

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

Vendor name	Golden Haven Guest Home and Sunny Side Guest Home
Vendor number(s)	HP 0042 and HP4434
Contact Name	Tammy Shindy
Contact Email Address	<a href="mailto:tshindy@yahoo.com">tshindy@yahoo.com</a>
Primary regional center	San Gabriel Pomona Regional Center
Service type(s)	Residential Home
Service code(s)	915
Number of consumers typically and currently served	36
Typical and current staff-to-consumer ratio	1:3

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?

Sunny Side and Golden Haven provide services to individuals eligible for level 4C services. Over 80 percent of the individuals served in both homes are over the age of 65. A typical day prior to the COVID-19 pandemic includes staff helping each individual in the morning preparing for their day program which includes meal preparation, assisting in medication and bathing. Due to the pandemic individuals are now home. Most day programs are currently implementing remote learning. Staff assist individuals in accessing their zoom class, drawing, and other indoor activities (walking, exercising). Afterwards, individuals have independent leisure time ( puzzles, drawing) Individuals then assist in meal preparation. Following dinner, individuals enjoy free time to watch movies, read or play games.

**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.

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Our vision is to help our individual feel independent. Both Sunny Side and Golden Haven Guest Home are RCFE serving senior individuals in need of additional support. The individuals we serve are aging and facing mobility obstacles from decreased movement and declining health. During the last year, the COVID-19, increased these challenges dramatically. Individuals became isolated from community engagement. An accessible home will allow for increase mobility and create a more enriched independent life. During the morning routine all individuals take daily showers. Most individuals are elderly and/or have severe disabilities encountering obstacles posing a health and safety risk. Individuals are attempting to step over the bathtub creating a fall risk. The conversion of a bathtub into a ADA compliant walk in shower will have a low threshold making it easy to step in or roll in for an easier transition. Additionally, the walk in shower will be fitted with grab bars for extra support and security ensuring better health and safety measures. The walk in shower will allow for individuals to continue to independently maintain their personal care and will increase their confidence and dignity. Access in maneuvering entry and exit into the shower will mitigate any fall or accident ensuring the individuals health and safety. Due to the ongoing COVID-19 pandemic our aging individuals are likely to remain home for the foreseeable future. A walk in shower will provide and encourage mobility, freedom and independence in the home.

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?

The proposed outcome is to create an environment of self determination, empowering the individuals with decision making, choices and the ability to direct their activities. This will enhance the freedom and support to conduct their own schedules and activities in undertaking their ADLs at the same time having more dignity, privacy and increasing their confidence in becoming more independent. The proposal to convert the bathtub into a flat walk in shower will enrich their personal lives by having more freedom and eliminate fear of entering and exiting the bathtub.

Tracking will be done through ID notes, resident council meetings and use of person centered strategies (Rituals/Routines, Good Day/Bad Day, Whats Working and Not Working)

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.

Input from the IDT team of each individual meets quarterly to discuss challenges and barriers to achieving goals set forth in IPP plans. The IDT team includes the individuals, family members, case manager and provider. During these meetings individuals, staff and family members expressed the need for individual to independently and safely access the bathtub.

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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Individuals will have autonomy and independence in their home through increased accessibility.	
7. What percentage of individuals served by your program will directly benefit from implementation of this concept?	
Due to the aging population and mobility limitations of our individuals 100% of the individuals will benefit.	
8. Please address your plan for maintaining the benefits, value, and success of your project at the conclusion of 2021-22 HCBS Funding.	
We will continue to ensure support and assistance in our individual pursuing their personal choice for a more productive and independent and meaningful life. The bathroom retrofits will be maintained, inspected and cleaned regularly.	
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> .	
The retrofit includes a walk in shower which is expected to be \$35,000.00 per bathroom. For the two homes the total cost will be \$70,000.00	
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 recipient of DDS funding? If yes, what fiscal year(s)?	HCBS Funding ___ No <u>X</u> Yes. If Yes, FY(s) <u>_16/17_ and 19/20_____</u> Service Access and Equity Funding <u>X</u> No ___ Yes. If Yes, FY(s) _____ CPP Funding <u>_X</u> No ___ Yes. If Yes, FY(s) _____ CRDP Funding <u>_X</u> No ___ 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.	
Our current and prior grants included person centered training and a Community Inclusion Specialist. We learned how utilizing tools such as Donut, Rituals/Routines, Whats Working/Not Working has allowed us to gain a deeper understanding of our individuals. The additional funding will provide greater support by allowing them to independently bathe.	

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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.

The new grant will allow us to implement the PCT concepts and build upon training we received. The COVID-19 pandemic exasperated aging related disabilities among our individuals. Having easier access will provide a home like environment with easy access. Through discovery we have been able to to identify individuals interests and create meaningful connections.

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CONCEPT FORM

HCBS CONCEPT BUDGET						
Vendor Name	Sunny Side and Golden Haven Guest Home					
Vendor Number(s)	HP4434 and HP0042					
	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			\$ -		\$ -	\$ -
<b>Personnel Subtotal</b>			<b>\$ -</b>		<b>\$ -</b>	<b>\$ -</b>
<b>Operating expenses</b>						
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
<b>Operating Subtotal</b>			<b>\$ -</b>		<b>\$ -</b>	<b>\$ -</b>
<b>Administrative Expenses</b>						
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
<b>Administrative Subtotal</b>			<b>\$ -</b>		<b>\$ -</b>	<b>\$ -</b>
<b>Capital expenses</b>						
Retro fit 2 bathrooms @35,000.00 (includes demolition, permits, materials)			\$ 70,000			\$ 70,000
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
<b>Capital Subtotal</b>			<b>\$ 70,000</b>		<b>\$ -</b>	<b>\$ 70,000</b>
<b>Total Concept Cost</b>			<b>\$ 70,000</b>		<b>\$ -</b>	<b>\$ 70,000</b>

See Attachment F for budget details and restrictions