The Home and Community-Based Services (HCBS) rules ensure that people with disabilities have full access to, and enjoy the benefits of, community living through long-term services and supports in the most integrated settings of their choosing. In order to assist in determining eligibility for compliance funding, providers must complete this evaluation. Both "Yes" and "No" answers require an explanation. A "No" response *could* mean a service setting is out of compliance with the HCBS rules and is potentially eligible for funding to make necessary modifications. Once this evaluation is completed, it should act as a guide for filling out the provider compliance funding concept, which is required for any provider to be eligible for compliance funding. **Completion of this evaluation is for the sole purpose of applying for compliance funding and does not take the place of future provider assessments that DDS may require to determine provider compliance with the HCBS settings rules. Only providers requesting compliance funding need to complete this evaluation.** 

Federal Requirements #1-5 apply to providers of all services, including residential and non-residential settings. Federal Requirements #6-10 are additional requirements that apply only to provider-owned or controlled residential settings.

The column labeled "Guidance" contains a series of questions intended to help identify compliance or non-compliance with each requirement as it relates to the HCBS rules. While responses to these questions can help in the determination of whether or not a particular requirement is met, these responses may not be the sole factor in this determination.

More information on the HCBS rules and this form can be found at: <u>http://www.dds.ca.gov/HCBS/</u>. Questions may be directed to <u>HCBSregs@dds.ca.gov</u>.

Date(s) of Evaluation: February 8, 2021 Completed by: Nimfa C. Segovia Vendor Name, Address, Contact: Segovia's Care Home # 1. 7118 Bonita Way, Citrus Heights CA 95610 Segovia's Care Home # 3, 6412 Sylvan Road, Citrus Heights, CA 95610 Nimfa C. Segovia (916) 223-5315 Vendor Number: SCH # 1 H 24131 SCH # 3 HA 0697 Service Type and Code: Adult Residential Facility, Staff operated; Code 915

Federal Requirement #1:	Guidance:
The setting is integrated in and supports	<ul> <li>Do individuals receive services in the</li> </ul>
full access of individuals receiving	community based on their needs,
Medicaid HCBS to the greater community,	preferences and abilities?
including opportunities to seek	Does the individual participate in outings
employment and work in competitive	and activities in the community as part of
integrated settings, engage in community	his or her plan for services?
life, control personal resources, and	<ul> <li>If an individual wants to seek paid</li> </ul>
receive services in the community, to the	employment, does the home staff refer
same degree of access as individuals not	the individual to the appropriate
receiving Medicaid HCBS.	community agency/resource?

	<ul> <li>Do individuals have the option to control their personal resources, as appropriate?</li> </ul>
Does the service and/or program meet the Please explain: The individuals at Segovia's Care Homes re- on their personal needs and preferences as when staffing shortages and transportation a these outings. Often due to staffing and tra- bigger group for outings or may need to wai individual outing. Several individuals with se- intellectual challenges require more 1:1 sup integration. Providing more person-centered a vehicle that is not wheelchair accessible. Parkinson's can only go on outings on a wh long distances. Loading and unloading the f cumbersome and heavy for one single perso- time, when the individual transfers from a va and she becomes unsteady. The individual see her struggle. Where as if she was alrea van, the transition becomes safer. The indivi- participate in such outings. Trips in the com	A sective services in the community based much as possible. The barrier to this is affects the frequency and scheduling of insportation limitations, individuals join a t when more staff is available to go on an evere behavior, physical and severe port to safely access community d services is a challenge to accomplish with One resident with cerebral palsy and with eelchair as it tires her to walk around on Medi-cal funded wheelchair she uses are on to lift in and out of the trunk. At this an to a wheelchair, it increases her anxiety says she feels uncomfortable when people dy sitting in a wheelchair in a converted iduals feel included whenever able to munity give the individuals a feeling of
inclusion in their community. They feel excited and enjoy interacting with the community as everyone else. We are requesting a van conversion that is wheelchair accessible to increase community integration, accessibility, and safety for the	
individuals.	n, accessibility, and salety for the
Each individual has a variety of activities an	d services they enjoy participating which is

If an individual expresses their interest in paid employment, the home and the planning team will support their choice for employment.

