Vendor name	Bright Futures Residential
Vendor number(s)	HV0427, HV0428
Primary regional center	Valley Mountain Regional Center
Service type(s)	ARF, GH
Service code(s)	113
Number of consumers currently serving and current staff to consumer ratio.	10
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.	Adult Residential Facility, 5 bed, Level CPP and Group Home 5 bed, Level CPP. Staffing ratio varies, with clients at 2:1, 1:1 and 1:2 and 1:3. All consumers are ambulatory with behavior excesses. We provide a behavior consultant and in house psychiatrist. The settings are large houses with lots of common area space. We primarily serve an organic menu since many of our clients are on psychotropic medications which are hard on their bodies, have weight or have other health issues like pre-diabetes, high blood pressure, etc Our clients typically go to day program or school. We are active homes often attending community events, Special Olympics and volunteer activities. Our biggest barrier is staffing and training in the areas of person centered planning and informed choices. (caregiving is an entry level position with low wages and extremely high employee turnover). Another major barrier is that our residents fixed income for personal and incidentals does not fund their needs so our home tries to supplement where possible.
Identify which HCBS federal requirements this concept addresses that are currently out of compliance.	In our concepts, we address our inability to meet HCBS in several categories including (Req #1); lack of funding to purchase to provide additional staffing and purchase an additional vehicle to serve the desires of residents to access the community, integration and non-conspicuous transportation. Comfort and normalization. With additional funding the clients would have more access to the community, participate in city recreation, utilize state and regional resources such as parks, attend events more

often. Finances are the greatest barrier. (Req #2) Inability to have private setting at current placement due to house layout. (Req #4) Residents and RSP do not have finances or resources to research and secure activities to create a socialization/community integration outing plan for residents. Additional funding for "extras" (Req #7) Provide user friendly locking (coded) door locks and cabinets for resident's personal belongings and invest in some comforts for the shared rooms. (Req #8) BF currently has one large van for all resident and site necessity outings at the ARF. Additional staffing hours and a smaller vehicle would enable support of individualized schedules and activities. (Req #9) Staffing to accommodate flexibility in after-hour visitors or to assist in transporting for outside visits and activities.

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

BF currently serves 5 adult residents and 5 children residents. All residents require additional supports due to behavior excesses (including aggression), low functioning level, self-injurious behaviors and/or lack of safety awareness. Bright Futures works in alliance with VIP Care Facilities, Inc. who operates a 6-bed ARF and often jointly participate in outings and activities including but not limited to a 3-day trip to Lake Tahoe in the snow, an annual 4-day trip to Santa Cruz and sporting events, amusement parks and holiday parties. Accordingly, resolution of funding barriers potentially can serve a total of 21 residents at any given time.

Requirements 1 & 8 ~ to enable greater access to our residents into the community and to secure a resource to provide training to staff on person centered approach, rights, and integration. With additional funding purchase a mid-size SUV for the ARF facility with reasonable mpg such as a Toyota C-HR, Honda CR-V, Nissan Rogue, Ford Escape or similar to provide additional community access supports while normalizing the type of vehicle and honoring the resident's desires to have more control of schedules and activity access.

Secure a consultant and collaboratively develop and implement a training program to address Lanterman Act, HCBS, Person Centered, Empowerment and Rights.

	Requirement #4 ~ to address the funding necessary to fulfill the resident's desire to participate in more activities and interests and to expand their experiences in their community. Including for each resident gift card purchases for movie theatre, favorite clothing store and their favorite eating establishment. Fund attendance to local sporting event of their choice. Secure two part-time staff to allow for integration, community planning schedule flexibility and individualized support.
	Requirement #7 ~ Assist residents in creating their own space that reflects individualized interests and likes by funding a shopping excursion for decorative items to select items for their own space including new bedding and provide user friendly coded individual locking storage cabinets for personal items in shared rooms and user friendly door locks as client desires (ARF only).
Please describe your person- centered approach <sup>1</sup> in the concept development process; how did you involve the individuals for whom you provide services?	We have an open-door policy with our residents and staff to discuss ideas, wants and needs. We involve our residents in monthly activity planning and hold weekly resident council type meeting to explore wants and needs for the residents and their livelihood at BF. For HCBS we met with residents individually and collectively and asked them to share some of their wishes for their home and life. BF's goal is to provide our residents with the same opportunities, rights and protections as other individuals not receiving Medicaid Funded Services.
Does the concept address unmet service needs or service disparities? If so, how?	In our concept, we address our inability to provide meet HCBS in several categories including inability to secure and/or private individual space. Lack of funding to purchase an additional vehicle that serve the desires of residents to access community, integration and nonconspicuous transportation. Comfort and normalization. Training for personnel on HCBS, Person-Centered and client rights. Funding for additional activities and client personal items would be beneficial to the residents' overall health and well-being.
Estimated budget and timeline; identify all major	Vehicle ~ (1): \$26,000; 12 months' auto insurance \$800; Gas and Maintenance for the year \$1,500.

<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 <a href="www.nasddds.org/resource-library/person-centered-practices">www.nasddds.org/resource-library/person-centered-practices</a>.

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

costs and benchmarks — attachments are acceptable.	Consultant and Staff Trainings ~ Consultant to develop trainings and provide staff trainings ~ \$4,000; Staff attendance for training and CEUs \$4500  Gift Cards for movies, clothing and eating out for residents and/or an electronic purchase: \$400 for each resident. (10) Local sporting event including resident and support staff attendance, parking fees and food. \$150/per person (16).  (2) Part –time Staff for individualized activities and community planning and integration. \$32,000 for the year.  New decorative items for room. \$100 each (20)  Provide and install Personal locking cabinets (ARF only) \$250 ea. (2)  Provide and install door locks (ARF only) \$150 ea (4)
Total requested amount.	\$78,300
What is your plan for sustaining the benefits, value, and success of your project at the conclusion of 2018-19 HCBS Funding?	Vehicle and furnishings will be paid for so that initial expense will carry us a long way. The curriculum for person centered training will be developed and can be continued to be used as staff turnover and we are hopeful the DDS rate study will adjust the board and care rates to allow us to sustain.