



# **Home and Community-Based Services Provider Compliance Funding Guidelines Fiscal Year 2019-20**



**Department of Developmental Services**  
September 2019

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## Background

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In January 2014, the federal Centers for Medicare and Medicaid Services issued final regulations, or rules, for Home and Community-Based Services (HCBS)<sup>1</sup>. The rules require that HCBS programs funded through Medicaid (called Medi-Cal in California) provide individuals with disabilities full access to the benefits of community living and offer services and supports in settings that are integrated in the community. This could include opportunities to seek employment in competitive and integrated settings, control personal resources, and engage in the community to the same degree as individuals who do not receive regional center services. The HCBS rules focus on the nature and quality of individuals' experiences and not just the settings where the services are delivered. The Department of Developmental Services (Department) is currently conducting training on the HCBS rules throughout the state. Completed trainings and materials can be found at [www.dds.ca.gov/HCBS](http://www.dds.ca.gov/HCBS). The Department strongly encourages participation in the HCBS training.

In recognition that some service providers need to take steps towards modifying their services to come into compliance with the HCBS rules by March 2022, the Fiscal Year 2019-20 enacted budget contains \$15 million to fund necessary changes.

## Provider Concepts

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Service providers are invited to apply for funds through regional centers, and all submitted concepts will be forwarded to the Department as they are received. Regional centers are required to make recommendations for funding, although final approval will be made by the Department. Projects that require multiple years to complete, additional funding, or result in meeting some, but not all, of the HCBS rules, will be considered.

The HCBS rules represent a significant, system-wide change to the way services are delivered. Given the broad scope of the rules, providers are encouraged to submit concepts that offer a unique and innovative path to compliance. Funding may be used for more creative service delivery options, and is intended to help a program achieve compliance, opposed to expanding an existing service. There should be a clear link between what is being requested and the federal requirement currently out of compliance. Concepts should demonstrate how the requested change in service delivery will impact individuals in offering more choices or options and opportunities in the community.

Examples of previously funded concepts included:

- Outreach and information regarding the HCBS rules for consumers and members of their support teams.
- Supporting consumers on a more individualized basis to promote community integration and employment.
- Prioritizing the preferences of consumers and utilizing consumer feedback in the development of the concept.

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<sup>1</sup> <https://www.medicaid.gov/medicaid/hcbs/index.html>

- Train-the-trainer certification in person-centered planning/thinking and training regarding the HCBS rules.

### **Eligible Providers**

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Providers of services in settings identified in the California Statewide Transition Plan (Attachment A) that are not in compliance with the HCBS rules may be eligible for funding.

### **Application Process**

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There are multiple phases and timelines associated with the funding application process. Concepts submitted to regional centers after the date noted below may be ineligible for consideration.

1. Providers must submit completed concepts to regional centers by November 22, 2019.
2. Regional centers must submit completed concepts and evaluations to the Department by December 13, 2019.
3. The Department will review the concepts and notify regional centers of selected concepts by February 21, 2020.
4. Regional centers and providers whose concepts were selected may enter into a contract agreement.

### ***Provider Concept Submission by November 22, 2019***

Service providers need to submit a completed concept form (Attachment C) to the designated contact person for each regional center (Attachment B) to be considered for initial approval. The concept form should include:

- A completed provider compliance evaluation of the vendored setting, service or support that identifies and describes which HCBS setting requirements are not being met;
- Vendor name, vendor number, primary regional center, service type/code, and number of consumers being served by the vendor;
- A brief description of the service/setting, including baseline or current status for any items for which funding is requested;
- A brief narrative/description of the concept, including justification for the funding request;
- Identify which HCBS federal requirements are currently out of compliance that the concept will address;
- For each out-of-compliance area that is being addressed, include a description of the barriers to and importance of achieving compliance and a description of how the concept brings the provider into compliance;
- A description of how the vendor involved the individuals it provides services to in the concept development process;
- A description of how the concept enables the provider to provide more person-centered services to individuals it serves;

- An estimated budget and timeline for the project identifying all major costs, including the full amount requested;
- A plan for sustainability of outcomes and funding, if applicable, moving forward; and,
- Whether the provider was a past recipient of HCBS, Disparity, or CPP funding and fiscal years if funding received; and, if yes, information about the current versus past funding.

Prior to concept submission, regional centers and providers are encouraged to discuss the details of the funding process, as well as the options approved providers will have for submitting invoices and claiming for project funds through their regional center.

Note: The concept form has significant changes from prior years and using an old form will negatively impact a provider's score, so please ensure your providers have used the current FY 19-20 form.

Note: For providers that operate programs with several vendor numbers, one concept form and evaluation form should be submitted, provided that the plan applies to all vendor numbers listed.

