

## 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 15, 2019	Completed by: Sandra Walker
Vendor Name, Address, Contact: Rehabilitation Institute of Southern California 1800 East La Veta Avenue, Orange CA 92866	
Vendor Number: H13800, H13647	
Service Type and Code: 510-Adult Day Services Program	

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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: **LAST YEAR**, RIO was the recipient of an HCBS grant. This, based on our first 2 months of implementation, has exceeded our expectation as to IMPACT, and as of the writing of this current grant, a greater number of individuals are being assessed via person-centered planning, and subsequently amending their goals and aspirations to include more community-based options. As of the writing of this grant, 15 individuals are now accessing on-campus community college classes: this as a result of their amended plans and more so, our ability to transport them safely and efficiently (via 2 vans funded in last year's grant.).

**HOWEVER**, as more individuals have been assessed and plans amended to include further access to the resources in wider Orange County Community, the unintended (though welcomed result) has been the increased desire of other participants to also access these resources. As community integration opportunities have been implemented over the past months at both the Orange and Fullerton campuses per the individual's requests and choices, compliance has not been completely adhered to due to the current limitations to appropriate public access and access to our current 2 vans generously funded through the HCBS grant process.

**FURTHER STEPS:** Recognizing that there is such a welcomed desire by participants to access diverse community resources, RIO has taken the unprecedented step of selling its main campus and is relocating our headquarters and main campus closer to a more resource rich area of Santa Ana, the county seat. **HOWEVER**, mass transportation is inadequate, and more vans are needed to achieve full compliance.

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<p><b><u>Federal Requirement #2:</u></b> <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><b><u>Guidance:</u></b></p> <ul style="list-style-type: none"> <li>• Does the provider have a current regional center Individual Program Plan (IPP) on file for all individuals?</li> <li>• Does each individuals' IPP document the different setting options that were considered prior to selecting this setting?</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: There is an IPP on file for all individuals served. Taking the person-centered approach with all individuals, everyone can select the setting in which they would prefer to spend their day, as an array of activities and classroom curriculum services have been developed and implemented. This information must be documented in their IPP, as choice-based decisions are an integral part of their IPP. Our process of enriching participants IPPs has dramatically shifted under our new CEO (Dr Glenn Motola) who has infused more aspirational thinking, facilitated more community collaborations with community colleges, and encouraged staff and participated to aspire higher and bigger than they have previously.</p>	
<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>

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

Please explain: RIO is mindful and very sensitive when communicating to all individuals verbally and in written form. Individuals have the ability and freedom to express their concerns, ideas, etc. understanding that they have a voice and the awareness of knowing that they will be treated with dignity and respect. As RIO staff currently demands the upmost confidentiality, respect and dignity all of individuals. HOWEVER, RIO is aspiring to augment all client computer labs with the most up-to-date technology and assistive communication technology and assessment procedures. Our CEO attended the Coleman Conference at the University of Colorado, Boulder, this October. This is the seminal thinktank and resource for all thing's assistive technology. We have developed a plan for a comprehensive assistive technology lab complete with concurrent staffing, and it is currently part of our unfunded strategic planning mandates. We are also exploring the use of virtual reality, augmented reality technology to be employed with our participates. This cutting-edge methodology is also part of our unfunded strategic planning mandates.

**Federal Requirement #4:**

*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.*

**Guidance:**

- 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?

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

Please explain: HOWEVER: Thanks to the HCBS grant received last year, we have started making strides in this area. Our major barrier in this area is additional transportation options. Given the size and sprawl of Orange County CA, we must secure additional vans to be able to support more individuals to navigate this area which is the 6<sup>th</sup> largest county in the country. Southern California is known for its poor transportation systems, and Orange County is a shining example of urban sprawl without proper planning. For full compliance with this mandate to achieve maximum community integration opportunities, RIO needs more vans and funding for CLASS B drivers.

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### **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 continuing education and career development model of programming in conjunction with the social development and activity-based model affords all individuals the opportunity to plan their day based on the array of services offered.

HOWEVER:

We are aspiring to use more up-to-date technology, mobile, cloud-based programs, to allow schedule modification daily. Given ratio constraints and transportation constraints, changing and altering schedules on “the fly” for many individuals can be challenging. This needs to be approached utilizing technology that is used to coordinate student school schedules, cloud-based technology that facilitates the changes and daily desires that an individual may have. Appropriate technology platforms, in conjunction with coordinated planning, will greatly increase the potential flexibility of choice for our participants.

