750	\$ 11,250	
Administrative Expenses							
15% Indirect Admin Allocation			\$ 1,457		\$ 728	\$ 2,185	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
Administrative Subtotal			\$ 1,457		\$ 728	\$ 2,185	
Capital expenses							
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
Capital Subtotal			\$ -		\$ -	\$ -	
Total Concept Cost			\$ 11,168		\$ 5,584	\$ 16,753	

See Attachment F for budget details and restrictions