

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 | Regal Homes |
| Vendor number(s) | HB0166 |
| Contact Name | Regina Luyon |
| Contact Email Address | reginaluyon@comcast.net |
| Primary regional center | Regional Center of the East Bay |
| Service type(s) | Adult Residential Facility |
| Service code(s) | 915 |
| Number of consumers typically and currently served | 4 |
| Typical and current staff-to-consumer ratio | 1:2 |
| <p>1. Please provide a brief description of the service/setting. Include what a typical day consists of during regular program as well as how services are currently being provided. This response must include the baseline/current levels for any aspects of the program for which the concept proposes funding. If you have previously identified your program as compliant with the HCBS Final Rule through the Self-Assessment, what changes have occurred that has changed your level of compliance?</p> | |
| <p>Regal Homes is an Adult Residential Facility serving individuals with disabilities and behavioral challenges. The home provides its consumers the opportunity to make informed choices wherein they have full access and enjoy the benefits in the most integrated settings. Each individual attends Day Program and actively participates in community outings and activities. Staff at Regal Homes assist consumers with their Independent Living Skills such as toileting, bathing, eating, grooming, and dressing. In addition, staff assist and train them with their Activities for Daily Living and medication administration. A typical day at Regal Homes consists of daily routine which includes assistance to self-care. The residents of Regal Homes have continued to age since they first moved to the home. Their needs and physical conditions are slowly changing, resulting to higher needs and greater assistance.</p> <p>Each individual always looks forward to weekend outings and activities. Each one has their own choice of preference such as attending mass, going to picnic if weather permits, watch movie, eat in restaurants, and visit museum or the zoo. Though Regal Homes give importance to each individual's quality of life, it is limited to an option desired by the individuals. The lack of transportation and inability to accommodate all consumers' needs and preferences that would take them safely to community integration becomes a barrier to the person-centered planning for each individual.</p> | |
| <p>Project Narrative Description: While filling out this section, reflect on how services are typically provided and how that might have changed in the past year. Think about what has been learned in the past year and how that might shape services going forward. Funding awarded through this concept can span the course of up to two years which would allow time to shape services to be more person-centered and align with the HCBS federal requirements.</p> | |
| <p>2. Please provide a brief summary narrative of the concept for which you are requesting funding, including justification for the funding.</p> | |
| <p>The home is currently out of compliance with Federal Requirement #1 and Federal Requirement #4. Individuals' needs and plan of services in the community are not met.</p> | |

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Individuals are not able to interact with other individuals or peers they choose to interact with.

Currently, the home has an old van (1998) that is not adequately capable of accommodating individuals with mobility issues, not equipped with the updated safety features and is almost always in need of repair to keep it in safe operating condition. Transportation has been a very big challenge because each individual has their own personal choices, preferences, and abilities regarding outings and activities. Community outings and activities are not planned on a regular basis and have limited each individual greater access to the community due to lack of transportation. They have expressed their desires to go to outings often and choose their preferred activities. Our community has abundant services to offer to the general public and that includes our consumers but due to lack of transportation, they are not able to avail and enjoy these services to the fullest. Individuals have expressed their feelings of disappointments and frustrations of not being able to exercise control over their schedules and activities and are being regimented of their independence. Such frustrations also lead to behavior problems and physical aggression. The home provider is not able to structure their support thus making each one not able to participate fully in activities of their choice which would correspond to their IPP goals.

In order to meet compliance with the federal requirements and prioritized the preferences of individuals we are serving, we request funding for a purchase of a new van that sits 6-7 passengers so it would accommodate all consumers and staff or each individual safely to community outings of their choice and preference, a van that aids transport our consumers with physical disability in entering and exiting the vehicle. We would explore and purchase a vehicle that would have seats that lower to a height that is appropriate for the individual to board and would securely lifts such individuals into the vehicle. The purchase of a new van through HCBS Grant will effectively support consumers on a more individualized basis in overcoming barriers to community integration, choice, and individual rights.

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?

Funding of a purchase of a new van will meet the service needs of the individuals and will be in compliance with HCBS Final Rule. It will improve and enhance the quality of life of every individual and will focus more on person-centered approach. Consumers will be provided more choices, opportunities, and preferences accessing full benefits of community integration. Individuals will be exploring the community with comfort, convenience, and ease autonomously. At the end of the day, they can say that they have a great time. Methods of achieving and tracking objectives and outcomes will be through documentation on every individual's notes, meetings with ID Team and family, monthly planning with consumers, and documentations on client's outings and activities. Record of maintenance and repair of the vehicle will be kept on file. This concept will

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assist me in reaching goals in requesting funds by providing safety and accessibility for all individuals to community integration, promote non-regimented individualized community outings and activities, prioritizing each individual's needs, choices and preferences, and we will be in compliance with Federal Requirement #1 and Federal Requirement #4.