In the admission agreement, it is noted if the consumer would like the facility to safeguard and document use of P&I funds. The home supports the individual on its use of their monies as they prefer.

included in their plan for services.

Federal Requirement #2:	Guidance:
The setting is selected by the individual from among setting options, including non- disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for	<ul> <li>Does the provider have a current regional center Individual Program Plan (IPP) on file for all individuals?</li> <li>Does each individuals' IPP document the different setting options that were considered prior to selecting this setting?</li> </ul>

# Home and Community-Based Services (HCBS) Rules COMPLIANCE EVALUATION

residential settings, resources available	
for room and board.	
<b>Does the service and/or program meet tl</b> Yes. At the home, we do have current Individuals. It is updated annually. Addenduindividual's IPP aligns with their goals and p Individuals' IPP does not document the difference prior to selecting current setting. However, coordinator always asks if the individual is a and with the planning team will support othe change from current setting.	vidual Program Plan (IPP) on file for all ums can be made to ensure each preferences as it changes. erent setting options that were considered during IPP meetings the service
Federal Requirement #3: Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.	<ul> <li><u>Guidance:</u></li> <li>Does the provider inform individuals, in a manner they can understand, of their rights to privacy, dignity, respect, and freedom from coercion and restraint?</li> <li>Does the provider communicate, both verbal and written, in a manner that ensures privacy and confidentiality?</li> <li>Do staff communicate with individuals based on their needs and preferences, including alternative methods of communication where needed (e.g., assistive technology, Braille, large font print, sign language, participants' language, etc.)?</li> </ul>

# **Does the service and/or program meet this requirement?** $\boxtimes$ Yes $\Box$ No Please explain:

Segovia's Care Homes fulfills this requirement. The provider encourages individuals to address and communicates their needs and personal preferences in a comfortable and safe environment. The staff at SCH maintains confidentiality and privacy of all information written and verbal. Staff provides choices of preferred alternative methods of communication such as large font print's materials, use of assistive technology, participants own culturally based language, visual cues, or clear objective wording to support individuals to help with this process.

At least yearly, the home reviews the client's rights and grievance procedure with the individual and their representative. Individuals are encouraged to communicate safely and freely without fear or coercion.

Federal Requirement #4:	Guidance:
Optimizes but does not regiment individual	<ul> <li>Does the provider offer daily activities</li> </ul>
initiative, autonomy, and independence in	that are based on the individuals' needs
making life choices, including, but not	and preferences?

<i>limited to, daily activities, physical environment, and with whom to interact.</i>	<ul> <li>Does the provider structure their support so that the individual is able to interact with individuals they choose to interact with, both at home and in community settings?</li> <li>Does the provider structure their support so that the individual is able to participate in activities that interest them and correspond with their IPP goals?</li> </ul>

**Does the service and/or program meet this requirement?**  $\Box$ **Yes**  $\boxtimes$ **No** Please explain:

At SCH we are in full support of our consumers ability to be autonomous and maintain independence in making life choices, including, but not limited to, daily activities, physical environment, and with whom to interact.

One barrier in order to be in compliance with federal requirement # 4, is the need to provide more training in person centered trainings and practices to our DSPs. Since SCH has been in the business for more than 30 years, we find that the DSPs are stuck in their mindset on how best to break their regimented schedules for the individuals. Having a person-centered trainer for the DSP will help to support and train a new way of person-centered thinking that they can put into practice. If funding is available the individuals will benefit from a certified trainer Train-the-Trainer for person-centered planning regarding the HCBS rules.

However, it has been difficult to support the individuals because the home is unable to meet the federal requirement #4 that make it possible. As our consumers age, they have increasingly limited mobility that make it difficult to engage in their normal community outings of recreation and leisure as before.

