

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.

Collaboration

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- 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.

Federal Requirement #4: Independence

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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	Friends of Children with Special Needs
Vendor number(s)	ZS1039
Contact Name	Sylvia Yeh
Contact Email Address	sylviayeh@fcsn1996.org
Primary regional center	San Andreas Regional Center
Service type(s)	Community Integration Training Program
Service code(s)	055
Number of consumers typically and currently served	61
Typical and current staff-to-consumer ratio	1:4
<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>Typical: Staff meet with participants monthly for them to select activities, vocational training and outings they are interested in taking. Weekly schedule is sent home on Fridays. After arrivals, participants review their daily schedule with staff and make changes as they want or need to. At the end of the day, there is round table discussion for individuals to provide feedback whether the activities they participated, training they took, and the time they spent are as meaningful and impactful as possible.</p> <p>Currently: We began hybrid learning in mid July 2021. There are 42 individuals returned for in-person services and the remaining 19 individuals continue virtual learning. We work closely with participants and families and obtain their feedback and suggestions. We have limited community outings and vocational training to mitigate COVID risks.</p> <p>Changes:</p> <ul style="list-style-type: none"> • Participants' Person-Centered Profiles have changed a lot during pandemic which require updates. • It can be challenging for participants to have meaningful ISP as they don't know what to set for life goals and the objectives they want to work on. • We lost 25% staffing during the pandemic. The new hires require intensive PCT training. • Many things have changed due to the pandemic. We need to develop more resources for individuals and conduct ongoing staff training to support individuals in making choices, motivate them in learning, maintaining emotional stability, interacting with others so they can live healthy, happily and fully. <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) The grant will enable FCSN to create a PCT Facilitator position to benefit participants to:</p> <p>a) Develop person-centered profile format, train Program Coordinators, monitor quality,</p>	

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<p>and instruct staff how to use it, modify it to better support participants;</p> <p>b) Develop PCT ISP format, train Program Coordinators to assist participants to set meaningful goals and objectives to achieve life vision, as well as to instruct staff to monitor progress, motivate participants and make adjustments in achieving ISP goals;</p> <p>c) Explore and coordinate more community resources to meet participants' preferences, needs and skills;</p> <p>d) Seek employment opportunities based on participants' career goals and establish Paid Internship Program;</p> <p>e) Train staff how to enhance person-centered services and provide tailored training;</p> <p>f) Develop more innovative curriculums to meet participants' interests, needs and skills;</p> <p>g) Create surveys for participants, families and RC Service Coordinators to evaluate the effectiveness of PCT services they receive;</p> <p>h) Analyze survey data and make plans for operating modifications;</p> <p>i) Conduct PCT training in Cantonese for families and providers.</p> <p>B) The grant will enable FCSN to purchase two vehicles to benefit individuals engaging in integrated community activities, having meaningful interaction with general population, seeking and obtaining employment opportunities. The Facilitator will coordinate FCSN vehicle usage schedule to best support participants' community outings.</p>
<p>3. Identify which category/ categories this concept addresses.</p> <p><input checked="" type="checkbox"/> Community Integration</p> <p><input type="checkbox"/> Individual Rights</p> <p><input checked="" type="checkbox"/> Choice</p> <p><input type="checkbox"/> Collaboration</p>
<p>4. Please list the proposed objectives and outcomes of the concept, as well as the methods of achieving and tracking them. How will this concept assist you in reaching goals within the category that you are requesting funds?</p> <p>Objective: FCSN ensures each participant has a person-centered profile and meaningful ISP. Method: The PCT Facilitator to develop the formats, train Program Coordinators to engage participants in completing their profiles and setting up PCT ISP goals and objectives. The Facilitator will monitor the qualities and provide as needed training. Staff meets with participants monthly to evaluate their satisfaction in the program and to review their progress in achieving ISP goals.</p> <p>Objective: Daily operation will be implementing person-centered thinking concepts. Method: The PCT Facilitator will train staff and monitor their practices in supporting clients making choices, motivating them in learning, and engaging in their preferred activities. Based on the Facilitator's feedback, Program Director will reflect staff's progress in their semi-annual performance evaluations, retrain and take disciplinary actions for full PCT implementations.</p> <p>Objective: FCSN operates a truly PCT program that support participants to be safe, live healthy, happily, increase their independence and maximize their potential. Method: The PCT Facilitator will develop and conduct surveys at participants' semi-annual and annual reviews. Facilitator analyzes the data and discusses with Program Director to make systematic changes.</p> <p>Objective: Families and providers receive PCT training in Cantonese. Method: The PCT Facilitator will collaborate with Learning Center for Person Centered Practices and conduct two PCT trainings per year for families and providers who need the training in Cantonese.</p>

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Objective: FCSN will be able to have reliable, comprehensive-insurance, well-maintained vehicles and flexibility to provide more community outings and training for participants.

Method: The PCT Facilitator will ensure regular maintenance and timely repair for the safety of the vehicles. Participants meet with their staff monthly to plan for their community activities and vocational training they'd like to participate. The PCT Facilitator will coordinate the vehicle usage schedule to best support participants' interests for employment and outings.

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.

