

## Home and Community-Based Services (HCBS) Rules CONCEPT FORM

The Home and Community-Based Services (HCBS) rules ensure that people with disabilities have full access to, and enjoy the benefits of, community living through long-term services and supports in the most integrated settings of their choosing. In order to assist in determining eligibility for compliance funding, providers must complete this evaluation. Both “Yes” and “No” answers require an explanation. A “No” response *could* mean a service setting is out of compliance with the HCBS rules and is potentially eligible for funding to make necessary adjustments. Once this evaluation is completed, it should act as a guide for filling out the provider compliance funding concept, which is required for any provider to be eligible for compliance funding. **Completion of this evaluation is for the sole purpose of applying for compliance funding and does not take the place of future provider assessments that the Department may require to determine provider compliance with the HCBS settings rules. Only providers requesting compliance funding need to complete this evaluation.**

Federal Requirements #1-5 apply to providers of all services, including residential and non-residential settings. Federal Requirements #6-10 are additional requirements that apply only to provider-owned or controlled residential settings.

The column labeled “Guidance” contains a series of questions intended to help identify compliance or non-compliance with each requirement as it relates to the HCBS rules. While responses to these questions can help in the determination of whether or not a particular requirement is met, these responses may not be the sole factor in this determination.

More information on the HCBS rules and this form can be found at [www.dds.ca.gov/HCBS](http://www.dds.ca.gov/HCBS).

Questions may be directed to [HCBSregs@dds.ca.gov](mailto:HCBSregs@dds.ca.gov).

Date(s) of Evaluation: November 13, 2019	Completed by: Rosemarie Veridiano
Vendor Name, Address, Contact: Sutter House, 5721 Sutter Avenue, Carmichael, CA 95608/Telephone: (650) 580-2983	
Vendor Number: HA0641	
Service Type and Code: Adult Residential Facility – 915	

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### **Federal Requirement #1:**

*The setting is integrated in, and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.*

### **Guidance:**

- Do individuals receive services in the community based on their needs, preferences and abilities?
- Does the individual participate in outings and activities in the community as part of his or her plan for services?
- If an individual wants to seek paid employment, does the home staff refer the individual to the appropriate community agency/resource?
- Do individuals have the option to control their personal resources, as appropriate?

### **Does the service and/or program meet this requirement? Yes No**

Please explain: The consumers receive services in the community based on their needs and preferences. On a weekly basis, the home provides them with a list of activities offered by the community and gives them the opportunity to discuss and choose the activities they would like to participate in. The consumers' relatives also have the option to manage their personal resources when needed. The home also offers supports and assistance to the consumers seeking employment by working with their IDT team and by bringing them to prospective employers for interview, etc.

### **Federal Requirement #2:**

*The setting is selected by the individual from among setting options, including non-disability-specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.*

### **Guidance:**

- Does the provider have a current regional center Individual Program Plan (IPP) on file for all individuals?
- Does each individuals' IPP document the different setting options that were considered prior to selecting this setting?

### **Does the service and/or program meet this requirement? Yes No**

Please explain: The home meets this requirement. The home has the current regional center Individual Program Plans on file. The Annual Reviews and IPPs are reviewed and revised annually. This process created a person-centered service planning which identifies the needed services and supports for all the consumers.