At SCH, 8 out of 11 are individuals between the ages of 60 - 75 years old. One individual in specific looks forward to personal shopping for their supplies. During the outing, she has expressed how difficult it is to get in and out of the vehicle. She has Cerebral Palsy and Parkinson's that at 72 y.o. has increasingly affected her flexibility. When she is unable to access the community on weekends, (Walmart, Dollar Tree, McDonalds), it affects how her day will be. She expresses that she feels isolated and left out. Her anxiety and paranoia is heightened and leads to self-injurious behaviors. Activities like personal shopping supports autonomy and independence. Individuals feel happy that they are interacting and developing relationship with the community at large. It gives a sense of inclusiveness and community.

We are requesting for a van that helps in accessing the community more easily for individuals that are non-ambulatory or has challenges in maneuvering themselves in and out of the vehicle. Two of our other consumers constantly verbalize that they love going in the van for a drive to the park or on other community outings of their choice,

#### Home and Community-Based Services (HCBS) Rules COMPLIANCE EVALUATION

but it has been a challenge. At the moment we are able to safely assist with them in the van by having two staff members support them as they lift themselves into the vehicle. Unfortunately, staffing can be limited during the times the consumers are requesting to go on outings.

Getting in and out of the facility van is often been awkward, challenging, and unsafe for majority of our individuals that are elderly.

Being awarded a wheelchair/walker accessible van will greatly increase their excitement to be fully involved in their community while sustaining their independence.

<b>Federal Requirement #5:</b> Facilitates individual choice regarding services and supports, and who provides	<ul> <li><u>Guidance:</u></li> <li>Does the provider support individuals in choosing which staff provides their care</li> </ul>
them.	<ul> <li>to the extent that alternative staff are available?</li> <li>Do individuals have opportunities to modify their services and/or voice their concerns outside of the scheduled review of services?</li> </ul>

**Does the service and/or program meet this requirement?**  $\boxtimes$  Yes  $\Box$ No Please explain:

At SCH, we support the individual choosing a preferred staff. The staff recognize the importance of having choices which can make a big impact in their day. We support each individual's needs and understand that everyone's preferences differ.

Unfortunately, we are unable to always offer an alternate staff of their preference due to staffing limitations.

We encourage the individual to communicate the skills and techniques they prefer from one staff and give the individual a choice of another staff to perform their duties as best as they can to make the individual feel comfortable and safe. Only providers of services in **provider-owned or controlled residential settings** need to complete the remainder of this evaluation. In **provider-owned or controlled residential settings**, in addition to the above requirements, the following requirements must also be met:

Federal Requirement #6: The unit or dwelling is a specific physical place that can be owned, rented or occupied under a legally enforceable agreement by the individual receiving services, and the individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city or other designated entity. For settings in which landlord/tenant laws do not apply, the State must ensure that a lease, residency agreement or other form of written agreement will be in place for each participant and that the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law.	<ul> <li><u>Guidance:</u></li> <li>As applicable, does each individual have a lease, residency agreement, admission agreement, or other form of written residency agreement?</li> <li>Are individuals informed about how to relocate and request new housing?</li> </ul>
--	--

# **Does the service and/or program meet this requirement?** $\boxtimes$ Yes $\Box$ No Please explain:

Currently each individual has a written admission agreement on file from the start of placement. The admission agreement is reviewed as needed to ensure it gives the individual protection comparable to those provided to other citizens under the jurisdiction's landlord tenant law. SCH makes sure the individual is aware of their rights and that any modification to current admission agreements can be done anytime to best reflect their current needs. If an individual wish to relocate, the DSP is available to assist in finding resources in the community as they prefer. The facility will provide all the support needed for a smooth transition.

Federal Requirement #7:	Guidance:
<ul> <li>Each individual has privacy in his/her sleeping or living unit:</li> <li>1. Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors as needed.</li> <li>2. Individuals sharing units have a choice of roommates in that setting.</li> <li>3. Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.</li> </ul>	<ul> <li>Do individuals have a choice regarding roommates or private accommodations?</li> <li>Do individuals have the option of furnishing and decorating their sleeping or living units with their own personal items, in a manner that is based on their preferences?</li> <li>Do individuals have the ability to lock their bedroom doors when they choose?</li> </ul>

### Does the service and/or program meet this requirement? □Yes ⊠No

Please explain:

All rooms at this time at the facility have no lockable doorknobs indoors. Some individuals have challenges in motor skills or cognitive ability that restricts them to use a key independently. At the facility, one individual in particular worries about the security of her personal belongings every day. Having a keyless pad with the ability to lock inside by using a simple one step locking motion will allow the individual more independence and security in maintaining their personal effects. If an individual chooses to lock their door to maintain their privacy and safety as they prefer. Receiving funding for these special locks will expediate compliance with federal requirement # 7.

