

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	Vocational Innovations- Orange (VIO)
Vendor number(s)	HM0726, PM1386, PM1387
Contact Name	Amed Franco
Contact Email Address	AFranco@vocinnovations.com
Primary regional center	RCOC
Service type(s)	Behavior Management
Service code(s)	063, 515
Number of consumers typically and currently served	71
Typical and current staff-to-consumer ratio	1:1, 1:2, & 1:3

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?

Typical Services: Vocational Innovations (VI) is a site-based program that provides services to individuals ages 22 and older with intellectual and related disabilities within a 1:1, 1:2, and 1:3 ratio. Individuals have challenging behavioral needs. Each individual has an Individual Service Plan (ISP) that are created via discussions with the individual and relevant stakeholders using many established assessment tools. Due to Covid-19 a variety of service modalities are being provided, including on-site, community-based programming, front yard services, and via virtual, telecommunications, and packet delivery services. Typical days per individual varies depending on expressed interests and goals, and barriers identified. Activities include going to volunteer sites (e.g., community garden, Amy's Farm, Neighbor's in Need Pantry, Gary Center), going to work sites (e.g., Bridgeway Forklift, Grove of Anaheim, Lamppost Pizza, Prestige Urgent Care), participating in job readiness training, engaging in recreational activities with peers such as karaoke, arts and crafts, working on self-care and advocacy skills.

Current Levels: Currently at VI- Pomona, we have 56% of job ready clients in integrated employment settings, 30% of clients involved in volunteer activities, and 57%, of individual total involved in meaningful activities. At VI-Orange we have 30% of job ready clients in integrated employment settings, 50% of clients involved in volunteer activities, and 78% of individual total involved in meaningful activities. Due to Covid-19, we have had individuals cycle out of employment and have seen an increased need to re-establish coping skills and behavior management strategies. Covid-19 has also resulted in a significant decrease in community integration opportunities and the loss of community partnerships. We currently struggle to increase opportunities for those with the highest level of needs and lack of interest in job settings.

Management currently appears to be compliance-driven to meet the standards of the HCBS requirements, but do not dive deeper into individuals' core interests.

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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.

- a. Vocational Rehabilitation Counselor (VRC) will be provided to clients that have been identified as job ready and expressed interest in improving vocational skills as determined by their ISPs to further support their potential for obtaining and *retaining* integrated positions (i.e., employment and volunteer) in the most appropriate and closest field of their choosing.
- b. Licensed Therapist (LMFT) will create a /management training curricula on topics identified by management as areas of difficulties to increase PC programming via feedback surveys from all parties
- c. VRC provider will re-evaluate current programming to further promote a more wholistic PC service provision with special consideration of the choices of the individual and collaboration between sites. Examples of client expressed programming includes creation of sports teams, client directed- collaborative volunteer projects across sites, creating interest clubs, and social meet-ups.
- d. VRC and LMFT will focus on the elimination of activities that are not meaningful in purpose and typically included as “busy work”. A particular emphasis will be placed on those who have historically been excluded from broader community access due to increased challenges.
- e. VI will hold meetings with relevant stakeholders & individuals as needed to increase personal choices and communicate their needs to circle of support.
- f. VI recognizes that each site has its own unique strengths. Therefore, collaboration among multiple VI sites would promote the expectations and goals of this concept.

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?

- a. Elimination of non-functional activities: a) review of and action plan for activities of 12.5% of individuals done quarterly (100% reviewed by end of proposal).
- b. 80% of individuals who have expressed interest participating in individualized and meaningfully integrated activities on a daily basis. (10% of individuals quarterly)
- c. 100% of Management to have obtained training on requested topics and completion of competency checklist. (e.g., behavioral relaxation training, teaching sportsmanship, troubleshooting relational difficulties in the workplace). (1 training conducted quarterly + competency checklist conducted throughout quarter)

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- d. 100% of individuals who express interest in relational dynamics training (e.g., coping skills, peer respect, etc.) (ongoing)
- e. Monthly meetings held in collaboration of both sites for knowledge sharing and conduct a “what’s working, not working” exercise.

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.

Over the last 24-month period, with the assistance of our current Vocational Specialists and Executive Director (LMFT), VI has explored client interests via a thorough PC-ISP questionnaire process that heavily involves the individual and their support system into developing a plan for values-based life for the individual. Goals are centered around client choice. Additionally, due to alternative services during the pandemic, VI has created multiple interest-based and transition plans to deliver remote services. Feedback interviews directly with clients and management further solidified this concept.

