

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

Vendor number(s)	HE0479
Primary regional center	East Los Angeles Regional Center
Service type(s)	Adult Residential Facility
Service code(s)	915
Number of consumers currently serving and current staff to consumer ratio.	6 consumers, 2:3 staff to consumer ratio, and there are shift where it's 3:3 staff to consumer ratio.
Have you or the organization you work with been a past recipient of HCBS Funding?	No
Please provide a brief description of the service/ setting that includes what a typical day consists of and how services are currently provided; include barriers to compliance with the HCBS rules.	Jenesis Home is a staff operated facility designed to operate at service level 4I. The program is designed to serve developmentally disabled adults (ages 18 - 59) in a homelike family setting. The program also provides substantial amounts of supervision, support, and training geared toward independence and maximization of the consumers' potentials. The primary barriers to compliance are the absence of formal person center planning process and the lack of trained staff who are able to develop and implement PCT process.
Identify which HCBS federal requirements this concept addresses that are currently out of compliance.	Federal Requirement #2: Federal Requirement #3: Federal Requirement #4: Federal Requirement #5:
Narrative/description of the concept; include justification for the funding request and explain how the concept would achieve proposed outcomes.	Jenesis Home is an Adult Residential Facility that supports 6 resident. The concept for this project is to develop a PCT based planning process that will be used to develop individual plans for all residents and an organizational plan that will address necessary changes to the operations of the facility including changes related to HCBS guidelines. We are requesting HCBS compliance funding to provide person-centered trainings to our staff, residents of our homes, and families. Expert consultants will provide several training sessions and evaluate ways in which we can restructure how we are serving the individuals residing in our homes to achieve stronger outcomes. Goals of the project will include: 1) the development of a PCT planning process and related documents; 2) the creation and

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	<p>implementation of a PCT plans for all residents; 3) the implementation of programmatic changes based on the individual's preferences and HCBS guidelines; 4) the development of related staff training; and 5) the sharing of best practices with other service providers and regional center staff via a "white paper" that could be shared through presentations or trainings.</p> <p>We feel that using this person centered process created by the project will guide us in correcting the HCBS requirements currently out of compliance in the following ways: Federal Requirement #2: The new individual planning model developed by this project will include a description of other residential settings available to the individual and will document a plan to address their preferences; Federal Requirement #3: The project will address the development of a formal communication process for residents that ensures their knowledge of these rights and will assess any needs or concerns they have in this area. Staff training will be provided to ensure that all staff are aware of and understand the application of the HCBS guidelines, as well as individual preferences; Federal Requirement #4: The new person centered planning process will give residents a chance to include their preferences in their individual plan allowing staff to structure supports and activities accordingly. We hope this will result in a more self-directed culture for residents; Federal Requirement #5: By eliciting input from residents more formally and systematically through the new PCT planning process, managers will be able to include resident input about preferred staffing and the manner of service provision in the operational planning of the home.</p>
<p>Please describe your person-centered approach¹ in the concept development process; how did you involve the individuals for whom you provide services?</p>	<p>The idea to use Person Centered Thinking (PCT) as a way to inform program operations came from the natural, but informal way in which residents' preferences are included in decision making now. Staff met with several residents to introduce the idea of a more formal and extensive PCT process that would contribute to the operation of their home and the development of new individual plans. All those we spoke with felt that having more input in how things operate and how staff support them would be very beneficial. Several residents listed what they like about their living environment now, but also noted some things that they'd like to have change such</p>

¹ A person-centered approach emphasizes what is important to the individual who receives services and focuses on personal preferences, satisfaction, and choice of supports in accessing the full benefits of community living. For more information regarding person-centered practices, please visit www.nasdds.org/resource-library/person-centered-practices.

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	<p>as increased access to certain types of community activities, more opportunities to spend time with friends outside of the home, and increased training for staff on how to be more patient and better problem solvers. One person suggested that it would be good to have someone make sure that resident ideas are written down so staff could remember them.</p>
<p>Does the concept address unmet service needs or service disparities? If so, how?</p>	<p>Addressing unmet service needs is at the core of this concept. By using PCT concepts to develop a process that is designed to include the individual preferences of the residents in decisions about facility operations as well as individual planning, unmet needs will be identified and met.</p>
<p>Estimated budget and timeline; identify all major costs and benchmarks — attachments are acceptable.</p>	<p>Estimated Budget:</p> <ul style="list-style-type: none"> • PCT Trainer/Expert Consultant (Approved by Regional Center) – \$85,000, This includes: 1) Multiple training sessions for residents, leadership team, direct care staff, families/caregivers. 2) Train the Trainer sessions for key program staff. • (2) 3-hour sessions for Leadership Team; (2) 2-hour evening sessions with families; (5) 30-minute sessions with residents; Evaluation of homes and recommendations. \$8,000 • (4) 4-hours sessions for 12 direct care staff \$2,000 Payroll costs for 12 staff to attend training sessions and backfilling staff during trainings \$5,000 • Training Material and Project Supplies - \$2,500 • Equipment/Computer - \$2,500 <p>Project Benchmark: One year from grant award date</p> <ul style="list-style-type: none"> • Months 1- 2: hire/train coordinator • Months 3-6: develop and pilot PCT based planning process and documents, train staff on PCT principles and HCBS guidelines, initiate individual planning for residents • Months 6-9: complete all individual plans, assess and implement organizational changes necessary based on input from individual plans in context of HCBS guidelines, provide staff training on all individual plans and organizational plan • Months 9-12: coordinate additional PCT planning follow-up regarding individual and organizational planning, assess need for and implement any additional staff training to ensure sustainability of project, draft white paper describing best practices and any challenges/opportunities to share with regional center

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	and provider community.
Total requested amount.	\$ 105,000
What is your plan for sustaining the benefits, value, and success of your project at the conclusion of 2018-19 HCBS Funding?	The implementation of this project will ensure not only that Jenesis Home is compliant with HCBS rules, but that the supports offered are based on the way in which each resident chooses to live their life at home and in the community.