*Regional Center Submission to the Department by December 13, 2019*

Regional centers must submit all completed concepts and evaluations to the following email address, along with funding recommendations and the basis for the recommendations: [HCBSregs@dds.ca.gov](mailto:HCBSregs@dds.ca.gov). Please use the regional center concept feedback form included as Attachment D, which includes the following information requests:

- Description of the importance of the concept for the provider to achieve compliance;
- Description of the ability of the provider to implement the concept based on current service provision;
- Description, if applicable, of the progress on prior funding awards and the overlap or uniqueness of the proposed concept with prior awards; and,
- Recommendation on the project – yes or no – please include brief rationale.

Regional centers should send concepts to the Department as they are received from providers. For concept forms that are incomplete, the regional center should work with the vendor to submit all required information.

Should the regional center require further time to review, additional time may be requested from the Department. The Department may request supplementary information from providers or regional centers, as necessary.

*DDS Concept Review: December 16, 2019 – February 21, 2020*

In reviewing concepts, the Department will use a merit-based process so that each concept receives a fair, equitable, and objective review. The concept review process includes, but is not limited to, consideration of:

- Concept completeness;
- The link between the request and the federal requirement currently out of compliance;
- The provider's person-centered approach in developing the concept;
- Plan for sustainability;
- Estimated budget and timeline of the proposed plan; and,
- The ability of the concept to result in greater compliance.

**The Department will employ a three-phase review process.**

**Phase 1:** Concepts will be checked for timeliness and format. Any concept not submitted timely will not be considered for funding.

**Phase 2:** At least two reviewers will review concepts and provide scores for the concepts based on the scoring rubric in Attachment E. A third reviewer will be utilized if scores differ by more than 10 points or if the recommended funding differs by more than 20%. The two closest reviewer scores will be averaged. For items that do not need to be completed for all submissions (e.g., questions relating to prior funding), scores will be assigned and considered in evaluating a concept; however, those scores will not be counted in the rankings.

**Phase 3:** Concepts will be ranked based on the final score. Funding will be allocated based on the rankings until funds are depleted for the 2019-2020 funding cycle. Regional center input may be considered in the final funding decision.

Funding guidance is provided for providers and regional centers as Attachment F.

*Notification of Selected Concepts by February 21, 2020*

The Department will notify regional centers of the concepts selected for funding.

*Contract Development*

Concepts selected by the Department will require a contract agreement between the regional center and the service provider, which will include, but will not be limited to, the following:

- Details regarding the project, including specifics on how the funding will be used to increase compliance with the federal requirements;
- Details regarding how consumer input will be used in the development, implementation, and ongoing monitoring of the project;
- A detailed budget for the project;
- A project timeline identifying key milestones;
- Qualitative and quantitative measures to determine progress toward compliance with the federal requirements; and,
- A requirement for quarterly reporting to the regional center on progress toward implementation of the project, including progress related to key milestones and progress toward compliance with the federal requirements.

**Questions**

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Please direct any questions to the Department's dedicated HCBS inbox at [HCBSregs@dds.ca.gov](mailto:HCBSregs@dds.ca.gov).

- Activity Center
- Adult Day Care Center
- Adult Day Care Facility
- Adult Day Program
- Adult Day Support Center
- Adult Development Center
- Adult Family Home
- Adult Residential Facility
- Adult Residential Facility for Persons with Special Health Care Needs
- Behavior Management Program
- Certified Family Home
- Child Day Care Center
- Child Day Care Facility
- Community Activities Support Service
- Community Integration Training Program
- Community-Based Training Provider
- Family Child Care Home
- Family Teaching Home
- Foster Family Home
- Group Home
- Residential Care Facility for the Elderly
- Small Family Home
- Socialization Training Program
- Supported Employment (Group Services)
- Work Activity Program



