

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

Vendor name	Citadel Homes, Inc.
Vendor number(s)	HH1679
Contact Name	Marissa G. Mashburn
Contact Email Address	<a href="mailto:marmashburn@gmail.com">marmashburn@gmail.com</a>
Primary regional center	Harbor Regional Center
Service type(s)	RCFE
Service code(s)	915
Number of consumers typically and currently served	Coed, 2 males and 2 females; 1 ambulatory and 3 non- ambulatory
Typical and current staff- to-consumer ratio	3 - AM Shift, 2 - PM Shift, and 2 Night Shift to meet the ratio of level 4I Home per Title 17.
<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>Citadel Homes Inc. is a level 4I RCFE home operating for 15 years. Clients' ages ranges from 75-85. We provide support for 4 coed residents, 3 non-ambulatory and 1 ambulatory. Residents are semi-active, attending day program of their choice prior to Covid. One client is deaf and uses basic sign language, one is non-verbal, and two are verbal and able to communicate with their peers, staff and service coordinators. Three of the residents have been roommates since 2006 and one moved in in 2014. All residents the home is supporting are ageing and functional abilities are slowly declining. On numerous occasion, when residents have utilized wheelchair accessible van, their comfort is reflected in their facial expressions as they are directly wheeled to the vehicle without having to be transferred by staff from their wheelchair to a regular vehicle. Due to decline of physical mobility, they are losing the ability to transfer independently, and they would benefit from access to an accessible van. The van will be used so the residents can use their wheelchair when the house staff is transporting them to preferred community activities. The wheelchair accessible van will also allow the residents to go on an outings at the same time if desired.</p> <p>Currently, the house utilizes a regular car equipped to fit one client at a time due to size of wheelchair and the size of the vehicle's trunk space. Use of a wheelchair accessible van will increase individual's dignity and independence when they no longer have to be physically transferred from their chair to and from the vehicle.</p> <p>The residents of the house have different interests and varied functional capabilities. It is the goal of the home to allow our residents to age in place as we consider this their home and every aspect including transportation be accessible to them to make it easier in accessing the community.</p>	
<p>2. Please provide a brief summary narrative of the concept for which you are re-requesting funding, including justification for the funding.</p>	

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The concept we are proposing is purchasing a wheelchair accessible van for the use of all the residents. The home currently has a vehicle that residents are using that requires manual transfer of residents in and out of the car. With the proposed concept, all residents of the home will have an opportunity to be on the same trip together with housemates if desired. The standard vehicle that we currently use does not provide enough space of accessibility since they have different physical functioning.

The residents using the modified vehicle will also benefit from the ability to continue attending more individualized community activities of their personal interests and would allow for increased opportunities to be able to spend time with people they wish to spend time with. Having an additional vehicle will have increased residents dignity and independence without having to rely on others for transfers, as well.

Having a wheelchair accessible van gives the residents more independence and autonomy and better quality of life, it will present an opportunity to basically to go more places and see more things to enlighten their life individually.

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?

Our goal is to allow the clients to utilize and access their community integration in a safe manner. It also will allow the client to use the wheelchair of their choice to be able to go out in the community more often. This will allow the residents to have an opportunity in practicing positive relationship with their peers. It will increase their involvement in community integration and will provide them opportunities in forming positive relationships with others through the use of the accessible van. Residents' visits to the community will be recorded and reviewed in their quarterly and annual progress meetings.

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.

Currently, the home is able to navigate limited generic resources in the community to meet the residents' needs. As our residents are ageing and physical needs are increasing, not having an accessible vehicle that will aid in providing independence and more opportunities for community integration is a limitation to their own quality of life.

Citadel homes feels that moving forward and trying to acquire a wheelchair accessible vehicle will ensure continuous quality of life for the residents we serve. They continue to age and will lose physical capacity and independence over time.

The ease of mobility that is not having to be lifted and transferred from their wheelchair to the wheelchair accessible van is reflected in their attitude and eagerness to participate to the community outing of their choice.

