

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

Enclosure C

Vendor and vendor number	AbilityFirst #HD0150
Primary regional center	F.D. Lanterman Regional Center
Service type and code	Rehab Work Activity Program #954
Number of consumers currently serving	80
Barriers to compliance with the HCBS rules and/or project implementation	<p>One of the main tenets of the HCBS rules is the importance of person-centered planning and the concept that the program is designed around the needs, preferences, goals, and community of the individual. In the current design and structure of the Work Activity Program (WAP), program participants must fit in to the program that already exists. While goals and outcomes are specific to the individual, they are still limited to the overall all framework of the WAP in terms of the type of work that is performed, the hours of operation, where the program takes place. Because of this long-standing structure, one in which a large number of individuals are served at one physical location in a pre-determined program structure, we must shift the institutional mindset and overall approach to programming of our staff, our clients and their families.</p> <p>Another significant barrier is that the new models will require lower staff ratios yet we already have great difficulty recruiting and retaining high qualified staff. The unprecedented increase in minimum wage in our service area will undoubtedly exacerbate this problem, which stems from an inadequate reimbursement structure that does not fully cover the cost of providing services. We also know, based on our preliminary conversations with program participants and their families/caregivers, there is significant resistance to changing how the program currently operates.</p>
Narrative/description of the project. Identify which HCBS federal requirements are currently out of compliance; include justification for funding request	<p>Throughout its 90-year history, AbilityFirst has continually looked ahead to identify new opportunities to help individuals with disabilities realize their full potential. The agency pioneered some of the very first community services in California for children with disabilities. Over time, programs expanded to provide services for adults as well as children, and to reach individuals with intellectual/developmental disabilities as well as physical challenges. Our programs have historically been carried out in community-based locations. The new HCBS Rules compel us to accelerate our transition from this structured, site-based programming (especially in the work centers) to tailor programming to focus on the specific needs, preferences, goals, and aspirations of each individual we serve. This transition will bring a major change in the way AbilityFirst operates, and touch every interaction by and among participants,</p>

	<p>families/caregivers, staff, board members, volunteers and the communities at large.</p> <p>We are requesting HCBS compliance funding for organizational change support and training based on the concepts and practice of <u>person-centered planning, individual choice, and community integration</u>. As noted above, the need to reduce the staffing ratio (and securing a rate structure to support those ratios) is a very significant barrier to HCBS compliance. However, before we address the program and staffing model, it is critical that we dramatically shift the attitudes and concepts underlying our current model to effectively and fully implement programming that is truly person-centered. Based on our Provider Compliance Evaluation (Enclosure B), the program is not in compliance with Federal Requirements #1, 2, and 4.</p> <p>The project will utilize an outside expert to provide assessment and training to help us change our organizational philosophy from one of care and supervision to one of empowering and enabling through person-centered planning. The project is part of an organization-wide process to implement the new regulations and approach. This includes personalizing our focus to incorporate participant control rather than program structure. The project consists of:</p> <ol style="list-style-type: none"> 1. Assessment of current AbilityFirst programs and structures/overview; 2. Overall recommendations – how to support a more person-centered approach (staffing, intake process, etc.), and developing person-centered programming reflecting individual choice, personal rights, and opportunities for community integration; 3. Training on person-centered approach and shifting our organizational mindset, to be offered in multiple sessions to AbilityFirst participants, families/caregivers, staff, and board members; and 4. “Train the Trainer” sessions for key program staff, to ensure continuity of the message for new stakeholders and employees.
Estimated budget; identify all major costs and benchmarks—attachments are acceptable	Training for all staff members (as part of agency-wide initiative), to be conducted by December 31, 2017, pro-rata share of total project costs (20%) = \$10,587
Requested funding for 2016-17	\$10,587
Estimated timeline for the project	June 2017 – December 2017