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

VI has worked diligently to instill person-centered practices in all programming aspects which include vocational and interest assessments, ISP development, and schedule planning including recreation. By granting the funding requested, it would allow VI to ensure that we are providing individuals with the opportunities, appropriate preparation, and supports needed to obtain integrated opportunities, both employment and non-vocational, for meaningful activities with an emphasis on access to the full benefits of the community. The funding will allow us to focus on barriers surrounding those with increased needs of support in multiple domains. Examples from client interviews include creation of sports teams, cross-center community volunteer projects, and social events.

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

A minimum of 80% of our participants are anticipated to directly benefit from the implementation of this concept.

8. Please address your plan for maintaining the benefits, value, and success of your project at the conclusion of 2021-22 HCBS Funding.

Our goal: This funding request is to shift the dynamic from compliance driven programming to people-first programming, with a focus on in-depth exploration of individual wants and desires. This would lead to quality programming that embraces individual interests and would naturally result in compliance with Title 17 and 22 requirements, but now with individual first. We are looking to have individuals gain full access to the benefits of the community with special emphasis on integrated community services for those who have historically been excluded from the broader community due to increased challenges. This will include the further incorporation of VRC and LMFT with day program expertise to increase core programming re-evaluation with an emphasis on a wholistic person-centered approach and shift to community-based programming.

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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>	
<p>1.Estimated cost to employ a Vocational Rehabilitation specialist for 1 years at 40 hours a week to be shared by two-day programs is \$97,236 including payroll taxes, benefits, holiday pay and workers compensation insurance.</p> <p>2.Estimated cost to employ a licensed therapist to train and develop a more holistic person-centered approach is \$11,350 for 120 hours to share between programs.</p> <p>3.Estimated cost to purchase person centered activities and to purchase sporting equipment for clients is \$ 7,900.</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>1. With the core foundation and services implemented, the expectation is that VI will be financially stable enough to maintain a VRC position to ensure that established practices remain. Furthermore, as mentioned above, the focus is on changing the culture and shifting the mindset of employees to be person-centered, not for policy's sake, but to make an genuine impact, which would lead to a self-sustaining system.</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 <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. If Yes, FY(s) <u>2017-20, 2019-20</u></p> <p>Service Access and Equity Funding <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. If Yes, FY(s) _____</p> <p>CPP Funding <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. If Yes, FY(s) _____</p> <p>CRDP Funding <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes.If Yes, FY(s) _____</p> <p>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>	
<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>	
<p>1) Vans were purchased to facilitate community integration and respond to behavioral challenges in the community. Van is utilized daily.</p> <p>2) All staff has undergone the 2-day person centered training course and 1 staff is almost done with a person-centered trainer certification. PCT tools are being utilized and staff are working on client one-page descriptions.</p> <p>3) A community liaison was hired to help bridge the gap between our program and the community at enlarge to help obtain volunteer sites and employments opportunities.</p> <p>4) Management staff attend a person center reviewer course</p> <p>5) Job coaches were hired to assist with employment training</p>	

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6) Vocational Specialist was hired but pandemic impeded on any real meaningful implementation of integrated employment

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.

Prior HCBS awards were utilized to begin the groundwork for a paradigm shift in which we taught and took action on supporting individuals gain access to the broader community. This was especially needed, as our sites have primarily been site-based. Prior funding also focused on creating policies and procedures surrounding PIPs and CIEs. However, we continue to encounter challenges with breaking the 1-2hr /workday barrier offered by employers due to difficulties in relational and coping skills experienced by our clients. VI also continues to struggle with expanding options for those who need increased support to fully benefit from all aspects of the community. Lastly, there has been a huge loss in momentum and progress due to the constraints to programming during the pandemic. This proposal would address the identified barriers to employment and staff development as well as facilitate in-depth person-centered services. Lastly, it would allow us to address regression due to Covid-19 in a collaborative manner with our sister site.

HCBS CONCEPT BUDGET						
Vendor Name		Vocational Innovations Orange				
Vendor Number(s)		PM1387, PM1386, HM0726				
	Wage and Benefits	Year 1 Budget		Year 2 Budget		Total
		FTE	Annual Cost	FTE	Annual Cost	Cost
Personnel (wage + benefits)						
Vocational Rehabilitation Specialist	97236	1.00	\$ 97,236			\$ 97,236
License Marriage Family Therapist	11350	0.50	\$ 5,675	0.50	\$ 5,675	\$ 11,350
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Personnel Subtotal			\$ 102,911		\$ 5,675	\$ 108,586
Operating expenses						
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Operating Subtotal			\$ -		\$ -	\$ -
Administrative Expenses						
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Administrative Subtotal			\$ -		\$ -	\$ -
Capital expenses						
person center activities and equipment			\$ 7,900			\$ 7,900
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Capital Subtotal			\$ 7,900		\$ -	\$ 7,900
Total Concept Cost			\$ 110,811		\$ 5,675	\$ 116,486

See Attachment F for budget details and restrictions