

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

Vendor number(s)	HS0419, HS0444, HS0445, HS0446, HS0489, HS0490, HS0491, HS0494, HS0493, HS0649, HS0510
Primary regional center	San Andreas Regional Center (SARC)
Service type(s)	Residential
Service code(s)	904R
Number of consumers currently serving and current staff to consumer ratio.	Currently serving 43 consumers in our residential program. Our staff-consumer ratio: 2:3 during waking hours. Awake staff on the floor at night with a ratio of 1:3.
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.	<p>All CCO programming is founded upon Ten Quality of Life Outcomes—non-negotiable requirements of all services delivered by CCO, helping individuals we serve become full participants in their own homes and communities. Emphasis is placed on developing positive relationships among familiar people and those in the community, extensive opportunities for social interaction, understanding and exercising one’s rights and respecting the rights of others, and fullest possible participation in one’s life and community. These outcomes are inherent in all experiences and learning offered. CCO offers two residential options:</p> <ul style="list-style-type: none"> • Homes managed and staffed by CCO employees (called Family Teaching Model homes, or FTMs); • Private homes in which families incorporate up to two individuals into their own home (called Extended Family Teaching homes, or EFTs). <p>Additionally, CCO delivers a state-of-the-art day services program, CommUniversity.</p> <p>In addition to mandatory annual certification, our Quality Assurance process includes ongoing oversight and feedback concerning all aspects of individuals’ lives.</p> <p>Despite rigorous training and ongoing oversight and coaching in a highly person-centered model, our teachers/direct service professionals may hold on to their experience from less person-centered environments. Some of our home managers (called Family Teaching Counselors, FTCs) transitioned with CCO’s initial consumers from local institutions and developmental centers (CCO was brought to California to serve individuals leaving Agnews Developmental Center over a decade ago). Overall, residential care facilities are not</p>

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	<p>designed to provide individualized treatment. Though committed to the lives of the individuals they serve, a comprehensive, person-centered approach can seem foreign to employees from typical environments.</p>
<p>Identify which HCBS federal requirements this concept addresses that are currently out of compliance.</p>	<p>Federal Requirement #4 calls for person-centered considerations in all aspects of an individual's life, every day. CCO's FTCs are responsible for each participant's home environment, daily activities, implementation of teaching plans, ongoing learning and growth, and the overall rhythm of life. Therefore, to ensure a highly person-centered experience requires that all staff understand and fully committed to a constant focus on the needs and preferences of those they serve.</p>
<p>Narrative/description of the concept; include justification for the funding request and explain how the concept would achieve proposed outcomes.</p>	<p>CCO seeks HCBS funding to engage an expert consultant in person-centered service delivery. Expected outcomes:</p> <ul style="list-style-type: none"> • CCO staff expertly trained and inspired to embrace service delivery through a person-centered approach. Managers will be skilled at providing coaching and oversight to their staff through comprehensive training to all CCO staff. Our staffing structure requires multiple trainings to different groups. • We will assess CCO's training curriculum in light and expand specific teaching on person-centered thinking and planning, as well as infuse this approach in all aspects of our training curriculum and annual Certification Program, as appropriate. • Sustainability and scalability of this approach through advanced training to higher-level staff who will assume the role of training and coaching staff ongoing. We also seek to develop a range of instructional approaches and materials to teach our consumers about person-centered thinking. • Access to expertise on a retainer basis, to ensure customized troubleshooting of unexpected challenges through the first year of implementation. <p>With HCBS funding, CCO expects to enhance and strengthen current programming and expand the ways in which we ensure a person-centered approach in all aspects of the lives of those we serve today and in the future.</p>
<p>Please describe your person-</p>	<p>As described, CCO's model includes constant teaching,</p>

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<p>centered approach¹ in the concept development process; how did you involve the individuals for whom you provide services?</p>	<p>coaching, oversight, and feedback to direct care staff from the Administrative team. In addition to extensive interaction with each of our consumers in and out of the homes, Administrators (Quality Assurance, behavior, nursing, finance, HR, facilities, and program delivery) meet weekly to discuss all aspects of their lives. CCO's Clinical Team (consisting of Executive Director, Behavior Analysts, and Nurses) also meets weekly to more extensively explore concerns, issues, and opportunities, and to develop solutions that are appropriate for each individual. Each week we address issues resulting from direct care staff who do not fully embrace person-centered thinking in all aspects of individuals' lives.</p>
<p>Does the concept address unmet service needs or service disparities? If so, how?</p>	<p>This concept addresses service needs that are unmet when implementation of our programs misses the mark with respect to person-centered attention to all areas of the lives of the people we serve. By the time the final rule is fully in effect, CCO hopes to be comprehensively person-centered at all levels of programming we provide.</p>
<p>Estimated budget and timeline; identify all major costs and benchmarks — attachments are acceptable.</p>	<p>Project phases and anticipated costs:</p> <ol style="list-style-type: none"> I. Research potential consultants with expertise to help CCO reach the goals of this project (\$1,000); II. Introduction & education of consultant on CCO model and programs to inform an appropriate plan (\$3,000); III. Assessment of all CCO employee training and Certification Program with recommendations for strengthening training components (\$6,000); IV. Training of all CCO personnel (\$5,000); V. Develop training strategies for our consumers (\$2,000); VI. Maintain consultant support through one year of implementation (\$10,000).
<p>Total requested amount.</p>	<p>\$ 27000</p>
<p>What is your plan for sustaining the benefits, value, and success of your project at the conclusion of 2018-19 HCBS Funding?</p>	<p>By addressing our training & mandatory Certification Program will build person-centered thinking into CCO's infrastructure. We believe we are well-positioned to implement new and enhanced training and programming, and serve as a model to other organizations working toward full compliance.</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.