

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	HCAR Bay Center
Vendor number(s)	H11386
Contact Name	Kim Nash
Contact Email Address	knash@hcar.us
Primary regional center	Redwood Coast Regional Center
Service type(s)	Adult Day Program
Service code(s)	510
Number of consumers typically and currently served	60
Typical and current staff-to-consumer ratio	1:3
<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>HCAR is vendored with RCRC and the oldest provider, since 1955, supporting clients and their families. HCAR is the largest vendor serving the most RCRC clients in Humboldt Co. HCAR Bay Center, a Community-Based day program, vendored to provide Adult Day Center services. Bay Center is site-based and community care licensed in an area with no green space or community site for gathering community members like next door, senior residential apts St. Vincent center and county social service staff. Bay staffing is a 1:3 ratio. Attendees' daily schedule are paid jobs such as newspaper delivery and shredding; independent living skills training such as learning to cook, community integration, safety, public transportation use and interacting with community members. The attendee profile is needing 24/7 care and supervision, has limited verbal communication, needs support for personal hygiene and older in age. Bay Center has provided services in a similar waay since 1990s. Lack of adequate funding prohibited all from receiving training that is inclusive and person-centered. HCAR HCBS assessments were completed by a former director, since retired. The new director determined the requirements needing compliance are in Rule #1 - Access to the Community; Rule #2 - Choice of Setting; Rule #3 - Right to be Treated Well, Rule #4 - Independence and Rule # 5 - Choice of Services.</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>A. This concept request is to get 2 certified trainers in person-centered, train-the-trainer from The Learning Community. These PCT trainers can then teach Bay Center staff PCT. B. One new position of a certified PCT-Trainer is to work with Community Care Licensing (CCL) to identify Title 22 regulations that are barriers to implementing HCBS compliance by greater community inclusion and conversely, community participation at the CCL - Bay</p>	

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Center site. In partnership with CCL, HCAR will develop PCT inclusive program procedures with any CCL licensing modifications, to ensure full compliance with the March 2023, HCBS Final Rule. All workarounds to CCL barriers will be shared with other vendors, RCRC and DDS to use with other programs. C. The PCT-Trainers will develop a tool box and software platform of person-centered thinking individual services plans, microbusiness plans, daily schedules and alt. Modes of communication supports. The PCT-Trainers will develop updated ISPs with attendees' and their chosen team to ensure the clients maintain positive control throughout their desired outcomes, schedule and actual daily experience. D. The PCT-Trainers will create a tool box with alt. communication modes for "PECS" picture exchange and assistive technology to ensure clients can communicate their preferences to facilitate their positive control and self-directed experiences. Many clients are nonverbal and the whole service require tools for visual supports. E. PCT-Trainer will work with HCAR Human Resources and clients to develop job advertising using PCT principles to hire and train. F. Clients expressed they want to join community-based wellness and senior education programs. These clients use wheelchairs and have limited accessible transportation with tie-downs for wheels. Vehicles need to offer privacy space for personal care is a requirement. G. Clients want to work and host community food trucks at the CCL site and need safe parking and patio space. All these activities require HCBS Funding.

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?

Objective #1: Bay Center will incorporate person-centered thinking practices, and processes to embrace clients' maintaining positive control over their lives.

Outcome #1: All Bay Center staff will obtain PCT and implement learning in their work.

Methods to achieve #1: Two employees were required to become certified PCT trainers and train all Bay Center, other RCRC vendors and/or community.

Tracking #1a: will show proof of registration of PCT training and contract for PCT Trainer Certification

Tracking #1b: All Bay Center staff will register and complete PCT training.

Tracking #1c: New position will work with CCL on specific Title 22 regs. To include community members at site, plant modifications, other HCBS requirements.

Objective #2: New position will develop and work with a client coalition on amending Bay service design for PCT focused ISPs, daily schedules, alt. mode of communication, client microbusinesses with food cart/community patio

Outcome: #2: New position will create a communication tool box of picture icons, objects and technology for clients and staff.

Tracking #2a: clients will have ISPs in their preferred communication to facilitate their positive control over their schedule, choices and rights.