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<p><b><u>Federal Requirement #3:</u></b> <i>Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.</i></p>	<p><b><u>Guidance:</u></b></p> <ul style="list-style-type: none"> <li>• Does the provider inform individuals, in a manner they can understand, of their rights to privacy, dignity, respect, and freedom from coercion and restraint?</li> <li>• Does the provider communicate, both verbally and in writing, in a manner that ensures privacy and confidentiality?</li> <li>• Do staff communicate with individuals based on their needs and preferences, including alternative methods of communication where needed (e.g., assistive technology, Braille, large font print, sign language, participants' language, etc.)?</li> </ul>
<p><b>Does the service and/or program meet this requirement?</b> <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b></p> <p>Please explain: The home communicates with the consumers and their relatives in a confidential manner both verbally and in writing regarding their medical appointments, issues, or any concerns they may have. Despite consumers having maladaptive behavioral issues, they are high functioning in which they are able to indicate their desires and choices through verbal communication. The frequently communicate their desires to attend community events such as church, fairs, etc. They also are able verbalize their desire to go shopping, purchasing their own toiletries of choice, grooming needs such as getting a haircut, going out on weekends for lunch to restaurants of their choice, and going on walks at the local park.</p>	
<p><b><u>Federal Requirement #4:</u></b> <i>Optimizes but does not regiment individual initiative, autonomy, and independence in making life choices, including, but not limited to, daily activities, physical environment, and with whom to interact.</i></p>	<p><b><u>Guidance:</u></b></p> <ul style="list-style-type: none"> <li>• Does the provider offer daily activities that are based on the individuals' needs and preferences?</li> <li>• Does the provider structure their support so that the individual is able to interact with individuals they choose to interact with, both at home and in community settings?</li> <li>• Does the provider structure their support so that the individual is able to participate in activities that interest them and correspond with their IPP goals?</li> </ul>
<p><b>Does the service and/or program meet this requirement?</b> <input type="checkbox"/> <b>Yes</b> <input checked="" type="checkbox"/> <b>No</b></p>	

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Please explain: Sutter House is situated in a sprawling land located along Sutter Avenue, Carmichael, CA. Sutter House serves consumers that are high functioning individuals with developmental disabilities and profound challenging behaviors. Daily weekly activities start with a wake up call at 6:30 AM. After their morning routine, they would be picked up from the facility for the Day Program which are located in various places within the County of Solano. The consumers would be back to the facility between 3:00 PM and 4:00 PM. Community outings are done during weekends. These outings include activities such as shopping at Walmart or thrift stores, going to the mall, or eating a meal or snack at a fast food Chain such as KFC, Jack in the Box, or other burger houses, grooming needs, and running other errands. Lately, however, some clients no longer join their weekly community outings because of their difficulty walking. Though provided with wheelchairs, the same consumers still find it hard to enter the vehicle because it is not wheelchair accessible. Sutter House is out of compliance with Federal Req. No. 4 despite the fact that the facility is provided with a Toyota Sienna van to be used to transport the consumers because the said vehicle is not wheelchair accessible. As a result, some consumers who have difficulty in walking and use wheelchairs for mobility refuse to ride in it because of the difficulties accompanying transporting them (discussed below). Our consumers anticipate their weekly community outings with much enthusiasm. They look forward to this weekend outing as their day of recreation and leisure. They get frustrated whenever there is no community outing. Their frustrations escalate into aggressive behavior. An outing of at least once a week will allow our consumers to enhance their behavioral management skills and thus give them an opportunity to utilize their skills and abilities. In order to have our consumers to enhance their behavior management skills, Sutter House would like to purchase a wheelchair accessible lifter van in order to transport them regularly to and from community outings. The acquisition of a wheelchair accessible van would enable not only our ambulatory consumers but most importantly those who find difficulty walking and need wheelchairs for their mobility to join their peers. This will increase community involvement for all our consumers. Community involvement is very important to our consumers because they frequently communicate their desires to attend community events such as church, fairs, etc. They also are able to verbalize their desire to go shopping, purchase their own toiletries of choice, address their grooming needs such as getting a haircut, go out on weekends for lunch to restaurants of their choice, and go on walks at the local park. Currently, two of our clients are non-ambulatory (one uses a wheelchair while the other uses a walker) and they go to their doctor's appointments with a non-wheelchair accessible van we currently have. The way we do this is to lift them into the van done by two male staff members, which has been very physically challenging to our staff. For example, in the event that two male staff members are not present when a consumer wishes to run errands for his/her wants/needs, then we have to postpone it until two male staff members are present in order to ensure the consumers' safety. As mentioned above, our non-ambulatory consumers refuse to ride in our current van because of they are sometimes uncomfortable with the idea of being lifted into the van by two of staff members and dealing with the inconvenience of running a simple errand (e.g. taking longer to load and unload the clients from the van and placing them into their wheelchairs or walkers). If granted a new wheelchair accessible van, clients will have more ease and comfort in accessing outside activities and doctor's appointments.