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

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<p>An accessible van will provide residents independence and self-confidence. The residents will have more control with what works for them instead of relying on other modes of transportation that are less accommodating. An additional vehicle will also allow for more individualized choice and increased opportunities in various community based activities.</p>	
<p>7. What percentage of individuals served by your program will directly benefit from implementation of this concept?</p>	
<p>100% of the residents will benefit from this concept. It will be readily available for them to access the community such as attending day program, family visits, medical and dental appointments, and various recreational activities of choice within their community.</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>It is our intention and plan to maintain the good physical condition and well-being of this accessible vehicle. We will have inspection check and maintenance in place to ensure the vehicle is in good working condition at all times. The upkeep of the vehicle is extremely important to ensure safety for our residents. Any repairs of the vehicle will be shouldered by the house and will record to document that.</p>	
<p>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>.</p>	
<p>The cost category is the acquisition of the vehicle. The costs will also cover the wheelchair accessible conversion for ingress/egress, which will include entry in-floor mechanical ramp, rear passenger seats, remote access to operate sliding door, 4-point wheelchair tie down, sure deploy, back-up power system to stow and deploy ramp in case of power failure and manual.</p>	
<p>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.</p>	
<p>Upon purchase of the vehicle, the home will support the funding pass the required time frame. The ongoing costs shall include gas, maintenance, registration, insurance, and yearly license fees.</p>	
<p>11. Have you or the organization you work with been a past recipient of DDS funding? If yes, what fiscal year(s)?</p>	<p>HCBS Funding <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes ___ If Yes, FY(s)          Service Access and Equity Funding <input checked="" type="checkbox"/> No ___ 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 ___ Yes. If Yes, FY(s)</p> <p>If yes to any question be sure to answer questions 13 and 14.</p>
<p><b>For providers who have received prior HCBS, Disparity, CPP or CRDP Funding from DDS</b></p>	

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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.

N/A

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.

N/A

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HCBS CONCEPT BUDGET	Wheelchair Accessible Van - Transportation Vehicle					
Vendor Name	Citadel Homes Inc.					
Vendor Number(s)	HH16979					
	Wage and Benefits	Year 1 Budget		Year 2 Budget		Total
		FTE	Annual Cost	FTE	Annual Cost	Cost
<b>Personnel (wage + benefits)</b>						
			\$ -		\$ -	\$ -
			\$ -		\$ -	\$ -
			\$ -		\$ -	\$ -
			\$ -		\$ -	\$ -
			\$ -		\$ -	\$ -
			\$ -		\$ -	\$ -
			\$ -		\$ -	\$ -
			\$ -		\$ -	\$ -
			\$ -		\$ -	\$ -
<b>Personnel Subtotal</b>			<b>\$ -</b>		<b>\$ -</b>	<b>\$ -</b>
<b>Operating expenses</b>						
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
<b>Operating Subtotal</b>			<b>\$ -</b>		<b>\$ -</b>	<b>\$ -</b>
<b>Administrative Expenses</b>						
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
<b>Administrative Subtotal</b>			<b>\$ -</b>		<b>\$ -</b>	<b>\$ -</b>
<b>Capital expenses</b>						
Conversion Package: Tempest X Conversion w/ Brau			\$ 48,475			\$ 48,475
Lift						\$ -
License and fees			\$ 721			\$ 721
-Straints (Two Sets): Retractable wheelchair restrain			\$ 2,800			\$ 2,800
Two sets of 4 emergency release function						\$ -
Includes labor for relocation of tracts & shoulder belt						\$ -
install						
Chassis: 2021 Ram Pomaster/ Vin 3C6LRVAG1ME5			\$ 43,200			\$ 43,200
Sales Tax on Chassis Only (est)			\$ 4,428			\$ 4,428
			<b>\$ 99,624</b>		<b>\$ -</b>	<b>\$ 99,624</b>
			<b>\$ 99,624</b>		<b>\$ -</b>	<b>\$ 99,624</b>

See Attachment F for budget details and restrictions