

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.

Questions may be directed to HCBSregs@dds.ca.gov.

Date(s) of Evaluation: 11/18/2019	Completed by: Juliana U. Taburaza
Vendor Name, Address, Contact: PALM TREE COURTYARD 550 Dean Street Hayward, CA 94541 Telephone: (510) 673-1785	
HB0412	
Service Type and Code: Residential Care Facility for the Elderly (Level 3-S) Code 915	

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<p><u>Federal Requirement #1:</u> <i>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.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> ● 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?
<p>Does the service and/or program meet this requirement? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>On a monthly basis, we ask individuals their interests, discuss together what activities they enjoy, activities and events that are offered by the community, and then create a monthly activity schedule. With every activity, we ask for feedback and explore other options. The activity schedule gives the individuals an opportunity to choose the activities they want to participate in, whether it is in the home or in the community. All activities are based on the individuals interests and capabilities.</p> <p>We serve individuals who desire to work, and we support and work closely with the care team, work programs, and other teams to coordinate the interviews and their schedules.</p> <p>At admission, the individual and their representative have the option to manage their own money resources. The individuals' relatives also have the option to manage their personal resources when needed.</p>	
<p><u>Federal Requirement #2:</u> <i>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.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> ● 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?
<p>Does the service and/or program meet this requirement? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please explain: The home has the current regional center Individual Program Plans on</p>	

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file. The IP plans for all individuals are completed on admission and reviewed quarterly with the care team. The semi and annual reviews and IPPs are reviewed and/or revised by the care team annually with the day program participation.

Prior to admission, the case manager and/or representative seeks out a home for the respective resident. During this phase, they visit several other homes that best fit their needs and services. They visit homes within the RCEB community and are offered housing that best suits their needs. There is an assessment process and meeting to ensure that resident and family needs and preferences can be met prior to admission. After this meeting, the resident and their representative choose to live in the home.

Federal Requirement #3:

Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.

Guidance:

- Does the provider inform individuals, in a manner they can understand, of their rights to privacy, dignity, respect, and freedom from coercion and restraint?
- Does the provider communicate, both verbally and in writing, in a manner that ensures privacy and confidentiality?
- 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.)?

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

Please explain: Yes. Upon admission, including annual reviews, individuals and their representatives are provided information verbally and in writing regarding their needs and preferences, their rights, and the house rules.

The home communicates with the individuals and care team in a confidential manner both verbally and in writing regarding their medical appointments, issues, or any concerns they may have. The home also uses pictures, gestures, role playing to communicate, using large font print, explain and get feedback from individuals and staff. Alternative methods of communication are offered if needed.

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<p><u>Federal Requirement #4:</u> <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><u>Guidance:</u></p> <ul style="list-style-type: none"> • Does the provider offer daily activities that are based on the individuals' needs and preferences? • 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? • 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?
<p>Does the service and/or program meet this requirement? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Please explain: The home offers choices of individualized activities and outings based on resident's skills, capabilities, and goals. Weekly and daily activities and outings are scheduled and posted in the home. They are allowed to spend time with any visitor and are offered a ride if needed depending on the activity.</p>	
<p><u>Federal Requirement #5:</u> <i>Facilitates individual choice regarding services and supports, and who provides them.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> • 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?
<p>Does the service and/or program meet this requirement? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Please explain: Individuals have the right to receive care and services from the staff of their choice. Individuals have open lines of communication with the care team, care providers, the owners, and family members. Individuals we serve have opportunities to modify or improve their services and/or voice their concerns outside of the scheduled review of services. The home supports individuals and their representatives in reviewing care provided and assisting with making any changes to their needs and services.</p>	

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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><u>Federal Requirement #6:</u> <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><u>Guidance:</u></p> <ul style="list-style-type: none"> ● As applicable, does each individual have a lease, residency agreement, admission agreement, or other form of written residency agreement? ● Are individuals informed about how to relocate and request new housing?
<p>Does the service and/or program meet this requirement? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Please explain: Upon admission, each individual and their representative sign an admission agreement and are reviewed/updated every five years, or if any changes occur. If an individual wishes to relocate, the care team will coordinate with the individual representative until the process is complete.</p>	
<p><u>Federal Requirement #7:</u> <i>Each individual has privacy in his/her sleeping or living unit: Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors as needed. Individuals sharing units have a choice of roommates in that setting. Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> ● Do individuals have a choice regarding roommates or private accommodations? ● 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? ● Do individuals have the ability to lock their bedroom doors when they choose?
<p>Does the service and/or program meet this requirement? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Please explain: Partially the home meets this requirement. Individuals do not have a</p>	

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choice to have private accommodations. All rooms allow space for two individuals; however, if available, they do have an option to request a room/roommate reassignment if any issues arise.

