

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: November 18, 2019	Completed by: Juliana U. Taburaza
Vendor Name, Address, Contact: Royal Colony View Place 2767 Colony View Place Hayward, CA 94541 Telephone: (510) 673-1785	
Vendor Number: 015600756 HB0417	
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>Please explain: We create a daily activity schedule and provide a list of available community activities and outings. We meet with each resident regularly to see what activities interest that person. We assist them in navigating community and individual activities to participate in. Such as, farmers market, latest movies, local festivals, dining, parks, and sporting events. On the calendar we incorporate activities available at the home and outings that residents have the opportunity to choose the activities and outings they want to participate in, whether it is in the home or in the community. Some people served in this setting attend day programs and are involved in group activities. We also make sure to ask residents individually if they enjoy the group setting, or would rather have more independent activities. At admission, the residents and their representatives have the option to manage their own money resources.</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 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.</p>	

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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 other locations (New Bellevue Manor or Royal Colony View Place). 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</p> <p>Please explain: We offer daily activities in alignment with individual preferences and capabilities. To further assist in resident's independence and autonomy with connecting to the world, we would like to offer different ways of discovering new events and opportunities in the area. Staff members are involved by going with residents who require assistance outside and are not able to go out alone. Staff will accompany the resident so that he/she feels safe while out in the community. Staff also provide individual and group home activities for the residents.</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</p> <p>Please explain: Residents have the right to receive care and services from the staff of their choice. Residents have open lines of communication with the care team, care providers, the management, and family members. The home supports consumers and families 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></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><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</p> <p>Please explain: Upon admission, each individual and their representative sign an admission agreement and are reviewed/updated every five years and/or if any changes occur. If a client wishes to relocate, the care team will coordinate with the resident representative until the process is complete.</p>	
<p><u>Federal Requirement #7:</u></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><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</p> <p>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 are able to hold two residents; however, they do have an option to choose their roommate if any issues arise. Residents are brought shopping to decorate their room based on their interests. 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, residents have 24 hours access to fridges, freezers, and pantry, and meals to their individualized schedules. All areas of the home are accessible to all residents to perform any activity or chores of their choosing.

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, 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?

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	<ul style="list-style-type: none"> • 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?
<p>Does the service and/or program meet this requirement? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Please explain: The home partially does not meet this requirement.</p> <p>a) The entrance to the kitchen needs to be redesigned so that residents in wheelchairs and using rollator walker are able to access the kitchen and main doorway easier. Currently, the entrance way is very narrow and the residents have a hard time fitting through the entrance way. The kitchen area/nook is a main entryway for incoming/outgoing residents, and must be remodeled so that residents in wheelchairs/rollator walkers entering the area will only need minimal assistance and supervision. The new design will make the entire home feel more accessible to the residents and even allow residents to help in food preparation and activities in the kitchen.</p> <p>b) Wheelchair accessibility is present in our facility; however, the main ramp used when leaving and arriving from programs/outings/etc. has a minor step connecting the house and ramp. This gap requires assistance for our ambulatory residents but extensive assistance for residents in wheelchairs. To comply with HCBS requirement: We want to fix this step to make it easier to enter and exit the facility for our residents.</p> <p>c) Our residents are progressively aging and are requiring more assistance with their ADLs. We have 4 non-ambulatory residents using wheelchairs and requiring 1-2 staff assist to shower. Royal Colony View Place currently has three bathrooms of concern. One bathroom contains a tub with a sliding door. It is difficult for patients to get in and out of tub. The bathroom's configuration is very narrow for wheelchair access. Renovating and opening up the space to allow installation of a large non-ambulatory shower room will allow consumers to safely and independently perform ADLS. Staff members to assist in showering our residents.</p> <p>The second bathroom has a tub and shower. The layout is narrow, and the shower is across from the toilet bowl. It does not allow for enough accessibility for our aging residents. It is often challenging for our residents perform ADLs independently.</p> <p>The third shower room is for non-ambulatory residents and offers an open shower (no tub) space. The redesign needed for this shower is to ensure safety and increase accessibility. We can also enhance the structure and layout in such a way that the water flows to the proper drain shower space instead of out which poses as a hazard for our residents.</p>	

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We have several residents who need to use the non-ambulatory bathroom. During the peak time schedule of 6am-7:30am, the residents who are a fall risk are having difficulty using the ambulatory bathroom/bathtub. Staff who assist residents during their shower are also complaining of back pain due to the bathtub layout. The adjacent shower close to the bathtub is not very wheelchair accessible due to the old and obsolete design of the shower, the glass doors are hard to open and close, and the location of the toilet is not optimal.

To aid in accessibility of all spaces in the home to all residents, to further assist with their independence, and to comply with HCBS requirements, we request funds to assist with the renovations of the bathrooms, the kitchen and the front entrance ramp.