<b>Regional Center</b>	<b>Contact Person</b>	<b>Email Address</b>
Alta California Regional Center	Katherine Weston	<a href="mailto:kweston@altaregional.org">kweston@altaregional.org</a>
Central Valley Regional Center	Tamara Salem	<a href="mailto:tsalem@cvrc.org">tsalem@cvrc.org</a>
Eastern Los Angeles Regional Center	Maribel Garcia	<a href="mailto:margarcia@elarc.org">margarcia@elarc.org</a>
Frank D. Lanterman Regional Center	Sonia Garibay	<a href="mailto:sgaribay@lanterman.org">sgaribay@lanterman.org</a>
Far Northern Regional Center	Katie Inks	<a href="mailto:kinks@farnorthernrc.org">kinks@farnorthernrc.org</a>
Golden Gate Regional Center	Kate Russell	<a href="mailto:krussell@ggrc.org">krussell@ggrc.org</a>
Harbor Regional Center	Rose Samaniego	<a href="mailto:rose.samaniego@harborrc.org">rose.samaniego@harborrc.org</a>
Inland Regional Center	Dalila Balderas	<a href="mailto:dbalderas@inlandrc.org">dbalderas@inlandrc.org</a>
Kern Regional Center	Armondo Cordova Cherylle Mallinson	<a href="mailto:acordova@kernrc.org">acordova@kernrc.org</a> <a href="mailto:cmallinson@kernrc.org">cmallinson@kernrc.org</a>
North Bay Regional Center	Ashley McConnell	<a href="mailto:ashleym@nbrc.net">ashleym@nbrc.net</a>
North Los Angeles County Regional Center	Evelyn McOmie	<a href="mailto:emcomie@nlacrc.org">emcomie@nlacrc.org</a>
Regional Center of the East Bay	Fructuoso Menchavez	<a href="mailto:fmenchavez@rceb.org">fmenchavez@rceb.org</a>
Regional Center of Orange County	Arturo Cazares	<a href="mailto:acazares@rcocdd.com">acazares@rcocdd.com</a>
Redwood Coast Regional Center	Cindy Claus-John	<a href="mailto:cclaus-john@redwoodcoastrc.org">cclaus-john@redwoodcoastrc.org</a>
San Andreas Regional Center	Ann Sieber	<a href="mailto:asieber@sarc.org">asieber@sarc.org</a>
South Central Los Angeles Regional Center	Evelyn Galindo	<a href="mailto:evelyn@scarc.org">evelyn@scarc.org</a>
San Diego Regional Center	Lori Sorenson	<a href="mailto:lori.sorenson@sdrc.org">lori.sorenson@sdrc.org</a>
San Gabriel/Pomona Regional Center	Lourdes Sanchez	<a href="mailto:lsanchez@sgprc.org">lsanchez@sgprc.org</a>
Tri-Counties Regional Center	Diva Johnson	<a href="mailto:djohnson@tri-counties.org">djohnson@tri-counties.org</a>
Valley Mountain Regional Center	Patricia Green	<a href="mailto:pgreen@vmrc.net">pgreen@vmrc.net</a>
Westside Regional Center	Megan Mendez	<a href="mailto:meganm@westsiderc.org">meganm@westsiderc.org</a>

## Home and Community-Based Services (HCBS) Rules CONCEPT FORM

The Home and Community-Based Services (HCBS) rules ensure that people with disabilities 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. In order to assist in determining eligibility for compliance funding, providers must complete this evaluation. Both “Yes” and “No” answers require an explanation. A “No” response *could* mean a service setting is out of compliance with the HCBS rules and is potentially eligible for funding to make necessary adjustments. Once this evaluation is completed, it should act as a guide for filling out the provider compliance funding concept, which is required for any provider to be eligible for compliance funding. **Completion of this evaluation is for the sole purpose of applying for compliance funding and does not take the place of future provider assessments that the Department may require to determine provider compliance with the HCBS settings rules. Only providers requesting compliance funding need to complete this evaluation.**

Federal Requirements #1-5 apply to providers of all services, including residential and non-residential settings. Federal Requirements #6-10 are additional requirements that apply only to provider-owned or controlled residential settings.

The column labeled “Guidance” contains a series of questions intended to help identify compliance or non-compliance with each requirement as it relates to the HCBS rules. While responses to these questions can help in the determination of whether or not a particular requirement is met, these responses may not be the sole factor in this determination.

More information on the HCBS rules and this form can be found at [www.dds.ca.gov/HCBS](http://www.dds.ca.gov/HCBS).

Questions may be directed to [HCBSregs@dds.ca.gov](mailto:HCBSregs@dds.ca.gov).

Date(s) of Evaluation: <a href="#">Click or tap here to enter text.</a>	Completed by: <a href="#">Click or tap here to enter text.</a>
Vendor Name, Address, Contact: <a href="#">Click or tap here to enter text.</a>	
Vendor Number: <a href="#">Click or tap here to enter text.</a>	
Service Type and Code: <a href="#">Click or tap here to enter text.</a>	

## Home and Community-Based Services (HCBS) Rules CONCEPT FORM

<p><b><u>Federal Requirement #1:</u></b> <i>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.</i></p>	<p><b><u>Guidance:</u></b></p> <ul style="list-style-type: none"> <li>• Do individuals receive services in the community based on their needs, preferences and abilities?</li> <li>• Does the individual participate in outings and activities in the community as part of his or her plan for services?</li> <li>• If an individual wants to seek paid employment, does the home staff refer the individual to the appropriate community agency/resource?</li> <li>• Do individuals have the option to control their personal resources, as appropriate?</li> </ul>
<p><b>Does the service and/or program meet this requirement?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Please explain: <a href="#">Click or tap here to enter text.</a></p>	
<p><b><u>Federal Requirement #2:</u></b> <i>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.</i></p>	<p><b><u>Guidance:</u></b></p> <ul style="list-style-type: none"> <li>• Does the provider have a current regional center Individual Program Plan (IPP) on file for all individuals?</li> <li>• Does each individuals' IPP document the different setting options that were considered prior to selecting this setting?</li> </ul>
<p><b>Does the service and/or program meet this requirement?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Please explain: <a href="#">Click or tap here to enter text.</a></p>	
<p><b><u>Federal Requirement #3:</u></b> <i>Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.</i></p>	<p><b><u>Guidance:</u></b></p> <ul style="list-style-type: none"> <li>• Does the provider inform individuals, in a manner they can understand, of their rights to privacy, dignity, respect, and freedom from coercion and restraint?</li> <li>• Does the provider communicate, both verbally and in writing, in a manner that ensures privacy and confidentiality?</li> </ul>

