

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

Vendor name	Serenity Care Guest Home
Vendor number(s)	HX1049
Contact Name	Gamal Tawfik
Contact Email Address	<a href="mailto:gamaltawfeek@aol.com">gamaltawfeek@aol.com</a>
Primary regional center	South Central Los Angeles
Service type(s)	Residential Home
Service code(s)	915
Number of consumers typically and currently served	4
Typical and current staff-to-consumer ratio	1:2

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?

Serenity Care Guest Home provides care and services to four individuals with behavior and developmental challenges. The morning begins with staff helping each individual in their personal and daily living skills including grooming, dressing and medication. Since the COVID-19 pandemic all individuals have been home. Staff assist residents in participating in remote learning. Throughout the day, staff encourage individuals in cleaning their rooms, indoor activities (walking, painting, puzzles etc.) and preparing meals. During the evening individuals enjoy leisure time, spending time in the family room watching movies or choosing to stay in their individual room. Following dinner, individuals prepare for bedtime.

**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.

Our vision is to provide the following:

**Concept (1):** secure a wheelchair van to fully support access and opportunities for social, recreational, personal and community integration. We currently have two individuals who require full assistance. One of them is bound to his electric wheelchair. We use a hooyer lift to transfer him from his wheelchair to his bed and vice versa, and he can only access vehicles with a wheelchair ramp. These individuals require more assistance in their mobility. Due to the COVID-19 all individuals have been forced to remain home and has further isolated the individuals in their home, away from the community. Taking individuals to medical appointments or outings to integrate with the community is very difficult and is dependent on the availability of the public transportation that often are booked and require reservations

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a week in advance. Our non-ambulatory individuals have been severely impacted as they are currently being transported by an outside service. Having a wheelchair accessible van will allow our individuals to come and go with greater ease and allow them to participate in community events. This gives us the flexibility to safely transport our individuals to more than one location at a time. Due to the ongoing dangers of COVID-19 a wheelchair accessible van will allow for more safety, flexibility, and control for individuals to manage their own schedule resulting in greater independence.

**Concept (2):** Secure a walk-in shower at home to be accessible to residents on wheelchairs. We currently have a standard bath tub which makes it very difficult for wheelchair residents to physically access the shower. Transferring the residents into a chair inside the tub requires the assistance of 3 caregivers and subjects the residents to a falling risk. Having a walk-in shower will give the residents the freedom & ability to physically access the shower.

**Concept (3):** Provide lockable bedroom doors. Currently, residents have their own private rooms. However, the doors cannot be locked from inside. This will ensure that each individual has privacy in their sleeping bedroom.

**Concept (4):** Staff training. The staff need to be frequently trained on how to provide the best care to the residents while establishing person-centered service care & planning. This concept will be achieved by offering the staff opportunities to attend classes in different topics.

3. Identify which category/ categories this concept addresses.

- ☒ Community Integration
- ☒ Individual Right
- ☒ Individual 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?

1. Self determination-Outcome: encourage decision making choice, ability to direct their activities.
2. Personal and Community Engagement- Outcome: attending recreational, medical appointments of their choice.
3. Person Centered Support- Outcome: increase home and community engagement, support cultural interests, support mobility and transportation needs. 4)Person Centered Support- Outcome: provide control to the individuals in daily choices and preference as well as increase success in achieving objectives set in the IPP goals.

Tracking: Concept (1): Using transportation log, ID notes we will be able to utilize a tracking system to address the success of less maladaptive behaviors. This will be done through data collection by caregivers observation as well as feedback from the individual and their family.

Concept (2): The walk-in shower will be designed & installed to fit the width & maneuverability of the wheelchair. We will make sure to check the dimensions of the shower & test it.

Concept (3): The lockable doors will be selected to ensure they are easily accessible & workable to the residents. They will be checked & tested after installation.

