

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.).

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- 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	Dali Care Home, Inc and JAMH, Inc (S.M. Care Home 1)
Vendor number(s)	HB1007, HB0766
Contact Name	Shugen Tio (Jeannie)
Contact Email Address	jeannietio@gmail.com
Primary regional center	Regional Center of the East Bay
Service type(s)	ARF
Service code(s)	915
Number of consumers typically and currently served	12 (6 per location)
Typical and current staff-to-consumer ratio	2:1
<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>It is in a home setting environment. The homes typical day start out with assisting individuals with their daily routine of self-care skills and medication and sometimes meal preparation. They are supported by staff to some degree of independence as possible. Prior to Covid-19, individuals are picked up by the day program transportation in the morning and are transported back to the home in the afternoon. When Covid impacted the world, individuals we support ended up staying at home and an in-home day programming was created in lieu of going to an outside site for safety reasons. The organization's IHDP consists of schedule of activities for the individuals we support to participate. However, in the planning process their personal input were not fully solicited as we cannot support it. It wasn't totally person centered. Firstly, we are just getting the team to change their mindset that this is not just getting the job done but involving the person we support in the process so we provide more individualized services where the person is the center of it all. Secondly, we only have one van shared by the two homes that it has not always been accessible to provide our individuals with opportunities of their choice as the vehicle is also used to take them to their medical, dental and other allied health appointments. They go out on group outings but not always per their preference.</p> <p>We answered that we are compliant with FR#4 in the survey but upon reviewing it we realized that we are not, as we only provided limited choices due to lack of transportation options. None of our individuals take public transportation and we are not always able to provide it at the time and day they choose.</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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The organization is requesting for education and vehicle funding. Our team has some understanding of what person-centered is all about through training attended by the Administrator with RCEB and shared back to members of its team. Hiring a consultant however, could help us infuse and enhance what we have already learned and guide us towards compliance. This specialist will dedicate putting in place or figuring out what a person-centered approach would look like in our organization, train and equip the team to utilizing valuable tools learned and acquired. With the support of the consultant, it is our goal to fully change the culture of how we support the individuals under our care to be always person-centered.

In the past year we have given two individuals their choice of wanting to be roommates. This was requested at one point in the past but was not granted as the team thinks it was not a good idea or it wasn't good for them. But after attending the person-centered thinking training the team revisited the thought and talked to both individuals if they still wanted to be roommates. As they both agreed we got into another stumbling block as they were conserved and there was a concern with the other conservator. Not knowing exactly what steps to take as there were conflicting views we just asked the concerned conservator to give this request a try which he later agreed. It is in situation like this that we need proper guidance of a specialist as to the right action/approach to take, how to have and facilitate difficult conversations, helping them understand that we should work towards finding the balance between what is important to and important for the individuals we support.

Our team members are showing the willingness to support our individuals to try new experiences, share their talents and purpose in life in the community. However, we are not always able to support their preferred activities outside of the home as we currently have only one van between the two homes that we use primarily to transport individuals to their various doctors, dental and other allied health appointments, planned community outings which usually conflicts and takes priority over individual preferred activities. We have individuals that always request to go to the Dollar Store or Walmart to buy chips, salsa, soda or flavored water but our vehicle is not always available.

An extra vehicle will provide more desired activities our individuals have created of their own choosing and preference and not just go to our facility planned trips because everyone else was going due to lack of transportation. This will allow better opportunities for community integration.

As we get to know the individuals we serve better through conversation using a more person-centered approach and what is really meaningful to them we could support them with their goals and dreams beyond just going to the Dollar Store. Our team is slowly learning the process.

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?

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The proposed objectives and outcomes are better understanding of person-centered principle through more education and training from a specialist that will enable the team to find balance between what is important to and important for the individuals we support in reference to their perspectives. The other outcome is seeing our residents be able to choose and participate in their preferred activities in the community.

As they learn new things with increased community integration this would also help our individuals know more about themselves as they discover new friends and experiences. A log will be created to track each individual community activity and the vehicle used.

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.

We have individuals that always wants to go out to the store but again we are not always able to support due to lack of transportation. This started us having some meetings/conversations with the individuals we support along with their respective support group. We discovered things that is important to them, places they want to go or visit, new hobbies and different things they want to have/acquire or try, their goals and dreams. We have learned that not all support group are always agreeable to what the individual desires are. This gives another opportunity for us to invite our individuals support group to our trainings once we get a consultant/specialist for a better understanding of what person-centered approach is.

As we plan to have more meetings with each individual and their support group, we hope to continue to discover more of our individuals' goals and help them achieve their hopes and dreams.

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

With the proposed concept of hiring a specialist to better educate our team and our clients support group and with the vehicle that the organization is requesting to overcome barriers, we aim to have a full understanding in carrying out what person-centered approach really is. This will assist the team in providing opportunities to our individuals we support to allow them to choose activities of their choice and preference in the community, what they want to do, where and when they want to do it and with whom. The main goal for the request of this funding is to be able to effectively support our individuals in a more individualized basis and hoping to bring out a meaningful life for them.

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.

For the education and vehicle request, the organization plans to maintain the benefits, value and success of the project by promoting a senior staff to continue to coordinate trainings for the team and for the new hires past the conclusion of 2021-22HCBS

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Funding. The promotion will include salary increase which the organization is willing to shoulder. As for the transportation we currently have team members that are able to drive the vehicle with valid driver’s license. For each new hire, a person-centered approach training will be included in their on-the-job training.

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](#).

Consultant Fee = \$24,000.00 for 2 homes. Vehicle \$50,000 (to be shared by both homes)

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

11. Have you or the organization you work with been a past recipient of DDS funding? If yes, what fiscal year(s)?	HCBS Funding <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. If Yes, FY(s) _____
	Service Access and Equity Funding <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. If Yes, FY(s) _____
	CPP Funding <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. If Yes, FY(s) _____
	CRDP Funding <input checked="" type="checkbox"/> No <input type="checkbox"/> 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.

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.

HCBS CONCEPT BUDGET						\$74,000.00	
Vendor Name	Dali Care Home, Inc and JAMH, Inc (S.M. Care Home 1)						
Vendor Number(s)	HB1007 and HB0766						
			Year 1 Budget		Year 2 Budget		Total
	Wage and Benefits		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				\$ -		\$ -	\$ -
Position Description				\$ -		\$ -	\$ -
Personnel Subtotal				\$ -		\$ -	\$ -
Operating expenses							
						\$ -	\$ -
						\$ -	\$ -
						\$ -	\$ -
						\$ -	\$ -
						\$ -	\$ -
						\$ -	\$ -
						\$ -	\$ -
						\$ -	\$ -
						\$ -	\$ -
Operating Subtotal				\$ -		\$ -	\$ -
Administrative Expenses							
Consultant				\$ 24,000		\$ 24,000	\$ 24,000
						\$ -	\$ -
						\$ -	\$ -
						\$ -	\$ -
						\$ -	\$ -
						\$ -	\$ -
						\$ -	\$ -
Administrative Subtotal				\$ 24,000		\$ -	\$ 24,000
Capital expenses							
Vehicle - Van				\$ 50,000		\$ 50,000	\$ 50,000
						\$ -	\$ -
						\$ -	\$ -
						\$ -	\$ -
						\$ -	\$ -
						\$ -	\$ -
						\$ -	\$ -
Capital Subtotal				\$ 50,000		\$ -	\$ 50,000
Total Concept Cost				\$ 74,000		\$ -	\$ 74,000

See Attachment F for budget details and restrictions