## Home and Community-Based Services (HCBS) Rules CONCEPT FORM

	<ul style="list-style-type: none"> <li>Do staff communicate 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.)?</li> </ul>
<p><b>Does the service and/or program meet this requirement?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please explain: <a href="#">Click or tap here to enter text.</a></p>	
<p><b><u>Federal Requirement #4:</u></b> <i>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.</i></p>	<p><b><u>Guidance:</u></b></p> <ul style="list-style-type: none"> <li>Does the provider offer daily activities that are based on the individuals' needs and preferences?</li> <li>Does the provider structure their support so that the individual is able to interact with individuals they choose to interact with, both at home and in community settings?</li> <li>Does the provider structure their support so that the individual is able to participate in activities that interest them and correspond with their IPP goals?</li> </ul>
<p><b>Does the service and/or program meet this requirement?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please explain: <a href="#">Click or tap here to enter text.</a></p>	
<p><b><u>Federal Requirement #5:</u></b> <i>Facilitates individual choice regarding services and supports, and who provides them.</i></p>	<p><b><u>Guidance:</u></b></p> <ul style="list-style-type: none"> <li>Does the provider support individuals in choosing which staff provide their care to the extent that alternative staff are available?</li> <li>Do individuals have opportunities to modify their services and/or voice their concerns outside of the scheduled review of services?</li> </ul>
<p><b>Does the service and/or program meet this requirement?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please explain: <a href="#">Click or tap here to enter text.</a></p>	

## Home and Community-Based Services (HCBS) Rules CONCEPT FORM

Only providers of services in **provider-owned or controlled residential settings** need to complete the remainder of this evaluation. In **provider-owned or controlled residential settings**, in addition to the above requirements, the following requirements must also be met:

<p><b><u>Federal Requirement #6:</u></b></p> <p><i>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.</i></p>	<p><b><u>Guidance:</u></b></p> <ul style="list-style-type: none"> <li>• As applicable, does each individual have a lease, residency agreement, admission agreement, or other form of written residency agreement?</li> <li>• Are individuals informed about how to relocate and request new housing?</li> </ul>
<p><b>Does the service and/or program meet this requirement?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please explain: <a href="#">Click or tap here to enter text.</a></p>	
<p><b><u>Federal Requirement #7:</u></b></p> <p><i>Each individual has privacy in his/her sleeping or living unit:</i></p> <p><i>Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors as needed.</i></p> <p><i>Individuals sharing units have a choice of roommates in that setting.</i></p> <p><i>Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.</i></p>	<p><b><u>Guidance:</u></b></p> <ul style="list-style-type: none"> <li>• Do individuals have a choice regarding roommates or private accommodations?</li> <li>• Do individuals have the option of furnishing and decorating their sleeping or living units with their own personal items, in a manner that is based on their preferences?</li> <li>• Do individuals have the ability to lock their bedroom doors when they choose?</li> </ul>
<p><b>Does the service and/or program meet this requirement?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please explain: <a href="#">Click or tap here to enter text.</a></p>	

## Home and Community-Based Services (HCBS) Rules CONCEPT FORM

<p><b><u>Federal Requirement #8:</u></b> <i>Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.</i></p>	<p><b><u>Guidance:</u></b></p> <ul style="list-style-type: none"> <li>• Do individuals have access to food at any time?</li> <li>• Does the home allow individuals to set their own daily schedules?</li> <li>• Do individuals have full access to typical facilities in a home such as a kitchen, dining area, laundry, and comfortable seating in shared areas?</li> </ul>
<p><b>Does the service and/or program meet this requirement?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Please explain: <a href="#">Click or tap here to enter text.</a></p>	
<p><b><u>Federal Requirement #9:</u></b> <i>Individuals are able to have visitors of their choosing at any time.</i></p>	<p><b><u>Guidance:</u></b></p> <ul style="list-style-type: none"> <li>• Are visitors welcome to visit the home at any time?</li> <li>• Can individuals go 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?</li> </ul>
<p><b>Does the service and/or program meet this requirement?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Please explain: <a href="#">Click or tap here to enter text.</a></p>	
<p><b><u>Federal Requirement #10:</u></b> <i>The setting is physically accessible to the individual.</i></p>	<p><b><u>Guidance:</u></b></p> <ul style="list-style-type: none"> <li>• Do individuals have the freedom to move about inside and outside the home or are they primarily restricted to one room or area?</li> <li>• Are grab bars, seats in bathrooms, ramps for wheelchairs, etc., available so that individuals who need those supports can move about the setting as they choose?</li> <li>• Are appliances and furniture accessible to every individual?</li> </ul>
<p><b>Does the service and/or program meet this requirement?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Please explain: <a href="#">Click or tap here to enter text.</a></p>	

**Home and Community-Based Services (HCBS) Rules  
CONCEPT FORM**

**CONTACT INFORMATION**

Contact Name: \_\_\_\_\_  
Contact Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**ACKNOWLEDGEMENT**

By checking the box below, I acknowledge that completion of this evaluation is for the sole purpose of applying for compliance funding and does not take the place of future provider assessments that the Department may require to determine provider compliance with the HCBS settings rules.

