

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

Vendor name	Pearls Unlimited Inc. dba Pearl's Cove ARF
Vendor number(s)	HQ0697
Contact Name	Aeriaka Jacobs
Contact Email Address	pearlsunlimitedinc@yahoo.com
Primary regional center	San Diego Regional Center
Service type(s)	ARF / CCP
Service code(s)	113
Number of consumers typically and currently served	4
Typical and current staff-to-consumer ratio	1:1 and 1:2
<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>Over the past 18 months Covid-19 played a major influence on the direction of our home based/community interactions. Prior to Covid our focus was geared towards transportation of Clients' interaction in the community such as: day programs, movies, church etc. With the advent of Covid those type of interactions came completely to a halt.</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>Covid has required us to reshape home/community interaction due to the following: A. Clients have aged and now are challenged with the decline in ease of mobility in such activities as attending events like the Del Mar Fair or lake; B. The effects of PPE regulations in public settings such as the trolley, movies, buses, restaurant etc.; C. Limited Access of public transportation; D. Limitations of the use of staffs' personal vehicles; E. Generating new ideas for safe and healthy social opportunities with limited resources.</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 checked="" 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>	

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Although Covid is declining from its peak severity, our new normal must continue to reflect necessary changes in the health and well-being of our clients.

A. As aging clients show decline and ease of mobility, we have had to create new opportunities for engagement. (the day program has not fully re-opened. B. We are now visiting clients from outside like-facilizing for social growth and interaction). Although PPE regulations can be safely controlled in our facility, we cannot guarantee the safety of this issue in public settings such as in movies, trolley, restaurants, buses etc. D. The use of staffs' vehicles has become prohibited due to our inability to regulate/control that environment. E. We have begun to create new opportunities for social interactions such as visitations and activities with clients at other like-facilities. When all of the day programs such down we noticed that their social skills and activities halted and they exhibited challenges with coping such more growing accustomed to sleeping-in, difficulty is remembering and following through with daily living skills such as, taking reasonability for personal and care when going out etc. We continue working with our behaviorist to develop goals, monitoring and staff re-direction training and implementation with our clients.

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 clients are involved in a weekly house meeting with the administrator, staff , nutritionist and/or behaviorist to discuss and review past and planned activities. We examine what went well and what did not go so well. Input from all interests is encouraged and invited. These weekly meetings are used to advise future activities.

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

This team input has shown to be very effective in deciding and supporting clients' choices in future activities. Clients who exhibit behavioral challenges have been shown to take responsibility and understand their inclusion or subsequent exclusion from the proposed activities. Additional staffing support will accompany the van transportation as needed to the activities.

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

One hundred percent (100%) of the clients will be able to participate and benefit from the use of this van.

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

During the aforementioned weekly house meeting and behavioral charts an accurate assessment will readily show the successes and challenges of our client centered planned activities and inform future activities.

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](#).

Please see Attachment E

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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.	
N/A	
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, FY(s) _____ Service Access and Equity Funding <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. If Yes, FY(s) _____ CPP Funding <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. If Yes, FY(s) <u>2007-2021</u> 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.	
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.	
Prior funding has been for the purchase of staffing. Now that staff is in place the additional mode of transportation so that staff are not dependent on personal vehicles and those costs associated with the up-keep (insurance, maintenance).	

HCBS CONCEPT BUDGET	\$153,377.00					
Vendor Name	Pearl's Cove ARF					
Vendor Number(s)	HQ0697					
	Wage and Benefits	Year 1 Budget		Year 2 Budget		Total
		FTE	Annual Cost	FTE	Annual Cost	Cost
<b>Personnel (wage + benefits)</b>						
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Personnel Subtotal			\$ -		\$ -	\$ -
<b>Operating expenses</b>						
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Operating Subtotal			\$ -		\$ -	\$ -
<b>Administrative Expenses</b>						
15% Administrative Costs			\$20,000.00			\$20,000.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
Administrative Subtotal			\$20,000.00		\$0.00	\$20,000.00
<b>Capital expenses</b>						
Toyota Sienna FWD XLE 2021- Mini Van			\$85,000.00			\$85,000.00
Insurance			\$1,000.00	\$1,000.00		\$2,000.00
Adaptive Equipment (Wheelchair Modification)			\$45,775.00			\$45,775.00
						\$0.00
						\$0.00
						\$0.00
Capital Subtotal			\$131,775.00	\$1,000.00		\$132,775.00
Total Concept Cost				\$1,000.00		\$152,775.00

See Attachment F for budget details and restrictions