

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

Vendor name	Parkside Villa III
Vendor number(s)	HS1016
Contact Name	Yun S Rho
Contact Email Address	<a href="mailto:yunrho@gmail.com">yunrho@gmail.com</a>
Primary regional center	San Andreas Regional Center
Service type(s)	Adult Residential Facility
Service code(s)	915
Number of consumers typically and currently served	6
Typical and current staff-to-consumer ratio	1:3
<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>In a typical day, our consumers participate in an activity based on their choosing and according to their IPP plan. They do about 5 days per weeks. On the weekends and also in the afternoons as time allows, we give them a choice of different activities to help integrate with the community around them. Some activities include going to the gym or playing sports or participating in Special Olympics activities. Other consumers choose to work as well.</p> <p>Our staff currently does our best to encourage individual's freedom of choice and assist our consumers in engaging in whatever activity they choose, but in order to serve our consumers better, we are hoping to increase training for our staff. We are looking for ways to offer more choice to our consumers and more freedom and support them the best way we can.</p> <p>We want to learn how best to assess the passion and interest of our consumers and how to provide more opportunities to engage in these activities that further their interests.</p>	
<p><b>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.</b></p>	
<p>2. Please provide a brief summary narrative of the concept for which you are requesting funding, including justification for the funding.</p>	
<p>We want to engage all of our staff in two trainings to enhance our skills to better support our consumers:</p> <ol style="list-style-type: none"> <li>1. Person-centered thinking training – 16 hours – fundamental training that teaches to use a variety of skills to discover information to support someone to have a better life</li> <li>2. One-page description training – 3 hours – care concept of person-centered approach and create a one-page description</li> </ol>	

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3. Identify which category/ categories this concept addresses.
<input checked="" type="checkbox"/> Community Integration <input checked="" type="checkbox"/> Individual Rights <input checked="" type="checkbox"/> Choice <input checked="" type="checkbox"/> 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?
The trainings are geared towards helping our staff build skills that will enable them to discover how to better support the individuals and learn more about what is important to each individual so that we can provide more options or assist in the individuals choosing how they want to live their lives and improve the quality as much as possible.
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.
All of our staff participate in training during orientation as well as continuing education, but we want to go beyond and make sure that we are doing everything we can to provide the best possible care. At times limited funding to send staff to various training can be a barrier in providing improved care for our individuals. We want to make sure our staff are well-versed in handling a variety of situations and can provide the most meaningful and person-centered service.
6. Please describe how the concept you propose will enable you to provide more person-centered services to the individuals you serve.
We believe these trainings will increase our staff's skills and knowledge and communication so that we can better assess, discover, and understand more deeply what the individuals may be interested in and what is important to them.
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.
We will use the learnings from the trainings and implement into our care for the individuals and ensure that we continue to do so even after the conclusion of the HCBS funding. We also intend to incorporate the learnings into our ongoing training as well as share with any new hires so that we can continue to enhance our skills and person-centered thinking and approach.
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

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<p>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>We hope to enroll all of our staff in both trainings for both years.</p> <p>Person-centered thinking training - \$225/person x 8 staff x 2 years = \$3,600                  One-page description training - \$450/person x 8 staff x 2 years = \$7,200</p> <p>Total for 2 years: \$10,800</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>Not Applicable</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 ___ 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 ___ 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>	
<p>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.</p>	
<p>Not Applicable</p>	
<p>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.</p>	
<p>Not Applicable</p>	

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CONCEPT FORM

HCBS CONCEPT BUDGET						
Vendor Name		Parkside Villa III				
Vendor Number(s)		HS1016				
	Wage and Benefits	Year 1 Budget		Year 2 Budget		Total
		FTE	Annual Cost	FTE	Annual Cost	Cost
<b>Personnel (wage + benefits)</b>						
Position Description			\$ -		\$ -	\$ -
Personnel Subtotal			\$ -		\$ -	\$ -
<b>Operating expenses</b>						
Person Centered Thinking Training			\$ 1,800		\$ 1,800	\$ 3,600
One-Page Description Training			\$ 3,600		\$ 3,600	\$ 7,200
						\$ -
						\$ -
Operating Subtotal			\$ 5,400		\$ 5,400	\$ 10,800
<b>Administrative Expenses</b>						
						\$ -
						\$ -
Administrative Subtotal			\$ -		\$ -	\$ -
<b>Capital expenses</b>						
						\$ -
						\$ -
Capital Subtotal			\$ -		\$ -	\$ -
Total Concept Cost			\$ 5,400		\$ 5,400	\$ 10,800

See Attachment F for budget details and restrictions