I AGREE

## Home and Community-Based Services (HCBS) Rules CONCEPT FORM

Existing regional center vendors may receive funding to make changes to service settings and/or programs to help them come into compliance with the HCBS rules. To be considered for funding, vendors must complete and submit this form and the provider compliance evaluation form as one packet 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 back up, 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, but the rest of the concept must be within the standard page requirements.
- There has been a significant change in the form and process compared to prior years. **In order to receive funding, this 2019-20 form must be used.**
- For providers that operate programs with several vendor numbers involved in one concept, one evaluation 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 compliance evaluations 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 results of the evaluation should be clearly laid out in the section referring to identification of federal requirements that are currently out of compliance, which the concept will address.
- The concept form includes detailed information that describes the funding requests and supports how the requests will assist the provider to come into compliance.
- There should be a clear link between what is being requested and the federal requirement currently out of compliance.
- Concepts should demonstrate how the requested change in service delivery will impact individuals in offering more choices or opportunities in the community.

### 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 in order 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.
- Implemented train-the-trainer certification for person-centered planning/thinking and training regarding the HCBS rules.
- Enabled residents to age in place and exercise more choice and independence.

More information on the HCBS rules and this form can be found at [www.dds.ca.gov/HCBS](http://www.dds.ca.gov/HCBS).



## Home and Community-Based Services (HCBS) Rules CONCEPT FORM

Vendor name	
Vendor number(s)	
Primary regional center	
Service type(s)	
Service code(s)	
Number of consumers currently served	
Current staff to consumer ratio	
<p>1. Please provide a brief description of the service/setting that includes what a typical day consists of and how services are currently provided. This response must include the baseline/current levels for any aspects of the program for which the concept proposes funding.</p>	
<b>Project Narrative Description:</b>	
<p>2. Please provide a brief summary narrative of the concept for which you are requesting funding, including justification for the funding.</p>	
<p>3. Identify which HCBS federal requirements this concept addresses that are currently out of compliance. Could be all or a subset of those identified as out of compliance on the evaluation.</p>	
<p>1__ 2__ 3__ 4__ 5__ 6__ 7__ 8__ 9__ 10__</p>	
<p>4. For each HCBS out-of-compliance federal requirement that is being addressed by this concept, describe the barriers to compliance and why this concept is necessary. If this information is in the evaluation section, please copy it here.</p>	
<p>5. For each out-of-compliance federal requirement that is addressed in this concept, please explain how the concept will bring the vendor into compliance.</p>	
<p>6. What are the proposed outcomes and objectives of the concept, and what are the methods of achieving and tracking them?</p>	
<p>7. Please describe how and/or what was done to include input from the individuals served in developing 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>	

## Home and Community-Based Services (HCBS) Rules CONCEPT FORM

8. Please describe how the concept you propose will enable you to provide more person-centered services to your clients.	
9. Please address your plan for maintaining the benefits, value, and success of your project at the conclusion of 2019-20 HCBS Funding.	
<p>10. 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).</p> <p><a href="http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=4629.7&amp;lawCode=WIC">http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=4629.7&amp;lawCode=WIC</a></p>	
11. Please address sustainability of funding sources for all programs or concepts requiring any funding past the time frame of the requested grant, especially those that involve staff or other long-term costs. Please mark "not applicable" if costs will all be incurred during the program time frame.	
12. Have you or the organization you work with been a past recipient of DDS funding? If yes, what fiscal year(s)?	<p>HCBS Funding    ___ No ___ Yes. If Yes, FY(s) _____</p> <p>Disparity Funding    ___ No ___ Yes. If Yes, FY(s) _____</p> <p>CPP Funding    ___ No ___ Yes. If Yes FY(s) _____</p> <p>If yes to any question be sure to answer questions 13 and 14.</p>
<b>For providers who have received prior HCBS, Disparity or CPP Funding from DDS</b>	
13. 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.	
14. 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.	