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	Royal Colony View Place
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Vendor number(s)	HB0417
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	5 (licensed bed capacity - 8)
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>Royal Colony View Place is a Residential Care Facility for the Elderly, licensed to care for 8 residents who are Level 3. We provide care and services to four non-ambulatory residents with increasing needs due to their age and ability. The other residents are ambulatory and are able to walk about in and out of the facility, but are aging and fragile since residents first moved to the home. In the morning, the staff assist individuals with their morning shower and ADLs. Due to the narrow nature of the bathroom tubs and configuration of the room itself, there is difficulty in assisting the residents in the morning. After breakfast, some residents attend day programs, while some residents are staying in the home based on their medical needs, 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:</p> <p>a) The entrance to the kitchen needs to be redesigned so that residents in wheelchairs and rollator walker are able to access the kitchen and main doorway easier, with minimal assistance and supervision.</p> <p>b) The program is also requesting to improve the existing ramp and modification to allow easier maneuverability for residents who use wheelchairs/rollator walkers.</p> <p>c) Remodel bathrooms(1) modify/remodel one ambulatory bathroom into a non-ambulatory shower room and (2) improve the adjacent shower stall for better wheelchair accessibility and safer design for residents (3) modify the non-ambulatory bathroom layout for better wheelchair accessibility and safety. This will make the bathrooms safe and user friendly for our aging residents. Furthermore, will allow residents a morning routine before their scheduled pick ups and to perform ADLS independently.</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>	

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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.
<p>The following are barriers to compliance with HCBS:</p> <p>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 kitchen, bathrooms 3) not many accessible areas in the home for all residents bedside their bedroom due to lack of space to move wheelchairs. 4) Barrier for residents to easily enter and exit facility due to nature of pre-existing ramp. The concept will assist with improved independence.</p>
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.
<p>Requirement 10:</p> <p>a) Will allow residents to spend more time for outdoor activities as the remodeled ramp will allow easier maneuverability for residents who use wheelchairs/rolling walkers.</p> <p>b) The entrance to the kitchen needs to be redesigned so that residents in wheelchairs and rolling walkers are able to access the kitchen and main doorway easier, with minimal assistance and supervision.</p> <p>c) Three bathrooms require redesign for better wheelchair accessibility to allow for more independence and minimal assistance, as well as better safety.</p>
6. What are the proposed outcomes and objectives of the concept, and what are the methods of achieving and tracking them?
<p>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 open kitchen and main entrance way. 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) Residents will be able to more independently use the ramp to enter and exit the home.</p> <p>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. 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.</p>
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.

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The consumers 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 consumers 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 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.

Royal Colony View Place 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 and be able to have access to the kitchen and will be able to move about the home freely. The open layout is substantial because 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.

Bathroom - The HCBS funding will allow for bathroom accessibility for wheelchairs and our aging residents. Open layout to ensure safety for our residents to use independently and with minimal assist.

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

- 1) Modification of ramp/entrance to flatten step for wheelchairs: \$3,000
 - a) Widen entrance for larger wheelchairs: \$2,000
- 2) Remodel non-ambulatory bathroom for easier wheelchair access: \$8,000
- 3) Remodel ambulatory bathroom to non-ambulatory: \$10,000

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- 4) Remodel ambulatory bathroom to non-ambulatory: \$10,000
 5) Remodel of kitchen and entryway to allow easier access to residents using wheelchairs and walkers: \$35,000

Total Cost: \$68,000.00

Timeline: Start Date: May 2020

End Date: November 2021

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.

Not Applicable

12. Have you or the organization you work with been a past recipient of DDS funding? If yes, what fiscal year(s)?

HCBS Funding No Yes. If Yes, FY(s) _____

Disparity Funding No Yes. If Yes, FY(s) _____

CPP Funding No 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 or CPP Funding from DDS

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.

Not Applicable

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.

Not Applicable

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HCBS CONCEPT BUDGET						
Vendor Name		Royal Colony View Place				
Vendor Number(s)		HB0417				
	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 ramp/entrance to flatten step at door for easier wheelchair access			\$ 3,000			\$ 3,000
a) Widen entrance for larger wheelchair access			\$ 2,000			\$ 2,000
3) Remodel non-ambulatory bathroom for easier wheelchair access			\$ 8,000			\$ 8,000
4) Remodel ambulatory bathroom to non-ambulatory			\$ 10,000			\$ 10,000
5) Remodel ambulatory bathroom to non-ambulatory			\$ 10,000			\$ 10,000
6) Remodel of kitchen for easier wheelchair access			\$ 35,000			\$ 35,000
						\$ -
						\$ -
						\$ -
Capital Subtotal			\$ 68,000		\$ -	\$ 68,000
Total Concept Cost			\$ 68,000		\$ -	\$ 68,000

See Attachment F for budget details and restrictions