

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	AK Home 1
Vendor number(s)	HS1110
Contact Name	Abdullah Kaykha
Contact Email Address	a@kaykha.net
Primary regional center	San Andreas Regional Center
Service type(s)	Adult Residential Facility
Service code(s)	915
Number of consumers typically and currently served	AK Home 1 is licensed for 6 residents. We have 3 residents currently, and we are in the process of admitting 1 or 2 more.
Typical and current staff-to-consumer ratio	1:2 or 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>AK Home 1 is an adult residential facility (ARF) Level 4F which provides care in-house 24/7 located in nice area in South San Jose. It is licensed for 6 residents (3 rooms and 2 per room, 2 non-ambulatory/4 ambulatory. Currently the home is occupied with 1 male non-ambulatory, 1 male ambulatory, and 1 female ambulatory leaving with 3 vacancies which we are expecting to fill again with 1 non-ambulatory male and 1 ambulatory male referrals.</p> <p>During weekdays clients start their day by getting up in the morning around 6 am and prepare for their day. Individuals have the option when they take shower. Some choose to take shower in the morning and some in the afternoon/evening. Some participate in preparing and having breakfast followed by getting their AM medications, if they are prescribed with any. If scheduled to attend a day program after having breakfast their ride come to the facility and take them to their day program. The ones not attending day program will have in-house program to occupy them during that time and get morning snack. At the moment two client attend different day programs. One client leaves home M-F about 8 am and return about 2 pm. Another individual leaves about 11 am and return about 3 pm Mondays and Tuesdays. They participate in preparing their lunch to take with them. One client has chosen not to attend the day program. There is an in-house program offered to the individuals staying home during any part of in-house day program hours. The ones staying home will have lunch and are given opportunities to participate in preparing their lunch as well. After their day program they rest and have between meals snack until they are getting ready and participate in preparing for dinner, their evening medication. They do negotiate on what activity they do together or TV program to watch before they prepare for bed time. Residents my sleep in during weekend or holidays as they wish.</p>	
<p>Project Narrative Description: While filling out this section, reflect on how services are typically provided and how that might have changed in the past year. Think about what has been learned in the past year and how that might shape services going forward. Funding awarded through this concept can span the course of up to two years which would allow time to shape services to be more person-centered and align with the HCBS federal requirements.</p>	
<p>2. Please provide a brief summary narrative of the concept for which you are requesting funding, including justification for the funding.</p>	

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We are requesting funding to support greater independence, privacy and accessibility for our residents. Through increased staff training and increased staffing ratio for community outings, we can help residents have meaningful community interactions and have greater opportunities to realize their preferences and life goals while also empowering staff with the tools for best practices in PCP.

The home improvements of the bathroom 2 and client room 3 entry modifications will provide privacy and more accessibility throughout the home since it is difficult for wheelchair mobility to the non-ambulatory room and the bathroom which require assistance with transferring.

We are proposing for an iPad for each resident for potential increased in-home activities.

A wheelchair accessible minivan will add to the mobility of non-ambulatory clients which reduces many risks of injury, because our 1998 Toyota Sienna should retire soon although it is well maintained. The addition of a smaller vehicle would be a plus for smaller group outings.

The person-centered thinking/person-centered planning (PCT/PCP) training opportunities will prepare current and future staff to be more and more person-centered focus.

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?

By allowing residents with smaller group outings, it requires additional transportation and more staffing which adds more opportunities and options to receive services in the community based on their individual needs, abilities, and preference it will bring HCBS FR 1 into compliance. By the addition of a trained staff member in person-centered thinking/person-centered planning (PCT/PCP) who would hire experienced staff and train our current staff to be more person-centered and be able to communicate with any resident using alternative methods based on their needs and preference will bring FR 3 into compliance. This concept will bring the FR 4 into compliance by giving AK Home 1 more staffing flexibility which will allow clients to be able to participate in more activities out in the community that interest them and correspond with their individual IPP goals. This concept will bring the FR 5 into compliance by allowing AK Home 1 to get more staffing options available to residents. They will be able to have more options to choose from and have their preferred work staff with them allowing AK Home 1 to be more person-centered.

5. Please describe how and/or what was done to ensure that individuals served by the program led the development of this concept? Discuss not only the development of the concept, but also what steps were taken to identify the interests and desires of the individuals and who was involved in that process.

We recognize the need to lead to the development of the concept through quarterly and annual meetings with the residents and their stakeholders such as the family, social worker, house staff. In these meetings the stakeholders discuss and review the residents IPP as well as the progress made in in the IPP. In almost every meeting the family stated they want the resident to be doing more activities out in the community. From there a list of activities in community each resident likes to do was created such as going to a park/mall or community centers.

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6. Please describe how the concept you propose will enable you to provide more person-centered services to the individuals you serve.		
With more choices comes the opportunity for the individual in the home to build greater self-regulation, life meaning and purpose. AK Home 1 feels that it is highly important to provide each individual with choices in their activities and outings of their interest. This will ultimately helps them with their confidence level and their ability with their own life skills.		
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 licensee/administrator has ongoing trainings/meetings with all staff on a monthly basis which increase their person-centered awareness and provides individual in turn with more for meaningful activities and outings driven by the residents in the care home.		
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 .		
PCT Training	\$8,000	
Operating Subtotal		\$8,000
6 iPad Pro 12.9"	\$8,000	
6 iPad Pro 12.9" Protective Cases	\$600	
6 iPad Pro 12.9" Screen Protector	\$420	
Administrative Subtotal		\$9,020
Any unanticipated administrative expenses	\$18,000	
2021 Toyota Sienna w BarunAbility Conversion	\$64,900	
2021 Toyota Prius	\$32,000	
Modify 1 Bathroom to be ADA Compliant	\$25,000	
Non-Ambulatory Room entry modification	\$25,000	
Capital Subtotal		\$146,900
Total Concept Cost		\$163,920
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		

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<p>long-term costs. Please mark “not applicable” if costs will all be incurred during the program timeframe; up to two years.</p>	
<p>Not applicable</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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes. If Yes, FY(s) _____</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>We have not received prior funding.</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>We have not received prior funding.</p>	

HCBS CONCEPT BUDGET						
Vendor Name		AK HOME 1				
Vendor Number(s)		HS1110				
	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						
PCP Training			\$ 8,000		\$ -	\$ 8,000
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
Operating Subtotal			\$ 8,000		\$ -	\$ 8,000
Administrative Expenses						
6 iPad Pro 12.9"			\$ 8,000		\$ -	\$ 8,000
6 iPad Pro 12.9" Protective Cases			\$ 600		\$ -	\$ 600
6 iPad Pro 12.9" Screen Protector			\$ 420		\$ -	\$ 420
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
Administrative Subtotal			\$ 9,020		\$ -	\$ 9,020
Capital expenses						
2021 Toyota Sienna w BarunAbility Conversion			\$ 64,900		\$ -	\$ 64,900
2021 Toyota Prius			\$ 32,000		\$ -	\$ 32,000
Modify 1 Bathroom to be ADA Compliant			\$ 25,000		\$ -	\$ 25,000
Non-Ambulatory Room entry modification			\$ 25,000		\$ -	\$ 25,000
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
Capital Subtotal			\$ 146,900		\$ -	\$ 146,900
Total Concept Cost			\$ 163,920		\$ -	\$ 163,920

See Attachment F for budget details and restrictions