

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

Vendor number(s)	H18799
Primary regional center	South Central Los Angeles Regional Center
Service type(s)	ADC
Service code(s)	510
Number of consumers currently serving and current staff to consumer ratio.	21, 1:4
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>BSDC is an Adult Day Care center that provides individualized training that is centered around: self-care & grooming, community integration, vocations & speech communication, survival literacy, and art & recreation. We serve the ambulatory and non-ambulatory as well as the continent and incontinent. A non-aversive training curriculum is developed for each client. A typical day consists of a ride service (provided by SCLARC) that shuttles all clients to our facility from their respective homes. Around 8am, the Program Director and Direct Care Staff greets and guides all clients into the facility where they are seated at the training stations appropriate to their curriculum/IPP for that day. Training starts and continues until 11am when lunch is served at a communal table where both clients and staff convene (typically a 30-minute lunch). If at a community outing, food is either provided by Direct Care Staff or purchased if available and appropriate to the dietary needs of the individual clients. Clients and staff clean their eating surfaces. Curriculum continues until approximately 1:45pm when shuttle services arrive to transport clients to their homes (if at a community outing, staff and clients are back at the facility by 1:45pm for shuttle pick-up). Direct Care Staff guides all clients to their respective shuttles. Facility typically closes at around 2:15pm.</p> <p>Individuals do have the option to control their personal resources as appropriate. Yet, ways in which individuals can receive more services in the community is an area in which we are open to explore and consider. Our program does not yet offer a choice in staff care and instruction to individuals. Consultation with individuals on modifying scheduled services is also not yet in practice at our</p>

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	program.
Identify which HCBS federal requirements this concept addresses that are currently out of compliance.	<i>"HCBS federal requirements regarding employment training and sourcing to positions at competitive integrated setting within the community; and approaches to providing individual client autonomy in daily activities are areas in which our program wishes to improve."</i>
Narrative/description of the concept; include justification for the funding request and explain how the concept would achieve proposed outcomes.	We are interested in providing Person-Centered Care training to all staff. The funding would go towards hiring a certified Person Centered Thinking consultant from Helen Sanderson Associates to provide an in-person, 2-day workshop to our staff (PCT training certificate provided upon completion of the workshops). We anticipate having a more comprehensive understanding of Person-Centered Care as a concept, brainstorming new ideas for how our program can better serve our individual clients based on the PCC approach and receiving periodical follow-up assessments from the Helen Sanderson consultant so as to hone our practices.
Please describe your person-centered approach ¹ in the concept development process; how did you involve the individuals for whom you provide services?	The purposed PCC training is at the core of our program's ambition to employ more PCC practices. By being more informed of the guidelines, we will be able to competently include our individual clients in the service decisions and operations that are directly geared towards them as appropriate.
Does the concept address unmet service needs or service disparities? If so, how?	Yes, PCC training will help our staff understand when and how to better give the appropriate level of autonomy as they engage with our program and the community in which we integrate them. We anticipate a change in overall mindset when tending to clients (being more cognizant of an individualized approach to care as opposed to a group approach as it perhaps is currently).
Estimated budget and timeline; identify all major costs and benchmarks — attachments are acceptable.	1 Person Centered Thinking consultant per 6 staff members. Consultant rate for 2-day workshop: \$1,500.00 Planning session, training materials (workshops and follow-ups), travel, admin: \$6,147.60

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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Total requested amount.	\$ 9,147.60
What is your plan for sustaining the benefits, value, and success of your project at the conclusion of 2018-19 HCBS Funding?	The training will help our program make informed changes in our service approach (ones that comply with federal HCBS guidelines) and will not only benefit our clients but sustain the integrity of the program as well as the business as it looks to follow HCBS guidelines. The next steps for consideration will include opportunities for credentialing trainers, further skills development with eLearning and Team 15 through Helen Sanderson Associates and additional strategic planning (Team 15 and eLearning are resources to build confidence and competence in person centered thinking skills and provide opportunity for staff to practice within existing team meeting structures).