

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

Vendor number(s)	HX0594
Primary regional center	SCLARC
Service type(s)	RCFE
Service code(s)	915
Number of consumers currently serving and current staff to consumer ratio.	4 consumers with 1:2 staff to consumer ratio
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>Enoro Home Care Services (Enoro) services the needs and support for four (4) senior individuals. They start their day with accomplishing their ADLs with the support of staff in preparation for attending their respective day programs within the weekdays. During weekends our consumers, as assisted and supported by Enoro staff, undertake community integration and participation in activities such as doing leisure and recreation activities, meeting medical/dental or health related appointments, etc.</p> <p>The two (2) identified barriers are:</p> <ol style="list-style-type: none"> 1. The need for a non-ambulatory accessible vehicle, and 2. The need for Train-the-trainer certification <p>1. Our program currently has a vehicle – a car – that is used by our four (4) consumers. Of these consumers, two (2) are wheelchair bound, one (1) has a serious unsteady gait issue and only 1 is ambulatory. If all consumers have to go somewhere out in the community or if they have medical health care professional appointments altogether, we make a double trip to accommodate consumers and staff.</p> <p><i>It would greatly improve mobility, comfort and movement in, about and around the community by our non-ambulatory consumers if a customized non-ambulatory van with a ramp accessible for wheelchairs and seats for ambulatory individuals as well is available.</i> Having a non-ambulatory van with a ramp will also primarily ensure safety, comfort, ease and convenience in mobility of our consumers.</p>

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	<p>2. We currently do not have the technical and professional resources or expertise required to help develop a program to include those areas in which our consumers have interest.</p> <p>Our trained staff has limited professional knowledge to execute and implement the HCBS rule; we are looking to train an administrator to be an expert in the implementation of the HCBS rule based on a train-the-trainer concept.</p>
<p>Identify which HCBS federal requirements this concept addresses that are currently out of compliance.</p>	<p>Even though our concept requirements are all practically compliant with the HCBS federal requirements. We are experiencing constraints in effectively supporting our consumers towards their community integration as well as hindering the proper maintenance of their health and wellness thru inconveniences or delays in their medical/dental other health related appointment schedules such as, visiting primary care physicians, dental appointments, podiatry visit etc.</p> <p>Having a non-ambulatory transportation vehicle that is accessible for our wheelchair bound consumers and the other with a serious gait issue and professionalizing our Administrator to better understand HCBS rules will be beneficial in addressing these constraints.</p> <p>Likewise, empower our consumers towards self-determination thru a train-the-trainer concept.</p>
<p>Narrative/description of the concept; include justification for the funding request and explain how the concept would achieve proposed outcomes.</p>	<p>Our first request is for funding for a non-ambulatory van which has a wheelchair ramp that will accommodate the width and weight of at most two (standard) wheelchairs with weights of about 250 lbs. per consumer per wheelchair. This would allow much more access to our local and surrounding communities.</p> <p>We are also requesting funding for training an administrator to devise a plan to discover participant interests and build upon ways to incorporate interests in community. That administrator will be trained and would be tasked with prioritizing the preferences of consumers and to utilize consumer feedback in the development of the outreach program and train and provide in-services to other staff members of the company congruent to the HCBS ruling.</p>
<p>Please describe your person-centered approach¹ in the concept development process; how did you involve the</p>	<p>In response to the HCBS rules aimed at ensuring that consumers have full access to, and enjoy the benefits of, community living through long term services and support in the most integrated settings of their choosing. Our program goal is to provide opportunities to all our consumers towards community integration. This exposure would give them the chance to develop social skills common to persons</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.nasddds.org/resource-library/person-centered-practices.

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<p>individuals for whom you provide services?</p>	<p>without disabilities. While the program does its best to provide the best for our consumers we have some limitations that need to be addressed.</p> <p>A specific example is on community exposure and integration with the objective of developing their skills to be able to seek productive employment in the future. Alternative Learning desires to give our consumers with activities that would address their social needs and make them feel empowered. This exposure to the community would enable them to meet different people in different places/communities that would pave the way to a favorable environment for social acceptance. This will develop their self-confidence and empower them to be as productive as they can be.</p>
<p>Does the concept address unmet service needs or service disparities? If so, how?</p>	<p>Our concept includes the need for a transportation (preferably a non-ambulatory van) that allows for wheelchair access, but also seats for those people who are ambulatory.</p> <p>Secondly, we are requesting funding to send an Administrator to be trained, and in return, will train direct care staff to discover and develop a program that provides both community integration (not just of goods and services), but for the purpose of contributing to their community. This Administrator will be trained and will provide future in-services and trainings to the rest of the staff in our company.</p>
<p>Estimated budget and timeline; identify all major costs and benchmarks — attachments are acceptable.</p>	<p>Estimated prices for 2018 Toyota Sienna with side wheelchair lift = \$50,000.00</p> <p>Estimated budget for an administrator to be trained for community-based integration in congruent with HCBS rule and will provide in-services and training to existing lead staffs and DSPs = \$ 20,000.00</p>
<p>Total requested amount.</p>	<p>\$ \$70,000.00</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>Enoro will be undertaking proper maintenance of the non-ambulatory van.</p> <p>The administrator to be trained under the train-the-trainer concept will be more cost effective and efficient since training to staff will be provided by the administrator hence yearly training cost will be zero.</p>