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Furthermore, we will also continue to explore the use of paratransit transportation, however in the past with other clients', paratransit transportation has not always been reliable. To this note, doctor's appointments are missed and have to be rescheduled because of the paratransit transportation not arriving on time.

**Federal Requirement #5:**

*Facilitates individual choice regarding services and supports, and who provides them.*

**Guidance:**

- Does the provider support individuals in choosing which staff provide their care to the extent that alternative staff are available?
- Do individuals have opportunities to modify their services and/or voice their concerns outside of the scheduled review of services?

**Does the service and/or program meet this requirement?  Yes  No**

Please explain: The home meets this requirement. The home offers opportunities and supports to the consumers in making changes to their needs and services or in choosing which staff they would like to care for them. As a result, the consumers and their families have shown satisfaction for the services provided by the home as evidence by their length of stay for more than 9 years. The consumers and their families mentioned that "moving to a different home is not an option" because they have considered Sutter House as their "home."

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Only providers of services in **provider-owned or controlled residential settings** need to complete the remainder of this evaluation. In **provider-owned or controlled residential settings**, in addition to the above requirements, the following requirements must also be met:

<p><b><u>Federal Requirement #6:</u></b></p> <p><i>The unit or dwelling is a specific physical place that can be owned, rented or occupied under a legally enforceable agreement by the individual receiving services, and the individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city or other designated entity. For settings in which landlord/tenant laws do not apply, the State must ensure that a lease, residency agreement or other form of written agreement will be in place for each participant and that the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law.</i></p>	<p><b><u>Guidance:</u></b></p> <ul style="list-style-type: none"> <li>• As applicable, does each individual have a lease, residency agreement, admission agreement, or other form of written residency agreement?</li> <li>• Are individuals informed about how to relocate and request new housing?</li> </ul>
<p><b>Does the service and/or program meet this requirement? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</b></p> <p>Please explain: Each consumer has an admission agreement signed by all parties and are reviewed at least every five years or when any changes occur. In the event that a consumer wishes to move to a new place, the home will inform the relatives and the case manager. In most cases, the provider assists in finding a new place appropriate for the consumers and continues to help until the relocation process is completed.</p>	
<p><b><u>Federal Requirement #7:</u></b></p> <p><i>Each individual has privacy in his/her sleeping or living unit:</i></p> <p><i>Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors as needed.</i></p> <p><i>Individuals sharing units have a choice of roommates in that setting.</i></p> <p><i>Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.</i></p>	<p><b><u>Guidance:</u></b></p> <ul style="list-style-type: none"> <li>• Do individuals have a choice regarding roommates or private accommodations?</li> <li>• Do individuals have the option of furnishing and decorating their sleeping or living units with their own personal items, in a manner that is based on their preferences?</li> <li>• Do individuals have the ability to lock their bedroom doors when they choose?</li> </ul>

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**Does the service and/or program meet this requirement?**  Yes  No

Please explain: Sutter House fosters a home-like environment in which the consumers are afforded to decorate their living quarters to their liking. Consumers' families are encouraged to give inputs on how the bedroom of their love-ones be decorated and well suited to their individual needs. They are also encouraged to bring family pictures of their preference to ensure the consumers feel connected with their families. The consumers' rooms also have the ability to provide them privacy as they desire.

**Federal Requirement #8:**

*Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.*

**Guidance:**

- Do individuals have access to food at any time?
- Does the home allow individuals to set their own daily schedules?
- Do individuals have full access to typical facilities in a home such as a kitchen, dining area, laundry, and comfortable seating in shared areas?