Individuals have the option to decorate and personalize their rooms and are brought shopping to buy their own decor.

Currently all restrooms have locks, but not the bedroom doors. Management is in the process of adding locks to all bedrooms, and only appropriate staff will have access to the keys. Staff and resident training will be conducted regarding the use of the locks and this rule.

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: Yes, individuals have 24 hours access to fridges, freezers, pantry, and meals to their individualized schedules. The staff supports individuals to set their own daily schedules. The individuals are free to move around the house to perform any activity and chores they would like to do.

All areas of the home are accessible to all individuals to perform any activity or chores of their choosing. Often times, they help in house chores and participate in meal planning. Individuals have full access to common areas of the home such as a living room, kitchen, dining area, laundry, and comfortable seating in shared areas.

Although all areas are accessible, we would like the outside area to look more welcoming and comfortable.

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: We allow visitors to come at any time and give individuals the opportunity for longer visits outside the home. The individuals have the choice to have visitors of their preference.

Individuals are able to go out with their visitors, friends, family members for shopping,

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spend weekends, stay with them during holidays, or for longer visits with their families and friends. The individuals can also refuse to accept visitors.

Federal Requirement #10:

The setting is physically accessible to the individual.

Guidance:

- Do individuals have the freedom to move about inside and outside the home or are they primarily restricted to one room or area?
- 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?
- Are appliances and furniture accessible to every individual?

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

Please explain: We are serving four individuals with one-on-one assist due to fall risk and

unsteady gait. We provide service to a visually impaired individual (right eye blind), she stoops when she walks, has deformed feet using a leg support and special shoes. There have been several reported fall incidents while using the shower. A bathroom redesign will help provide a safe shower environment and promote independent ADLs. Currently, we have one non-ambulatory bathroom, it can be remodeled to better allow for wheelchair

movement in the area thus become safer and residents require only minimal assistance as needed.

The other bathroom has a tub, which is difficult to access for our aging population; the individuals are experiencing difficulty accessing the tub, i.e., deformed feet, unsteady gait, poor balance. In addition, we have several individuals who need to use a non-ambulatory bathroom from 6 a.m. to 7:30 a.m. This limited time frame does not allow all individuals to use the restroom, shower, and perform all their morning ADLs and be adequately ready for their scheduled paratransit pick up. In order to meet this HCBS Rules Concept requirement, the home requests funding for the following: 1) convert the one tub bathroom into a non-ambulatory shower room. 2) redesign/update the non-ambulatory bathroom to be more wheelchair accessible and easier for residents to use

Many of the individuals are aging in place, getting more fragile, and having poor gait; thus, are requiring more assistance with ADLs and IADLs. Due to their increased needs, we would like a wheelchair accessible area for all individuals to enjoy. If the individual wants privacy, it will be possible if desired. Outside is an area for individual's outdoor activities, picnics, gathering for family and visitors that we would like to improve. In order to meet the HCBS requirement, the home requests funding for the following: 1) Remodel and update dilapidated patio area and create a comfortable seating area when awaiting pick up for their day programs/outings, spending time with visitors/family, and outdoor activities. Purchase a gazebo with furniture.

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2) Palm Tree Courtyard is located on Dean Street -- a very narrow street that does not have an outlet. This causes an issue for the residents. The driveway is not designed for accessibility for vehicles that service our residents. Due to the design, the paratransit drivers do not drop off/pick up residents at the front door or on our driveway, they instead will sometimes drop them at the corner of the street at an intersection, or drop off on the sidewalk on the narrow street. We try and speak to the drivers, but they attest that they do not like having to make a 3 point u-turn at the end of our street when bringing residents. A few years ago, the driveway gate and the brick post holding the gate were hit by a paratransit.

In order to meet HCBS requirement, we request: to reconstruct the driveway in order to provide safer and efficient accessibility to our residents upon entering and exiting the facility. The residents will be safely dropped off and picked up right at the door in the driveway, and not have to walk/wheelchair a long distance. Allowing this modification will also be in line with the other request to update gazebo and patio area, since this is also considered the front of the house.

