

## Home and Community-Based Services (HCBS) Rules Reference Information

Vendor name	J & M Residential Care (Lead Agency)
Vendor number(s)	J&M Residential Care: HB1220 Roses Garden Adult Residential Care HB0681 Roses Garden Adult Residential Care2 HB0807 Blessed Care Home Inc. HB1024 Blessed Care Home Inc.#2 HB1304 Rose's Residential Care HBO0392 Sweet River Residential Care HB1229 Adult Pacific Care HB1252 Beltran Place HB1307
Contact Name	Jose Rodriquez
Contact Email Address	Brighthorizon68@gmail.com
Primary regional center	Regional Center of the East Bay
Service type(s)	Residential
Service code(s)	915 905
Number of consumers typically and currently served	38
Typical and current staff-to-consumer ratio	1:2

**1. Please provide a brief description of the service/setting. Include what a typical day consists of during regular program as well as how services are currently being provided. This response must include the baseline/current levels for any aspects of the program for which the concept proposes funding. If you have previously identified your program as compliant with the HCBS Final Rule through the Self-Assessment, what changes have occurred that has changed your level of compliance?**

As a collaboration of service providers, all entities provide core services such residential care, independent living skills services, social leisure & recreational skills building and pre-vocational skill building. Person centered approaches are utilized, and learning & implementation is an ongoing journey. Many providers offer community options, access to interactions with individuals of their choosing, and a variety of daily activities that are based on individual needs and preferences. Participation in activities is promoted based on participant interest and the correlation with IPP and ISP goals. Our ultimate goal is to ensure we meet the needs and interests of all clients, and be fully compliant with HCBS rules and person-centered planning principles. Although progress continues to be made, additional support must be provided. All service providers that received vendorization by June 2020 did HCBS Final Rule self-assessments. Those that became vendors after that date have informally gone thru the self-assessment process.

**Project Narrative Description:** While filling out this section, reflect on how services are typically provided and how that might have changed in the past year. Think about what has been learned in the past year and how that might shape services going forward. Funding awarded through this concept can span the course of up to two years which would allow time to shape services to be more person-centered and align with the HCBS federal requirements.

**2. Please provide a brief summary narrative of the concept for which you are requesting funding, including justification for the funding.**

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Collective service providers made a variety of changes to comply with HCBS Final Rule requirements. Many developed new homes with 4 beds and offer single room occupancy, changed the locks on their homes, consulted their residents about all of their supports and services, instituted weekly check in with their residents with preferred staff and engaged in more conversations before planning services. The last year was different because of shelter in place and the covid-19 pandemic. Residents desire to be productive stood out as a strong wish. Making their own money was also a strong desire of the residents for most of the providers, which sparked a aspiration for the collective to be more proactive in engaging in activities related to employment. The East Contra Costa area where most providers are located has very few supported employment programs, and current day programs do not focus on employment (this is a problem for level 4 providers who work with residents with behavioral challenges). Transportation in this community is also limited, especially for residents and staff who may have ambulation issues. Having two accessible mini vans members of the collective and other community could share, would greatly increase the employment choices and opportunities of the approximately 7 non ambulatory residents served by the collective. Overall, collective members would benefit from learning more about supporting their residents in employment and become actively involved in the process. The collective operated for many years as an informal “community of practice.” This grant is the first step in developing a formal process that will strategically look at gaps in service for Latinx residents and other bilingual, bicultural Regional Center clients who are underserved. The first step the collective would like to take on is ensuring their members and others in the community serving monolingual Spanish speakers understand the regulations (specifically HCBS Final Rule) that govern their programs and adapt the regulations to the cultural and community traditions of Latinx providers and residents. This expertise can be leveraged to support other providers who may have Spanish speaking staff or residents and others in the community who need Person Centered Training (PCT). The entity to be used for PCT training is Mains;I California LLC, a highly acknowledged PCT Consulting & Training entity who is a member of the learning community authorized to credential people in PCT. The entity that will be hired to provide employment services will be a bilingual, bicultural organization, with services first focusing on ensuring participants become qualified for employment, and then providing job attainment support. Two software solutions are also budgeted for increased efficiency. One will be focused on the scheduling of needed resources such as transportation; the other is a vehicle tracking subscription focused on areas such as route optimization, GPS tracking, & fuel efficiency monitoring.