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<p>Concept (4): The training topics will be selected in the core subjects of establishing person-centered service planning. Staff will be asked after attending the class how useful the class is.</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>Input from the IDT team of each individual including the individual, family member, staff, case manager and provider met discussing and collaborating on ways to provide autonomy to the individual. This was done during quarterly meetings to assess the individual needs are being met and IPP goals are completed. During these meetings individuals, staff and family members have expressed the need for: Concept (1) a non-ambulatory van to provide for greater independence into the community and social development as well as addressing individual medical needs, Concept (2) Walk-in shower for physical access, Concept (3) Lockable bedroom doors to all individuals to ensure their privacy, and Concept (4) Staff training to better to improve the knowledge of the staff.</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>Concept (1): Having a wheelchair accessible van will shift the focus from the group to the individual. Outings, schedules, activities and community involvement will be driven by what the individual wants and allow for easier transfer. Individuals will now be empowered to direct their IPP to the extent they chose. Community outings will give our individuals the opportunity to interact with other individuals and peers whom they have met. Having increased community outings will lessen the possibilities of any behavioral challenges thereby providing a more enjoyable life experience.</p> <p>Concept (2): Having a walk-in shower will give the individuals the choice &amp; ability to have a full physical access to the home.</p> <p>Concept (3): Having lockable bedroom doors will ensure the privacy of individuals in their sleeping.</p> <p>Concept (4): Providing staff training will enable the staff to better understand the goal of person-centered services to the individuals, and will give them the tools &amp; knowledge to do their work.</p>
<p>7. What percentage of individuals served by your program will directly benefit from implementation of this concept?</p>
<p>Serenity Care Guest Home serves non-ambulatory individuals. Having all these concepts will benefit 100% of our individuals.</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>Concept (1): The wheelchair accessible van and wheelchair lift will be maintained and serviced on a regular basis. Concept (2): The walk-in shower will be maintained to ensure it's functionality. Concept (3): Lockable doors will be maintained to ensure their functionality. Concept (4): Staff training will be done in a way to ensure all staff are benefitting &amp; improving. Serenity Home will continue to pursue support of our individuals in their preferences for a more productive and independent life.</p>

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<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.</p> <p>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>Concept (1): One wheelchair accessible van will be purchased for a total cost of \$45,000.00 by 12/22.</p> <p>Concept (2): One Walk-in Shower (ADA compliant) will be purchased &amp; installed for a total of \$12,500.00 by 12/22</p> <p>Concept (3): Four lockable door handles (ADA compliant) will be purchased &amp; installed for a total of \$550.00 by 12/22</p> <p>Concept (4): Twenty training classes to all staff will cost \$2,000.00 by 12/22</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>					
Not Applicable					
<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    <u>  X  </u> No <u>  </u> Yes.                      If            Yes,            FY(s)</p>				
	<p>Service Access and Equity Funding <u>  x  </u> No <u>  </u> Yes. If Yes, FY(s)</p>				
	<p>CPP Funding        <u>  X  </u> No <u>  </u> Yes.                      If            Yes,            FY(s)</p>				
	<p>CRDP Funding      <u>  X  </u> No <u>  </u> 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>					
N/A					
<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>					
N/A					



HCBS CONCEPT BUDGET						
Vendor Name		Serenity Care Guest Home				
Vendor Number(s)		HX1049				
	Wage and Benefits	Year 1 Budget		Year 2 Budget		Total
		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						
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Operating Subtotal			\$ -		\$ -	\$ -
Administrative Expenses						
- Provide Staff training on person-centered service care & planning			\$ 2,000			\$ 2,000
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Administrative Subtotal			\$ 2,000		\$ -	\$ 2,000
Capital expenses						
- Purchase wheelchair accessible van with lift including insurance, registration & 5 year warranty			\$ 45,000			\$ 45,000
						\$ -
						\$ -
- Purchase & install a walk-in shower (ADA compliant)			\$ 12,500			\$ 12,500
						\$ -
- Purchase & install 4 lockable door handles (ADA compliant)			\$ 550			\$ 550
						\$ -
						\$ -
						\$ -
Capital Subtotal			\$ 58,050		\$ -	\$ 58,050
Total Concept Cost			\$ 60,050		\$ -	\$ 60,050

See Attachment F for budget details and restrictions