Vendor name	HOMELIFE RCH
Vendor number(s)	Homelife RCH - #: H90946
Primary regional center	San Andreas 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 Staffing service level is 4I.
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.	Homelife RCH currently operates as a licensed 6-bed adult residential facility with a service level of 4-I. The licensee is Aurora Mendoza, while the administrator is Julius Ervin Javier. Consumers have developmental, behavioral, and medical conditions that make community participation and integration activities challenging. Among the barriers to compliance with the HCBS rules include: 1. The need for an extra van which will allow individualized access to social and recreational activities in the community 2. Service and behavior plans need to be modified to be more person-centered. Also, DSPs need to be trained in the implementation of these modified plans. 3. Construction of a new client room to allow two consumers to have privacy in a single room while continuing to reside at Homelife RCH.
Identify which HCBS federal requirements this concept addresses that are currently out of compliance.	 Purchase of a van -#1, #4, #8 Development of person-centered service & behavior plan & staff training - #5 Construction of another client room - #2, #7, #10

Narrative/description of the concept; include justification for the funding request and explain how the concept would achieve proposed outcomes.

1. Purchase of a van

– This will allow for more access to social and recreational activities in the community that are based on clients' needs and preferences. Also, this will give more flexibility and control for the residents to manage their own schedules, so they do not have to go to community activities in groups of 6, which is not normalizing and is not the ideal way to integrate into the community.

2. Development of person-centered service & behavior plan & staff training

– This means modifying the service and behavior plan of each resident so that it is more person-centered and HCBS-compliant. Also, all DSPs need to be trained in the effective implementation of these new plans and HCBS final rules in the best interest of the residents.

3. Construction of another client room

– Building a new room will enable two (2) of the six (6) residents to have their own rooms. This will allow these residents to have more privacy in a single room. Two individuals have expressed their preference for their own rooms while continuing to reside at Homelife RCH where they have been for a considerable amount of time.

Please describe your person-centered approach¹ in the concept development process; how did you involve the individuals for whom you provide services?

Several group meetings were conducted with the consumers, management and direct care staff to assess the current needs of the consumers and program areas that need to be modified to comply with the HCBS standards. Also, individual interviews were conducted by staff with consumers to determine their needs and preferences. These provided the rationale for the concepts that are being proposed for grant funding.

Does the concept address unmet service needs or service disparities? If so, how?

1. Purchase of a van

– This will allow for more access to social and recreational activities in the community and more flexibility and control for the residents to manage their own schedules.

2. Development of person-centered service & behavior plan & staff training

 This will help facilitate individual choice regarding services and supports, and will ensure that staff are adequately trained to support all the residents.

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.

	3. Construction of another client room– Building a new room will allow two (2) of the residents to have more privacy by having their own single room.
Estimated budget and timeline; identify all major costs and benchmarks — attachments are acceptable.	TIMELINES: 1. Purchase of a van — To be purchased upon funding approval 2. Development of person-centered service & behavior plan & staff training — To start upon funding approval 3. Construction of another client room — To start upon funding approval BUDGET (HOMELIFE RESIDENTIAL CARE) 1. Purchase of a van — 2019 TOYOTA SIENNA INCLUDES INSURANCE AND MAINTENANCE — \$ 55,000.00 2. Development of person-centered service & behavior plan & staff training A. MODIFICATION — SERVICE & BEHAVIOR PLANS — \$ 1,320.00 B. STAFF TRAINING — \$ 2,050.00 3. Construction of another client room - ROOM ADDITION — \$30,000.00
Total requested amount.	\$ 88,370.00
What is your plan for sustaining the benefits, value, and success of your project at the conclusion of 2018-19 HCBS Funding?	 1. Purchase of a van the facility will continue to maintain the repair and service needs of the van and will continue to utilize the van for clients' community integration and social-recreational activities 2. Development of person-centered service & behavior plan & staff training Facility will continue to develop person-centered service & behavior plans and will provide annual training to staff regarding HCBS regulations. 3. Construction of another client room The facility will continue to keep the room in a good condition and that is conducive to the residents' needs, wants, and preferences.