**Home and Community-Based Services (HCBS) Rules  
CONCEPT FORM**

HCBS CONCEPT BUDGET						
Vendor Name						
Vendor Number(s)						
	Salary and Benefits	Year 1 Budget		Year 2 Budget		Total Cost
		FTE	Annual Cost	FTE	Annual Cost	
<b>Personnel (salary + benefits)</b>						
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
<b>Personnel Subtotal</b>			<b>\$ -</b>		<b>\$ -</b>	<b>\$ -</b>
<b>Operating expenses</b>						
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
<b>Operating Subtotal</b>			<b>\$ -</b>		<b>\$ -</b>	<b>\$ -</b>
<b>Administrative Expenses</b>						
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
<b>Administrative Subtotal</b>			<b>\$ -</b>		<b>\$ -</b>	<b>\$ -</b>
<b>Capital expenses</b>						
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
<b>Capital Subtotal</b>			<b>\$ -</b>		<b>\$ -</b>	<b>\$ -</b>
<b>Total Concept Cost</b>			<b>\$ -</b>		<b>\$ -</b>	<b>\$ -</b>

See Attachment F for budget details and restrictions

## Home and Community-Based Services (HCBS) Rules REGIONAL CENTER RECOMMENDATION FORM

REGIONAL CENTER:	
VENDOR NAME:	
VENDOR NUMBER:	

Please describe why and how the concept is necessary for the vendor to come into compliance with the settings requirement.			
Please describe any potential challenges this vendor might have in implementing this concept.			
If the vendor has received other funding from DDS, including HCBS, disparity funding or CPP funding, please comment on how the vendor used the funds and met or did not meet the funding expectations. Please also comment on the uniqueness of this request relative to any prior funding received. Mark N/A if no prior funding received.			
Please mark whether you recommend or do not recommend the concept and describe your rationale.			
Recommend:		Do not recommend:	
Rationale:			

## Home and Community-Based Services (HCBS) Rules DEPARTMENT REVIEW FORM AND SCORING RUBRIC

NAME OF REVIEWER:	
VENDOR NAME:	
REGIONAL CENTER:	
VENDOR NUMBER:	

**REVIEW** (Completed by at least 2 reviewers who shall not be aware of other scores)

Completeness (score – 0 or 1 point only):	Weight	Score	Max Total
Evaluation form is complete	3	1	3
Concept form is complete	3	1	3
Content review (score – 0 inadequate, 1 satisfactory, 2 exceptional):			
Service Description/Baseline for services	1	2	2
Summary Narrative	2	2	4
Barriers for Compliance (for each noncompliant area)	3	2	6
How Bringing into Compliance (for each noncompliant area)	4	2	8
Proposed Outcomes and Methods to Achieve	4	2	8
How Participant Input is Incorporated	3	2	6
How Person-Centered Services are Improved	3	2	6
Sustaining Benefits and Value	2	2	4
Budget and Timeline	2	2	4
<b>Total Score (for rank)</b>			<b>54</b>

<p><b>OBJECTIVE SUMMARY:</b></p> <ul style="list-style-type: none"> <li>- What is being recommended for funding by reviewer and brief justification for vendor's request(s) if applicable</li> <li>- Items not considered for funding with rationale</li> <li>- Impact of prior funding review if relevant</li> <li>-Questions for the regional center</li> </ul>	
<p><b>Recommended \$</b></p> <ul style="list-style-type: none"> <li>- Include items and costs</li> </ul>	

**Home and Community-Based Services (HCBS) Rules  
DEPARTMENT REVIEW FORM AND SCORING RUBRIC**

NAME OF REVIEWER 1:	
NAME OF REVIEWER 2:	
NAME OF REVIEWER 3:	
VENDOR NAME:	
REGIONAL CENTER:	
VENDOR NUMBER:	

**Review Comparison Completed by 2<sup>nd</sup> Reviewer**

<b>FIRST SCORE:</b>		<b>FIRST \$ REC:</b>	
<b>SECOND SCORE:</b>		<b>SECOND \$ REC:</b>	
		<b>\$ REC DIFFERENCE:</b>	
<b>SCORE DIFFERENCE: (3<sup>RD</sup> REVIEW IF &gt;10)</b>  Circle if yes		<b>\$ REC DIFFERENCE %: Difference/smaller \$ (3<sup>RD</sup> REVIEW IF &gt;20%)</b>  Circle if yes	
<b>THIRD SCORE:</b>		<b>THIRD \$ REC:</b>	
<b>AVERAGE OF 2 CLOSEST SCORES: (USED FOR RANK)</b>		<b>RECONCILED \$ REC: (TEAM)</b>	
<b>REGIONAL CENTER RECOMMENDATION:</b>  Yes  No			

