

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

Vendor name	Plumas Home Adult Residential Facility
Vendor number(s)	HQ0517
Contact Name	Irenea Testado
Contact Email Address	ireneatestado@yahoo.com
Primary regional center	San Diego 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	3 to 1
<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>Plumas Home Adult Residential Facility (PHARF) operates 7 days a week, 24 hours a day. The main purpose of this residential facility is to provide care and respond to the needs of the developmentally disabled in a residential setting. The facility accommodates Level 3 individuals that demonstrate significant deficits in self-help skills, some limitation in physical coordination and mobility, and/or disruptive or self-injurious behavior. PHARF also seeks to provide a caring and enriching environment that nurtures each individual's rights and choice, while striving to ensure access to medical care and psychological resources. PHARF also seeks to provide a normalized experience for each individual through community integration, program involvement, and facilitating enrichment and leisure activities.</p>	
<p>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.</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>PHARF seeks to improve the quality and experience for each individual under care, and ensure that the 10 HCBS federal requirements for each client are honored. This includes ensuring that clients are not only provided regular medical attention, but also community engagement, leisure activities, and interest-building enrichment. However, due to the current pandemic environment, state-funded transportation services have become more limited. As such, current services we are able to provide have been diminished and are limited to the size of the current vehicle available. Additionally, the lack of accessibility in the company vehicle provide additional encumbrances to expedient transporting of clients. Unfortunately, the current company vehicle has resulted in the clients' increased time of being homebound due to the hardship of scheduling staggered appointments to meet the needs of each of our clients. The need for a spacious wheelchair-accessible van will help facilitate expedient transportation of our clients to</p>	

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achieve our mission as well as provide more optionality for our clients. Furthermore, these funds will help PHARF to provide our clients maximized independence, mobility, and quality of life. The request for funding for a wheelchair-accessible van will support the enhancement of PHARF's person-centered services aligned with HCBS federal requirements #1, #2, #3, #4, #5, #7, #8, #9, and #10. The additional vehicle will allow for PHARF to provide its clients with, but are not limited to: 1) the increased access to engage in community life and community integration expanding to the greater community (i.e. movies, bowling, local attractions, etc.), 2) the choice of a private and more comfortable mode of transportation when needed, 3) the freedom to collaborate a more personal and independent schedule of activities (i.e. medical appointments, shopping for clothing of choice, etc.) and food at any time, 4) the access to increasing the clients' rights to have visitors of their choosing at any time, and 5) the increase of the clients' rights and assurance to be able to leave the residence to participate in activities upon their request.

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 objectives are to: 1) increase access to community-based activities and leisure/recreational activities, and 2) increase access to medical appointments. Currently, clients' program activities and education are held via Zoom. Clients' medical appointments are staggered throughout the month. Access to a wheelchair-accessible van will increase our ability to shuttle our clients to in-person programs, leisure/recreational activities, and medical appointments. Additionally, access to wheelchair-accessible van will allow us to better accommodate our two wheelchair-bound clients in a safer and comfortable manner. While our objectives will impact our clients in offering more choices and opportunities, PHARF upholds the client's right to independence and privacy as required by HCBS Final Rule (federal requirements #4 and #7) when collaborating the schedule for the use of the wheelchair-accessible van. In addition to federal requirements #4 and #7, PHARF seeks to ensure all 10 HCBS Federal Requirements are met and enhanced as the wheelchair-accessible van will enhance the person-centered services currently provided by PHARF.

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.

The limitations of the current company vehicle and the limited state-funded transportation services resulting from the pandemic has led to the need to request for funding for a more efficient mode of transportation for our clients. The deficiencies to provide expedient transportation for our wheelchair-bound clients has provided an additional hardship. When attempting to transport multiple clients to and from medical appointments or recreational activities, we are forced to carry out multiple pick-up and drop-offs. This leads to diminished services, longer lead times, and frustration to both our employees and clients.

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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A wheelchair-accessible van will allow PHARF to transport all of our clients expediently and safely, especially both of our wheelchair-bound clients. Additionally, it will provide a spacious cabin to accommodate transporting more of our clients at the same time, but also reserves the opportunity to collaborate for a more private transport of our clients upon their request. This will provide us the ability to not only more efficiently transport our clients, but also to allow them to travel to leisure activities as a community.

PHARF will work with Mobility Works to find the 2021 Toyota Sienna. Mobility Works suggests this van as it is the best vehicle for modifications for wheelchair-bound clients. The side entry of the vehicle meets ADA compliance for wheelchair-bound clients and allows for safe and easy access into the vehicle's spacious cabin by means of an automated ramp. In addition to accommodating a wheelchair-bound client, the vehicle can also accommodate three additional clients beyond the designated driver. The following HCBS federal requirements, but not limited to, will enhance PHARF's current provided care upon the access of wheelchair-accessible van: #1 Access to the community, #2 Choice of setting, #3 Right to be treated well, #4 Independence, #5 Choice of services and supports, #7 Privacy, #8 Schedule and access to food, #9 Right to visitors, and #10 Accessibility. It is paramount and the mission of PHARF to honor each client's individual freedom and right with the best services and reasonable accommodations through an interactive collaboration that meets all HCBS federal requirements.

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

100 percent

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

The purchase of a wheelchair-accessible van is a singular capital expense that will pay dividends in benefits and value. PHARF will absorb any repairs and future expenses as it relates to the wheelchair-accessible van. It will allow PHARF with the ability to provide expanded services to increase our clients' independence, mobility, and quality of life.

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](#).

Financial spreadsheet and budget template for the purchase of a wheelchair-accessible van is attached (see Attachment C). We estimate a wheelchair van purchase at \$80,000 and two years of insurance for the wheelchair-accessible van estimated by Farmers Insurance is estimated at \$3,000.00 per year.

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.

Not applicable

11. Have you or the organization you work with been a past

HCBS Funding No Yes. If Yes, FY(s) _____
Service Access and Equity Funding No Yes.
If Yes, FY(s) _____

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recipient of DDS funding? If yes, what fiscal year(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.

For providers who have received prior HCBS, Disparity, CPP or CRDP Funding from DDS

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.

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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.

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HCBS CONCEPT BUDGET	\$86,000.00					
Vendor Name	Plumas Home Adult Residential Facility					
Vendor Number(s)	HQ0517					
	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						
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Administrative Subtotal			\$ -		\$ -	\$ -
Capital expenses						
2021 Toyota Sienna - Mobility Works			\$ 80,000			\$ 80,000
Insurance			\$ 3,000		\$ 3,000	\$ 6,000
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Capital Subtotal			\$ 83,000		\$ 3,000	\$ 86,000
Total Concept Cost			\$ 83,000		\$ 3,000	\$ 86,000

See Attachment F for budget details and restrictions