Currently the consumers have the personal choice to decorate their room in a manner that showcase their individuality and preferences.

At the time of admission, there was limited available vacancy. Roommates were matched based on compatibility and availability of setting. If the setting changes and becomes vacant, the individual will have a choice of a roommate if preferred or not.

	1
Federal Requirement #8:	Guidance:
Individuals have the freedom and support	<ul> <li>Do individuals have access to food at</li> </ul>
to control their own schedules and	any time?
activities, and have access to food at any	<ul> <li>Does the home allow individuals to set</li> </ul>
time.	their own daily schedules?
	• Do individuals have full access to typical
	facilities in a home such as a kitchen,
	dining area, laundry, and comfortable
	seating in shared areas?

# **Do the service and/or program meet this requirement?** $\Box$ **Yes** $\boxtimes$ **No** Please explain:

The staff supports the individual's right to control their own schedules and activities and having access to food at any time. There are fresh fruits and snack packets of food (granola bars, dried fruits, cut up fruits and vegetables, crackers...) available for the individual to choose as they wish. No food is locked up.

The individual chooses activities that interests them and showcase their talents. If the individual prefers to watch a movie on a Friday night they select movies which interest them. The facility supports individuals participating in activities they find meaningful and gives enjoyment and relaxation.

One barrier that the home has identified to fully support the Federal Requirement #8 is being able to support the individuals in having full access to facilities. In particular, in the laundry room the facility has a top-loading washing machine. The depth and height of the drum presents a challenge for the individuals to fully participate in laundry chores. Some of the individuals at SCH have been with us since its inception in 1986. Whereas before they willingly participated in laundry chores, they now struggle to accomplish this task since it is hard to reach. They rely on the support of staff to assist

# Home and Community-Based Services (HCBS) Rules COMPLIANCE EVALUATION

in the laundering of their clothes or to place the clothes in the dryer. A front-loading washing machine has controls that easily accessible for the individual and make it easier for those who wish to learn to use the appliance safely. At SCH, we support the individuals who express interest in learning new skills or maintaining current skills which fosters their independence. The individual is encouraged to participate to the best of their ability as long as they can.

Federal Requirement #9: Individuals are able to have visitors of their choosing at any time.Guidance: • Are visitors welcome to visit the home at any time? • Can individuals go with visitors outside the home; such as for a meal or shopping, or for a longer visit outside the home, such as for holidays or weekends?		
<ul> <li>their choosing at any time.</li> <li>any time?</li> <li>Can individuals go with visitors outside the home; such as for a meal or shopping, or for a longer visit outside the home, such as for holidays or</li> </ul>	Federal Requirement #9:	Guidance:
		<ul> <li>any time?</li> <li>Can individuals go with visitors outside the home; such as for a meal or shopping, or for a longer visit outside the home, such as for holidays or</li> </ul>

### **Does the service and/or program meet this requirement?** $\boxtimes$ Yes $\Box$ No Please explain:

The individual has the right to choose to have over any visitors of their choice. The individual welcomes any friend or family at any time as stated in the House Rules. The individual is able to choose how, when, and how long they spend their time with their visitors in and out of the home. Such outings have been vacations, holidays, and overnights. Conversely, the individual is free to choose whether to not see anyone as well.

