

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

Vendor name	A Healthier Choice Day Program (AHCDP)
Vendor number(s)	HW0544
Contact Name	Cynthia Kaye Buford and Joy McFarland
Contact Email Address	leenadkayebuford@yahoo.com and jmcfarland2709@yahoo.com
Primary regional center	Westside Regional Center
Service type(s)	Behavior Management Program
Service code(s)	515
Number of consumers typically and currently served	25 individuals
Typical and current staff-to-consumer ratio	1:3

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?

All individuals are served at the site and community activities are provided however, the true diversity of interests are not yet being met due to a lack of staff training. All of the day program instructors, including the program director, have not been trained in person-centered process and how to support the individuals we serve. AHCDP would also like to collaborate with other agencies in their quest to comply with Home and Community-Based Services (HCBS) Rules and selecting individually based options.

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.

AHCDP does offer routine outings/community activities as part of their plan for services however the outings and community activities are not based on each individuals' choices. The day program director and 3 TBD staff need to become certified trainers on person-centered practices in order to provide on-going training for all day program personnel and ensure individuals' choices are part of the day program calendar and compliance with HCBS Rules. With the additional funding AHCDP will be able to more effectively support the individuals we served on a more individualized basis in overcoming the barriers they have in order to achieve more opportunities for community integration.

3. Identify which category/ categories this concept addresses.

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<input checked="" type="checkbox"/> Community Integration <input checked="" type="checkbox"/> Individual Rights <input checked="" type="checkbox"/> Choice <input checked="" type="checkbox"/> Collaboration
<p>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?</p> <p>AHCDP individuals have very little change in their schedule because of their lack of confidence in voicing their choices and desires in the community activities they participate in. In addition, they lack the understanding of their rights and responsibilities. Day program instructors have limited experience in soliciting long term planning and empowering individuals of their own service plan. ACHDP individuals require additional support to understand their service options. Thus, through obtaining certified trainers in person-center practices, ACHDP can provide the supports, guidance and training to both the day program instructors and individuals so that HCBS compliance is achieved. Also, the individuals priorities and the preferences are served and AKCDP can utilize their feedback in the development and are participating in the activities of their choosing.</p>
<p>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.</p> <p>Currently, our individuals participate in planned activities designed by the day program personnel. Our goal is that by utilizing a certified person-centered process, the individuals we serve will achieve more personal enjoyment from the activities they choose, and we can focus on their goals, desires and choices.</p>
<p>6. Please describe how the concept you propose will enable you to provide more person-centered services to the individuals you serve.</p> <p>ACHDP is not currently in compliance with HBCS Rules regarding Community Integration and Choice. By utilizing train-the-trainer program and following the guidelines, our day program personnel will have the tools necessary to empower individuals so that they can lead a more active life and be a more active participant in their own community.</p>
<p>7. What percentage of individuals served by your program will directly benefit from implementation of this concept?</p> <p>ACHDP believes that 100 % of our individuals will directly benefit from utilizing the certified person-centered practices. Even when the individual has communication challenges, AHCDP shall utilize members of their circle of support to ensure their choices are heard and utilized.</p>
<p>8. Please address your plan for maintaining the benefits, value, and success of your project at the conclusion of 2021-22 HCBS Funding.</p> <p>By utilizing and completing a Certified Trainer to train-the-trainer, within the allotted time frame, AHCDP shall complete the process of having each individual benefit from the person-center</p>

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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 [link](#).

The expenses that AHCDP has will be in Year 1 for the certified trainer in per-centered-process and covering the 4 staff positions during their training time. In Year 2, AHCDP plans on utilizing the 4 staff who will be certified trainers to train all of the remaining day program personnel and then also train other employees in other corporate divisions not covered in these services codes, for example, supported living-896 service code. Thus, the time spent away from the regular assigned shifts shall be placed in Year 2 column. ACHDP shall also offer the certified trainers to work with other agencies who desire to utilize the person-centered process and are either not aware of the HCBS funding opportunity, coming into compliance with HCBS and/or strengthening their person-centered practices to the individuals they support. Thus, their salaries are reflected in Year 2.

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.

Not applicable

11. Have you or the organization you work with been a past recipient of DDS funding? If yes, what fiscal year(s)?	HCBS Funding	<u> X </u>	No <u> </u>	Yes.	If	Yes,	FY(s)
	Service Access and Equity Funding	<u> X </u>	No <u> </u>	Yes.	If Yes,		FY(s) <u> </u>
	CPP Funding	<u> X </u>	No <u> </u>	Yes.	If	Yes,	FY(s)
	CRDP Funding	<u> X </u>	No <u> </u>	Yes.	If	Yes,	FY(s)

If yes to any question be sure to answer questions 13 and 14.

For providers who have received prior HCBS, Disparity, CPP or CRDP Funding from DDS

12. If your organization has received prior funding from any of the above sources, please provide an update on the prior funding project. You may copy and paste from progress update(s) previously provided to regional centers or DDS.

Not applicable

13. If your organization received prior funding, please explain how the current funding request is not redundant with any prior funding received and/or builds on the prior funding but was not part of the original funding.

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Not applicable

HCBS CONCEPT BUDGET								
Vendor Name		A Healthier Choice Day Program						
Vendor Number(s)		HW0544						
		Wage and Benefits	Year 1 Budget		Year 2 Budget		Total	
			FTE	Annual Cost	FTE	Annual Cost		Cost
Personnel (wage + benefits)								
Day Program Director		40000	0.10	\$ 4,000	0.10	\$ 4,000	\$	8,000
Person-Centered Planning Coordinator		10000	0.25	\$ 2,500	0.25	\$ 2,500	\$	5,000
Day Program Instructor		24480	0.25	\$ 6,120	0.25	\$ 6,120	\$	12,240
Day Program Instructor		24480	0.25	\$ 6,120	0.25	\$ 6,120	\$	12,240
Position Description				\$ -		\$ -	\$	-
Position Description				\$ -		\$ -	\$	-
Position Description				\$ -		\$ -	\$	-
Position Description				\$ -		\$ -	\$	-
Position Description				\$ -		\$ -	\$	-
Personnel Subtotal				\$ 18,740		\$ 18,740	\$	37,480
Operating expenses								
Train the Trainer Certification for 4 staff				\$ 35,000			\$	35,000
							\$	-
							\$	-
							\$	-
							\$	-
							\$	-
							\$	-
							\$	-
							\$	-
Operating Subtotal				\$ 35,000		\$ -	\$	35,000
Administrative Expenses								
							\$	-
							\$	-
							\$	-
							\$	-
							\$	-
							\$	-
							\$	-
Administrative Subtotal				\$ -		\$ -	\$	-
Capital expenses								
							\$	-
							\$	-
							\$	-
							\$	-
							\$	-
							\$	-
							\$	-
							\$	-
Capital Subtotal				\$ -		\$ -	\$	-
Total Concept Cost				\$ 53,740		\$ 18,740	\$	72,480

See Attachment F for budget details and restrictions