

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	Rehabilitation and Employment Services of the East Bay, Inc. dba RES Success
Vendor number(s)	HB0740 (Pittsburg), H34860 & HB0240 (Martinez), HB0534 (Pleasant Hill), HB0822 (Hercules), PB1375 (Community Based DVC), PB1685 (Community Based Tri Valley)
Contact Name	Purvi Knopf, Consulting Finance Manager
Contact Email Address	Purvi.knopf@ressuccess.org
Primary regional center	Regional Center of the East Bay, Inc.
Service type(s)	Behavioral Management Program, Community Integration Training Program
Service code(s)	515, 055, supplement for Behavior programs (110 and 111)
Number of consumers typically and currently served	220 typically served, 233 Capacity, 220 Currently Served
Typical and current staff-to-consumer ratio	1-to-3 for Community Based (055) and Behavior management program (515); 1-to-1 supplement for Behavior programs (110 and 111), current ratio between 1:1 and 1:5 depending on traditional, in-person, alternative, or remote services

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?

Since March 2020, RES Success has been providing services to consumers in a variety of non-traditional ways. Initially, all services were remote and electronic, with delivery of materials to consumer homes but no physical contact for health and safety reasons. As program staff connected with clients first in the fall of 2020, and more recently in the last two months, they were able to refine and individualize their service and contact approach to best serve the consumer's needs in the moment. These person-centered meetings provided valuable feedback to shape future service deliveries.

Current services are vastly different from the pre-pandemic service days. Each consumer's day is more tailored, and often due to transportation or health/safety restrictions or personal choice, services are being delivered everywhere in the community – Homes, businesses, program sites, public spaces and parks, remotely via zoom, text, email and phone. Based on consumer meetings, staff are working with them to develop daily and weekly service plans that include meeting with friends, going places, or just working on projects remotely with supplies delivered by staff to their homes. Coordination of services has become more robust and flexible, stretching and maxing out available resources.

All programs had returned to some variation of in-person community-integrated services based on consumer needs but have had to scale back due to health/safety or transportation limits. Transportation continues to be an issue. Because transportation

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

to locations is not readily available, staff have been picking up clients and dropping them off at service locations so they can be in the community. This is only if a vehicle is available, so consumers in programs that do not have a vehicle are able to benefit from these choices and opportunities only if homes are able to transport them.

Project Narrative Description: While filling out this section, reflect on how services are typically provided and how that might have changed in the past year. Think about what has been learned in the past year and how that might shape services going forward. Funding awarded through this concept can span the course of up to two years which would allow time to shape services to be more person-centered and align with the HCBS federal requirements.

2. Please provide a brief summary narrative of the concept for which you are requesting funding, including justification for the funding.

Since March 2020, RES Success has been providing services to consumers in a variety of non-traditional ways. Initially, all services were remote and electronic, with delivery of materials to consumer homes but no physical contact for health and safety reasons. As program staff connected with clients first in the fall of 2020, and more recently in the last two months, they were able to refine and individualize their service and contact approach to best serve the consumer's needs in the moment. These person-centered meetings provided valuable feedback to shape future service deliveries. Two major themes emerged from these processes:

1) Many consumers, family members, and care providers are still unclear what person-centered services mean. This lack of clarity makes it challenging for staff to address service needs. Training is needed for consumer support networks in particular for those who are less communicative or struggle to clearly identify their needs. RES has several program leaders with clear understanding of person-centered thinking and has engaged with a consultant to ensure all staff have a clearer grasp of person-centered thinking and person-centered planning; however, the project will not be able to reach the support network. Additional Consulting hours to complete person-centered planning that includes integration with families, consumers and care providers will ensure that RES and the service community are aligned and prepared for the flexible and individualized person-centered services desired by our consumers.

2) After many months in physically distancing and staying at home, the overwhelming need our Consumers have identified is getting back out into the community and interacting in person with others. This continues to be a challenge due to transportation issues. In particular, this is a barrier for consumers with age, health, walking restrictions and issues that may make public transportation a less viable option. Timing of bus routes also limit consumer choices for their program day. Currently, our Pleasant Hill programs, which serves 1/3 of RES consumers, rely strictly on walking and public transportation for community access. Staff can only assist with transportation when another program is not using their vehicles. An 8-passenger van will allow consumers to look beyond the bus lines for options for community integration, and will increase daily opportunities for vocational, recreation, and educational opportunities. This will open opportunities and choices for our Pleasant Hill Behavior management and Community Integration Programs removing a large barrier for community integrated choices for both programs.