### 3. Identify which category/ categories this concept addresses.

1.  Community Integration
2.  Individual Rights
3.  Choice
4.  Collaboration

### 4. Please list the proposed objectives and outcomes of the concept, as well as the methods of achieving and tracking them. How will this concept assist you in reaching goals within the category that you are requesting funds?

#### Organizational Collective Person Centered Thinking (PCT) Implementation

- Train 4 Spanish speaking individuals (2 owner/administrators and 2 residents) in PCT in order to get all of the staff and interested residents trained in PCT. Trainers would

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also be available to offer training to other service providers and other residents.

- Develop a monthly meeting with representatives from the collective to take a Final Rule and analyze it from the staff and resident perspective (facilitated by the group of 4 who are becoming trainers & one rule a month for 9 consecutive months).

**Outcome-** All collective members are in compliance with HCBS Final Rules and staff and residents understand and have been a part of developing new policies and procedures that are written down and updated forms conforming to PCT.

**PCT "Train the Trainer":** Two organizational representatives and 2 Spanish speaking residents will partake in the 18 month Person Center Training (PCT) Train the Trainer Program, a certified process through The Learning Community of Person Centered Practices. Chosen participants will be licensees/Administrators of their organizations with a 5 year commitment. Residents will make a 2 year commitment to training others.

**Outcome:** All staff and interested residents will be trained in PCT. In Year 2, four trainings will be offered to other RCEB staff and residents in Spanish.

**Technical Assistance for Supported Employment :** Staff & residents will be trained about DDS supports for employment as well as exploring, self-employment, apprenticeships, working with local adult school career technical programming and assisting each member of the collective to become tenderized for the CIE program and PIP program to enhance employment opportunities. Training would include staff and residents in the collaborative. Outreach materials in Spanish would be used to tap into the Spanish speaking labor market. **Outcome:** All collective members are vendorized for CIE and PIP programs and gain an understanding of how to support their residents in pursuing preferred employment and career building. At least 25% of residents who want to work are employed after 1 year and 50% are competitively employed after 2 years.

### **Transportation for Non Ambulatory Residents and Staff.**

Two accessible vehicles will be leased and used by collective members to transport staff or residents who are non-ambulatory. **Outcome:** Non ambulatory residents are able to get to employment sites and preferred activities in the community.

### **5. Please describe how and/or what was done to ensure that individuals served by the program led the development of this concept? Discuss not only the development of the concept, but also what steps were taken to identify the interests and desires of the individuals and who was involved in that process.**

The Collective has been operating informally, however recently (1 month ago), the formal collective was formed to tackle challenges more effectively such as growth and service gaps. Through discussions with residents, employment was identified as a key area of need. Ensuring members of the collective were HCBS Final Rule compliant was another priority. Having accessible vans to encourage non ambulatory residents to spend more time in the community was the last area of concentration. Members of the collaborative are talking to their residents more with weekly check ins, resident councils and through informal channels at home as they implement a structure to procure information to enhance their resident's choice and self-direction.

### **6. Please describe how the concept you propose will enable you to provide more person-centered services to the individuals you serve.**

Intense training, ongoing evaluation, collaboration & implementation support will enable all collaborating entities to provide increased person-centered services.