Federal Requirement #10:	Guidance:
The setting is physically accessible to the individual.	<ul> <li>Do individuals have the freedom to move about inside and outside the home or are they primarily restricted to one room or area?</li> <li>Are grab bars, seats in bathrooms, ramps for wheelchairs, etc., available so that individuals who need those supports can move about the setting as they choose?</li> <li>Are appliances and furniture accessible to every individual (e.g., the washer/dryer are front loading for individuals using wheelchairs)?</li> </ul>

# **Does the service and/or program meet this requirement?** $\Box$ **Yes** $\boxtimes$ **No** Please explain:

The individuals have the freedom to move about the home as they wish and when outdoors, some may require supervision for safety because our home is located on a one-acre parcel off a busy street in Citrus Heights, Ca.

The individuals enjoy being outdoors while doing a variety of activities such as exercising, gardening, exploring nature, feeding and caring of the farm animals, and relaxing on the swing. Gardening is an activity that each individual express they love to do. They participate in one form or another from planting vegetables to harvesting produce for their meals. The individuals enjoy working with their peers in weeding, watering, making compost while enjoying the fresh air of the outdoors. Many times, the individuals use this time to reminisce and share stories about gardening with their loved ones growing up.

This is the highlight of their day during the summer and their most satisfying outdoor activity.

Over the years, bending, reaching, and working at ground level have been difficult for our aging individuals to continue with this hobby. The individual states they are frustrated because they miss the ability to garden. The outdoors has unpaved grounds and walkways which make it difficult for individuals to fully access the grounds all year round.

The garden grounds are not setup for non-ambulatory individuals or anyone else with balance challenges to move about safely with their wheelchairs and walkers independently.

Extra funding to build raised garden boxes to support individuals to continue with this hobby comfortably and safely will add to their quality of life. Funding for the addition of decomposed granite to stabilize the grounds will grant the individual safe access to the ground to enjoy the outdoors fully.

Lastly, the individuals enjoy picnics in the garden as well as outdoor movie nights during the summer. As mentioned above, the uneven grounds do not allow safe access to all individuals who wish to participate in this activity. A grant will make it possible for the home to reconstruct the grounds evenly using decomposed granite.

At SCH there are grab bars in all bathrooms that are strategically placed to ensure safety. At SCH # 3, the largest bathroom is the preferred bathroom by all 6 individuals. A tub is still in use there which makes it unsafe for individuals to shower independently. They require support to get in and out of tub due its being knee high. Because of our aging individuals, they are worried of slipping, tripping or falling. It is not wheelchair accessible. It has become a barrier for all individuals in the home because it does not support their rights to move around the shower for their choosing. SCH is not in compliance with providing a bathroom that provides the support they need to be safe and independent with this daily living activity. If provided with funds to change this requirement, SCH will install a wheelchair accessible bathroom where in the individuals will feel safe and have ease in showering with little staff assist thus supporting their independence for as long as possible.

As forementioned in Federal Requirement #8, the home does have appliances and furniture available to every individual. However, in the laundry room the facility has a

top-loading washing machine which makes it a challenge for the consumers to participate in laundry chores. Many of our consumers struggle to reach the bottom of the washing machine to place clothes in or transfer to the dryer. The consumers rely on the assistance of staff to assist in the laundering of their clothes. For some, a step stool helps them reach the bottom. Using another tool such as a claw picker, only then the consumers can gather all the laundry from the bottom of the tumbler. Since our residents are now between the ages of 60-75 years old, these tasks, is now becoming more of a challenge. A front-loading washing machine is easy to reach and to operate and can be accomplished with minimal support. They will have autonomy, and maintain a sense of independence as much as they can. At SCH, the individuals value participating in house activities as it gives them a sense of value and pride in their accomplishments.

#### CONTACT INFORMATION

Contact Name:	Nimfa C. Segovia
Contact Phone Number:	(916) 223-5315
Email Address:	segovia.carehomes@gmail.com

### ACKNOWLEDGEMENT

By checking the box below, I acknowledge that completion of this evaluation is for the sole purpose of applying for compliance funding and does not take the place of future provider assessments that DDS may require to determine provider compliance with the HCBS settings rules.

### ⊠ I AGREE

#### DEPARTMENT FUNDING GUIDANCE

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 as one packet to the regional center with which it has primary vendorization.