FCSN formed a Consumer Council to build their leadership, voice inputs and plan for desired cultural holiday celebrations with staff. We also work closely with families and gather their feedback to better support clients' participation in virtual classes. With HCBS grant 2019/20, we developed two new, innovative curriculums every quarter based on participants' inputs. FCSN provides a variety of activities, classes and vocational training for participants to choose. Staff meet with participants to select activities of their choices and develop schedule. Program Director and PCT Specialist meet regularly to review PCT implementations. However, we do not enough FCSN vehicles to support participants' community outings thus we rely on staff using their private vehicles. Staff may not have comprehensive insurance coverage, regular maintain their cars or are reluctant to use their cars to transport clients.

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

The concept will build FCSN's capacity to ensure truly person-centered implementations and sustain the PCT service delivery. Staff will be fully aware of participants' profiles, PCT ISP objectives and document daily for participants' progress and challenges toward making choices, engaging in preferred activities, vocational training, and achieving ISP goals. Staff will receive ongoing training, be closely supervised and receive feedback on their performance of implementing the concept. With access to reliable vehicles, FCSN has greater capacity and flexibility to group individuals with common interests and match them with staff to support their vocational training preferences and community integration. FCSN management team will meet regularly to evaluate the effectiveness of PCT implementation as well as to gather participants', parents', RC service coordinators' and staff's feedback to make systematic changes and explore, develop more resources to meet participants' growth, autonomy and expectations. FCSN will also provide PCT training in Cantonese to reach out more families and providers and expand their knowledge of PCT concepts and practices.

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

All (100%) participants will benefit from implementation of the concept.

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

At the conclusion of 2021-22 HCBS funding, FCSN will deliver PCT services to maximize participants' learning, exploration, involvement, communication, socialization, employment and integration into community. Through the Train the Trainer model, FCSN will provide ongoing staff training, update Person-Centered Profiles and develop meaningful PCT ISP continuously.

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.

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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: The proposal relies heavily on creating the Facilitator position to achieve the stated outcomes.

Operating Expenses: 1) Intensive PCT training for new hires and ongoing PCT Process training for staff training for staff; 2) PCT Training materials; 3) Technology (5 laptops) to support participants exploring community resources, seeking employment opportunities as well as engaging in the Person-Centered Profiles and PCT ISPs; 4) Innovative teaching materials; 5) Community outing expenses; and 6) Consultation for PCT training in Cantonese.

Capital Expenses: Two vehicles, Two vehicles

Administrative Cost: Payroll, accounting, insurance

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.

FCSN is committed to sustaining the success of the grant beyond funding. FCSN will seek other grant opportunities for additional vehicles.

11. Have you or the organization you work with been a past recipient of DDS funding? If yes, what fiscal year(s)?

HCBS Funding ___ No x Yes. If Yes, FY(s) **17/18; 19/20**
 Service Access & Equity Funding ___ No x Yes. If Yes, FY(s) **18/19; 19/20**
 CPP Funding ___ No ___ Yes. If Yes, FY(s) _____
 CRDP Funding ___ No ___ Yes. If Yes, FY(s) _____
 If yes to any question be sure to answer questions 13 and 14.

For providers who have received prior HCBS, Disparity, CPP or CRDP Funding from DDS

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.

HCBS 2019/20: We received funding to develop a PCT Specialist position to 1) Form a Client Council; 2) Develop more resources for clients to engage in community life and maximize employment opportunities; 3) Promote clients to make choices & engage in schedule planning; 4) Conduct Staff Training for PCT Implementations; 5) Assist with staffing arrangement and facilitate clients' choices regarding training and supports, and who provides them.

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.

Our current request is not redundant, in fact, it is to support a PCT Facilitator, which will make bigger and deeper impacts to establish and coordinate community resources, build PCT formats, use the train the trainer model to sustain PCT success, make systematic changes and provide PCT training in Cantonese. In addition, we have never addressed any transportation shortfalls before. We are requesting HCBS funds this time to purchase vehicles to support participants' community integration and employment opportunities.

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HCBS CONCEPT BUDGET	\$ 303,620					
Vendor Name	Friends of Children with Special Needs					
Vendor Number(s)	ZS1039					
		Year 1 Budget		Year 2 Budget		Total
	Wage and Benefits	FTE	Annual Cost	FTE	Annual Cost	Cost
Personnel (wage + benefits)						
PCT Facilitator	81120	1.00	\$ 81,120	1.00	\$ 81,120	\$ 162,240
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Personnel Subtotal			\$ 81,120		\$ 81,120	\$ 162,240
Operating expenses						
PCT Process Training: 20hrs/yr, 20 staff			\$ 11,440		\$ 11,440	\$ 22,880
PCT Training Materials/Tools			\$ 1,500		\$ 1,500	\$ 3,000
Innovative Teaching Materials			\$ 2,500		\$ 2,000	\$ 4,500
Technology			\$ 3,000		\$ 2,000	\$ 5,000
Community Outing Expenses			\$ 1,500		\$ 1,500	\$ 3,000
Consultation for PCT training in Cantonese			\$ 3,000		\$ 1,000	\$ 4,000
						\$ -
						\$ -
						\$ -
						\$ -
Operating Subtotal			\$ 22,940		\$ 19,440	\$ 42,380
Administrative Expenses						
Administrative cost			\$ 3,000		\$ 3,000	\$ 6,000
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Administrative Subtotal			\$ 3,000		\$ 3,000	\$ 6,000
Capital expenses						
Two Vehicles			\$ 93,000			\$ 93,000
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Capital Subtotal			\$ 93,000		\$ -	\$ 93,000
Total Concept Cost			\$ 200,060		\$ 103,560	\$ 303,620

See Attachment F for budget details and restrictions