

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

Vendor number(s)	HS0967
Primary regional center	San Andreas Regional Center
Service type(s)	ARF
Service code(s)	915
Number of consumers currently serving and current staff to consumer ratio.	5; 1:2
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>Setting: KB Care Home is a Community Care Licensed facility for 4 ambulatory & 2 non-ambulatory ARF Level 4I vendor of SARC. Residents are assisted with ADL's, personal care and meals. Residents are provided options to choose their personal products, food, and outings when possible. They attend their choice of day program and/or community-based activities facilitated by the home.</p> <p>Barriers: We are limited in our ability to honor resident preferences for community-based activities by having only one vehicle. For example, typically most afternoons and early evening during weekdays, we transport someone for a medical appointment and therefore cannot drive anyone else until the vehicle returns after the appointment. Or if one group of residents prefer one activity, and other resident(s) prefer something else, we cannot accommodate all preferences. Some residents have family provide support for activities but others are limited due to funding. KB Care Home makes every effort to coordinate transportation for activities that the family has funded so the resident can attend. When there is a time conflict in appointment, there are constraints on getting resident to and from appointment/activity due to the use of one small minivan. KB Care Home receives a fixed income which is inadequate to provide the support levels needed for staff and residents. Due to the low wages of the entry level caregiver position, we see a high turnover of staff. Lack of funding for proper training of the person-centered planning/ thinking approach/ process leaves staff from being fully informed about the importance of the necessity of a variety of choices and community integration.</p>
Identify which HCBS federal requirements this concept	Federal Requirement #1: All residents in the home look forward to at least weekly outings in the community to

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<p>addresses that are currently out of compliance.</p>	<p>activities/ recreational events. The facility vehicle is usually occupied with obligations to medical appointments. The home currently has an old minivan that should seat 7 but due to the nature of adult size, it can realistically seat 4-5 adults safely/comfortably, which is not enough for staff to come and provide supervision in community. Residents wanting to attend community events/ activities have to go in rotations and depends if there are no doctor's visits. Community Integration and regular access to the community is challenging and safety could be compromised due to insufficient wheelchair accessible transportation for non-ambulatory residents. The facility would benefit from a full-size van with a lift for non-ambulatory residents.</p> <p>Federal Requirement #4: Person centered planning training would help the facility improve program planning for residents by educating staff about offering choices and how to identify suitable options for choices when providing support to residents of the home.</p> <p>Federal Requirement #4: We are limited in helping residents access preferred activities in the community by having only one van which is most often used for medical appointments. When the current facility van is in use for medical appointments, the other residents have to wait until the van returns to the facility before they can go to their activities. A smaller, gas efficient vehicle would alleviate the constraints of using a van for just one individual and staff going to doctor. The individual going to the appointment with staff can utilize a small car which would free up larger vehicle to accommodate the rest of the residents going to community-based activities.</p>
	<p>We are proposing the purchase of a compact, gas efficient passenger vehicle (Prius). By having two vehicles we could transport residents to medical appointments and still have the resources to transport others to their preferred community-based activities. Thus, we would be able to increase resident choices by participating in activities in the community. Residents and staff often don't understand that many community activities are fully ADA accessible.</p> <p>Federal Requirement #8: By purchasing a full-size van with a lift, the non-ambulatory residents could participate in community activities and be/feel included as well with their peers and staff whom they would like to enjoy community activities with as well as have more opportunities available.</p>
<p>Please describe your person-</p>	<p>Residents who communicate verbally, using physical</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>gestures, assistive technologies (talker device) for non-verbal residents or by other means regularly tell/show us where they want to go or what they want to do. We also offer residents choices/opportunities for various activities in the community. We track these preferences and goals. We also track behavioral indicators of residents who have more serious communications challenges. We take note of their reactions when our residents can't have their preferences met. All of these were fed into our decision-making process regarding ways we can make significant improvements to our program to be more person-centered & HCBS compliant.</p>
<p>Does the concept address unmet service needs or service disparities? If so, how?</p>	<p>It addresses unmet needs by doubling ability to transport residents. Therefore, by example, when resident and staff go to medical appointments, there will be a larger vehicle available to accommodate more than 1 resident. The van with a lift would address the needs of non-ambulatory individuals accessing the community. The Train the Trainer is for Person Centered Planning for HCBS compliance.</p>
<p>Estimated budget and timeline; identify all major costs and benchmarks — attachments are acceptable.</p>	<p>Estimated budget: 1. <u>Compact, gas-efficient vehicle (Prius)</u> \$37,095 – (Warranty/ Maintenance Plan \$2,440) -insurance 2 yrs while vehicle is being paid off \$3,700 2. <u>Full size van with wheelchair lift</u> \$40,000 3. <u>Person-centered Planning (Train the Trainer)</u> \$6,000 Timeline: 12/14/18: Submit concept; 1/14/19: SARC submits to DSS; 3/15/19 DDS selects/approves; April 2019: Concepts Funded and expend within 2 years & implement.</p>
<p>Total requested amount.</p>	<p>\$ 89,235</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 & facility operating funds. More opportunities for residents created. Greater success in HCBS compliance at conclusion of funding is seen with necessary funding to make it happen.</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.