

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

Vendor name	Sequoia Residential Care
Vendor number(s)	HC1426
Contact Name	Susanna Mkhitarian
Contact Email Address	sachildrencare@gmail.com
Primary regional center	Fresno
Service type(s)	Adult
Service code(s)	905, 915
Number of consumers typically and currently served	4
Typical and current staff-to-consumer ratio	3:4
<p>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?</p>	
<p>Sequoia House provides care and services for adults from ages 18-59 with developmental, mental, and social disabilities, behavioral challenges and self-care deficits, 7 days a week, 24 hours daily.</p> <p>Typical days in our facility with our clients consist of assisting our clients with their daily routines and activities inside and outside the homes. Staff assist our clients with self-care routines and teach them to perform these skills as independently as possible. Staff provide assistance and supervision with meals, medications, outings and activities inside and outside the home. Staff also provide transportation to and from appointments. They assist our clients with preparations needed to attend school.</p> <p>Since the return of in person learning clients in the home attend school full time Mon-Fri. They arrive back to the home between 2:30pm-4pm. When they arrive, staff assist them in putting their items away and freshening up. Once clients are settled staff assist the clients in eating a snack of their choice as well as assisting them with medications if scheduled to take any. Clients then can either have tv time and take turns watching their favorite shows or can do an activity of their choosing. Before dinner staff take clients out for a community walk around the neighborhood. Upon returning they have some leisure time which leads up to dinner at 5:30pm. During this time staff supervise and assist clients with skills such as learning how to use eating utensils, cleaning their eating area, using napkins to keep themselves clean, putting utensils away after eating. After dinner clients have the choice to work on their IPP goals, participate in various activities such as puzzles, sensory games, motor skill activities, or participate in another community walk. They also have the choice to spend their time in the outside sitting area relaxing, watch a movie, listen to music or other activities they may choose from the activity closet. At 7pm Staff assist clients with cleaning up before having a snack and medication. After snack and medication, they will have turns showering and completing their hygiene routines which consist of brushing teeth, cleaning ears, and combing hair by 8pm our clients are in bed. Our facility currently has limitations with transportation and staff but, when possible, we do provide our clients with outings into the community such as trips to the park, local grocery stores, community walks, McDonald's, department stores and other local events.</p>	

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**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.

With the guidance of a person centered planning consultant our facility will be able to provide our staff with the necessary training that will help them to understand what the “person centered” concept entails and how to implement it to better serve our clients. With this addition we believe wholeheartedly that the clients we serve will greatly benefit through the enhancement of their life skills training. Not only will our staff be able to attain the necessary training to better understand and know how to serve our clients all while keeping the person centered concept but it will enhance our program and the services we provide as a whole.

With new vehicle we will be able to provide our clients with better transportation to the outings of their choosing. We will be able to provide more individual outings as well as trips. New vehicles will help solve the limited transportation in our facility.

3. Identify which category/ categories this concept addresses.

- Community Integration
- Individual Rights
- Choice
- 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?

We are requesting funds that will help us comply with fed Reg #2, 5, 6, 7, 8, 9, and 10.

The funds we obtain would be used for the following items:

PCP- will provide training to administration and staff that will help be more effective in implementing the person-centered concept into our program.

Fridge & Freezer- upgrade to our current appliances will give us more space to store more food variety for our individuals as well as store individual food items requested by clients  
Backyard equipment-will provide our clients with more choices of what activities they want to take part in.

Living room furniture-extra seating for individuals who like their own space and can learn to exercise the right to have the option to sit separately in their own area.

Training-staff can be better trained to help support our clients with making individual choices, as well as how to use the pecs system, support clients during behavioral episodes, quarterly training with staff to help keep them up to date with client’s needs.

Laundry machines-upgraded machines will help with the continuing teaching of our client’s hygiene our clients can continue to learn how to wash their clothes as part of hygiene

Activities for non-verbal- For our clients who are nonverbal and have limited communication we would like to introduce activities that will help teach them how to better communicate their wants and needs. Activities will make it a fun choice to participate in all while learning.

T.V.- extra tv equipment in client rooms will provide them with the choice of having individual tv time in the privacy of their quarters.