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Vendor and vendor number	AbilityFirst Lawrence L. Frank Center #HD0051
Primary regional center	F.D. Lanterman Regional Center
Service type and code	028 Socialization Training
Number of consumers currently serving	130
Barriers to compliance with the HCBS rules and/or project implementation	<p>The program is licensed by California Community Care Licensing, whose rules and regulations strictly define staffing ratios and other parameters for the program. Increased community integration will require lower staff ratios yet we already have great difficulty recruiting and retaining high qualified staff. The unprecedented increase in minimum wage in our service area will undoubtedly exacerbate this problem which stems from an inadequate reimbursement structure that does not fully cover the cost of providing services.</p> <p>One of the main tenets of the HCBS rules is the importance of person-centered planning and the concept that the program is designed around the needs, preferences, goals, and community of the individual. In our current design and structure, program participants come to the center for community-focused enrichment and socialization, and can select which activities they wish to participate in that day from the available options. While goals and outcomes are specific to the individual, they are still limited to the overall all framework of the program in terms of the activities and resources available, the hours of operation, and where the program takes place. Because of this long-standing structure, we must shift the institutional mindset and overall approach to programming of our staff, our clients and their families.</p>
Narrative/description of the project. Identify which HCBS federal requirements are currently out of compliance; include justification for funding request	<p>Throughout its 90-year history, AbilityFirst has continually looked ahead to identify new opportunities to help individuals with disabilities realize their full potential. The agency pioneered some of the very first community services in California for children with disabilities. Over time, programs expanded to provide services for adults as well as children, and to reach individuals with intellectual/developmental disabilities as well as physical challenges. Our programs have historically been carried out in community-based locations. The new HCBS Rules compel us to accelerate our transition from this structured, site-based programming (especially in the work centers) to tailor programming to focus on the specific needs, preferences, goals, and aspirations of each individual we serve. This transition will bring a major change in the way AbilityFirst operates, and touch every interaction by and among participants,</p>

	<p>families/caregivers, staff, board members, volunteers and the communities at large.</p> <p>We are requesting HCBS compliance funding for organizational change support and training based on the concepts and practice of <u>person-centered planning, individual choice, and community integration</u>. As noted above, the need to reduce the staffing ratio (and securing a rate structure to support those ratios) is a very significant barrier to HCBS compliance. However, before we address the program and staffing model, it is critical that we dramatically shift the attitudes and concepts underlying our current model to effectively and fully implement programming that is truly person-centered. Based on our Provider Compliance Evaluation (Enclosure B), the program is not in compliance with Federal Requirements #1 and 5.</p> <p>The project will utilize an outside expert to provide assessment and training to help us change our organizational philosophy from one of care and supervision to one of empowering and enabling through person-centered planning. The project is part of an organization-wide process to implement the new regulations and approach. This includes personalizing our focus to incorporate participant control rather than program structure. The project consists of:</p> <ol style="list-style-type: none"> 1. Assessment of current AbilityFirst programs and structures/overview; 2. Overall recommendations – how to support a more person-centered approach (staffing, intake process, etc.), and developing person-centered programming reflecting individual choice, personal rights, and opportunities for community integration; 3. Training on person-centered approach and shifting our organizational mindset, to be offered in multiple sessions to AbilityFirst participants, families/caregivers, staff, and board members; and 4. “Train the Trainer” sessions for key program staff, to ensure continuity of the message for new stakeholders and employees.
Estimated budget; identify all major costs and benchmarks—attachments are acceptable	Training for all staff members (as part of agency-wide initiative), to be conducted by December 31, 2017, pro-rata share of total project costs (23%) = \$12,176
Requested funding for 2016-17	\$12,176
Estimated timeline for the project	June 2017 – December 2017

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Vendor and vendor number	AbilityFirst Sierra Rose #HD0109
Primary regional center	F.D. Lanterman Regional Center
Service type and code	Residential Facility Service Adults – Staff Operated #915
Number of consumers currently serving	6
Barriers to compliance with the HCBS rules and/or project implementation	<p>One of the main tenets of the HCBS rules is the importance of person-centered planning and the concept that the program is designed around the needs, preferences, goals, and community of the individual. Sierra Rose is a residential facility for single adults aged 60 years and older. The staff seeks to offer a comfortable, “home-like” atmosphere where residents can come and go as they please. Residents often facilitate their own individual community activities. We do need to develop systematic way to facilitate community access that is more individually focused so as to not limit exposure to community possibilities. We recognize we need to improve our ability to tailor community activities to further enhance access.</p> <p>In our current design and structure, residents have a variety of opportunities for community-focused enrichment and socialization, and can select or initiate activities in which they wish to participate. While some issues of HCBS compliance (such as private rooms for all residents) will be effectuated over time, a major barrier to full implementation is the need to shift the institutional mindset and overall approach of the staff. While each resident has personal goals and outcomes are specific to the individual, the residential culture is not necessarily structured to enhance day-to-day decision-making and independence on the part of residents.</p>
Narrative/description of the project. Identify which HCBS federal requirements are currently out of compliance; include justification for funding request	<p>Throughout its 90-year history, AbilityFirst has continually looked ahead to identify new opportunities to help individuals with disabilities realize their full potential. The agency pioneered some of the very first community services in California for children with disabilities. Over time, programs expanded to provide services for adults as well as children, and to reach individuals with intellectual/developmental disabilities as well as physical challenges. Our programs have historically been carried out in community-based locations. The new HCBS Rules compel us to accelerate our transition from this structured, site-based programming (especially in the work centers) to tailor programming to focus on the specific needs, preferences, goals, and aspirations of each individual we serve. This transition will bring a major change in the way AbilityFirst operates, and touch every interaction by and among residents, participants, families/caregivers, staff, board members, volunteers and the communities at large.</p>

