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

Vendor number(s)	H50153
Primary regional center	San Diego Regional Center
Service type(s)	Adult Day Center
Service code(s)	510
Number of consumers currently serving and current staff to consumer ratio.	106 Program Participants enrolled 1:3 Staff to Participant Ratio
Have you or the organization you work with been a past recipient of HCBS Funding?	Yes, we received funding for fiscal year 2017/2018
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.	<b>Service Setting:</b> MSOS is located near apartments, public transportation, commercial offices, retail shops and the Harley Davidson showroom with whom we have an active partnership. Our center is 10,000+ sq. ft and licensed for 120 people. The center has 10 programming rooms, 3 offices, 8 restrooms and 4 personal care rooms for the 62% of participants that require the use of a mechanical lift and changing table. <b>Typical Day:</b> Our program encourages active engagement of participants whether at the center or in the community. Each participant is offered personal care upon arrival. A schedule board is displayed for participants to review which outlines Direct Support Staff ( <b>DSS</b> ) pairings, community locations and load times. Many participants require full assistance with mobility; in these cases, DSS assist them. DSS review the participant's ISP and inquire which goal they would like to work on. Participants with a Restricted Health Care Condition ( <b>RHCC</b> ) will receive their treatments at prescribed times (ex. GT Feedings, Nebulizer Treatments, etc.). For participants staying at the center they have the option to participant in various activities. Lunch is specified by the participant or around 11:30 AM. Current barriers to HCBS compliance include scheduling individuals to community outings without ensuring it's based on their preference and vehicle availability for those individuals with RHCC to safely access the community without affecting their peers.
Identify which HCBS federal requirements this concept addresses that are currently out of compliance.	This concept will aid in allowing us to become in compliance with Federal Requirement #1. This concept will allow us to further provide opportunities for community integration including volunteer opportunities and activities that are partnered with local organizations that are meaningful and purpose driven for all of our participants regardless of their medical needs and/or abilities.
Narrative/description of the	HCBS grant funds received in 2017/2018 currently allow our

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the concept would achieve proposed outcomes.	centered approach that considers their interests, preferences and needs. These partnerships are beneficial for our participants in multiple ways including providing a sense of belonging and being able to be an active member of their community by utilizing their talent and desire to serve. A current partnership with California State University San Marcos ( <b>CSUSM</b> ) and Art Miles Mural Project, a community- based arts organization, pairs CSUSM Leadership students with our participants under the artistic direction of Art Miles Mural Project founder to create murals that are presented to organizations throughout the world with the intent of bringing people together to create understanding and respect through the arts. Recently, a mural created by our participants was presented in San Juan, Puerto Rico to the Representative of District 1/Director of the Capitol Commission for Youth. Through this partnership one of our participants has become a Paint Ambassador for the Arts Miles Mural Project and is now selling his own artwork independently. We believe it is beneficial for our program to continue to cultivate and develop community partnerships in order to provide our participants with options of meaningful community activities, volunteer opportunities and experiences. Currently, individuals with RHCC accessing the community is a barrier we are addressing. As described in page 2 we would like to provide opportunities for individuals who are medically fragile with the needed supports. By providing transportation within the program it allows RHCC participants the same opportunities as their peers with the safeguard to return to the center when medically indicated without effecting other participants community activities. We are requesting funding of 2 new accessible vans to be used for participants with RHCC that cannot utilize public transportation. Furthermore, funds received in 2017/2018 allows the CIC to be certified in Person Centered Planning ( <b>PCP</b> ) and by continuing this position it will allow us to continue to
person-centered approach <sup>1</sup> in the concept development	During the focus groups the HCBS Final Rule was reviewed

<sup>&</sup>lt;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 <u>www.nasddds.org/resource-library/person-centered-practices</u>.

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process; how did you involve the individuals for whom you provide services?	and Federal Regulations for non-residential settings were explained and the facilitator asked the guidance questions and explained it to each participant. The participants shared their thoughts and opinions about each question. The facilitator explained the funding opportunity and asked for input from the group about what our concept submission should include. The overarching theme from all participants was that they wanted more opportunities in the community and to be offered a variety of location choices. Some participants mentioned how they enjoyed our current partnership with CSUSM and wanted to mimic a partnership with other organizations like the local Police Department.
Does the concept address unmet service needs or service disparities? If so, how?	Yes, the concept supports the need for 2 vehicles and a CIC to foster community partnerships and locations. This will allow participants to have greater opportunities to engage in community life and opportunities to seek competitive integrated employment or internships within the community.
Estimated budget and timeline; identify all major costs and benchmarks — attachments are acceptable.	Total: \$153,200: \$45,760 Wages for full time Community Integration Coordinator, \$11,440 Benefits/Taxes/Worker's Compensation, \$96,000 to purchase 2 vans within 120 days of receiving funds.
Total requested amount.	\$ 153,200
What is your plan for sustaining the benefits, value, and success of your project at the conclusion of 2018-19 HCBS Funding?	Our current management team is unable to identify, reach out and cultivate new partnership with local organizations in order to develop a program that would include new opportunities for our participants. However, by having a full time CIC's focus be on developing opportunities for our participants we believe it would be sustainable for our current management team to sustain after the conclusion of HCBS funding. Currently, our CIC and Program Supervisor is in the process of becoming PCP certified. Our goal is to continue the CIC position with another department when funding concludes however, if that is not the case, we would still have our current Program Supervisor certified in PCP in order to continue to train new staff. Mountain Shadows Ancillary Services currently operates a vendored Transportation Program and our current Transportation Supervisor will take responsibility of ensuring that the 2 requested vans are maintained in working condition for the use of day program participants. It is our plan to absorb the maintenance, registration and insurance fees associated with 2 new vehicles into our existing Transportation Program