

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

Date(s) of Evaluation: 11/18/19	Completed by: Administrator, Richard Pandez
Vendor Name, Address, Contact: Eugene's Ville RCH, 3353 Vincent Dr. Santa Clara, CA 95051, (408) 691-4470	
Vendor Number: HS0314	
Service Type and Code: Residential Care Home, Service Code 915	
<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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Please explain: Individuals need more opportunities to explore what the community has to offer. Each person is given a chance to make choices based on their preferences with the limited resources available.</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>	

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Please explain: Each individual have a current IPP that clearly identifies the current home setting.

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: Individuals are informed of their rights in a proper manner. Appropriate ways of explanation is used such as verbal, gestures, pictures, etc.

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: The facility provides daily activities based on individual's needs and preferences with the current resources it has. Space is limited especially for consumers using mobility devices such as walkers and wheelchairs.

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<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: Staff is available to provide services to consumers that prefer certain staff when needing assistance. Individuals have the opportunities to voice their concerns and to give suggestions.</p>	
<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: Each individual have a written admission agreement in file. Individuals are informed about the process of requesting and relocating to new housing.</p>	

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<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</p> <p>Please explain: The largest room in the facility is a shared room for 2 individuals. 4 of the 6 Individuals with their own lockable private rooms. Each have the chance to express themselves through setting up the room as their own.</p>	
<p><u>Federal Requirement #8:</u> <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><u>Guidance:</u></p> <ul style="list-style-type: none"> • 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?
<p>Does the service and/or program meet this requirement? <input type="checkbox"/>Yes <input checked="" type="checkbox"/>No</p> <p>Please explain: Individuals always have access to food. Staff does their best to accommodate the needs and preferences when it comes to schedules. Community area within the house is limited and not adequate for all. Individuals with wheelchair at times dine separately and participate less in tabletop activities.</p>	
<p><u>Federal Requirement #9:</u> <i>Individuals are able to have visitors of their choosing at any time.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> • 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?

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<p>Does the service and/or program meet this requirement? <input type="checkbox"/>Yes <input checked="" type="checkbox"/>No</p> <p>Please explain: Visitors are welcome to visit individuals. The facility is limited in space and having no direct access to a wheelchair accessible vehicle make it difficult to go out in the community and family home visits.</p>	
<p><u>Federal Requirement #10:</u> <i>The setting is physically accessible to the individual.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> • 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?
<p>Does the service and/or program meet this requirement? <input type="checkbox"/>Yes <input checked="" type="checkbox"/>No</p> <p>Please explain: The facility is designed provide non-ambulatory individuals. Lack of space decreases the services that can be provided to each individual. Not all the community spaces in the facility are accessible to individuals who use wheelchairs.</p>	

CONTACT INFORMATION

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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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Vendor name	Eugene's Ville RCH
Vendor number(s)	HS0314
Primary regional center	San Andreas Regional Center
Service type(s)	Adult Residential Facility
Service code(s)	915
Number of consumers currently served	6
Current staff to consumer ratio	1:2
<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>Eugene's Ville RCH is a non-ambulatory Level 4I facility that serves consumers who are visually impaired and/or with severely disruptive or self-injurious behaviors. Our services are focused on person-centered planning in which choices and giving opportunities for consumers to make their own decisions. We support a family-like environment and encourage consumers to make choices and act upon them in a constructive and self-fulfilling fashion. Staff supports socialization within the facility through various tabletop activities and group discussions in a daily basis.</p> <p>Most of our consumers use a mobility device to move about the facility and having a limited space in the living and dining room does not allow for all to sit comfortably in the living room when activities are happening and around the dining table during meal times. Consumers then would rather consume the meals in their room or at a second sitting during meal times.</p> <p>Two consumers are currently in the largest and only shared room in the facility. Both use a wheelchair and it would be beneficial and more comfortable for both if another private room is available.</p> <p>Another challenge is the limited space the current bathroom for the consumers to use. An additional or remodeled bathroom will greatly improve the daily operations.</p>	
Project Narrative Description:	
<p>2. Please provide a brief summary narrative of the concept for which you are requesting funding, including justification for the funding.</p>	
<p>Having worked with the consumers with developmental disabilities since April 2004 our facility have faced many challenges with the daily operations. We have noted and adjusted out services to provide the needs of our consumers to the best of our abilities with the current resources. One factor that we hoped we had for our consumers is to have sufficient space in the facility since at least 50% of our facility's population uses a wheelchair or assistive devices to move about the facility. Our facility is fortunate to have individual rooms for most of our residents however our living, dining and bathrooms have a very limited space. Providing an extra room to consumers that currently have a shared room would be a plus and give privacy to the two roommates.</p>	