	<p>We are requesting HCBS compliance funding for organizational change support and training based on the concepts and practice of <u>person-centered planning, individual choice, and community integration</u>. It is critical that we dramatically shift the attitudes and concepts underlying our current model to effectively and fully implement programming that is truly person-centered. Based on our Provider Compliance Evaluation (Enclosure B), the home is not in compliance with Federal Requirements #4, 7, and 9.</p> <p>The project will utilize an outside expert to provide assessment and training to help us change our organizational philosophy from one of care and supervision to one of empowering and enabling through person-centered planning. The project is part of an organization-wide process to implement the new regulations and approach. This includes personalizing our focus to incorporate resident control rather than program structure. The project consists of:</p> <ol style="list-style-type: none"> 1. Assessment of current AbilityFirst programs and structures/overview; 2. Overall recommendations – how to support a more person-centered approach (staffing, intake process, etc.), and developing person-centered programming reflecting individual choice, personal rights, and opportunities for community integration; 3. Training on person-centered approach and shifting our organizational mindset, to be offered in multiple sessions to AbilityFirst participants, families/caregivers, staff, and board members; and 4. “Train the Trainer” sessions for key program staff, to ensure continuity of the message for new stakeholders and employees.
Estimated budget; identify all major costs and benchmarks—attachments are acceptable	Training for all staff members (as part of agency-wide initiative), to be conducted by December 31, 2017, pro-rata share of total project costs (2%) = \$1,059
Requested funding for 2016-17	\$1,059
Estimated timeline for the project	June 2017 – December 2017

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Vendor and vendor number	AbilityFirst Crown Housing #H16730
Primary regional center	F.D. Lanterman Regional Center
Service type and code	Residential Facility Service Adults – Staff Operated #915
Number of consumers currently serving	15
Barriers to compliance with the HCBS rules and/or project implementation	<p>One of the main tenets of the HCBS rules is the importance of person-centered planning and the concept that the program is designed around the needs, preferences, goals, and community of the individual. Crown House is a residential facility for single adults. The staff seeks to offer a comfortable, “home-like” atmosphere where residents can come and go as they please. Residents often facilitate their own individual community activities. We do need to develop systematic way to facilitate community access that is more individually focused so as to not limit exposure to community possibilities. We recognize we need to improve our ability to tailor community activities to further enhance access.</p> <p>In our current design and structure, residents have a variety of opportunities for community-focused enrichment and socialization, and can select or initiate activities in which they wish to participate. While some issues of HCBS compliance (such as private rooms for all residents) will be effectuated over time, a major barrier to full implementation is the need to shift the institutional mindset and overall approach of the staff. While each resident has personal goals and outcomes are specific to the individual, the residential culture is not necessarily structured to enhance day-to-day decision-making and independence on the part of residents.</p>
Narrative/description of the project. Identify which HCBS federal requirements are currently out of compliance; include justification for funding request	<p>Throughout its 90-year history, AbilityFirst has continually looked ahead to identify new opportunities to help individuals with disabilities realize their full potential. The agency pioneered some of the very first community services in California for children with disabilities. Over time, programs expanded to provide services for adults as well as children, and to reach individuals with intellectual/developmental disabilities as well as physical challenges. Our programs have historically been carried out in community-based locations. The new HCBS Rules compel us to accelerate our transition from this structured, site-based programming (especially in the work centers) to tailor programming to focus on the specific needs, preferences, goals, and aspirations of each individual we serve. This transition will bring a major change in the way AbilityFirst operates, and touch every interaction by and among residents, participants, families/caregivers, staff, board members, volunteers and the communities at large.</p>