**Does the service and/or program meet this requirement?**  Yes  No

Please explain: The staff supports the consumers in the activities they participate in by providing them with a list of activities in the area and giving them the opportunity to choose the activities they are interested in. The consumers are free to move around the house to perform any activity and chores they would like to do. Oftentimes, they help in house chores and participate in meal planning and grocery shopping.

**Federal Requirement #9:**

*Individuals are able to have visitors of their choosing at any time.*

**Guidance:**

- Are visitors welcome to visit the home at any time?
- Can individuals go with visitors outside the home; such as for a meal or shopping, or for a longer visit outside the home, such as for holidays or weekends?

**Does the service and/or program meet this requirement?**  Yes  No

Please explain: The consumers have the choice to have visitors of their preference. The home welcomes all relatives and friends to visit at any time as mentioned in the House Rules. Consumers are able to go out with their visitors for shopping, spend weekends or for longer visits with their families and friends. The consumers have the right to refuse to see any visitor as well.

**Federal Requirement #10:**

**Guidance:**

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<p><i>The setting is physically accessible to the individual.</i></p>	<ul style="list-style-type: none"> <li>• Do individuals have the freedom to move about inside and outside the home or are they primarily restricted to one room or area?</li> <li>• Are grab bars, seats in bathrooms, ramps for wheelchairs, etc., available so that individuals who need those supports can move about the setting as they choose?</li> <li>• Are appliances and furniture accessible to every individual?</li> </ul>
<p><b>Does the service and/or program meet this requirement?</b>   <input checked="" type="checkbox"/> <b>Yes</b>   <input type="checkbox"/> <b>No</b></p> <p>Please explain: The consumers at Sutter House have shared rooms and have the freedom to move up and about inside and outside the home. The facility is also equipped with grab bars, non-ambulatory bathrooms, and ramps for wheelchair accessibility. The appliances and furniture were designed to meet the consumers' needs based on their unique disabilities.</p>	

### CONTACT INFORMATION

Contact Name: Rosemarie Veridiano

Contact Phone Number: (650) 580-2983

Email Address: roseverid10@yahoo.com

### ACKNOWLEDGEMENT

By checking the box below, I acknowledge that completion of this evaluation is for the sole purpose of applying for compliance funding and does not take the place of future provider assessments that the Department may require to determine provider compliance with the HCBS settings rules.

I AGREE



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Existing regional center vendors may receive funding to make changes to service settings and/or programs to help them come into compliance with the HCBS rules. To be considered for funding, vendors must complete and submit this form and the provider compliance evaluation form as one packet to the regional center with which it has primary vendorization.

### Instructions:

- The concept form on the next page must be used, may not exceed four pages plus the budget worksheet and any cost back up, and must be kept in Arial 12-point font. Submit the form in Microsoft Word or PDF format. An extra half page is permitted to answer questions about prior funding, but the rest of the concept must be within the standard page requirements.
- There has been a significant change in the form and process compared to prior years. **In order to receive funding, this 2019-20 form must be used.**
- For providers that operate programs with several vendor numbers involved in one concept, one evaluation and concept form should be submitted and should list all vendor numbers for related/included programs. If multiple programs owned by the same parent company have different compliance evaluations or concepts, additional applications can be submitted but should be attached in the same document as the other owned programs so they can be reviewed together.
- The results of the evaluation should be clearly laid out in the section referring to identification of federal requirements that are currently out of compliance, which the concept will address.
- The concept form includes detailed information that describes the funding requests and supports how the requests will assist the provider to come into compliance.
- There should be a clear link between what is being requested and the federal requirement currently out of compliance.
- Concepts should demonstrate how the requested change in service delivery will impact individuals in offering more choices or opportunities in the community.