#### Instructions:

- The concept form on the next page must be used, may not exceed four pages plus the budget worksheet and any cost backup, and must be kept in Arial 12-point font. Submit the form in Microsoft Word or PDF format. An extra half page is permitted to answer questions about prior funding.
- Using a form from previous years will negatively impact a concept score, so please ensure the current FY 20-21 form is used.
- For providers that operate programs with several vendor numbers involved in one concept, one evaluation and concept form should be submitted and should list all vendor numbers for related/included programs. If multiple programs owned by the same parent company have different compliance evaluations or concepts, additional applications can be submitted but should be attached in the same document as the other owned programs so they can be reviewed together.
- The results of the evaluation should be clearly laid out in the section referring to identification of federal requirements that are currently out of compliance, which the concept will address.
- The concept form includes detailed information that describes the funding requests and supports how the requests will assist the provider to come into compliance.
- There should be a clear link between what is being requested and the federal requirement currently out of compliance.
- Concepts should demonstrate how the requested change in service delivery will impact individuals in offering more choices and opportunities.

#### Strengths of previously funded concepts:

- Identified the need as well as proposed a plan to provide outreach and information regarding the HCBS rules to individuals served and members of their support teams.
- Discussed the need for additional funds to effectively support individuals served on a more individualized basis in overcoming barriers to community integration and employment, as appropriate.
- Prioritized the preferences of individuals served and utilized their feedback in the development of the concept.
- Implemented a sustainable plan for person-centered planning/thinking and training regarding the HCBS rules.
- Enabled residents to age in place and exercise more choice and independence.

#### DEPARTMENT FUNDING GUIDANCE

# More information on the HCBS rules and this form can be found at <u>https://www.dds.ca.gov/initiatives/cms-hcbs-regulations/.</u>

Vendor name	Segovia's Care Home #1, #3
Vendor number(s)	H 24131, HA 0697
Primary regional center	Alta Regional Center
Service type(s)	Adult Residential Facility
Service code(s)	195
Number of consumers typically and currently served	11
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.

Segovia's Care Homes is an ARF currently transitioning to an RCFE with six individuals with moderate to severe behavior and physical challenges. All chooses to attend day program. At 6 am, the home starts with preparations for day program that includes ADL, medication administration, and breakfast. While waiting for their buses, individuals may choose to participate in exercise, household chores, or watching the news. From 3 pm, individuals return from day programs. After hygiene and trip to the bathroom, snacks are offered. Individuals may choose to pursue individual hobbies and others may assist in dinner preparation, walking the dog, do chair yoga, household chores, or relax in their rooms. Some may do community outings. After dinner, the individuals usually take their showers, tidy their rooms, and relax by watching a tv show or reading a book or other downtime activities before bedtime between 8 pm- 9 pm. On weekends there are more opportunities for person-centered community outings. Individuals may choose to sleep in on the weekends if so desired.

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.

Segovia's Care Homes provides support for six individuals with moderate to severe behavior excesses and physical challenges. Access to a wheelchair accessible

#### DEPARTMENT FUNDING GUIDANCE

van, through HCBS, that is easy for individuals to get in and out will support their desire to integrate into the community. As a team, we are learning everyday how to adapt and integrate person-centered planning through the individuals IPP's. If funded for person-centered training, it will give us the tools needed to support the individuals in their right for self-determination. HCBS funding will facilitate individuals choice in ensuring their rights to privacy through lockable doors, increase safety and independence through a wheelchair accessible shower, increase skills and independence by having an accessible front-loading washing machine, and improve the individuals quality of life by diversifying participation in outdoor and community activities as the wish.

3. Identify which HCBS federal requirements this concept addresses that are currently out of compliance. Could be all or a subset of those identified as out of compliance on the evaluation.

1\_x\_2\_\_3\_4\_x\_5\_6\_\_7\_x\_8\_x\_9\_\_10\_x\_

4. For each HCBS out-of-compliance federal requirement that is being addressed by this concept, describe the barriers to compliance and why this concept is necessary. If this information is in the evaluation section, please copy it here.