	<p>We are requesting HCBS compliance funding for organizational change support and training based on the concepts and practice of <u>person-centered planning, individual choice, and community integration</u>. It is critical that we dramatically shift the attitudes and concepts underlying our current model to effectively and fully implement programming that is truly person-centered. Based on our Provider Compliance Evaluation (Enclosure B), the home is not in compliance with Federal Requirements #4, 7, and 9.</p> <p>The project will utilize an outside expert to provide assessment and training to help us change our organizational philosophy from one of care and supervision to one of empowering and enabling through person-centered planning. The project is part of an organization-wide process to implement the new regulations and approach. This includes personalizing our focus to incorporate resident control rather than program structure. The project consists of:</p> <ol style="list-style-type: none"> 1. Assessment of current AbilityFirst programs and structures/overview; 2. Overall recommendations – how to support a more person-centered approach (staffing, intake process, etc.), and developing person-centered programming reflecting individual choice, personal rights, and opportunities for community integration; 3. Training on person-centered approach and shifting our organizational mindset, to be offered in multiple sessions to AbilityFirst participants, families/caregivers, staff, and board members; and 4. “Train the Trainer” sessions for key program staff, to ensure continuity of the message for new stakeholders and employees.
Estimated budget; identify all major costs and benchmarks—attachments are acceptable	Training for all staff members (as part of agency-wide initiative), to be conducted by December 31, 2017, pro-rata share of total project costs (5%) = \$2,647
Requested funding for 2016-17	\$2,647
Estimated timeline for the project	June 2017 – December 2017

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Vendor and vendor number	AbilityFirst Glendale Center #PD3023
Primary regional center	F.D. Lanterman Regional Center
Service type and code	028 Socialization Training
Number of consumers currently serving	30
Barriers to compliance with the HCBS rules and/or project implementation	<p>The program is licensed by California Community Care Licensing, whose rules and regulations strictly define staffing ratios and other parameters for the program. Increased community integration will require lower staff ratios yet we already have great difficulty recruiting and retaining high qualified staff. The unprecedented increase in minimum wage in our service area will undoubtedly exacerbate this problem which stems from an inadequate reimbursement structure that does not fully cover the cost of providing services.</p> <p>One of the main tenets of the HCBS rules is the importance of person-centered planning and the concept that the program is designed around the needs, preferences, goals, and community of the individual. In our current design and structure, program participants come to the center for community-focused enrichment and socialization, and can select which activities they wish to participate in that day from the available options. While goals and outcomes are specific to the individual, they are still limited to the overall all framework of the program in terms of the activities and resources available, the hours of operation, and where the program takes place. Because of this long-standing structure, we must shift the institutional mindset and overall approach to programming of our staff, our clients and their families.</p>
Narrative/description of the project. Identify which HCBS federal requirements are currently out of compliance; include justification for funding request	<p>Throughout its 90-year history, AbilityFirst has continually looked ahead to identify new opportunities to help individuals with disabilities realize their full potential. The agency pioneered some of the very first community services in California for children with disabilities. Over time, programs expanded to provide services for adults as well as children, and to reach individuals with intellectual/developmental disabilities as well as physical challenges. Our programs have historically been carried out in community-based locations. The new HCBS Rules compel us to accelerate our transition from this structured, site-based programming (especially in the work centers) to tailor programming to focus on the specific needs, preferences, goals, and aspirations of each individual we serve. This transition will bring a major change in the way AbilityFirst operates, and touch every interaction by and among participants,</p>

	<p>families/caregivers, staff, board members, volunteers and the communities at large.</p> <p>We are requesting HCBS compliance funding for organizational change support and training based on the concepts and practice of <u>person-centered planning, individual choice, and community integration</u>. As noted above, the need to reduce the staffing ratio (and securing a rate structure to support those ratios) is a very significant barrier to HCBS compliance. However, before we address the program and staffing model, it is critical that we dramatically shift the attitudes and concepts underlying our current model to effectively and fully implement programming that is truly person-centered. Based on our Provider Compliance Evaluation (Enclosure B), the program is not in compliance with Federal Requirements #1 and 5.</p> <p>The project will utilize an outside expert to provide assessment and training to help us change our organizational philosophy from one of care and supervision to one of empowering and enabling through person-centered planning. The project is part of an organization-wide process to implement the new regulations and approach. This includes personalizing our focus to incorporate participant control rather than program structure. The project consists of:</p> <ol style="list-style-type: none"> 1. Assessment of current AbilityFirst programs and structures/overview; 2. Overall recommendations – how to support a more person-centered approach (staffing, intake process, etc.), and developing person-centered programming reflecting individual choice, personal rights, and opportunities for community integration; 3. Training on person-centered approach and shifting our organizational mindset, to be offered in multiple sessions to AbilityFirst participants, families/caregivers, staff, and board members; and 4. “Train the Trainer” sessions for key program staff, to ensure continuity of the message for new stakeholders and employees.
Estimated budget; identify all major costs and benchmarks—attachments are acceptable	Training for all staff members (as part of agency-wide initiative), to be conducted by December 31, 2017, pro-rata share of total project costs (5%) = \$2,647
Requested funding for 2016-17	\$2,647
Estimated timeline for the project	June 2017 – December 2017