### Strengths of previously funded concepts:

- Identified the need as well as proposed a plan to provide outreach and information regarding the HCBS rules to individuals served and members of their support teams.
- Discussed the need for additional funds in order to effectively support individuals served on a more individualized basis in overcoming barriers to community integration and employment, as appropriate.
- Prioritized the preferences of individuals served and utilized their feedback in the development of the concept.
- Implemented train-the-trainer certification for person-centered planning/thinking and training regarding the HCBS rules.
- Enabled residents to age in place and exercise more choice and independence.

More information on the HCBS rules and this form can be found at [www.dds.ca.gov/HCBS](http://www.dds.ca.gov/HCBS).

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Vendor name	Sutter House
Vendor number(s)	HA0641
Primary regional center	Alta California Regional Center
Service type(s)	Adult Residential Facility
Service code(s)	915
Number of consumers currently served	Six consumers
Current staff to consumer ratio	1.5 staff to 1 consumer
<p>1. Please provide a brief description of the service/setting that includes what a typical day consists of and how services are currently provided. This response must include the baseline/current levels for any aspects of the program for which the concept proposes funding.</p> <p>Sutter House provides care and services to six behaviorally and developmentally challenged individuals. Sutter House provides activities of daily living such as bathing, eating, grooming, medication administration. The home also provides training with community integration to help reduce their maladaptive behaviors. Also, the home encourages community integration to the non-disabled population. We encourage normalization in areas of training such as money management and training our consumers to make purchases at the mall or do grocery shopping tailored to their individual capabilities and needs.</p>	
<b>Project Narrative Description:</b>	
<p>2. Please provide a brief summary narrative of the concept for which you are requesting funding, including justification for the funding.</p> <p>Sutter House is a behavioral home, therefore we need a wheelchair accessible van to transport consumers to and from their daily activities such as outings or training in the community as identified in their IPPs, and doctor's appointments.</p>	
<p>3. Identify which HCBS federal requirements this concept addresses that are currently out of compliance. Could be all or a subset of those identified as out of compliance on the evaluation.</p> <p>1___ 2___ 3___ 4_X___ 5___ 6___ 7___ 8___ 9___ 10___</p>	
<p>Federal Requirement #4 – Sutter House is out of compliance because community outings for our consumers are not done regularly because of the lack of a wheelchair accessible vehicle that will transport them.</p>	
<p>4. For each HCBS out-of-compliance federal requirement that is being addressed by this concept, describe the barriers to compliance and why this concept is necessary. If this information is in the evaluation section, please copy it here.</p>	

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Among the barriers to compliance with the HCBS rules are: 1.) inability to address IPPs regarding behavioral intervention, 2.) inability to provide sufficient community integration, 3.) inability to respond to consumers' individualized choices and needs regarding their outings, recreational desires, and medical and basic living needs.

5. For each out-of-compliance federal requirement that is addressed in this concept, please explain how the concept will bring the vendor into compliance.

In order to comply with Federal Requirement #4, on occasions where consumers wish to go shopping for their basic needs such as clothing, groceries, and other toiletries, an additional lifter van will allow the facility to more frequently offer rides for consumers who have limited mobility during reasonable times to their preference. Sutter House does not have a wheelchair accessible vehicle that will transport its consumers to and from community outings. Having a wheelchair accessible van to accommodate also those consumers having difficulty in walking and need wheelchair for mobility. Furthermore, a wheelchair accessible vehicle will also assist the facility in structuring their support to correspond with consumers' IPP goals such as community integration so that consumers can be more frequently taken out all together to participate in activities that interest them such as going to the park, shopping at the mall/retail stores, and/or going out to eat. Additionally, medical appointments will not be a struggle to fit into their recreational outings.

6. What are the proposed outcomes and objectives of the concept, and what are the methods of achieving and tracking them?

