

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

Vendor name	McCook Care Home
Vendor number(s)	HV0565
Contact Name	Aaron Tan
Contact Email Address	<a href="mailto:mccookcarehome@gmail.com">mccookcarehome@gmail.com</a>
Primary regional center	Valley Mountain Regional Center
Service type(s)	Adult Residential Facility – Level 4i
Service code(s)	915
Number of consumers typically and currently served	6
Typical and current staff-to-consumer ratio	7am – 11pm 1 staff is to 2 consumers plus 1:1 ratio with one of our consumers, from 11pm – 7am 1 staff is to 5 consumers.
<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>McCook Care Home currently provides care, service, and supervision to 5 medical and behavioral consumers. We provide and modify the service depending on the unique needs of each consumer such as ADL's, medication administration and social and recreational activities. We also encourage community integration with the non-disabled population and support training to make purchases tailored to their capabilities and needs, however, <b>transportation</b> is not always available especially we do have consumers with different needs and wants, supporting this proposal will have more flexibility in accessing the consumers needs in the community integration, supporting independent choices and creating meaningful connections. We also have a Gtube consumer who uses a tube feeding pump on a daily basis, 4 x a day and it is powered through the electricity. If power shutdowns in the area it will be difficult for our consumer to travel elsewhere especially, he is a non-ambulatory consumer, a <b>generator and the transportation</b> will also help with his needs.</p>	
<p><b>Project Narrative Description:</b> 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>McCook Care Home takes care and supports the needs of nursing and behavioral consumers, having the <b>transportation</b> will help increase community integration for the consumers and individualized the needs of each consumer. Currently, the choices are limited due to the lack of transportation. Having <b>a generator</b> will provide a comfortable and secure environment during extreme weathers and outages that may occur and will provide for the medical needs and enjoy indoor activities.</p>	
<p>3. Identify which category/ categories this concept addresses.</p>	

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<p><input checked="" type="checkbox"/> Community Integration  <input checked="" type="checkbox"/> Individual Rights  <input checked="" type="checkbox"/> Choice  <input 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>
<p>Current <b>transportation</b> availability limits the community integration and the availability to provide the safety of the consumer and staff when transporting. The provided transportation will help individualized the activities to the unique needs of each consumer which we have discussed during our residential council meetings, quarterlies, and annual meetings. This will encourage choice and practice individual rights. The funding of the <b>generator</b> will create a comfortable sustainable environment to the consumers at home which will help promote social and physical activities. If outages occur, the consumers medical needs will still be met at the comfort of their home which is each individual rights.</p>
<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>Currently, McCook Care Home has a SUV which makes is difficult to safely board and disembark with the <b>ADA van and sedan</b> it will help us maximize community integration that will allow for the consumer preferred individualized enjoyment for both ambulatory and non-ambulatory individuals. It will also support the IPP goals of our consumers. Installation of the <b>generator</b> will help us set a comfortable sustainable environment for our consumer especially for the medical needs such as gastrostomy tubes and inhalation devices which uses electricity. It will also promote social and physical activities indoor. Our consumers, staff and IDT team are always encouraged to participate and discussed on our ISP, IPP and residential council meetings. The vehicle and the generator will be optimizing the way of life of our consumers and creating a safe and comfortable environment for both consumers and staff for them to meet their IPP goals. It will help McCook Care Home improve in person centered approach and meet HCBS rules. The recommendations are taken into consideration with this proposal.</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>Community integration will give our consumers an opportunity to interact with non-disabled individuals. This will give them widen variety of choices and preference of the activity they individually like. Having the vehicle will also lessen behavioral challenges among our consumers. Setting a comfortable environment for the consumers to optimize day-to-day activities and retaining well trained staff will help with consumers daily activities. It will promote person centeredness and consumer driven.</p>
<p>7. What percentage of individuals served by your program will directly benefit from implementation of this concept?</p>

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All of our consumers will benefit from the proposal which will help with the day-to-day activities and needs. It will bring comfort to them.

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

Routine cleaning, maintaining, and servicing the vehicle and the generator. All maintenance and services will be documented. We will have designated driver's that have a clear record to take the consumers out and about and continuously train our staff with person centeredness and consumer driven to utilize and maximize the project granted. After two years, McCook Care Home will cover the cost of all maintenance, insurance and services needed for the vehicles and the generator.

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](#).

ADA Van (including registration and 2-year insurance)	\$80,000.00
13kw Generator (including permit and installation)	\$8,000.00
HR Services	\$30,000.00
<b>Total Cost of All Projects</b>	<b>\$88,000.00</b>

To be completed within 6 months of funding approval – for the ADA van and generator.

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.

McCook Care Home will continue maintenance, insurance and services needed for the vehicle and the generator to ensure longevity of operation and compliance for the safety of the consumers and staff.

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 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.

HCBS CONCEPT BUDGET						
Vendor Name		McCook Care Home				
Vendor Number(s)		HV0565				
	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			\$ -		\$ -	\$ -
Personnel Subtotal			\$ -		\$ -	\$ -
<b>Operating expenses</b>						
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
Operating Subtotal			\$ -		\$ -	\$ -
<b>Administrative Expenses</b>						
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
Administrative Subtotal			\$ -		\$ -	\$ -
<b>Capital expenses</b>						
ADA Van including registration			\$ 72,000		\$ 72,000	\$ 72,000
ADA Van Insurance			\$ 4,000	\$ 4,000	\$ 4,000	\$ 8,000
13kw Generator (permit and installation)			\$ 8,000		\$ 8,000	\$ 8,000
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
Capital Subtotal			\$ 84,000	\$ 4,000	\$ 88,000	\$ 88,000
Total Concept Cost			\$ 84,000	\$ 4,000	\$ 88,000	\$ 88,000

See Attachment F for budget details and restrictions