FR #1: The barrier to this is when staffing shortages and transportation affects the frequency and scheduling of these outings. Having a van that is not wheelchair accessible limits the individuals community access and ability to integrate into the community successfully.

The barrier to being in compliance with FR #1, #4, #7, #8, and #10 is the lack of formal PCP training for the DSP. When the DSP are knowledgeable on personcentered practices, they can appropriately meet the individuals growth and needs to successfully integrate in the community, assist the individuals with choices, support their preferences, and increase autonomy and independence. Funding for a Train the Trainer personnel, will equip the home with staff that can facilitate the education of individuals and DSP as new information comes.

FR #7. Currently the doors cannot be locked by the individual. Having lockable knobs, gives choice for privacy, safety, and dignity for the individuals.

FR #8 and #10: The top-loading washing machine is inaccessible to the individuals and may be unsafe due to the height and depth of the drum. Funding for a frontloading machine increases accessibility for the individuals who would like to learn to safely operate the appliance. It will boost their confidence and increase their independence.

FR #10:The garden and grounds are unsafe and difficult to the majority of our aging individuals due to uneven grounds and ground level gardening areas. Having raised garden boxes and decomposed granite increases safety and accessibility for the individuals to the outdoors.

5. For each out-of-compliance federal requirement that is addressed in this concept, please explain how the concept will bring the vendor into compliance by March 2023.

#### DEPARTMENT FUNDING GUIDANCE

Extra funds this proposal brings for a wheelchair accessible van, lockable doorknobs, ADA-complaint bathroom, front-loading washing machine, raised garden boxes and decomposed granite will enhance community integration, support the individuals choices, schedules, and preferences on how they wish to spend their time. Provided PCP training for the DSP, will provide knowledge and abilities to implement person-centered thinking when working with the individuals.

6. What are the proposed outcomes and objectives of the concept, and what are the methods of achieving and tracking them?

When individuals are fully integrated in their community and environment they feel confident that they have equal opportunities in areas such as employment, outings, and medical care, with other individuals not receiving Medicaid. They have a sense of belonging being part of the broader community. Their quality of life improves as does their health and safety. SCH will use the following as applicable to track progress: monthly outing calendars, data collection, ongoing notes, task analysis, SIS, and quarterly and annual reviews.

7. Please describe how and/or what was done to include input from the individuals served in developing 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.

Utilized person-centered planning tools such as, but not limited to, "Important To/Important For", the DONUT, My One Page Profile, Good Day Bad Day, routines and rituals, and 4+1. At least monthly house counsels are conducted by the individuals to share their thoughts and ideas.

8. Please describe how the concept you propose will enable you to provide more person-centered services to your clients.

The home can accommodate more person-centered services for the individuals because they are equipped with more tools, knowledge, and resources to use. The individual will feel the possibilities are endless to access the services in the community and their environment. Collectively, funding for a staff to be trained on PCP and Train the Trainer will help with the transition to more person-centered programming.

9. Please address your plan for maintaining the benefits, value, and success of your project at the conclusion of 2020-21 HCBS Funding.

If granted funding, we will incur and maintain the cost for regular maintenance on the vehicle and appliances with a qualified agency. Ongoing CEU's for recertifications of trainings will be incurred by the home.

10. 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

#### DEPARTMENT FUNDING GUIDANCE

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 <u>link</u>.

The following will be immediate upon funding: wheelchair accessible van, toploading washing machines, and keyless doorknobs. Remodeling of bathroom #1 to include flooring, shower stall, toilet, cabinet, etc. will start immediately. Completion will be contingent upon obtaining permits. Raised garden boxes/decomposed granite immediately upon funding, weather permitting. PCP training and Train the Trainer within year 1.

11. 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.

Any continuing education requirements to maintain training certificates will be incurred by the home.

12. Have you or the organization you work with been a past recipient of	HCBS FundingX_ No Yes.         If Yes, FY(s)         Disparity Funding _X_ No Yes.         If Yes, FY(s)         CPP FundingX_ No Yes.
DDS funding? If yes, what fiscal year(s)?	If Yes, FY(s) CRDP Funding _X No Yes. If Yes, FY(s) If yes to any guestion be sure to answer guestions 13 and 14.

