

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

Vendor name	A Winsome Assisted Living & Igbante-Enriquez Residential Care 2
Vendor number(s)	HQ1053 (A Winsome Assisted Living) H50118 (Igbante-Enriquez Residential Care 2)
Contact Name	Guia Igbante- Enriquez
Contact Email Address	g.igbante@gmail.com
Primary regional center	San Diego Regional Center
Service type(s)	Residential
Service code(s)	915
Number of consumers typically and currently served	6 (A Winsome Assisted Living) 4 (Igbante-Enriquez Residential Care 2) 10 (Total)
Typical and current staff-to-consumer ratio	4:10

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?

Both homes provide housing, food, and services to our residents at varying degrees of care depending on the resident’s specific needs. The types of clients we serve vary greatly from bed ridden, to non-ambulatory, to independent. We make it a point that each of our clients’ unique needs are met and they meet the highest quality of life we can provide. During the weekdays make sure they attend their day programs, manage and attend their medical appointments, and help them with their daily needs such as breakfast, dinner, medications, and hygiene. On the weekends and after their day programs we try to take them on outings to work on their Individual Program Plans (IPP). Outings vary from going to the store to ordering a meal out. Every month, we try to do group activities such as painting pumpkins or Easter Egg hunts to promote a sense of community and residential bonding. Five of our residents are non-ambulatory and require walking assistance, because of the physical challenges some opt to not go out because it can be strenuous for them to get in and out of regular vehicles without a wheelchair lift. Because of this, we are not able to plan many group outings of more than 2-3 residents at a time. We arrange a Medical pick-up services to be able to safely transport our non-ambulatory residents for medical appointments, but service can be limited and the wait time for pick up from the doctor’s office to the residence takes an average of 2-3 hours per trip. This can be distressing with incontinence issues & disruptive for the activities of daily living for the residents. Currently, to be able to do community outings for one group home requires (3) cars to transport our non-ambulatory resident and staff which is costly and environmentally harmful. Furthermore, it normally takes 30-45 minutes before everyone is safely loaded into a normal van, whereas with a wheelchair lift it would take 10-15 minutes over trip.

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.

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<p>2. Please provide a brief summary narrative of the concept for which you are requesting funding, including justification for the funding.</p>
<p>The facility proposes an improved mode of transportation with a built-in wheelchair lift and larger capacity. Most of our residents don't have families that can take them out regularly, so we try our best to access the community life they desire. The built-in wheelchair lift would greatly improve our client's freedom to move about outside of the home. Currently, it is a challenge because our non-ambulatory residents often choose not to participate on planned outings due to the degree of discomfort they endure going in and out of a regular vehicle. The bus will help promote more community integration and meaningful interactions, especially since they have been limited due to Covid-19 guidelines and restrictions. Since we are a smaller facility, we are able to do group outings with our residence in a safe and supervised manner such as outdoor picnics, trips to amusement parks, and drive-thru events. Additionally, this will open up the possibility for longer and more frequent group trips since there is space to pack needed supplies for extended stays. The funding is requested for the cost of the bus with a 2 passenger& 2 wheelchair capacity bus and with a built-in wheel chair lift, cost of driver for 2 years, and cost of (2) staff needed for resident care in the vehicle. We believe this will greatly improve the quality of life of our clients and open more opportunities for community-based activities.</p>
<p>3. Identify which category/ categories this concept addresses.</p>
<p><input checked="" type="checkbox"/> Community Integration <input checked="" type="checkbox"/> Individual Rights <input checked="" type="checkbox"/> Choice <input type="checkbox"/> Collaboration</p>
<p>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?</p>
<p>Our objective is to give our residence a greater sense of freedom & promote community engagement and activity. We intend on using the bus not only for medical appointments, but also for individual outings and larger group outings for our residents. To measure our success, we will evaluate the resident's comfortability with the bus and frequency of attendance/participation of our planned outings. Currently, we have a list of activities we would like to take our residents to if we had the bus with a wheelchair lift: drive by beach, Julian Apple Pies, Old Town, December Nights at Balboa Park, Auto shows, live music performances, and whatever San Diego community offers. With the right mode of transportation, we are confident that our clients' outing options and activity possibilities are significantly increased.</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>The activities mentioned above have been offered to our clients when their mobility was less restrictive. We have witnessed the great deal of joy, contentment, and appreciation our clients have experienced by participating. Now, due to their growing medical needs through the years it has been a challenge for our residents to continue these types of outings. For example, one of our clients suffers with chronic back pain, which has been making it increasingly arduous for her get in and out of a car. Another one of our clients is requiring more and more physical assistance from staff, to the point that it is becoming beyond our physical ability to provide. (i.e. carrying our client into the car) More often than not, residents have expressed disinterest in going out because of their physical limitations. Only 1-2 show eagerness to join outing plans. Through the years of being their caregivers, we have built relationships with each of our clients,</p>