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We want our residents to feel like they have their own space within the facility. They can dine comfortably in a larger dining area and socialize in an extended living room. A remodeled restroom would relieve wait times. Please be advised that the facility's space currently is approximately 1,415 square feet, which deter our ability to provide ideal living spaces for each consumer. Congregated dining is frequently constrained by a limited sized dining table limiting access of consumers on wheelchairs. Our ability to enhance the benefits of dining together for socialization opportunities are impaired by the limited dining space. We look forward to an improved dining area where all of the consumers can congregate and develop interpersonal skills while enjoying their meals.

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 X 5__ 6__ 7 X 8 X 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.

Fed Req #4 – Current living and dining room not adequate resulting in low socialization and interactions between individuals. Tabletop activities has low productivity because of individuals needing a larger personal space because of the assistive devices such as walker, wheelchairs, etc.

Fed Req #7 – The consumers that is in the shared room prefer to have their own room to be more comfortable and increased privacy.

Fed Req #8 – Current living and dining room size does not provide comfort when family members visit.

Fed Req #10 – Consumers feel that they are restricted to their room since the living room is small. Also others eat at a different time since the dining room size cannot accommodate everybody at once at every meal.

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.

Expanding the dining room and living room will allow a more accessible access in these shared areas. Consumers will feel that they have a choice to dine with who they prefer since there will be more room. Social interactions within the consumers should increase as there are more room for tabletop activities.

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

The concept will bring the facility in compliance for Fed Reqs #4,7, 8, 10. Each consumer can have a chance to improve the current personal goals and objectives that include socialization. Collecting the data pertaining to the individual objectives will be used to track their progress.

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

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process.
Information gathered from interviewing current individual consumers, family members, facility consultants and direct care staff was used to develop the concept. Consumers who were verbal were asked for their input what was important to them in their homes. Gestures, explaining, and using pictures were methods used to communicate to non-verbal consumers. Family members were asked how our facility is different from their own homes and what can make their loved ones be more comfortable in the facility. Consulting with experienced facility consultants that see different facilities on a daily basis that can make the consumer's facility more accessible to everyone.
8. Please describe how the concept you propose will enable you to provide more person-centered services to your clients.
The concept will support and allow the individuals to participate in activities that interest them which corresponds with their IPP goals. Having each consumer to have their own room promotes choices to decorate his or her room in the manner that is based on their preferences. The proposed expansion will give increased access to those who use mobility devices and be more comfortable within the shared areas. Also the consumers will have the freedom to move about inside the home and not be restricted to one room or area of the facility. Family and visitors will not be confined in the consumer's room as the proposed expansion of the dining and living room provide greater access to all.
9. Please address your plan for maintaining the benefits, value, and success of your project at the conclusion of 2019-20 HCBS Funding.
With the expansion of the facility shared areas, the services will be more person-centered and every individual needs, preferences and residential setting is addressed appropriately. Family members and visitors will also feel comfortable with the extra space the project will deliver. The daily activities within the facility can be carried out in a larger group, while staff will continue to promote everybody's participation. We are positive that with the larger group participation the ability of consumers to interact and socialize in a familiar environment will serve as attribute to the improvement of the overall well being of the consumers afforded by their ability to socialize collectively, thereby resulting to decreased incidents of behavioral occurrences.
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
Licensed contractors and professionals have been consulted and an estimate has been received. The project consists of a living and dining room expansion as well as an extra room to accommodate all consumers to have their own private/personal room. The