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<b>7. What percentage of individuals served by your program will directly benefit from implementation of this concept?</b>	
100%	
<b>8. Please address your plan for maintaining the benefits, value, and success of your project at the conclusion of 2021-22 HCBS Funding.</b>	
The collective plans to meet with RCEB's Community Development team to get more information about how it can close service gaps for Latinx clients. They plan to continue to formally collaborate on adherence to regulations and customized services for the individuals they support. The 5 & 2 year commitment their trainers are making will assist RCEB in meeting their goal of having 25 trainers in the catchment area.	
<b>9. Write a brief narrative below explaining each major cost category and timeline. Complete the budget template at the end of the concept sheet. An Excel version with formulas is available. When applicable, budgets should include personnel/benefits, operating costs such as consultants or training, administrative expenses/indirect costs, and capital costs (assets lasting more than 2 years). If project spans 2 years or occurs in phases, budget should be separated by phase/year. Administrative costs, if any, must comply with DDS' vendor requirements, including a cap of 15% of the sum of personnel/benefits, consulting, and operating costs (must exclude capital costs). This information can be found at this <a href="#">link</a>.</b>	
<p><b>Operating Expenses</b>, which focuses on training &amp; materials needed to facilitate successful results for collaborative agencies as well as other community organizations. The timeline for this area is July 2022 to July 2024, with major accomplishments achieved in the first 18 months (July 2022-December 2023). This area also focuses on providing vocational &amp; employment services for agency clients to address the ongoing gap in employment opportunities for disabled community residents.</p> <p><b>Personnel and Administrative Expenses</b> are key budget components. Ongoing focus on effective program management and clearly tracking results, is critical. The timeline for this area is the total 24 month period. Lastly under <b>Capital Expenses</b> to support residential clients increasing their ability of choice &amp; non-ambulatory transportation, options will be available over the 2 year period with the goal of making it ongoing.</p>	
<b>10. Please address sustainability of funding sources for all programs or concepts requiring any funding past the timeframe of the requested funding, especially those that involve staff or other long-term costs. Please mark "not applicable" if costs will all be incurred during the program timeframe; up to two years.</b>	
Sustainability- almost all of the costs will be incurred during the two years of funding. Costs associated with maintaining the trainers will be recouped by charging a nominal fee to individuals taking the two-day PCT training.	
<b>11. Have you or the organization you work with been a past recipient of DDS funding? If yes, what fiscal year(s)?</b>	HCBS Funding <input checked="" type="checkbox"/> No    ___ Yes. Service Access and Equity Funding    ___ <input checked="" type="checkbox"/> No    ___ Yes. CPP Funding        ___ <input checked="" type="checkbox"/> No    ___ Yes. CRDP Funding        ___ <input checked="" type="checkbox"/> No    ___ Yes.
<b>12.    13.</b>	N/A

HCBS CONCEPT BUDGET						
Vendor Name	J &M Residential Care (Lead Agency)					
Vendor Number(s)	HB1220					
Collaboration	Roses Garden Adult Residential Care HB0681 Roses Garden Adult Residential Care2 HB0807 Blessed Care Home Inc. HB1024 Blessed Care Home Inc.#2 HB1304 Rose's Residential Care HBO0392 Sweet River Residential Care HB1229 Adult Pacific Care HB1252 Beltran Place HB1307					
	Wage and Benefits	Year 1 Budget		Year 2 Budget		Total
		FTE	Annual Cost	FTE	Annual Cost	Cost
<b>Personnel (wage + benefits)</b>						
Program Director	68570	0.35	\$ 24,000	0.35	\$ 24,000	\$ 47,999
			\$ -		\$ -	\$ -
			\$ -		\$ -	\$ -
<b>Personnel Subtotal</b>			<b>\$ 24,000</b>		<b>\$ 24,000</b>	<b>\$ 47,999</b>
<b>Operating expenses</b>						
Person Center Training(PCT)Organizational Educational Consulting			\$ 37,530		\$ 16,085	\$ 53,615
PCT Train the Trainer			\$ 26,430		\$ 21,624	\$ 48,054
Training Materials			\$ 1,200		\$ 1,200	\$ 2,400
Training Facilities			\$ 2,000		\$ 2,000	\$ 4,000
Employment Consultant(s)			\$ 16,800		\$ 11,200	\$ 28,000
Organizational PCT Policies and Procedures					\$ 12,000	\$ 12,000
Marketing Outreach					\$ 800	\$ 800
External PCT Training Sessions					\$ 4,000	\$ 4,000
					\$ -	\$ -
					\$ -	\$ -
<b>Operating Subtotal</b>			<b>\$ 83,960</b>		<b>\$ 68,909</b>	<b>\$ 152,869</b>
<b>Administrative Expenses</b>						
Scheduling Software (12 users)			\$ 1,728		\$ 1,728	\$ 3,456
Vehicle Tracking Software (2 vehicles)			\$ 576		\$ 576	\$ 1,152
Administrative Support			\$ 8,640		\$ 8,640	\$ 17,280
					\$ -	\$ -
<b>Administrative Subtotal</b>			<b>\$ 10,944</b>		<b>\$ 10,944</b>	<b>\$ 21,888</b>
<b>Capital expenses</b>						
Transportation Vehicle Lease(2)			\$ 23,600		\$ 15,600	\$ 39,200
					\$ -	\$ -
					\$ -	\$ -
<b>Capital Subtotal</b>			<b>\$ 23,600</b>		<b>\$ 15,600</b>	<b>\$ 39,200</b>
<b>Total Concept Cost</b>			<b>\$ 142,504</b>		<b>\$ 119,453</b>	<b>\$ 261,956</b>

See Attachment F for budget details and restrictions