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

Existing regional center vendors may receive funding to make changes to service settings and/or programs to help them come into compliance with the HCBS rules. To be considered for funding, vendors must complete and submit this form and the Provider Compliance Evaluation form by October 1, 2016, to the regional center with which it has primary vendorization.

This form may not exceed three pages and must be kept in Arial 12-point font. The narrative should link to the federal requirement that is not being met. The Provider Compliance Evaluation should guide the narrative. The results of the Evaluation should be clearly laid out in the narrative. Additionally, the narrative should describe how the funding would achieve compliance. Concept proposals should be developed with a person-centered approach, with proposed changes/activities focused on the needs and preferences of those who receive services. The estimated budget and timeline need not be detailed at this point but must include all major costs and benchmarks.

More information on the HCBS rules and this form can be found at: http://www.dds.ca.gov/HCBS/

Vendor and vendor number	UCPLA Thousand Oaks ADP – H15399
Primary regional center	TCRC
Service type and code	ADP - 510
Number of consumers currently serving	22
Barriers to compliance with the HCBS rules and/or project implementation	 Lack of funding for: DSP, clinical, and other professional staffing. Infrastructure to efficiently support and monitor the exercise of personal choice on a continuous basis. Equipment to optimize community access. Partnerships to increase accessibility of community destinations
Narrative/description of the project. Identify which HCBS federal requirements are currently out of compliance; include justification for funding request	 HCBS federal requirements #1, 4, and 5 are not fully met in the current program. UCPLA has identified the following resources listed below as necessary to reach compliance with the individuals served: STAFFING NEEDS: Funding for competitive pay structures to attract and retain qualified and committed personnel. Short-term positions to guide program resource development; map existing community resources; design new approaches to community integration, vocational and continuing education tracks, micro-enterprise opportunities, and person-centered planning. Additional on-going clinical staff to support medical, behavioral, and mobility needs in the community. Additional DSP to provide highly individualized supports in community settings.

- Mobile LVN positions to travel between community locations to provide evaluation and specialized treatments.
- Mobile supervisory staff to control quality of services in the field.

INFRASTRUCTURE, EQUIPMENT & TOOLS:

- Mobile personal care vehicle (MPCV) to serve individuals in the community where there are inadequate restrooms.
- Complete systems (Therap & PATH planning) implementation throughout all UCPLA locations to optimize individual choice, person-centered planning and independent access/management of the goal development process.
- Evidence-based curriculum and training plans to increase physical mobility, motor coordination, and independent choice making in the community through partnerships with MOVE International, the Rhythmic Arts Project (TRAP), and the Inclusion Network.
- Further develop adaptive tools and designs for converted environments that maximize independence.
- Deploy iPads, cell phones, and communication devices to connect staff and clients across the community and maximize independence.
- Provide additional vans and ACCESS vouchers to enable ease of transportation throughout the community.

With the support and innovation provided by the resources named above, UCPLA believes that compliance is achievable. The following concepts delineate how UCPLA plans to implement resources and increase integration within a person-centered process:

- Build partnerships with like providers to expand the utility of resources, share knowledge, and unite efforts to increase community accessibility. Begin with coordinated options that address training and may resolve similar transportation and personal care challenges. For example, an extended MPCV fleet could be shared throughout the provider community.
- Unite existing advocacy groups and efforts in the community; combine resources to educate and raise awareness, while empowering individuals served to lead the charge.
- Survey the local community to identify generic resources as well as potential new partners.
- Extend community integration training in small groups to prepare for new service design options.
- Build additional community partnerships to increase volunteer footprint and vocational training opportunities.

	 Develop training tracks, internships, and pathways to competitive employment. Develop partnerships with local community colleges and learning centers to increase continuing education options Systematically re-assess the goals and needs of everyone served in the program through the PATH planning process. Utilize Therap and PATH systems to reposition the person served to be the central authority driving choices. UCPLA has the experience necessary to successfully expand the model for providing social, educational, and vocational options to individuals with complex logistical needs and to share the knowledge and resources within the larger provider community. It is our belief that increased teamwork and resource sharing within the provider community and TCRC is the key to empowering personal choice, independence and a truly integrated community. The resources requested above are essential to empowering persons served to live, work, and contribute in the community.
Estimated budget; identify all major costs and benchmarks— attachments are acceptable	\$549,700 (Please see attached PDF for detailed budget)
Requested funding for 2016-17	\$213,100 (Please see attached PDF for detailed budget)
Estimated timeline for the project	March 2017-March 2019