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Backyard renovation-will provide a larger area for clients to enjoy when having leisure time they will be able to participate in more outside activities.  
Trips-we can offer our clients a variety of trips out in the community and will help to plan more individual trips.  
Vehicle-new vehicles will give our clients reliable transportation to go out in the community as well as provide extra transportation to allow for more individualized outings.  
Regular maintenance for vehicle- will help maintain and keep client transportation  
Computer equipment-Will give the option for educational activities as well as facilitate video calls for our clients to keep in touch with families and loved ones.

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 clients we serve are nonverbal which is a barrier when communicating. Our staff have learned to use the pecs system in our facility as well as asking yes or no questions to help with communicating with our clients. Our clients understand and use various body signal such as head nodding and pointing when asked questions.

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

The funding we are asking for will be used to better implement the person-centered concept. It will provide staff with additional training as well as aid in the home to better support our clients in making individual choices.

7. What percentage of individuals served by your program will directly benefit from implementation of this concept?

100%

8. Please address your plan for maintaining the benefits, value, and success of your project at the conclusion of 2021-22 HCBS Funding.

Our facility plans to purchase warranties on items purchased such as the vehicle and appliances. We will continue to provide trainings for the program as needed throughout the 2 year time line.

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](#).

Purchase of vehicle – immediate upon funding

Purchase of computers and office supplies – immediate upon funding

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.

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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 <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. If Yes, Service Access and Equity Funding <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. If Yes, FY(s) CPP Funding <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. If Yes, FY(s) CRDP Funding <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. If Yes, FY(s)  If yes to any question be sure to answer questions 13 and 14.
<b>For providers who have received prior HCBS, Disparity, CPP or CRDP Funding from DDS</b>	
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.	
Not applicable	

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CONCEPT FORM

HCBS CONCEPT BUDGET		S&A Children's Care				
Vendor Name		Sequoia Residential Care				
Vendor Number(s)		HC1426				
	Wage and Benefits	Year 1 Budget		Year 2 Budget		Total
		FTE	Annual Cost	FTE	Annual Cost	Cost
<b>Personnel (wage + benefits)</b>						
Person Centered Consultant		1.00	\$ 4,567	1.00	\$ 6,250	\$ 10,817
<b>Personnel Subtotal</b>			<b>\$ 4,567</b>		<b>\$ 6,250</b>	<b>\$ 10,817</b>
<b>Operating expenses</b>						
New Vehicle			\$ 55,000		\$ 23,000	\$ 78,000
					\$ -	\$ -
Computers and Internet			\$ 5,760		\$ 7,085	\$ 12,845
Activities			\$ 300		\$ 267	\$ 567
T.V			\$ 399		\$ 450	\$ 849
Furniture			\$ 2,500		\$ 2,000	\$ 4,500
Backyard Equipment			\$ 735		\$ 620	\$ 1,355
Freezer			\$ 230		\$ 135	\$ 365
Fridge			\$ 399		\$ 250	\$ 649
Backyard Renovation			\$ 10,500		\$ 11,000	\$ 21,500
Laundry Machines			\$ 2,000		\$ 2,460	\$ 4,460
<b>Operating Subtotal</b>			<b>\$ 77,823</b>		<b>\$ 47,267</b>	<b>\$ 125,090</b>
<b>Administrative Expenses</b>						
Utilities			\$ 11,045		\$ 9,600	\$ 20,645
Training			\$ 560		\$ 725	\$ 1,285
Professional Fees			\$ 7,370		\$ 9,065	\$ 16,435
Administration of Grant (x15%)			\$ 42,416			\$ 42,416
<b>Administrative Subtotal</b>			<b>\$ 61,391</b>		<b>\$ 19,390</b>	<b>\$ 80,781</b>
<b>Capital expenses</b>						
<b>Capital Subtotal</b>			<b>\$ -</b>		<b>\$ -</b>	<b>\$ -</b>
<b>Total Concept Cost</b>			<b>\$ 143,781</b>		<b>\$ 72,907</b>	<b>\$ 216,688</b>

See Attachment F for budget details and restrictions