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

13. 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.

N/A

14. 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.

N/A

### DEPARTMENT FUNDING GUIDANCE

HCBS CONCEPT BUDGET	
Vendor Name	Segovia's Care Homes #1
Vendor Number(s)	H 24131

	Year 1 Budget				Year 2 Budget	Total
	Wage and					
	Benefits	FTE	Annual Cost	FTE	Annual Cost	Cost
Personnel (wage + benefits)						•
Position Description			\$ -		\$-	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$-		\$-	\$ -
Position Description			\$-		\$-	\$-
Position Description			\$ -		\$ -	\$ -
Position Description			\$-		\$-	\$ -
Position Description			\$-		\$-	\$-
Position Description			\$-		\$-	\$-
Position Description			\$-		\$-	\$-
Personnel Subtotal			\$-		\$-	\$-
Operating expenses						-
Top-loading washing machine (includes taxes)			\$ 1,164			\$ 1,164
Keyless electronic doorknobs (6 incl. bathrooms)		-	\$ 600			\$ 600
		-				\$ -
		-				\$ -
						\$ -
						\$-
		-				\$ -
						\$ -
Operating Subtotal		r	\$ 1,764		\$-	\$ 1,764
Administrative Expenses						
						\$ -
		-				\$ -
		-				\$ -
		-				\$ -
		-				\$ -
						\$-
						\$-
						\$-
Administrative Subtotal			\$-		\$-	\$-
Capital expenses						
						\$-
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Capital Subtotal		F	\$-		\$-	\$-
Total Concept Cost			\$ 1,764		\$ -	\$ 1,764

See Attachment F for budget details and restrictions

### **DEPARTMENT FUNDING GUIDANCE**

HCBS CONCEPT BUDGET	
Vendor Name	Segovia's Care Homes #3
Vendor Number(s)	HA0697

	Year 1 Budget				Year 2 Budget	Total
	Wage and					
	Benefits	FTE	Annual Cost	FTE	Annual Cost	Cost
Personnel (wage + benefits)	-			-		
Position Description		\$	-		\$ -	\$ -
Position Description		\$	-		\$ -	\$ -
Position Description		\$	-		\$ -	\$ -
Position Description		\$	-		\$ -	\$ -
Position Description		\$	-		\$ -	\$ -
Position Description		\$	-		\$ -	\$ -
Position Description		\$	-		\$-	\$ -
Position Description		\$	-		\$-	\$ -
Position Description		\$	-		\$-	\$ -
Personnel Subtotal		\$	-		\$-	\$-
Operating expenses					•	
Wheelchair accessible van (taxes, fees, certs included)		\$	63,319			\$ 63,319
Training (Train the Trainer and PCP)		\$	2,500		\$ 1,500	\$ 4,000
Top-loading washing machine (includes taxes)		\$	1,164		÷ 1,500	\$ 1,164
Keyless electronic doorknobs (15 incl. bathrooms)		\$	1,500			\$ 1,500
Bathroom #1 remodeling (includes labor)		\$	6,000		-	\$ 6,000
Raised garden boxes (4 and incl. labor)		\$	8,053		-	\$ 8,053
Raised garden boxes with sitting area (1 and incl. labor)		\$	15,000			\$ 15,000
decomposed granite incl.		Ŷ	10,000			\$ -
						\$ -
					-	\$ -
Operating Subtotal	J	\$	97,535		\$ 1,500	\$ 99,035
Administrative Expenses		, The second sec	57,000		+ _,	+,
Administrative Expenses						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$-
Administrative Subtetal	1	\$			\$ -	
Administrative Subtotal		\$	-		- ب	\$-
Capital expenses		_		_		¢
						\$ -
		_				\$ -
						\$ -
		_				\$-
						\$-
		_				\$ -
		_				\$-
						\$-
						\$-
Capital Subtotal		\$	-		\$-	\$-
Total Concept Cost		\$	97,535		\$ 1,500	\$ 99,035

See Attachment F for budget details and restrictions