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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?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please explain: <a href="#">Click or tap here to enter text.</a></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>
<p><b>Does the service and/or program meet this requirement?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please explain: <a href="#">Click or tap here to enter text.</a></p>	

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<p><b><u>Federal Requirement #8:</u></b> <i>Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.</i></p>	<p><b><u>Guidance:</u></b></p> <ul style="list-style-type: none"> <li>• Do individuals have access to food at any time?</li> <li>• Does the home allow individuals to set their own daily schedules?</li> <li>• Do individuals have full access to typical facilities in a home such as a kitchen, dining area, laundry, and comfortable seating in shared areas?</li> </ul>
<p><b>Does the service and/or program meet this requirement?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Please explain: <a href="#">Click or tap here to enter text.</a></p>	
<p><b><u>Federal Requirement #9:</u></b> <i>Individuals are able to have visitors of their choosing at any time.</i></p>	<p><b><u>Guidance:</u></b></p> <ul style="list-style-type: none"> <li>• Are visitors welcome to visit the home at any time?</li> <li>• 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?</li> </ul>
<p><b>Does the service and/or program meet this requirement?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Please explain: <a href="#">Click or tap here to enter text.</a></p>	
<p><b><u>Federal Requirement #10:</u></b> <i>The setting is physically accessible to the individual.</i></p>	<p><b><u>Guidance:</u></b></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 type="checkbox"/> Yes <input type="checkbox"/> No Please explain: <a href="#">Click or tap here to enter text.</a></p>	

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**CONTACT INFORMATION**

Contact Name: Sandra Walker  
Contact Phone Number: (714) 633-7400 x 218  
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**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	The Rehabilitation Institute of Southern California
Vendor number(s)	H13800 - 510 Orange campus and H13647 - 510 Fullerton campus
Primary regional center	Regional Center of Orange County
Service type(s)	Adult Day Services Programs
Service code(s)	510
Number of consumers currently served	510 Orange= 98 510 Fullerton= 24 TOTAL: 122
Current staff to consumer ratio	510= 1:4 ratio

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.

**Project Narrative Description:** On January 1, 2020, our new name will be: **REIMAGINE** and our credo and commitment to participants and families will be: “**RELENTLESSLY PURSUING POSSIBILITIES.**” Our re-invigorated program iteration will focus on encouraging individuals with ID/DD to explore life possibilities to include continuing education and career development, new health and wellness opportunities, and continued opportunities for increased self-sufficiency and overall independence. A typical day at both the Orange and Fullerton campuses consist of the individuals participating in on-site continuing education and career development classes and/or activities with some community integration. As RIO is now serving many individuals that have complex medical conditions who want to access community resources, the demand for additional wheelchair accessible vehicles and Class B drivers is now painfully apparent.

2. Please provide a brief summary narrative of the concept for which you are requesting funding, including justification for the funding.

**REIMAGINE, “RELENTLESSLY PURSUING POSSIBILITIES”** RIO request for additional funding to support two distinct but necessary functions: **Transportation and Technology.** Specifically, funding to acquire four additional wheelchair accessible vehicles with the first-year funding for four CLASS B drivers, and funding to support the use of cutting-edge technology for participants and staff. This funding will allow maximum integration into the community and ultimately allow for optimal results. As RIO/Reimagine creates new resources and opportunities for participants in the community and aspires to coordinate the activities and preferences of over 122 individuals, mobile technology and logistical scheduling cloud-based programs will allow this system to evolve. We are requesting \$200,000 to: acquire mobile technology hardware for staff so that individual participants in the

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community can have access to their daily schedule and menu of choices, see their stated goals, and document progress in real time against their objectives. We are also seeking to acquire cloud-based scheduling programs that will allow schedules to be nimble, visible, and customized by participants while they are in the community.

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\_x\_ 2\_\_ 3\_x\_ 4\_x\_ 5\_x\_ 6\_\_ 7\_\_ 8\_\_ 9\_\_ 10\_\_

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.