The reconstruction of the home driveway will allow accessibility for Paratransit and vans in picking up and dropping off residents going to their day programs that will further enable them to gain access to more community integration.

CONTACT INFORMATION

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 Contact Phone Number: (510) 673-1785
 Email Address: jutaburaza@gmail.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.

Vendor name	Palm Tree Courtyard
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Vendor number(s)	HB0412
Primary regional center	Regional Center of the East Bay (RCEB)
Service type(s)	Residential Care Facility for the Elderly (Level 3-S)
Service code(s)	915
Number of consumers currently served	8 (licensed bed capacity- 15)
Current staff to consumer ratio	1:3
<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>Palm Tree Courtyard is an 8 bedroom, Residential Care Facility for the Elderly, licensed to care for 15 individuals. We provide care and services to four non-ambulatory individuals with increasing needs due to their age and ability. The other individuals are ambulatory and are able to walk about in and out of the facility. In the morning, the staff assist individuals with their morning shower and ADLs. Due to the lack of non-ambulatory bathrooms, there is a huge rush and stress in the morning prior to breakfast. After breakfast, three individuals attend day programs, one goes to work program, four other residents are staying in the home based on their behaviors and preferences. Upon arrival to the home after their program, the individuals are given the opportunity to choose their activity before dinner. Some choose to rest, while others watch TV together in the shared area. After dinner, residents are assisted to bed.</p>	
<p>Project Narrative Description:</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>Requirement 10: Difficulty of some consumers to access the bathrooms due to physical disabilities. Remodel current one non-ambulatory bathrooms for easier and safer access. Remodel ambulatory bathroom into a non-ambulatory bathroom for more residents to use.</p> <p>Requirement 10: Outside is an area for individual's outdoor activities, picnics, gathering for family and visitors that we would like to improve. Residents love spending time outdoors--we presented the idea of remodeling the outdoor area, and they loved this idea of updating patio furniture and updating the gazebo.</p> <p>Requirement 10: The residents sometimes do not want to travel using the paratransit busses as they have to go out to the street or the street corner to meet the vehicles. The planned driveway/paratransit loop will make it so that residents will feel more comfortable to travel from the facility more frequently.</p> <p>Also, the redesign will make the area more easily accessible and safer for resident transportation to and from the facility. There are times that the transport vans/paratransit drop off residents on the main street far from the home so that they don't have to go down the narrow street. We request to widen the driveway to assist dropping and picking</p>	

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up the individuals going to their programs, community outings, and other community integration activities.

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.

1___ 2___ 3___ 4___ 5___ 6___ 7_X__ 8___ 9___ 10__X

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.

Barriers to compliance with the HCBS rules are: 1) inability to address and support the changing and increasing needs of the existing clients that will soon become non-ambulatory clients because of limited physical disabilities 2) limited space for wheelchair accessibility in the bathrooms 3) not many accessible areas in the home for all residents to have privacy, bedside their bedroom. The outside area, updated patio and gazebo will assist with this. 4) Barrier for residents to easily enter and exit facility from their respective paratransit bus or vehicle. The concept will assist with improved access to the community.

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.

Requirement 10: Will allow individuals to spend more time for outdoor activities and will allow more areas for residents and their representatives to have privacy. This ensures individual preferences or needs in the residential setting or a private area.

Requirement 10: Redesign bathroom layout for better wheelchair accessibility and safer environment. Another non-ambulatory restroom, will create more independence and allow for easier access for all members in the home.

Requirement 10: A redesigned driveway/paratransit loop will make transportation for the residents easier and may make doing outside activities more appealing to them. The facility would be more easily accessible to individuals, family members, visitors, paratransit buses, and other transportation. This will allow individuals more access desired outings in a safe area.

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

Our main objective is to have our facility/services provide more autonomy/independence for the residents. The proposed outcomes are that 1) all residents enjoy the benefits of the concepts of the updated patio, have an area of privacy and space to relax. 2) Residents will be able to more independently use the bathrooms to complete their morning ADLs. 3) non-ambulatory residents will be more comfortable in using a bathroom that is made to suit their needs. 3) With an easier to use driveway area for drop off/pick up, residents will hopefully find it more appealing to go outside of the home for outings. The staff will continually communicate with the residents and care team to ensure our objectives are being met. If there are better/other ways to achieve our objectives, we will pursue those ideas next. Documentation into daily notes of the residents will be part of

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our normal observations.