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<p>so they are comfortable in telling us the types of activities that interest them. For example, one loves to go car to shows, another enjoys music and dancing, and another enjoys scenic drives. We see the uplifting of their spirits when they get to go outside of their normal everyday activities. Additionally, we see more of a display of aggressive & depressive behaviors from clients due to being left behind because of the capacity limitations we have with our current modes of transportation (2-3 clients per trip). The bus would not only enable everyone to participate in group outings, but it would facilitate an inclusive environment where the social needs of each client can be met.</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>The bus with a built-in wheelchair lift will address our residents' physical needs and give them a comfortable and accessible option to go out in their community. The bus will offer a myriad of opportunities to various experiences and help them see the world in new ways. We are confident that this investment will be utilized and appreciated for years to come as their interests change.</p>
<p>7. What percentage of individuals served by your program will directly benefit from implementation of this concept?</p>
<p>100%, Due to the residents' unique level of care needs we take into consideration in making sure that their physical limitations don't hinder them from their meeting their personal desires. All of the residents would benefit from this concept since it will accommodate everyone and the needed staff for group outings. Not only is it more accessible, but it affords them a more comfortable and spacious arrangement for all residents which supports their sense of being a valued individual to us and to 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>Financial support is mainly needed for the initial cost of the van, as it is the bulk of the cost estimate. It is our desire to provide a constant improvement to their quality of life, which will continue on after funding. We will continue to provide mental, social, and emotional well-being. The budget for the maintenance and staffing for the continued use of the vehicle will be built into our annual facility budget.</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.</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 link.</p>
<p>First, we need the funding to pay for the cost of purchasing a 12 passenger & 2 wheelchair capacity bus and with a built-in wheel chair lift. We have researched used bus options that are in good condition and can still provide the services we need, however there is limited inventory for used options. We estimated for a new bus since it is easier to find a reliable new option at this time.</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>N/A</p>

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<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 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.</p>
<p>For providers who have received prior HCBS, Disparity, CPP or CRDP Funding from DDS</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>N/A</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>N/A</p>	

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CONCEPT FORM

HCBS CONCEPT BUDGET						
Vendor Name	A Winsome Assisted Living & Igbante-Enriquez Residential Care 2					
Vendor Number(s)	HQ 1053 & H50118					
	Wage and Benefits	Year 1 Budget		Year 2 Budget		Total
		FTE	Annual Cost	FTE	Annual Cost	Cost
Personnel (wage + benefits)						
Class B Driver	20	864.00	\$ 17,280	864.00	\$ 17,280	\$ 34,560
Staff 1	17.25	864.00	\$ 14,904	864.00	\$ 14,904	\$ 29,808
Staff 2	17.25	528.00	\$ 9,108	528.00	\$ 9,108	\$ 18,216
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Personnel Subtotal			\$ 41,292		\$ 41,292	\$ 82,584
Operating expenses						
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Operating Subtotal			\$ -		\$ -	\$ -
Administrative Expenses						
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Administrative Subtotal			\$ -		\$ -	\$ -
Capital expenses						
14 Passenger Bus with Wheelchair lift			\$ 94,518			\$ 94,518
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Capital Subtotal			\$ 94,518		\$ -	\$ 94,518
Total Concept Cost			\$ 135,810		\$ 41,292	\$ 177,102

See Attachment F for budget details and restrictions