REQUIREMENT #1: TRANSPORTATION: RIO continues to struggle with the volume of individuals that need specialized support and transportation to access the community. TECHNOLOGY: With better technology, mobile and logistical, participants will be able to have access in real time to their goals and annual objectives while in the community and be able to document progress against them. REQUIREMENT #3: TECHNOLOGY: Without proper technology in the field, staff is limited to verbal communication with participants. Staff is not able to utilize picture icons, or other specialized assistive technology strategies to make communications in the field easier with more complex participants. REQUIREMENT #4: TRANSPORTATION: The barrier here is literal; inability to get more individuals into the community. TECHNOLOGY: Without access to mobile devices and or other forms of technology (tablets, etc.), staff must stay wedded to stated daily plans and activities. REQUIREMENT #5: TECHNOLOGY: The barrier here is logistics. Coordinating, designing, and implementing completely individualized programming with the appropriate support staff guided by participant preference, is a monumental activity for 122 individuals.

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 #1- TRANSPORTATION: allows for more individuals to get into the community. TECHNOLOGY: Allows care providers to coordinate and operationalize the desires of participants. Requirement #3- TRANSPORTATION and TECHNOLOGY allows choice and appropriate logistical support and communication with participants IE. Dragon Dictation and Voice to Text options will allow participants and staff to participate in the daily process of tracking progress against goals, in real time. Requirement #4- TRANSPORTATION and TECHNOLOGY allow for coordination and flexibility of the choices of participants. Requirement #5- TRANSPORTATION and TECHNOLOGY. The coordination and logistical tracking/pairing of participants and staff is only made possible using technology.

6. What are the proposed outcomes and objectives of the concept, and what are the methods of achieving and tracking them? The objective of the initiative would be as follows:

- 100% of participants can access the community daily via customized wheelchair accessible vans that are owned by RIO.
- 100% of individuals will have access to and have a plan to utilize 3 or more community-based learning, volunteer, internship, recreational, and or work-based opportunities weekly.
- 100% of participants will be able to utilize technology with support, in real time, while in the community, to access resources, review goals, and track progress.
- 100% of all participants will be active participants in designing, tracking and modifying their schedules and plans in real-time.

TRACKING:

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Daily tracking of activities using mobile technology, will allow for real-time documentation of activities and the documentation will serve as the tracking and measure of compliance.

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 participants were involved in this concept through a participant advisory committee comprised of a total of five to eight participants from each campus who meet twice per month to discuss opportunities and interests. Volunteers for the advisory committee were suggested and interested participants were selected, repeating on an on-going basis indefinitely. Selected participants are given the opportunity to present at board meetings and staff meetings. The Resource Developer (funded last in last year's HCBS grant) is responsible for facilitating these meetings and securing the appropriate sites per the participant's requests in the community.

8. Please describe how the concept you propose will enable you to provide more person-centered services to your clients. **TRANSPORTATION:** additional transportation will open new activities and resources for our participants. **TECHNOLOGY:** Participants will be able to have real time access to review their goals and objectives. Participants can also be part of the monitoring process, incorporating into their day, a time to reflect on goals and document progress. This becomes more participant driven; a learning and educational time for participants so they can reflect on choices, monitor progress, alter tactics and choices, and better track to their stated goals.

9. Please address your plan for maintaining the benefits, value, and success of your project at the conclusion of 2019-20 HCBS Funding. **TRANSPORTATION:** RIO will incorporate the maintenance of vehicles into its general operating budget which is now augmented with fund-raising dollars. **Driver salaries:** we will aspire to get as many eligible staff CLASS B licenses so that they can both transport and support participants in the community. **TECHNOLOGY:** This effort is a necessity. The use of technology for program implementation is the next generation of participant planning, monitoring, documenting, and fulfilling stated goals. The on-going cost of service, wi-fi, and licenses for cloud-based programming will be incorporated into the general operating budget of the agency and supported through an expanded and targeted grant and foundation support plan.

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)

Funding for 4 wheelchair accessible vans is being requested at a cost of \$80,000 per van for a total of \$320,000 in costs. Funding for 4 Class B drivers for year 1 is being requested at a total of \$160,000. \$100,000 is being requested for 100 mobile devices, iPhone, iPads or the like. \$100,000 is being requested for cloud-based programming to coordinate schedules, facilitate access to digitized individual service plans, and to support the real time documentation of progress against goals by the participants with the support of staff. \$100,000 is being requested for technology support, system identification, design, and implementation.