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remodeling of the current bathroom is also incorporated in the total estimates. It is estimated that the completion of the whole project will take four to five months time frame.	
11. Please address sustainability of funding sources for all programs or concepts requiring any funding past the time frame of the requested grant, especially those that involve staff or other long-term costs. Please mark "not applicable" if costs will all be incurred during the program time frame.	
The proposed contract consists of 5 payments in the duration of the construction. Each payment will be paid according to stages as the project is completed.	
12. Have you or the organization you work with been a past recipient of DDS funding? If yes, what fiscal year(s)?	HCBS Funding <u>X</u> No ___ Yes. If Yes, FY(s) _____ Disparity Funding <u>X</u> No ___ Yes. If Yes, FY(s) _____ CPP Funding <u>X</u> 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.	
N/A	
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.	
N/A	

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<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>Eugene's Ville RCH is a non-ambulatory Level 4I facility that serves consumers who are visually impaired and/or with severely disruptive or self-injurious behaviors. Our services are focused on person-centered planning in which consumers are provided services based on choices and having opportunities to make their own decisions in how they would like to live their lives. We strive to support a family-like environment and encourage consumers to make choices and act upon them in a constructive and self-fulfilling fashion. Staff supports our consumers in work/education, health/nutrition, personal growth, socialization, and community integration on a daily basis. Most of our consumers use mobility devices to move about the facility. Valley Transportation Authority Para-transit is being utilized by our facility to transport consumers who are on wheelchairs to and from medical/dental appointments, and community integration activities.</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>The facility's commitment to providing quality of life to the consumers we serve is manifested in our programs of community integration activities for increased knowledge of convenience and recreational facilities in the immediate surroundings. This goal is hampered by our inability to accommodate their transport needs as the current prime provider of transportation services is deficient in staff, vehicular equipment and time sensitivity. Faced with this impediment, we are left with the choice of engaging them in homebound activities or accessing regular bus services which proved to be unsafe and time consuming. We envision our consumers to be more versed with their surroundings and familiar with proper behavior in an environment other than the home. We observed their changed behavior post outings as they are calmer, though at times tired, they are friendlier and more compliant with their Activities of Daily Living (ADL) upon return to the home. Summarily, the benefits of having a facility owned and operated adaptable transportation equipment are immeasurable in improving the quality of life of our consumers, not to mention the expected decrease of paperwork in generating the billing</p>	

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for the approved transportation allowance. Added to the benefits of this safe and accessible equipment, is the improved ability of the facility to transport consumers to and from medical appointments, visits to families and friends, and a dependable resource in taking them to distant field trips which they cannot experience with the use of Para-transit services. Needless to state that this component can enhance our ability to an improved quality of life among the consumers we serve.

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 ___ 4 ___ 5 ___ 6 ___ 7 ___ 8 ___ 9 X 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.

Fed Req #1 – Some consumers prefer a different place to go when out in the community. Places like parks, stores, malls, churches, etc. Having a wheelchair accessible vehicle allows for consumers to choose based on their preference when going out in the community.

Fed Req #9 – Friends and family visits are an essential part of our consumer's lives. Unfortunately, not all families can afford the wheelchair transportation costs to spend precious time with their loved ones such as a meal or shopping out in the community. A wheelchair accessible vehicle resource would allow our facility to help out the family members visit with the transport. Families can spend more time with their loved ones for increased frequency of outings and home visits.

Fed Req #10 – Our consumers want to experience life outside of the facility and explore community resources. An improved transportation service will create the freedom and the feeling of inclusion in enjoying what the community has to offer.

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.

Health and safety are most important with the services our facility aims to provide. A wheelchair accessible vehicle will improve the medical and dental appointments service. Our consumers will have an easier access to be seen by the medical and dental providers earlier as there will be decreased scheduling to use the community para-transit service. The wheelchair accessible vehicle is another extension to the transportation service we currently have in place and it will allow for improved efficiency and increased choices when heading out into the community.

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

Our proposed concept will bring the facility in compliance for Fed Reqs#1, 9, 10. Each consumer have personal health and community objectives within their IPP. Data collection will continue to be used and we expect that other objectives will also have positive outcomes in their social skills, home and community integration. Family members will be interviewed for any input that can improve the transportation service.

