

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

Vendor name	<b>Brownell Care Home II</b>
Vendor number(s)	H75339
Primary regional center	San Andreas Regional Center
Service type(s)	Residential Care Home
Service code(s)	915
Number of consumers currently serving and current staff to consumer ratio.	6 consumers
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.	Brownell Care Home II is a level 3 home licensed by Community Care Licensing with 6 male residents. Three of the residents have physical limitations and are assisted with their ADL's, hygiene care and meals. Our residents are given choices of their personal products, meals and outings. Five of our residents attend their choice of day program and community based activities while one resident chooses not to attend any day program and chooses to stay home. We do use a minivan to transport the other residents but they are limited in one location due to just one vehicle. We are limited in our ability to tailor residents' preferences in community activities due to one vehicle and insufficient staffing ratio. Our Level 3 home receives income that is insufficient to provide support levels needed for staff and residents. We recognize we do need to facilitate community integration that is more specific to resident's choices and preferences. The entry level caregiver position pays minimum wage and we have extremely high turnover of staff. The home lacks funding to meet the new HCBS rules in Federal Requirement #1, #3,#4, #7, #8 & 10.
Identify which HCBS federal requirements this concept addresses that are currently out of compliance.	The home lacks funding to meet the new HCBS rules in Federal Requirement #1: Community integration and full access to the greater community is limited due to our facility vehicle not safely seating six residents and two staff for group outings. One resident chooses to stay home. We have insufficient staffing ratio that will allow more flexibility with the resident's needs.

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	<p>Federal Requirement #3: Due to our current economic situation, our fixed income is not adequate to provide the needed level of support for staff and residents, however, individuals have their rights to privacy, maintain their dignity and respect and are not subject to coercion and restraint. Consistency and appropriate training to staff and for the residents and their families and/or friends would help to meet the person centered planning learning process.</p> <p>Federal requirement #4: To effectively and fully implement the person centered process or person centered thinking, we need an outside expert to provide assessment and training to help us implement the new regulations and approach based on the concepts and practice of person centered planning, individual choice and integration.</p> <p>Federal Requirement #7: The principle of the new HCBS final rule is to ensure each individual we serve are afforded privacy in their living unit. All units will have entrance doors lockable by the residents, with only appropriate staff having keys to the doors as needed. The home will provide flexibility and support resident's choices of having the option to furnish and decorate their sleeping or living units with their own personal items based on their preferences.</p> <p>Federal Requirement #8: The residents we serve needs our support to control their own schedules and activities. They would like to access community events at night and activities on the week-ends. We can't be flexible in supporting resident's choices of activities due to lack of transportation to allow integration and connections into the community and insufficient staffing ratios that will allow for more flexibility with the resident's needs to meet the HCBC final rules.</p> <p>Federal Requirement #10: The setting is physically accessible to the resident. The home will make sure that all residents we serve have unrestricted access to the home. Some of our residents have physical limitations (i.e.; being blind; with seizure disorders) as well as developmental disabilities. Remodeling or alteration to the kitchen to provide more space to the residents in preparing and in cooking their meals. The kitchen is too tight and only allows one staff to assist and train one resident at a time for meal preparation and cooking skills.</p>
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Narrative/description of the concept; include justification for the funding request and explain how the concept would achieve proposed outcomes.	In order to be in compliance with the new HCBS rules, we are requesting funding to effectively implement programming that is person centered approach.
Please describe your person-centered approach <sup>1</sup> in the concept development process; how did you involve the individuals for whom you provide services?	Most of our residents are verbal and one resident is limited verbal). On our weekly resident council meeting, each of our residents voice out their ideas, suggestions or concerns. For other residents who are conserved, their conservator or responsible person is communicated with to find out if they are agreeable with the activities that was agreed upon by our residents (i.e; camping, trip to amusement park, attend social recreation on week-ends, etc.) Listening to their ideas/suggestions, complaints or concerns is one way of our effective communication with our residents. They inform us what they want to do, where they want to go for their community outings, when they will go for their shopping. We offer them choices/opportunities for various activities in the community (i.e. music concert in the park at night time, going out to the movies, etc.) We keep track of their preferences. We take down notes on their reactions when their preferences were not met.
Does the concept address unmet service needs or service disparities? If so, how?	The concept address unmet service needs or service disparities by making sure we double our ability to transport our residents. The train the facilitator is for Person centered planning for HCBS compliance.
Estimated budget and timeline; identify all major costs and benchmarks — attachments are acceptable.	Estimated budget: 1. Minivan – including taxes, registration, annual repair cost, gas \$(45,500.) Kitchen alterations by a contractor \$ 51,500.) Person centered Planning (Train the Trainer-facilitator \$6,000., Traininf for Staff for Person centered (1,200 and The trainer-facilitator) Door locks/labor - \$600.
Total requested amount.	\$104,800.00
What is your plan for sustaining the benefits, value, and success of your	Ongoing project for alteration & maintenance covered by plan & facility operating fund. More opportunities for residents created and facility will be in HCBS compliance.