Once the barriers mentioned above are addressed, Sutter House can continue to provide quality assistance to our consumers and completely comply with HCBS requirements. As stated above, our consumers always look forward to weekly community outings as they consider this activity as a day of recreation and leisure. Outings make a significant difference in our consumers' behavior, in which it can avoid behavioral interventions. An additional wheelchair accessible van will encourage consumers' IPPs of community integration so that consumers will have the opportunity to enhance and develop their behavioral management skills by allowing them to practice these skills amongst the community. The facility will have a tracking outing schedule which will be also tied in to the behavioral data tracking to ensure that our objectives of behavioral regulation and community integration are met.

7. Please describe how and/or what was done to include input from the individuals served in developing 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 IDT team of each consumer which include the consumer, family members, case manager, and the provider meet annually to review and revise the IPPs. In addition to the annual meeting, we have quarterly meetings to assess consumers' well-being by ensuring that IPPs goals are on target. During these meetings, the consumers and their family members have expressed the need for consumers to receive more access to the community in order to fulfill their IPP plans of community integration and social development as well as addressing consumers' medical needs.

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8. Please describe how the concept you propose will enable you to provide more person-centered services to your consumers.

Community outings will give our consumers the opportunity to interact with other individuals and their peers whom they encounter in the different places they go to. Likewise, having snacks at food chains of their choice or meals out in their favorite restaurant will give them the opportunity to pick the food they wish to eat. In addition, consumers will have more opportunities to choose the times when they wish to shop for clothes, toiletries, and other basic living needs as well. Community outings will also give them a day of leisure, recreation, and fun thereby lessening the possibility of any behavioral challenges among our consumers.

9. Please address your plan for maintaining the benefits, value, and success of your project at the conclusion of 2019-20 HCBS Funding.

We are in need of assistance for the purchase of a wheelchair accessible lifter van. If granted funding, we will absorb the ongoing maintenance costs for this new vehicle. We have maintenance employees that will assist in maintaining the van and scheduling basic maintenance appointments. In addition, we also have direct care staff who are scheduled to take the van into the shop for routine cleaning and basic maintenance. Furthermore, our plan will require the facility to continue to utilize a tracking system to monitor the frequency of recreational and community integration, which simultaneously addresses the success of less maladaptive behavioral occurrences. This will be done by data collection through caregiver observation of consumer emotional and behavioral well-being and also feedback from consumers and their families.

10. 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).

[http://leginfo.legislature.ca.gov/faces/codes\\_displaySection.xhtml?sectionNum=4629.7&lawCode=WIC](http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=4629.7&lawCode=WIC)

Wheelchair accessible van (including registration and insurance) - \$60,000

Timeline: Start Date: March 2020; End Date/HCBS Compliance: June 2020

11. Please address sustainability of funding sources for all programs or concepts requiring any funding past the time frame of the requested grant, especially those that involve staff or other long-term costs. Please mark "not applicable" if costs will all be incurred during the program time frame.

The provider will continue to keep the van in good repair, as it is in always in compliance with the requirements of all the agencies monitoring the facility to ensure safety of the consumers.

12. Have you or the organization you work

HCBS Funding  No  Yes. If Yes, FY(s) \_\_\_\_\_

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<p>with been a past recipient of DDS funding? If yes, what fiscal year(s)?</p>	<p>Disparity 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) _____          If yes to any question be sure to answer questions 13 and 14.</p>
<p><b>For providers who have received prior HCBS, Disparity or CPP Funding from DDS</b></p>	
<p>13. 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>Sutter House has not received any funding.</p>	
<p>14. 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>N/A</p>	

HCBS CONCEPT BUDGET						
Vendor Name		Sutter Home				
Vendor Number(s)		HA641				
	Salary and Benefits	Year 1 Budget		Year 2 Budget		Total
		FTE	Annual Cost	FTE	Annual Cost	Cost
<b>Personnel (salary + 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>						
Wheelchair Accessible Van (including insurance and r			\$ 60,000			\$ 60,000
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Capital Subtotal			\$ 60,000		\$ -	\$ 60,000
Total Concept Cost			\$ 60,000		\$ -	\$ 60,000

See Attachment F for budget details and restrictions