

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

Vendor number(s)	HQ0422 & HQ1191
Primary regional center	San Diego Regional Center
Service type(s)	Adult Residential Facility L4-I
Service code(s)	915
Number of consumers currently serving and current staff to consumer ratio.	12 consumers 6 in each house. 1 staff to 3 consumers. None of the residents can be independent in the community due to their disability and unpredictability.
Have you or the organization you work with been a past recipient of HCBS Funding?	No we have not received past HCBS funding.
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>We provide 24 hour care and supervision. A typical day. Up at 6:30am, hygiene, breakfast, day program or school, return home, hygiene, snack, possible outing, or games, programming, dinner, TV, medication, snack, tv or games, hygiene, snack, medication. Hour of quiet, lights out.</p> <p>As a vendor of the Regional Center we receive a fixed income based upon the state budget. The income is not adequate to provide the needed levels of support for staff and residents. Because caregiving is an entry level position with low wages, we see an extremely high amount of employee turnover. Our resident's income is also fixed, averaging at about \$110.00 per month, to spend on personal items and activities. Some examples of resident's expenses: medication and incontinence supplies, not covered by insurance, apparel, community outings, public transportation, special purchased lunch on Fridays through school or programs, personal preferred hygiene products, cel phone etc. We also, have a lack of funding for proper caregiver training of the person centered process, which leaves our employees unaware of the importance of informed choice and community integration. As an additional part of our community integration conversation, a team consisting of residents, staff, neighbors, parents and conservators, spoke about the implementation of a community garden. A community garden would be essential for many reasons. It would allow the residents to help with the planning and development. It will foster community connections, which could lead to further community engagements such as getting involved with local farmers market and providing fruits and vegetables to those in need. We currently own one van for 12 residents. The facility vehicle does not safely seat all</p>

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	<p>residents and staff at one time, which prevents group outings, or several individual outing. Recently we were given tickets to see the 'Grinch who Stole Christmas, Unfortunately, only six consumers and two staff could go due to the lack of space in the van. Barriers to HCBS Compliance: 1.Number of Qualified Staff and hours to accommodate training 2. Staff training 3. Client training 4. Adequate Transportation 5. Lack of vendor and client funding 6. Development of property backyard for a community garden.</p>
<p>Identify which HCBS federal requirements this concept addresses that are currently out of compliance.</p>	<p>Federal Requirement #1. Due to limited funding the residents are largely unable to participate in the activities and experiences of their choice. Residents would like to create a community garden. They would also, like to have year round access to the YMCA, Six Flags and movie passes, cooking classes, music class, swimming and dance classes funding for Camp and attend yearly vacation.</p> <p>Federal Requirement #3. Due to low wages we often have staff that does not understand the person-centered process. The often have very little formal education and limited experience in the field of caregiving for adults with Intellectual disabilities. Therefore, lacking the ability to communicate and teach in a manner that coincides with the HCBS concept.</p> <p>Federal Requirement #4. The provider tries to accommodate the residents with their individual needs and preferences, however, without funding it is nearly impossible to accommodate all 12 residents. A community garden would foster relationships, services and support from individuals who are not receiving regional center services.</p> <p>Federal Requirement #5. The providers is very supportive in the encouragement of residents choices. The provider is also, creative in finding and creating activities for the resident to do at home, since we are lacking adequate transportation and quality staffing to accommodate multiple individual outings, with choice staff.</p> <p>Federal Requirement: #10 Currently, the home does not have grab bars in the bathrooms. With a total of 7 bathrooms between the two homes. Although, all residents are ambulatory this poses a safety hazard. Currently residents are restricted from going into the backyard as it is full of dirt, rocks and it is not</p>

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	fenced in. A community garden would meet all the HCBS requirements and offer the freedom to access the backyard safely.
Narrative/description of the concept; include justification for the funding request and explain how the concept would achieve proposed outcomes.	<ol style="list-style-type: none"> 1. Additional Qualified staffing is needed for home skills, personal grooming, and for more community integration. 2. Staff training of empowerment for residents to assist in person centered planning. 3. Backyard community garden to provide a sense of pride and community integration. 4. Resident expense related to but not limited to the YMCA, amusement parks, vacations and individual activities and outings. 5. An additional adequate facility vehicle that will accommodate group and individual trips.
Please describe your person-centered approach ¹ in the concept development process; how did you involve the individuals for whom you provide services?	Over the past year, several support team panels consisting of residents, resident parents, conservators, Behavioral Specialist, staff, community neighbors, Service Coordinator and Administrators. Specific topics were discussed regarding activities, individual choices, another facility vehicle, community integration, a backyard garden, and resident and staff training and understanding of the person centered lifestyle and HCBS rules. The residents have been very active in expressing their needs, wants and goals and choices.
Does the concept address unmet service needs or service disparities? If so, how?	The proposed concept will meet all of the unmet service needs of the resident by providing resident and staff training, community integration and promotion of person-centered planning and thinking.
Estimated budget and timeline; identify all major costs and benchmarks — attachments are acceptable.	See attached page.
Total requested amount.	\$ 120,494.00
What is your plan for sustaining the benefits, value, and success of your project at the conclusion of	<p>Once the garden is complete the residents and community will maintain its up keep.</p> <p>Once the vehicle is purchased vendor will keep up with the maintenance.</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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2018-19 HCBS Funding?	With the sell of fruits and vegetables throughout the year residents should be able to save up to purchases their own passes and memberships. Once facility manager and key staff are trained and educated to the person centered way they will be able to train the new staff and clients as they come in. We also, anticipate that residents will be employed through their various day programs in compliance with the HCBS rule.
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