Tracking #2b: New position will develop, updated PCT ISPs d

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<p>Objective: #3: New position and HR to develop new staff job descriptions and PCT hiring practices</p> <p>Outcome: #3: job descriptions reflect PCT values, requirement, client focused</p> <p>Tracking #3a: each new hire will receive PCT training and implement practices</p> <p>Tracking #4: Personnel evaluation will include PCT and client participation</p> <p>Objective #4: new position will secure additional vehicles, including WC tie down, personal hygiene space vehicle</p> <p>Outcome #4: clients using w/c & need hygiene can regularly access the community</p> <p>Tracking #4a: will have transportation and transportation to attend to personal hygiene needs immediately available for Bay Center clients that choose it.</p> <p>Objective #5: Bay Center will develop client microbusiness,community patio,food trucks</p> <p>Outcome #5: center site and clients will offer microbusinesses, recreation, and dining with community regularly at patio</p> <p>Tracking #5a: clients will design community patio</p> <p>Tracking #5b: clients will engage food truck vendors and develop microbusinesses to use bay center site</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>HCAR’s new Ex. Dir. interviewed Bay Center clients, staff, agency Board of Directors & RCRC to obtain feedback. Basic themes to meet HCBS were increase client inclusion in all aspects of bay center services, increased staff facilitation so clients maintain positive control over their daily schedules, ISPs, Safety, transportation communication access and alternative modes of communication. They also want accessible transportation for clients with and without wheelchairs and personal hygiene needs. They also want to host a community patio with food trucks at their site. They want all job-related needs inclusive of PCT.</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>The concept proposed enables all staff to be trained in person-centered thinking, concepts, skills, planning and processing. Certified PCT trainers allows for training, coaching and support of Bay Center staff. Certified trainers allow RCRC - Humboldt to expand their number of PCT certified trainers to ensure the community at large is involved. Clients with greater control of their program, daily lives and staff create equity. The vehicles allow for clients more community integration opportunities of their choice. The visual supports allow clients to understand their choice and make choices. HR can ensure PCT is a focus for all jobs and trainings. Services can better enhance attendee’s service quality, outcomes and inclusion with non-disabled peers. The concept proposed also allows any identified Title 22 regulations needing to be identified and addressed to be shared with other licensed programs to comply with CCL and HCBS.</p>
<p>7. What percentage of individuals served by your program will directly benefit from implementation of this concept?</p>
<p>100%</p>

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

On-going costs are covered within current vendorization for continued PCT training. All identified new positions are temporary with ongoing staff to accommodate PCT, transportation and community patio on-going needs as a part of their job descriptions. HCAR can sustain ongoing funding for vehicle maintenance and visual supports.

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](#).

Personnel (wages & benefits)

- A) New, temp. Position - (PCT Trainer, CCL amendments, patio set up, vehicle acquisition, HCBS funding concept compliance, HCBS site & program initial compliance) Yr1 & Yr2 1 FTE - \$48,000/yr. wages + \$15000/yr. benefits total = **\$126,000** Request for second year funding to ensure smooth transition of HCBS implementation with CCL requirements of a site location
- B) New temp. .5 Training Director - (PCT trainer, ongoing staff & client training) .5 FTE - \$24,000/yr. wages + \$7500/benefits total = **\$31,500** Yr 1 one year only
- C) New temp. .25 HR Director (PCT employer practices job descriptions, agency policies) .25 FTE - \$16,575 + \$3,750 total = **\$20,325** Yr1: one year only
- D) New temp. 25 Bookkeeper- (PCT contracts, tracking, client businesses) .25 FTE = \$9,750 + \$3,750. total = **\$13,500** Yr1: one year only
- E) Training for 20 FTE Bay Center staff - Each staff hrly/ wages & benefits = \$26.23 (\$17/hr + \$9.23/hr benefits) For 20 staff at hrly/wage & benefits = \$524.60 multiplied by 1950 hours = 1,022,970 PCT training: 18 hrs. .01 FTE 20 staff for PCT training at = **\$10,230** Yr1: one year **Personnel Total: \$201,555**

Operating Expenses:

Contract with PCT trainer, travel and hours, instructional materials of lap tops, iPads, software, PCT materials. Total operational expenses \$42,000 **Capital Expenses:**

2 Minivan (\$50,000/each) 1 WC, private personal hygiene capacity 1 Community patio space, materials Total \$350,000 **Total Concept Proposal: 593,555**

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.