## Home and Community-Based Services (HCBS) Rules DEPARTMENT REVIEW FORM AND SCORING RUBRIC

### REVIEW GUIDE

	Weight	Score	Total
<b>Scores of 0 (not complete) or 1 (complete) only</b>			
<b>Evaluation form is complete</b> For residential settings, federal requirements 1-10 are filled out; for non-residential settings, federal requirements 1-5 are filled out (occasionally 10 will be completed for non-residential; this is fine). "No" is marked for at least one of the federal requirements (some providers may mark "yes" but provide explanation that they are partial/do not meet; this is fine). An explanation is provided for each "No" answer. An explanation is provided for each "Yes" answer.	3	1	3
<b>Concept form is complete</b> All required items are filled out. Make sure to confirm that questions about prior funding are completed if relevant.	3	1	3
<b>Scores of 0 (inadequate), 1 (adequate) or 2 (exceptional)</b>			
<b>Service Description/Baseline for services</b> Description of services enables reader to understand current service delivery model and the baseline situation for the aspects of the service delivery model that will be impacted by the concept.	1	2	2
<b>Summary Narrative</b> Explains the concept succinctly and completely and could stand alone to describe the project to an individual with only the summary.	2	2	4
<b>Barriers for Compliance (for each noncompliant area)</b> Barriers are accurately and completely described for each deficiency and demonstrate an understanding of the settings rules. Barriers represent meaningful impediments to meeting settings requirements.	3	2	6
<b>How Bringing into Compliance (for each noncompliant area)</b> For each deficient area, the rationale for gaining compliance is clear and sound. The explanation accurately describes how the concept addresses the deficiencies and brings the program into compliance with the requirements.	4	2	8
<b>Proposed Outcomes and How Achieved</b> Outcomes and method for achieving them are clear, realistic, and appropriate for addressing identified deficiencies. Exceptional scores will include objective means to track outcomes.	4	2	8
<b>How Participant Input Incorporated</b> Concept design and purpose reflect input from target population that takes into consideration the communication styles and methods of the population served. Exceptional scores include direct input from participants in concept development process.	3	2	6
<b>How Person-Centered Services are Improved</b> Concept improves individual choice for participants and enhances ability to integrate into the community in meaningful ways.	3	2	6
<b>Sustaining Benefits and Value</b> Concept creates lasting benefit to program that enables program improvements to be maintained after funding cycle.	2	2	4
<b>Budget and Timeline</b> All major parts of the budget are explained in narrative. Budget amounts are reasonable and clearly indicate the use of funds linked to the concept.	2	2	4

## Home and Community-Based Services (HCBS) Rules DEPARTMENT REVIEW FORM AND SCORING RUBRIC

<p><b>OBJECTIVE SUMMARY:</b></p> <ul style="list-style-type: none"> <li>- What is being recommended for funding by reviewer and brief justification of vendor's request(s) if applicable</li> <li>- Items not considered for funding with rationale</li> <li>- Impact of prior funding review if relevant</li> <li>-Questions for the regional center</li> </ul>	
<p><b>Recommended \$</b></p> <ul style="list-style-type: none"> <li>- Include items and costs</li> </ul>	

### Guidelines for Scores:

#### **2 - Exceptional**

- Exceeds the minimum requirements explained above and specifically describes how and/or what will be accomplished.

#### **1 - Adequate**

- Satisfies the minimum requirements explained above and describes generally how and/or what will be accomplished.

#### **0 - Inadequate**

- Does not satisfy the minimum requirements explained above, and does not describe how and/or what will be accomplished.



## Home and Community-Based Services (HCBS) Rules DEPARTMENT FUNDING GUIDANCE

Complete the line item budget estimated to fulfill the goals of the project. The worksheet is divided into the following sections:

- Personnel: salary/wages and benefits
- Operating expenses
- Administrative expenses/Indirect costs
- Capital Costs

For each item needed include the annual cost needed (“Year 1 annual cost” “Year 2 Annual Cost”). Add the total cost for the duration of the project (“Total Cost”). If the project duration is 12 months, only complete the “Year 1” column.

### Budget Details and Restrictions

#### Allowable Expenses

Allowable expenses shall meet the following criteria:

- Not prohibited under state laws, regulations, or HCBS program requirements;
- Reasonable costs for project activities;
- Related to the goal of the project; and,
- Adequately documented.

The project costs and planned use of resources must be appropriate to support the proposed activities and achieve the project outcomes. The following provides descriptions and examples of allowable items under each project category.

#### Direct Costs

Direct costs are incurred for activities or services that benefit the HCBS compliance funds project. Direct costs are separated into personnel and operating expenses.

#### **Personnel: Salary/Wages and Benefits**

Personnel costs are direct operating costs for project staff time devoted to fulfilling the goals of the project.

- Salary/Wages
  - Employee costs must be directly related to the activities of the project.
  - Full-time equivalent (FTE) means an employee who works full time (e.g., 40 hours per week).
  - Total hours worked on all concepts, grants or contract funding sources cannot exceed 1 FTE for each employee.
- Benefits
  - Benefits include payroll taxes, workers’ compensation, health and welfare and all other required employee benefits.
  - Benefits should include the percentage that will be charged to the concept.
  - Subcontractors are included under operating expenses.