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 development of the concept was led by our regular monthly meeting with each resident and utilized their feedbacks on community outings, plans and activities that each one prefers to do on a weekly basis as a group or as individuals. Meeting with every individual is set to discuss their goals, choices, interests, and preferences. We also gather feedbacks from family and ID Team to support each individual's needs and utilized these for the development process of our project. Each individual has expressed their interests and desires to have an available, safe, reliable, and passenger-friendly mobility transportation that can take them to regular outings and activities of their own choice that would meet their IPP goals. Each individual's interests and desires are written down to ensure that goals are met.

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

The funding of a new van will enable us to provide more person-centered approach in the concept development process. We will be able to prioritize each individual's needs, interests, choices, rights, abilities and preferences. We will be able help provide advance mobility to our consumers who have difficulty boarding a vehicle. A mobility van can be a lifeline with our consumers with mobility problems. The person-centered approach is providing the individuals to live and receive services in the most integrated settings of their choosing and have full access to the benefits of community living. Individuals will be able to build relationships and will have meaningful interactions with other people in community settings without stigma.

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 van that would be funded for this project will be maintained in the best possible way to prolong its life and to avoid breakdowns. Regular vehicle maintenance will be performed as required, repairs will be addressed and attended promptly, and cleanliness and sanitation will be applied. Through proper care and maintenance of the vehicle, individual's planned activities and outings will not be delayed, suspended, or interrupted. Driver of the vehicle must have a valid Driver License and a clean driving history. Liability insurance will also be obtained. The home will keep a record of community outings and activities for the individuals and will plan to expand and explore more places to go to for added experience.

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| <p>9. Write a brief narrative below explaining each major cost category and timeline. Complete the budget template at the end of the concept sheet. An Excel version with formulas is available. When applicable, budgets should include personnel/benefits, operating costs such as consultants or training, administrative expenses/indirect costs, and capital costs (assets lasting more than 2 years). If project spans 2 years or occurs in phases, budget should be separated by phase/year.</p> <p>Administrative costs, if any, must comply with DDS' vendor requirements, including a cap of 15% of the sum of personnel/benefits, consulting, and operating costs (must exclude capital costs). This information can be found at this link.</p> | |
| Mini Van- \$72,000 | |
| <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> | |
| "not applicable" | |
| <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 ___X Yes. If Yes, FY(s) ___2017/2018___ 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.</p> |
| For providers who have received prior HCBS, Disparity, CPP or CRDP Funding from DDS | |
| <p>12. If your organization has received prior funding from any of the above sources, please provide an update on the prior funding project. You may copy and paste from progress update(s) previously provided to regional centers or DDS.</p> | |
| FY 2017/2018 fund was approved for bathroom renovation project and has been completed on 04/2019. | |
| <p>13. If your organization received prior funding, please explain how the current funding request is not redundant with any prior funding received and/or builds on the prior funding but was not part of the original funding.</p> | |
| The prior approved funding granted was utilized for a bathroom renovation. A request for a funding of a purchase of a van or vehicle was not granted. | |

| HCBS CONCEPT BUDGET | | | | | | |
|------------------------------------|-------------------|---------------|-------------|---------------|-------------|-----------|
| Vendor Name | | REGAL HOMES | | | | |
| Vendor Number(s) | | HBO166 | | | | |
| | Wage and Benefits | Year 1 Budget | | Year 2 Budget | | Total |
| | | FTE | Annual Cost | FTE | Annual Cost | Cost |
| Personnel (wage + benefits) | | | | | | |
| Position Description | | | \$ - | | \$ - | \$ - |
| Position Description | | | \$ - | | \$ - | \$ - |
| Position Description | | | \$ - | | \$ - | \$ - |
| Position Description | | | \$ - | | \$ - | \$ - |
| Position Description | | | \$ - | | \$ - | \$ - |
| Position Description | | | \$ - | | \$ - | \$ - |
| Position Description | | | \$ - | | \$ - | \$ - |
| Position Description | | | \$ - | | \$ - | \$ - |
| Personnel Subtotal | | | \$ - | | \$ - | \$ - |
| Operating expenses | | | | | | |
| | | | | | | \$ - |
| | | | | | | \$ - |
| | | | | | | \$ - |
| | | | | | | \$ - |
| | | | | | | \$ - |
| | | | | | | \$ - |
| | | | | | | \$ - |
| | | | | | | \$ - |
| Operating Subtotal | | | \$ - | | \$ - | \$ - |
| Administrative Expenses | | | | | | |
| | | | | | | \$ - |
| | | | | | | \$ - |
| | | | | | | \$ - |
| | | | | | | \$ - |
| | | | | | | \$ - |
| | | | | | | \$ - |
| Administrative Subtotal | | | \$ - | | \$ - | \$ - |
| Capital expenses | | | | | | |
| Van | | | \$ 72,000 | | | \$ 72,000 |
| | | | | | | \$ - |
| | | | | | | \$ - |
| | | | | | | \$ - |
| | | | | | | \$ - |
| | | | | | | \$ - |
| | | | | | | \$ - |
| Capital Subtotal | | | \$ 72,000 | | \$ - | \$ 72,000 |
| Total Concept Cost | | | \$ 72,000 | | \$ - | \$ 72,000 |

See Attachment F for budget details and restrictions