

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

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| Vendor name | AG Adult Residential Care Homes of California 3829 Wild Palms Drive, Modesto, CA 95355 |
| Vendor number(s) | HV0604 |
| Contact Name | Onyema Nkwocha |
| Contact Email Address | agresidentialcare@gmail.com |
| Primary regional center | Valley Mountain Regional Center |
| Service type(s) | Adult Residential Facility -ARF Level 4I |
| Service code(s) | 915 |
| Number of consumers typically and currently served | 4 |
| Typical and current staff-to-consumer ratio | 1:3 or 2:4 |
| <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>Currently, AG Adult Residential Care Home is not in Compliance with the Federal Requirement for Community Integration. This is a level 4I non- medical staff operated residential care home for adults ages 18-59 years old with diagnosed developmentally delay and health care needs. The home is a least restrictive living environment that offers opportunities to the residents to experience enhanced health status, increased social and vocational skills, improved daily living skills, as well as improved personal care skills. We serve mild to moderate behaviorally challenged adults with mild to severe physical issues. We are currently at fully capacity and serve 4 residents: 2 females and 2 males. All residents require constant supervision and monitoring. Our consumers have varying degrees of ambulation difficulties and two or more of them may need mobility devices at any given time. Currently, we have one consumer whose behavior does not allow or accommodate her peers in group activities in the facility setting and outside; she prefers to ride and go alone into the community. A typical day during regular program consists of the consumers waking up at 6:00AM and assisted by staff for bathroom and hygiene/grooming to those needing assistance. Breakfast and in-house activities follow; lunch is served at 12:00 noon, and dinner at 6:00pm. Two residents are enrolled in day program. On the days the consumers do not have scheduled day program, we have scheduled community-based integration activities and attend doctors and other appointments as needed.</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>We are requesting funding for two minivans one with wheelchair accessibility and one without that will allow our consumers to have choice in community outings, enhances their lifestyle, thus providing sustained opportunities for community integration that meets their needs and also meets this federal requirement. It is our goal to take all consumers out into the community for integration</p> | |

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

at least once a week. However, given that one consumer does not like to have anything to do with the rest of the peers, we would like to have the opportunity to balance our care services in a fair manner to ensure that all consumers have equal opportunity for community-based integration activities. The availability of two minivans, would enhance our ability to provide more sustained person-centered service to all our consumers. We will devote one van with wheelchair accessibility to the consumers with mobility challenges and needs, while devoting the other minivan and a staff to the consumer who prefers to engage in activities without her peers. With two minivans our facility will be able to take out all consumers to the community at least once a week to experience community life, contrary to the current situation where we only take the residents out to individual activities of choice once every 3 to 4 weeks. These activities often must be planned around when the consumer who prefers not to engage with peers is out of the facility with her family on an extended weekend

The anxiety level the rest of the consumers experience when the consumer who prefers to be away from peers is in their group or when they ride with her in the same van will decrease tremendously if we transport our consumers to community activities via different vehicles. The availability of different vehicles will also enhance personal choice, meet the consumers' needs for adequate community integration experience and increase and improved quality of life for our residents. Hence, we are requesting funding for two smaller minivans, one with wheelchair accessibility that will allow our consumers to have choice in community outings and enhance their lifestyle, thus providing sustained opportunities for community integration that meets their needs, and meets the federal requirements.

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?

To have available two minivans: one equipped with wheelchair lift ramp and the other, a regular minivan to provide for consumers increased choice, community integration and life satisfaction. With the availability of two minivans, we will be in compliance with the federal requirements and person-centered practices. We will be able to provide increased quality of experiences and regular community integration opportunities for our consumers which will enhance life satisfaction. We will be able to decrease the high risk of harm to others when all consumers ride together in a group and reduce anxiety to a minimum. We will increase our person-centered practices in a way which is meaningful to our consumers. With the availability of two vans, we will hire an additional staff who will be dedicated to transporting the consumers to community outings and events of choice. We would develop a Community Integration Data Outing and Activity Sheet (CIDOAS). The staff would log in this data sheet, each time the consumers are integrated into the community, where they went to, what kind of activities they participated in, the amount of time spent on each event in the community. At the end of the month, we will tabulate and analyze the data gathered from the CIDOAS to determine whether or not we are in compliance with the federal requirement of Community integration. We will continue to use person-centered practices to gauge consumer satisfaction with their community integration.

