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

Vendor number(s)	H89124, HB1015
Primary regional center	Golden Gate Regional Center
Service type(s)	Family Home Agency
Service code(s)	904
Number of consumers currently serving and current staff to consumer ratio.	66- most providers have 2 residents
Have you or the organization you work with been a past recipient of HCBS Funding?	Golden State Residential Adult Program has not received 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.	Golden State Residential Adult Program (GSRAP) certifies individual providers to serve residents in the providers home. Most providers have two residents in the home. Residents are encouraged to follow a schedule which has meaning for them, however they tend to work or attend a day program and then they are home for the rest of the day. GSRAP has several barriers to address to be in compliance. Barriers include: Change in paradigm for providers, residents and administrative staff (including training for all); Lack of transportation in the face of diverse community preferences; Recruiting volunteers to widen the ability of providers to assist residents in meeting their preferences; more self advocacy for residents
Identify which HCBS federal requirements this concept addresses that are currently out of compliance.	Requirements: 1, 4, 5, 6, 7 and 8.
Narrative/description of the concept; include justification for the funding request and explain how the concept would achieve proposed outcomes.	Golden State Residential Adult Program is requesting funds to close the gap between current supports and services and required changes to comply with federal requirements to meet the upcoming Home and Community Based Services. Our goals are: **Goal #1: Increase residents' ability to pursue preferences and integrated activities in natural community environments (Requirements #: 1, 4, 5, 8)** Objectives: - #1 Develop an internal team to ensure the agency is complying with the requirements. The team would consist of two paid residents, 2 providers and 2 administrative staff. Their role would be to meet with other residents and providers to advise leadership staff how changes could be made, provide feedback on policy and procedure revisions related to the new requirements and community those

	changes to other providers and residents. #2 Recruit and pay 2 agency residents to become an expert on the federal requirements and self-advocacy activities. The residents would be trained to be "quality assurance" for the shift in paradigm and would provide trainings for residents and providers. They would also participate in quarterly rap sessions to keep the other residents up to date with the changes related to the federal requirements; #3 Hire a volunteer coordinator/community connector to develop infrastructure to recruit volunteers who could support resident preferences in the community (identify opportunities for socializing with non disabled peers, identify novel activities and use technology such as social media- to identify appropriate meet up groups) to enhance integrated activities in natural environments. **Goal #2 Expand transportation opportunities to enhance community activities (Requirements #1,4)** Objectives: #1 Purchase two small vehicles (4 or 5 passengers) to assist resident's in increasing their access to the community #2 Purchase curriculum to enhance the mobility training of the residents/staff #3 Encourage all of the residents to be independent in mobility as much as they can (e.g. sign up for the local Para transit agency, staff accompanying residents on public transportation **Goal #3 Review and revise the agencies policies, procedures and infrastructure in order to shift our residential paradigm from provider/staff driven to resident driven (Requirements # 1, 4, 5, 6, 7)**Objectives: #1 Put together a workgroup that can review the agencies policies and procedures, and infrastructure shift needed to change the program from provider/ staff driven to resident driven program #3 Provide training to providers, residents and administrative staff on the nuances of transitioning from provider/staff driven to resident driven services #4 Expand consultant hours to facilitate small group discussions with providers, residents & staff to implement a more person centered approach (including having the residents document their progress towards goals)#5 Expand the online paperless documentation system to include residents in order for them to track their own goals (includes training to let them enter the data) **Goal #4 Train providers, residents, and management/administrative staff on the person centered resident model (Requirements # 1,4,5,6,7,8)** Objective: #1Expand consultant hours to provide quarterly training to residents, providers and management staff

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	(training topics include: being a community connector, person centered planning, being a good tenant, etc.)
Please describe your person-centered approach[1] in the concept development process; how did you involve the individuals for whom you provide services?	GSRAP's case managers discussed ways the program could be improved (including unmet needs) during monthly meetings. They met with providers and residents. While the agency supports person centered planning a more robust model of person centered support is needed in order to comply with the Federal Requirements.
Does the concept address unmet service needs or service disparities? If so, how?	Our funding request addresses unmet service needs in order to be in compliance with the upcoming HCBS requirements in the following areas: enhanced infrastructure to support the agency in effectively implementing the federal requirements; additional training for providers, residents and staff; reaching out to volunteers to assist residents in engaging in their community with non disabled peers; revising our outreach to potential providers (perhaps including regional center customers) and enhancing transportation options.
Estimated budget and timeline; identify all major costs and benchmarks — attachments are acceptable.	Please See Attachment A for the budget. Quarter 1;Planning/Implementation Meeting for the Grant; Develop an internal team; Recruit 2 residents to become advocates for other residents Quarter 2: Purchase curriculum including electronic records; get everyone signed up for the most independent type of transportation; lease two company vehicles; advocates meet with residents; internal team meetings Quarter 3: Training provided to providers, residents and staff- person centered thinking and HCBS compliance/logistics Quarter 4: Finalize policies and procedures
Total requested amount.	$ 308,262.00
What is your plan for sustaining the benefits, value, and success of your project at the conclusion of 2018-19 HCBS Funding?	The grant period will allow the organization to develop needed infrastructure that can be maintained by the current staff.

[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.nasddds.org/resource-library/person-centered-practices.