<sup>1</sup> 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](http://www.nasdds.org/resource-library/person-centered-practices).

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project at the conclusion of 2018-19 HCBS Funding?	
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Vendor name	<b>Brownell Care Home III</b>
Vendor number(s)	HS0195
Primary regional center	San Andreas Regional Center
Service type(s)	Residential Care Home
Service code(s)	915
Number of consumers currently serving and current staff to consumer ratio.	6 consumers
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>Brownell Care Home III is licensed by Community Care Licensing with 6 residents. Our residents are given choices of their personal products, meals and outings. Four of our residents attend their choice of day program and community based activities while two residents do not attend any day program. We have one aging deteriorated 22 year old full size van that we use to transport our residents which is being shared with another home. We are limited in our ability to tailor residents' preferences in community outings and activities due to one vehicle and insufficient staffing ratio. Our home receives fixed income that is insufficient to provide support levels needed for staff and residents. We recognize we do need to facilitate community integration that is more specific to resident's choices and preferences. The entry level caregiver position pays minimum wage and we have extremely high turnover of staff. The home lacks funding to meet the new HCBS rules in Federal Requirement #1, #3,#4, #7 &amp; #8.</p>
Identify which HCBS federal requirements this concept addresses that are currently out of compliance.	<p>The home lacks funding to meet the new HCBS rules in Federal Requirement #1: Community integration and full access to the greater community is limited due to our facility vehicle not safely seating six residents and two staff for group outings. Two residents choose to stay home. We have insufficient staffing ratio that will allow more flexibility with the resident's needs.</p> <p>Federal Requirement #3: Due to our current economic situation, our fixed income is not adequate to provide the needed level of support for staff and residents, however,</p>

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	<p>individuals have their rights to privacy, maintain their dignity and respect and are not subject to coercion and restraint. Consistency and appropriate training to staff and for the residents and their families and/or friends would help to meet the person centered planning learning process.</p> <p>Federal requirement #4: To effectively and fully implement the person centered process or person centered thinking, we need an outside expert to provide assessment and training to help us implement the new regulations and approach based on the concepts and practice of person centered planning, individual choice and integration.</p> <p>Federal Requirement #7: The principle of the new HCBS final rule is to ensure each individual we serve are afforded privacy in their living unit. All units will have entrance doors lockable by the residents, with only appropriate staff having keys to the doors as needed. The home will provide flexibility and support resident's choices of having the option to furnish and decorate their sleeping or living units with their own personal items based on their preferences.</p> <p>Federal Requirement #8: The residents we serve needs our support to control their own schedules and activities. They would like to access community events at night and activities on the week-ends. We can't be flexible in supporting resident's choices of activities due to lack of transportation to allow integration and connections into the community and insufficient staffing ratios that will allow for more flexibility with the resident's needs to meet the HCBS final rules.</p>
<p>Narrative/description of the concept; include justification for the funding request and explain how the concept would achieve proposed outcomes.</p>	<p>In order to be in compliance with the new HCBS rules, we are requesting funding to effectively implement programming that is person centered approach.</p>
<p>Please describe your person-centered approach<sup>1</sup> in the</p>	<p>Most of our residents are verbal and one resident is limited verbal). On our weekly resident council meeting, each of</p>

<sup>1</sup> 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

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<p>concept development process; how did you involve the individuals for whom you provide services?</p>	<p>our residents voice out their ideas, suggestions or concerns. For other residents who are conserved, their conservator or responsible person is communicated with to find out if they are agreeable with the activities that was agreed upon by our residents (i.e; camping, trip to amusement park, attend social recreation on week-ends, etc.) Listening to their ideas/suggestions, complaints or concerns is one way of our effective communication with our residents. They inform us what they want to do, where they want to go for their community outings, when they will go for their shopping. We offer them choices/opportunities for various activities in the community (i.e. music concert in the park at night time, going out to the movies, etc.) We keep track of their preferences. We take down notes on their reactions when their preferences were not met.</p>
<p>Does the concept address unmet service needs or service disparities? If so, how?</p>	<p>The concept address unmet service needs or service disparities by making sure we double our ability to transport our residents. The train the facilitator is for Person centered planning approach for HCBS compliance.</p>
<p>Estimated budget and timeline; identify all major costs and benchmarks — attachments are acceptable.</p>	<p>Estimated budget: 1. Minivan – including taxes, registration, annual repair cost, gas \$(45,500.) Person centered Planning (Train the Trainer-facilitator \$6,000., Traininf for Staff for Person centered (1,200 and The trainer-facilitator) Door locks/labor - \$600.</p>
<p>Total requested amount.</p>	<p>\$53,300.00</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>Ongoing maintenance covered by plan &amp; facility operating fund. More opportunities for residents created and facility will be in HCBS compliance.</p>