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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.

\$320,000 for 4-wheel chair accessible vans: not applicable, \$160,000 for 4 CLASS B drivers for year 1: During Year 1, we will have 4-6 staff licensed as class B drivers. In years subsequent to the first year, CLASS B drivers will serve as support staff who accompany participants into the community. The year 1 request is to facilitate access of participants to the community while on-going staff is licensed and trained as CLASS B drivers. \$100,000: Purchase 100 mobile devices: not applicable, \$100,000: Purchase of cloud-based scheduling and planning programs: not applicable, \$100,000: IT support and consulting fees to operationalize the systems: not applicable.

The long-term costs will be any licensing costs associated with cloud-based solutions. Also, mobile access (service and wifi) will be an on-going cost that the organization will incorporate into its general cost of supporting participants.

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

**For providers who have received prior HCBS, Disparity or CPP Funding from DDS**

HCBS Funding \_\_\_ No \_\_\_x\_ Yes. If Yes, FY(s) 18-19 \_\_\_\_\_  
 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.

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. As a recipient of the FY 2018-2019 HCBS grant, RIO is more compliant with the rule as more participants have participated in community integration activities. However, due to the increased enrollment, RIO has not obtained full compliance. To date results: September and October 2019 are as follows:

1. % of community participation = 55% September and 42% October
2. % of participation 2x per week = 13% September and 11% October
3. # of participants in community 1x per week = 36% September and 17% October
4. # of community activities available to participants = 46 September and 45 October
5. # of participants enrolled in community college = 11% September and 12% October
6. # of college courses available= 9 September and 9 October
7. # of intern/volunteer sites established = 4 September and 3 October

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.

TRANSPORTATION: The acquisition of 2 vans from the previous grant has greatly increased the number of individuals who can now access community resources. More vans are needed.

TECHNOLOGY: The past grant funded the ability for us to develop resources (Resource Developer) and to properly work with participants to identify interests and customize plans (Special Education Teacher). Those positions have now become part of our programming methodology and operation.

Access to Technology for our participants is something that will greatly enhance their ability to customize, monitor, and document the plans, and monitor the progress against their stated goals. Using technology, they become part of the process. There is an opportunity to learn how to

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incorporate technology into their lives, how to use it to access the community, and how to use technology to open their world to endless possibilities.

HCBS CONCEPT BUDGET	780,000					
Vendor Name	Rehabilitation Institute of Southern California					
Vendor Number(s)	H13800, H13647					
	Salary and Benefits	Year 1 Budget		Year 2 Budget		Total
		FTE	Annual Cost	FTE	Annual Cost	Cost
<b>Personnel (salary + benefits)</b>						
CLASS B Driver	40000	1.00	\$ 40,000	-	\$ -	\$ 40,000
CLASS B Driver	40000	1.00	\$ 40,000		\$ -	\$ 40,000
CLASS B Driver	40000	1.00	\$ 40,000		\$ -	\$ 40,000
Class B Driver	40000	1.00	\$ 40,000		\$ -	\$ 40,000
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
<b>Personnel Subtotal</b>			<b>\$ 160,000</b>		<b>\$ -</b>	<b>\$ 160,000</b>
<b>Operating expenses</b>						
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
<b>Operating Subtotal</b>			<b>\$ -</b>		<b>\$ -</b>	<b>\$ -</b>
<b>Administrative Expenses</b>						
Tech support, implementation, system design			\$ 100,000			\$ 100,000
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
<b>Administrative Subtotal</b>			<b>\$ 100,000</b>		<b>\$ -</b>	<b>\$ 100,000</b>
<b>Capital expenses</b>						
4 wheel chair vans at 80,000 each			\$ 320,000			\$ 320,000
100 DIGITAL DEVICES			\$ 100,000			\$ 100,000
Scheduling cloud-based program			\$ 100,000			\$ 100,000
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
<b>Capital Subtotal</b>			<b>\$ 520,000</b>		<b>\$ -</b>	<b>\$ 520,000</b>
<b>Total Concept Cost</b>			<b>\$ 780,000</b>		<b>\$ -</b>	<b>\$ 780,000</b>

See Attachment F for budget details and restrictions