

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

Vendor name	SAILS Alta Vista
Vendor number(s)	HQ0647
Contact Name	Lee Strollo
Contact Email Address	lstrollo@peoplescare.org
Primary regional center	San Diego Regional Center
Service type(s)	Adult Residential Facility
Service code(s)	915
Number of consumers typically and currently served	5
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?

The SAILS Alta Vista home does not currently have its own vehicle and staff members have been asked to transport the residents using their own vehicles. This is less than ideal considering these vehicles are not designed to address each resident’s unique needs. Utilizing staff vehicles also dictates where the residents are going. Staff members are not inclined to go beyond their local community for activities and outings. This negatively impacts the residents as their choices and preferences are severely limited. The Jack Pine home having its own vehicle can not only assist with community outings/activities outside the local area, but also provide transportation to visit families and to medical appointments. This vehicle can also assist with transportation to the day program sites should the need arise. Having a designated facility vehicle allows greater flexibility and promotes integration in more inclusive environments.

There are two factors that have resulted in SAILS determining the need to apply for this grant. First, a new leadership team has completed a thorough assessment of the resident’s needs and services and determined there is an unmet need to provide transportation that is convenient and accessible. Secondly, since the onset of the Covid-19 pandemic, it has become even more apparent that the traditional approach to coordinating community activities and outings needs to be reimagined. We have seen our residents become bored with traditional activity and outing schedules/locations. Having continuous access to transportation for meaningful outings will be very beneficial for each person’s mental wellness.

**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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2. Please provide a brief summary narrative of the concept for which you are requesting funding, including justification for the funding.
<p>SAILS is requesting an ambulatory minivan. This 7-seat (including driver) The vehicle identified is a Ford Transit Connect. SAILS would purchase this vehicle directly through Enterprise Fleet</p> <p>The residents of this home currently have a shared vehicle with a second home. However, outings are hindered and typically postponed due to availability of a vehicle. As a result, residents are limited when exercising personal choice regarding location, frequency and duration of outings. This type of vehicle would accommodate outings for an individual and groups. It would solve the on-ongoing availability issues with our current arrangement. There will also be greater opportunity for pre-planned and spontaneous community outings based on individual choice.</p>
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 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 outcome and objective is to increase community choices while making accessibility easier. SAILS believes this vehicle achieves both while promoting resident convenience and preserving dignity. All community outings and training are documented in Therap, our software program for note-taking. These are then reported and summarized in the resident's ISPs.
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.
Collaboration between the District Manager, Administrator and residents occurred. All information gathered came from all three parties.
6. Please describe how the concept you propose will enable you to provide more person-centered services to the individuals you serve.
Accessibility in the community is the primary purpose of this request. Without its approval, the residents are really limited in community options and spontaneity cannot be considered. The van will allow the home to integrate in the community and be included. In addition, the residents will have expanded choices and positive control over where they go in the community.
7. What percentage of individuals served by your program will directly benefit from implementation of this concept?
All individuals will benefit from this concept. We will ensure that the vehicle meets the transportation needs of all residents.
8. Please address your plan for maintaining the benefits, value, and success of your project at the conclusion of 2021-22 HCBS Funding.
SAILS Group will purchase a program through Enterprise which handles all vehicle maintenance (e.g. tires, oil, brakes, etc.) needs. This maintenance program includes

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<p>nationwide companies like Jiffy Lube, Pep Boys and Firestone. Having authorized dealers such as these ensures that maintenance needs are always relatively close. We will continue to monitor outcomes via our electronic records for review by the individual and their planning team.</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. 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>The amount for a 2022 Ford Transit Connect (similar to a minivan) is \$35,000.00. We anticipate adding aftermarket products such as 5-point harness, additional floor mats, seat covers etc. based on individual need, in the projected amount of \$1,200.00. Total Amount Requested \$37,500.00.</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>This van request is a one-time purchase and will only be used for the designated home. Its sustainability is based on the maintenance and care it receives. As mentioned in number 9, SAILS participates in an Enterprise offered maintenance program.</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 <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 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><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>	

HCBS CONCEPT BUDGET						
Vendor Name		SAILS Group- Alta Vista				
Vendor Number(s)		HQ0647				
	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			\$ -		\$ -	\$ -
<b>Personnel Subtotal</b>			<b>\$ -</b>		<b>\$ -</b>	<b>\$ -</b>
<b>Operating expenses</b>						
Van			\$ 35,000			\$ 35,000
after market products			\$ 2,500			\$ 2,500
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
<b>Operating Subtotal</b>			<b>\$ 37,500</b>		<b>\$ -</b>	<b>\$ 37,500</b>
<b>Administrative Expenses</b>						
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
<b>Administrative Subtotal</b>			<b>\$ -</b>		<b>\$ -</b>	<b>\$ -</b>
<b>Capital expenses</b>						
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
<b>Capital Subtotal</b>			<b>\$ -</b>		<b>\$ -</b>	<b>\$ -</b>
<b>Total Concept Cost</b>			<b>\$ 37,500</b>		<b>\$ -</b>	<b>\$ 37,500</b>

See Attachment F for budget details and restrictions