3. Identify which category/ categories this concept addresses.

- Community Integration
 Individual Rights
 Choice

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

[] 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>
<p>1) For additional person-centered training, outcomes would be integrated person-centered and standardized trainings and orientation for staff and support teams, along with person-centered orientation with consumers, families and care providers. In the coming year, RES will be implementing an electronic case management software, which will be embedded with person-centered ISP, planning and documentation of services. We will use these metrics to track and validate an increase in meeting person-centered goals and objectives. Measure of success will be improved satisfaction of individualized person-centered service delivery.</p> <p>2) Proposed outcomes for the vehicle would be daily use for person-centered service delivery. This includes transporting clients to public locations, delivery of materials, and trips to destinations outside of public transit routes as directed by consumer driven planning. Measure of success will be number of consumer-driven needs served by the vehicle.</p>
<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>Over the past year and again in the past two months, each consumer met with staff and identified the services they desired to meet their personal goals. As expected, the overwhelming majority of consumers said that flexible, in-person, services in the community were needed. Assistance with transportation was identified as a need due to the pandemic restrictions placed on both public and private transporters.</p> <p>During these meetings, much discussion and education was provided to ensure that consumers and their advocates understood what person-centered meant. The second round of consumer meetings held in 2021 showed the learning and deepening of the understanding. Additional support for consumers and families is needed to ensure understanding and equity of service to consumers regardless of their cognitive, language, or communication level.</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>1) The person-centered training for consumers/families will enhance RES's ability to focus resources on individualized goals/need and will ensure RES services are meeting consumer needs and pivoting when those needs change. The electronic Case management software that will be implemented, will help us ensure that service tracking and delivery are flexible and directed by consumer goals.</p> <p>2) The vehicle is a resource to meet the already identified goals of the Consumers served in Pleasant Hill to have more access to choices and opportunities for community integration. This vehicle will allow staff to transport clients to/from locations with the flexibility they have identified that is not readily available with other transit options.</p>
<p>7. What percentage of individuals served by your program will directly benefit from implementation of this concept?</p>

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

<p>100% of the individuals served by our programs will benefit from the person-centered planning and trainings. 33% of the consumers served will benefit from the additional passenger van.</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>The vehicles will continue to be used on a baily basis for service delivery. Person-centered training combined with the effective utilization of electronic case management will enhance the ability of RES to collaborate with its service constituents. Once both phases of the project are completed, trained organizational leaders will be able to maintain the systems developed through evaluation of progress and collaborative and ongoing trainings.</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. 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>For vehicle, the only cost is the purchase of vehicle, Including tax and license. For training, this includes 300 hours of consultant time to provide additional support including developing and providing person-centered training targeting the specific needs identified by consumers and their care providers.</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 long-term costs. Please mark "not applicable" if costs will all be incurred during the program timeframe; up to two years.</p>	
<p>We anticipate that we will see an increase in attendance and enrollment for programs where the vehicle is available. This will offset ongoing cost of gas, insurance, and maintenance of the vehicle, which are not included in this request for funding. RES also is hiring a marketing and fund development staff person who will help the organization materialize the existing support for services and grow its funding base. Staff costs are part of the 1:3 ratio funding, and enhanced use of electronic case management will make the whole system more efficient and responsive. For the person-centered training, the request is focused on developing organizational capacity and systems so that the staff can develop and improve trainings in the future years in collaboration with the developed community and consumer input.</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 ___ No <input checked="" type="checkbox"/> Yes. If Yes, FY(s) <u>18/19 & 19/20</u> Service Access and Equity Funding ___ No ___ Yes. If Yes, FY(s) ___ CPP Funding ___ No ___ Yes. If Yes, FY(s) _____ CRDP Funding ___ No ___ Yes. If Yes, FY(s) _____ 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>	

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

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.

RES Received funding for a vehicle for our Martinez Locations in 18/19 grant year and for a vehicle for our Pittsburg location in 19/20, and for person-centered training in 19/20. For both vehicles, the process of selecting the vehicles was driven by consumers in the programs benefitted by the purchase. Due to delays caused by the pandemic, the vehicles were purchased in November 2020, and were immediately put into service for providing alternative services. Since Health/safety restrictions on transportation of clients were lifted, the vehicles are both being used for transport of clients.

While RES has done person-centered meetings with clients, the training for the clients and community has not yet begun. RES has a contract for services with a consultant that will be providing the Person-centered thinking training to all staff starting November 2021, and person-centered planning process beginning shortly after.

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.

Previous person-centered training grant will not be able to complete the planning process of integrating service delivery with consumer and community. This funding request will help RES complete this process. We anticipate that by June 2022, all staff will have a clear understanding of compliance with Person-centered thinking/planning. Additional requested funds will be used to ensure this extends to consumer and their community, and that it is integrated with all processes from transition fairs, consumer orientations to ISP and daily service delivery.

Previous vehicle requests addressed the needs for 50% of our consumers (in the Martinez and Pittsburg communities). These consumers had barriers related to public transit and their health status. Barriers to choices and community Integration for the 80 consumers in Pleasant Hill has not yet been addressed.

HCBS CONCEPT BUDGET	Vehicle and completion of PCP training process					
Vendor Name	Rehabilitation & Employment Services of the East Bay, Inc.					
Vendor Number(s)	HB0740; H34860; HB0240; HB0534; HB0822; PB1375; PB1685					
	Wage and Benefits	Year 1 Budget		Year 2 Budget		Total
		FTE	Annual Cost	FTE	Annual Cost	Cost
Personnel (wage + benefits)						
			\$ -		\$ -	\$ -
			\$ -		\$ -	\$ -
			\$ -		\$ -	\$ -
			\$ -		\$ -	\$ -
			\$ -		\$ -	\$ -
			\$ -		\$ -	\$ -
			\$ -		\$ -	\$ -
			\$ -		\$ -	\$ -
Personnel Subtotal			\$ -		\$ -	\$ -
Operating expenses						
Person-Centered Training Consultant @175/hr			\$ 43,750		\$ 8,750	\$ 52,500
Training Materials @\$5/person			\$ 1,500		\$ 250	\$ 1,750
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
Operating Subtotal			\$ 45,250		\$ 9,000	\$ 54,250
Administrative Expenses						
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
Administrative Subtotal			\$ -		\$ -	\$ -
Capital expenses						
8 Passenger Transit Van, tax, license			\$ 47,200			\$ 47,200
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
Capital Subtotal			\$ 47,200		\$ -	\$ 47,200
Total Concept Cost			\$ 92,450		\$ 9,000	\$ 101,450

See Attachment F for budget details and restrictions