The staff will conduct quarterly meetings with the care team to ensure we are meeting our goals per HCBS and also address changing needs and services of the residents. During these meetings, we will discuss the outcomes and ensure that residents are benefiting from the improvements completed.

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 individuals and their representatives were interviewed regarding the services provided based on their needs and preferences. As a result, we are asking for these facility modifications to help individuals enjoy the full benefits of community living in a more dignified and comfortable manner.

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

In the planning process of the concepts, residents were given opportunities to express their desires on how to improve their home, how to increase their independence, privacy, and activities in the community with individual meetings with the residents and the owner. Their personal rights are protected and proper support is provided so each resident can live the most dignified life they desire.

We believe our concepts provide more independence, more opportunities, and more comfort for our residents. The residents will have more access to bathrooms, easier use of ramps, and feel more comfortable taking trips to activities. We want our residents to really feel at home in our facility. The staff will continue to conduct quarterly meetings with residents and their representatives to ensure that the concepts meet their wants, needs and service plans.

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

Palm Tree Courtyard staff will continue to provide the needs and services to our residents and ensure they are in a home that will adapt with them as they age. They will remain safe in their home. Staff will continue participating in quarterly, semi, and annual meetings with consumers and their representatives to ensure all wants, needs and services are being met and then continue to meet new requirements, as needed. Bathroom - The HCBS funding will allow for bathroom accessibility for wheelchairs and our aging residents.

Loop- Will allow residents easier access to enter and exit home to the community.

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

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<p>capital costs). http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=4629.7&lawCode=WIC</p>	
<p>1) Modification of outdoor patio, gazebo, and outdoor furniture a) Modification of outdoor patio: \$10,000 b) Outdoor gazebo and installation: \$3,000 c) Outdoor furniture: \$3,000 2) Modification and reconstruction of driveway for paratransit access: \$50,000 3) Modification of non-ambulatory bathroom bath to shower: \$7,000 4) Remodel of ambulatory bathroom to a non-ambulatory bathroom: \$15,000 Total cost: \$88,000.00 TIMELINE: Start Date: May 2020 End Date: November 2021</p>	
<p>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.</p>	
<p>The provider will continue to keep the home in good repair and condition and be in compliance with the requirements of all other agencies monitoring the facility to ensure the safety of the individuals being served.</p>	
<p>12. 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) _____ 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>For providers who have received prior HCBS, Disparity or CPP Funding from DDS</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>Not Applicable</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>Not Applicable</p>	

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HCBS CONCEPT BUDGET						
Vendor Name	Palm Tree Courtyard					
Vendor Number(s)	HB0412					
	Salary and Benefits	Year 1 Budget		Year 2 Budget		Total
		FTE	Annual Cost	FTE	Annual Cost	Cost
Personnel (salary + benefits)						
			\$ -		\$ -	\$ -
			\$ -		\$ -	\$ -
			\$ -		\$ -	\$ -
			\$ -		\$ -	\$ -
			\$ -		\$ -	\$ -
			\$ -		\$ -	\$ -
			\$ -		\$ -	\$ -
			\$ -		\$ -	\$ -
Personnel Subtotal			\$ -		\$ -	\$ -
Operating expenses						
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Operating Subtotal			\$ -		\$ -	\$ -
Administrative Expenses						
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Administrative Subtotal			\$ -		\$ -	\$ -
Capital expenses						
1) Modification of outdoor patio			\$ 10,000			\$ 10,000
a) Outdoor gazebo and installation			\$ 3,000			\$ 3,000
b) outdoor furniture			\$ 3,000			\$ 3,000
3) Reconstruction of driveway for paratransit loop			\$ 50,000			\$ 50,000
4) Remodel of ambulatory bathroom to non-ambulatory			\$ 15,000			\$ 15,000
5) Remodel of non-ambulatory bathroom bath to shower			\$ 7,000			\$ 7,000
						\$ -
						\$ -
Capital Subtotal			\$ 88,000		\$ -	\$ 88,000
Total Concept Cost			\$ 88,000		\$ -	\$ 88,000

See Attachment F for budget details and restrictions