## Home and Community-Based Services (HCBS) Rules DEPARTMENT FUNDING GUIDANCE

### Operating Expenses

Operating expenses are costs incurred as a result of activities performed as a service to the target population. Examples of operating expense line items include the following:

- Advertising and outreach
  - Costs associated with creating flyers, documents, advertisement, etc.
  - Other specific purposes necessary to meet the requirements of the concept.
- Food and beverages for training/workshop attendees
  - Applicants must demonstrate that food and beverage costs for clients, potential clients, and their families are necessary to meet the goals and objectives of the project.
  - Food and beverage line item can be used for meetings/training/workshops for the HCBS compliance concept.
- Instructional Items
  - Instructional materials (e.g., pens, paper, curricular materials, manuals, books, DVDs) must be purchased only in amounts reasonably expected to be utilized during the term, and in performance of the HCBS compliance concept agreement for workshops and/or trainings for participants.
- Office Supplies
  - Office supplies for use during the project by project staff in performance of project activities (e.g., paper, pens, folders, binders).
- Transportation
  - Cost of transportation, including public transportation, for training/workshop participants, and, if relevant, participants and their families to participate in HCBS compliance concept-related events/activities.
- In-state travel
  - Per diem and travel costs for vendor staff to travel to HCBS compliance concept-related meetings/training within the State of California (e.g., airfare, bus, train, rental cars, personal vehicle mileage, lodging, and food costs).
  - Projects may utilize this travel line item to meet with other HCBS compliance projects if there is a project need.
  - Actual costs are not to exceed the CalHR designated rates as stated on: <http://www.calhr.ca.gov/employees/Pages/travel-personalvehicle.aspx>
- Facility costs, such as rent and utilities for project activities
  - Costs must be proportionate to the usage of the space dedicated to project activities, not space already funded by other programs.
  - If facility costs are included as indirect costs, they cannot also be included under operating expenses.

## Home and Community-Based Services (HCBS) Rules DEPARTMENT FUNDING GUIDANCE

- Subcontractor costs
  - Subcontractor costs are project activities performed by another organization that is not an employee of the vendor.
  - Examples of subcontractor costs include but are not limited to:
    - Interpretation and/or translation costs;
    - Speakers/trainers who are not employees; and,
    - Costs associated with rental space for a training or workshop for participants (e.g., staff).
  - Include information in the budget narrative about contractor expenses.
    - For each subcontracted employee, the total hours worked for all the line item positions on the project and/or all other funding sources cannot exceed 1 full-time equivalent (FTE). FTE means an employee who works full time (e.g., 40 hours per week).
    - If a subcontracted employee is working on multiple projects, include the project name, funding source, and FTE for each of these projects in the budget narrative.

### Administrative Expenses/Indirect Costs

Administrative expenses are indirect, organization-wide, general-management costs (i.e., activities for the direction and control of the organization as a whole) that are necessary to successful implementation of the project.

- If expenses are included under personnel or operating, those costs cannot also be included under administrative expenses/indirect costs.
- Administrative expenses/indirect costs must be supported by actual costs incurred and paid by the organization.
- Administrative expenses shall not exceed 15% cap of total funds received, excluding capital costs as per: [http://leginfo.legislature.ca.gov/faces/codes\\_displaySection.xhtml?sectionNum=4629.7&awCode=WIC](http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=4629.7&awCode=WIC).
- Each administrative expense needs to be listed in the budget worksheet as a separate line item along with the corresponding cost and description.
- The administrative expense allocation method utilized must be explained in the budget narrative and justified within the project concept.

### Items that cannot be paid with HCBS funds

- Supplements to the salaries of existing full-time staff
- Item that doesn't bring provider into compliance with HCBS Final Rule
- Item that should be in an Individual Program Plan (IPP)
- Item that is part of basic safety or other concept that should be funded by provider already (accessibility challenges can be funded if too large/not appropriate to be done as part of an IPP, e.g., adding a ramp to a home to support aging in place.)
- Any funding when a program is closing

## Home and Community-Based Services (HCBS) Rules DEPARTMENT FUNDING GUIDANCE

- A concept with sustainability concerns (e.g., financial sustainability concerns or unsustainable goals/objectives.)
- Consumer wages
- Concepts where primary purpose of funding is generating revenue stream without primary benefit to existing population (e.g., for transition)
- Transition plan that does not include substantial/primary benefit for current participants
- Maintenance costs for existing or new items
- Out-of-state travel
- In-state travel and per diem that is not in accordance with or exceeds the CalHR designated rates
- Food and beverages for meetings that do not include target population participants
- Entertainment purposes including, but not limited to, raffles, games, contest prizes, gambling, bingo
- Alcohol
- Promotional items such as: souvenirs, wearables, gifts, gift cards, “stuff we all get” (also known as “S.W.A.G.”), giveaways, etc.
- Conferences, defined as events solely focused on information dissemination that are not tied to the project goal
- Lobbying
- Fundraising
- Bad debts
- Commute mileage
- Expenses described as “miscellaneous,” “other” or “etc.”
- Fines and penalties
- Costs budgeted as a direct line item expense, if an administrative expense/indirect cost rate is already used
- Interest
- Professional Liability Insurance
- Security services