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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.

Data was gathered through series of interviews with current consumers, family members, facility consultants as well as direct care staff were used to develop the concept. Consumers who were verbal were asked for their input to what is most important in their daily lives. Gestures, explaining, and using pictures were methods used to communicate to non-verbal consumers. Family members were also asked similar questions and were encouraged to share any recommendations they may have to improve the current placement of their loved ones in the facility. Facility consultants also provide their input as they have seen and experienced the various types and sizes of facilities they consult with on a daily basis.

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

The concept will support and allow the individuals to have various choices to pick from when going out in the community. Every consumer will feel that their voice is being heard and they are given the lifestyles according to their limitations and preferences. This proposed wheelchair accessible vehicle will promote independence and gain increased access in the community and not feel restricted at home. We expect friends and family visitations will increase as access to take their loved ones out in the community or at home will be easily accommodated.

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

With a wheelchair accessible vehicle available for the facility to use, the services will be more person-centered. It would allow increased participation from every consumer based on their current needs and preferences. Family members and visitors will also benefit from the concept. The vehicle will be kept in good maintenance and readily available for every consumer to use for medical, dental, and community outings. Direct care staff will receive continuous training in proper and safe transport of our consumers. We expect to continue the benefit and value of this concept to overall improve the services the facility provides. This in turn will improve the consumer's socialization, and behaviors.

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

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<p>An estimate has been received from a local specialized dealer that builds and sells the wheelchair accessible vehicles. The van will be equipped with a rear entry ramp or lift that allows for passengers with a wheelchair to be secured and transported safely. An accessible vehicle with rear entry a ramp or lift is the preferred set up. The size of the vehicle was also considered during the selection process. The shorter version is easier to drive and maneuver around parking lots. The vehicle will be ordered through the local specialized dealer.</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 proposed concept will be financed. An assistance with down payment would be ideal to keep the monthly payments lower. Warranty is in place at the time of purchase. Vehicle will be used and maintained regularly to preserve its usability through the future.</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 <u> X </u> No ___ Yes. If Yes, FY(s) _____ Disparity Funding <u> X </u> No ___ Yes. If Yes, FY(s) _____ CPP Funding <u> X </u> No ___ Yes. If Yes FY(s) _____</p> <p>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>N/A</p>	
<p>14. If your organization received prior funding, please explain how the current funding request is not redundant with any prior funding received and/or builds on the prior funding but was not part of the original funding.</p>	
<p>N/A</p>	

HCBS CONCEPT BUDGET		Remodel and Van Concept Fund Request				
Vendor Name		Eugene's Ville RCH				
Vendor Number(s)		HS0314				
	Salary and Benefits	Year 1 Budget		Year 2 Budget		Total
		FTE	Annual Cost	FTE	Annual Cost	Cost
Personnel (salary + benefits)						
			\$ -		\$ -	\$ -
			\$ -		\$ -	\$ -
			\$ -		\$ -	\$ -
			\$ -		\$ -	\$ -
			\$ -		\$ -	\$ -
			\$ -		\$ -	\$ -
			\$ -		\$ -	\$ -
			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Personnel Subtotal			\$ -		\$ -	\$ -
Operating expenses						
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Operating Subtotal			\$ -		\$ -	\$ -
Administrative Expenses						
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Administrative Subtotal			\$ -		\$ -	\$ -
Capital expenses						
Expansion of living/dining/room/bathroom						\$ -
	Intial Deposit		\$ 3,000			\$ 3,000
	1st payment		\$ 5,500			\$ 5,500
	2nd payment		\$ 110,000			\$ 110,000
	3rd payment		\$ 110,000			\$ 110,000
	Project Completion Fee		\$ 30,000			\$ 30,000
	Total Vehicle Cost (\$53,102)					\$ -
	Down Payment (25%)		\$ 13,275			\$ 13,275
	Financed amount (5 years loan)		\$ 39,827			\$ 39,827
Capital Subtotal			\$ 311,602		\$ -	\$ 311,602
Total Concept Cost			\$ 311,602		\$ -	\$ 311,602

See Attachment F for budget details and restrictions