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

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| <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>We gathered information through various sources to come about this concept. During the initial intake interaction, the intake-nurse asks what our consumers' interests and preferences are, and what they are looking forward to accomplishing while living in our residence. We had in house consumer meetings and sat down with each consumer and typically asked them what their interest were and what they would like to do in the community. Their interests ranged from going out to the mall, shopping, eating out at places such as McDonalds, Wendy's, Burger King, Carl's Junior or Taco Bell, watching a movie, visiting parks, visiting Bass pro shops/boat shop, Modesto Fun Works, or going to shopping all by themselves with no other peers, pumpkin patch, going fishing, attending spiritual services and attending concerts. With such diverse interests for our consumers having two additional vehicles will significantly increase personal choice.</p> <p>We also asked the people important to our consumers for input. We gathered information concerning their health care needs and personal interest from their individual IPP's and from the staff who interact with the resident on 1:1. Based on this information we plan our scheduled community outing activities.</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>With the availability of two minivans, we will be more able to individualize consumer's community integration needs to enhance person-centered service. We will individualize and respect consumers choice for person-centered community outings. We will provide opportunities to consumers in a person-centered manner for individualized community experiences to enhance and increase the fulfillment of their cherished lifestyles. We will track success with the CIDOAS.</p> |
| <p>7. What percentage of individuals served by your program will directly benefit from implementation of this concept?</p> |
| <p>100% of residents will benefit from the two minivans.</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>As long-lasting tools, we will keep the vans in top safe operating conditions to serve both the current and future residents. We will include an operating line-item budget on our operating expenses to absorb all operating, maintenance, and repair costs to guarantee the maintenance integrity of the vehicles.</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>We will purchase two minivans, one with wheelchair accessibility with room for six-seven passengers. These vehicles will be state-of-the-art with very high safety ratings. They would provide comfortable transportation for our consumers and blend in well with the traffic just like</p> |

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

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| any other family vehicles on the road. Please refer to the budget template for anticipated costs related to the vehicle purchases. | |
| 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. | |
| We will budget appropriate operating funding for repairs and integrity, and maintenance of the integrity of the two vehicles during and beyond the program funding time. | |
| 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 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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**Home and Community-Based Services (HCBS) Rules
Reference Information**

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| Home and Community-Based Services (HCBS) Rules | | | | | | | |
| CONCEPT FORM | | | | | | | |
| | | | | | | \$130,290 | |
| AG ADULT RESIDENTIAL CARE HOME OF CALIFORNIA | | | | | | | |
| HV0604 | | | | | | | |
| | 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 | | | \$ - | | \$ - | \$ - | |
| Personnel Subtotal | | | \$ - | | \$ - | \$ - | |
| Purchase of two minivans | | | | | | | |
| | | | \$ 118,290 | | | | |
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| Operating Subtotal | | | \$ 118,290 | | \$ - | \$ 118,290 | |
| Administrative Expenses | | | | | | | |
| Yr 2. Two minivans: DMV Registration, Commercial and Tuneup/Repairs | | | \$ 12,000 | | | | |
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| Administrative Subtotal | | | \$ 12,000 | | \$ 12,000 | \$ 24,000 | |
| Capital expenses | | | | | | | |
| | | | \$ 118,290 | | | | |
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| Capital Subtotal | | | \$ 118,290 | | \$ - | \$ - | |
| Total Concept Cost | | | \$ 130,290 | | | | |
| See Attachment F for budget details and restrictions | | | | | | | |

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

Attachment D

Home and Community-Based Services (HCBS) Rules REGIONAL CENTER RECOMMENDATION FORM

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| REGIONAL CENTER: | |
| VENDOR NAME: | |
| VENDOR NUMBER: | |

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| Please confirm the provider reported to be out of compliance in the self-assessment. | | | |
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| Please describe any potential challenges this vendor might have in implementing this concept. | | | |
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| If the vendor has received other funding from DDS, including HCBS, service access and equity funding or CPP funding, please comment on how the vendor used the funds and met or did not meet the funding expectations. Please also comment on the uniqueness of this request relative to any prior funding received. Mark N/A if no prior funding received. | | | |
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| Please mark whether you recommend or do not recommend the concept and describe your rationale. | | | |
| Recommend: | | Do not recommend: | |
| Rationale: | | | |