New positions are solely temporary and needed to manage funds and full HCBS concept proposal by implementing PCT for staff and throughout all client programming aspects. current This is why this funding is critical to help with the launch of the new HCS program.

HCAR has committed staff to fill the new, temporary positions outlined in this concept proposal. These staff will return to their regular, ongoing jobs after the project is completed. HCAR is utilizing existing staff to cover their ongoing work while they complete the concept projects.

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<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>FY 17/18</u> Service Access and Equity Funding <input checked="" type="checkbox"/> No ___ Yes. If Yes, FY(s) ___ CPP Funding ___ No <input checked="" type="checkbox"/> Yes. If Yes, FY(s) <u>06/07</u> CRDP Funding <input checked="" type="checkbox"/> 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>	
<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>FY17/18 HCBS project completed for industrial shredder & 4-person pedal bikes. This proposal concept differs as it builds and transforms the entire service by systematic training, program design, increases community access by clients' choice and fully integrates the community location to gather, develop community relationships and work, safely. CPP FY06/07: start-up funds to develop new community integration work service which is still operational.</p>	
<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>	
<p>Prior HCBS funding targeted the purchase of specifically, identified equipment for Bay Center but did not include PCT training or vehicles. Prior CPP funding targeted the development of a community integration program, now vendored, still operating and unrelated to this project. The both prior requests were one-time requests. All identified costs in this HCBS concept proposal; are one time. All on-going costs are funded within current vendorization.</p> <p>This funding request is not related to any prior funds received by the agency. This request is to ensure long-term program transformation to HCBS Final Rule compliance by March 2023.</p>	

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CONCEPT FORM

HCBS CONCEPT BUDGET							\$593,555
Vendor Name		HCAR					
Vendor Number(s)		H11386					
	Wage and Benefits	Year 1 Budget		Year 2 Budget		Total	
		FTE	Annual Cost	FTE	Annual Cost	Cost	
Personnel (wage + benefits)							
Temp, new Program Director #1	63,000	1.00	\$ 63,000		\$ 63,000	\$ 126,000	
temp, new Program Director #2	63000	0.50	\$ 31,500			\$ 31,500	
temp, new bookepr	54,000	0.25	\$ 13,500		\$ -	\$ 13,500	
temp, new Human Resources for PCT Bay processes	81300	0.25	\$ 20,325			\$ 20,325	
Bay Center 20 direct staff	1022970	0.01	\$ 10,230			\$ 10,230	
			\$ -		\$ -	\$ -	
			\$ -		\$ -	\$ -	
			\$ -		\$ -	\$ -	
			\$ -		\$ -	\$ -	
Personnel Subtotal			\$ 138,555		\$ 63,000	\$ 201,555	
Operating expenses							
						\$ -	
Contract with PCT trainer travel and hours			\$ 20,000			\$ 20,000	
Instructional 4 laptops			\$ 4,000			\$ 4,000	
Instructional 10 iPads			\$ 8,000			\$ 8,000	
Instructural PCT software program			\$ 2,000			\$ 2,000	
instrutural laminator			\$ 2,000			\$ 2,000	
Instructional Picture Exchange Communication materi			\$ 3,000			\$ 3,000	
Instructional Person Center Training materials			\$ 3,000			\$ 3,000	
						\$ -	
						\$ -	
Operating Subtotal			\$ 42,000		\$ -	\$ 42,000	
Administrative Expenses							
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
Administrative Subtotal			\$ -		\$ -	\$ -	
Capital expenses							
2 minivans			\$ 100,000			\$ 100,000	
1 wheelchair van with personal hygiene capacity			\$ 150,000			\$ 150,000	
Community patio			\$ 100,000			\$ 100,000	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
Capital Subtotal			\$ 350,000		\$ -	\$ 350,000	
Total Concept Cost			\$ 530,555		\$ 63,000	\$ 593,555	

See Attachment F for budget details and restrictions