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 nonresidential 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 11, 2019	Completed by: Gemma Rodriguez
Vendor Name, Address, Contact: <u>Click or ta</u> Gemly's Home Care 3: 19002 E. Hollyvale Gemly's Home Care 2: 268 W Payson St. <i>A</i> Gemly's Home Care 1: 1309 La Serena Dr.	St. Glendora Ca 91740 (Gemma Rodriguez) Azusa Ca 91702 ( Gemma Rodriguez)
Vendor Number: HP 5240, HP 4529, HP 38	309
Service Type and Code: Adult Residential I	Facilities -915

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### Does the service and/or program meet this requirement? $\Box X$ Yes X No

Please explain: Our program does provide in home and community activities, however with the meetings held with our clients, they express desire to have more individualized activities and more involvement in the communities. One client stated he wants to to be able to work and earn more money. Other clients were more specifics to ask to learn karate, and go to places such as theme parks, Las Vegas, etc. Home staff has stated there have not been enough resources to assist clients in expanding their interests or participation in the community.

We would like to provide program that will help our clients to the community so they can participate in activities based on their interests, needs and preferences. We want our staff trained to learn ways they can help our clients to have opportunities in the community that are individualized to what they want. This includes daily activities such as planning their own schedules, learning new skill and budgeting their own money.

The setting is selected by the individual • from among setting options, including non- disability-specific settings and an option for	uidance: 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?
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**Does the service and/or program meet this requirement?**  $\square$  Yes  $\square$ No Please explain: All clients have an IPP, however, one client that resides in our facility

uses a powered wheelchair, extremely obese, with inability to move his lower extremities and has expressed desire to have a private room or a bigger space due to his weight issues and physical limitations.

Federal Requirement #3: Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.	<ul> <li><u>Guidance:</u></li> <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, Praille, Jarge fort print, sign Janguage</li> </ul>
	needed (e.g., assistive technology, Braille, large font print, sign language, participants' language, etc.)?

### Does the service and/or program meet this requirement? $\square$ Yes $\square$ No

Please explain: All clients are informed and aware of their rights of privacy, dignity, respect and freedom from coercion and restraint. However, we have had not an opportunity to assist in exploring the ways each person can communicate to their fullest abilities such as with the use of assistive technology, sign language, braille, etc. We have several clients that have hearing and visual impairments at this time. Some clients have desire to have computers, internet services, tablets and software programs for learning, One client is deaf and the use of sign language, picture based technology and other methods will assist in the person strengthening their advocacy, choice and interaction with others.

We would also like our clients to be able to understand our policies and procedures in the home. We would also like our documents to be easy to understand their rights and to be able to tell us if they are able to access all parts of their home, don't understand something, or need privacy.

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### Does the service and/or program meet this requirement? $\square$ Yes $\square$ No

Please explain: The home works to offer daily activities in a way that are based on each client's needs and preferences. We provide the structure of their support so that the individual is able to interact in the home and community with people they choose. However, some circumstances restrict them in doing so due to limited access to transportation available on the time and days they want. There are 8 clients that have different needs when it comes to travel ability due to their conditions and how the group votes on affects the activities chosen. Whatever the majority of clients decide or vote will be followed.

We would like to have an accessible vehicle and additional staff to support individualized activities other than a majority vote on activities share. We want to offer opportunities to go beyond our local community. Hiring a staff to coordinate activities, arrange staffing and ensure transportation needs would increase equal opportunities for each person's preferences and support our person centered training.

Federal Requirement #5:	<u>Guidance:</u>
Facilitates individual choice regarding services and supports, and who provides them.	<ul> <li>Does the provider support individuals in choosing which staff provide their care to the extent that alternative staff are available?</li> <li>Do individuals have opportunities to modify their services and/or voice their concerns outside of the scheduled review of services?</li> </ul>

### Does the service and/or program meet this requirement? $\square$ Yes $\square$ No

Please explain: We support our clients in choosing which staff provide their care and alternative staff are limited. In one situation, other client prefers staff to assist with his toilet needs, but female staff are the only ones on schedule. This becomes a challenge

for us. The clients are able to voice their concerns, but we would like to a more structure way for them to share their ideas and share what they would like in their services and supports.

Staff training, client training and family training advocacy, self determination ad person centered practices would not only help us support choice but also allow our program to provide more opportunities for our clients,

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:

<b>Federal Requirement #6:</b> 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.	<ul> <li><u>Guidance:</u></li> <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>
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### Does the service and/or program meet this requirement? 🛛 Yes 🗴 No

Please explain: The above requirement is met. However we want to convert our policies and procedures into plain language with pictures. This will ensure the information is clear and accessible and allows the client to have control and informed decision-making over their choice in where they live and what is being offered in the home.

<b>Federal Requirement #7:</b> 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.	<ul> <li><u>Guidance:</u></li> <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>

Does the service and/or program meet this requirement?  $\Box$  x Yes  $\Box$ x No

Please explain: Not all clients have choices in roommates, due to individual differences. the clients have the ability to lock their bedroom and decorate and furnish their rooms based on their preferences.

Yet having a choice to decorate their room is different from being able to do so. We recognize with limited Personal and Incidental (P & I) funds, having the items based on their preferences can be challenging. We would like to have each person to have a one time funding to personalize their room and home space based on their preferences. This experience in evaluating their room and home, identifying what they need, budgeting and purchasing the items can be very valuable and supports the efforts of choice. It would also help each person have ownership of their space as they share rooms.

<b>Federal Requirement #8:</b> Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.	<ul> <li><u>Guidance:</u></li> <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>

### Does the service and/or program meet this requirement? $\square$ Yes $\square$ No

Please explain: All clients have access to food at any time and have access to the kitchen and common areas. Clients do attend day program of their choice which is part of their daily activities during the week. Morning, afternoon and weekend activities are offered to each person.

We would like to offer more engaging activities to clients which can include museums, memberships to local groups or organization. With our training, we could identify these specific activities and help the clients to develop their own schedule, provide the transportation needed and help with activity fees.

As discussed in the Federal Requirement #2 and 5, we do have an individual that requires modification to the bathroom. In doing so, he could increase his independence and privacy in bathing tasks and address the staffing barriers. the design of the bathroom would allow for accessibility for others in the home and visitors. the modification could offer easier access such as changes in sink, knobs, grab bars, shower etc.

Federal Requirement #9: Individuals are able to have visitors of their choosing at any time.	<ul> <li><u>Guidance:</u></li> <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>	
Does the service and/or program meet this requirement? □x Yes □ x No Please explain: The requirements are met with opportunities for visitors to come to the home and clients able to go out with them. However, there are five clients who use wheelchairs and depend only on Access transportation ( the local transportation service) which is very limited on the distance, time, duration and days in arrangements. This limits the ability to go into the community or visit the family. With an activities coordinator and accessible transportation, we can help to make arrangements so that the individuals have an opportunity to meet, visit and participate in family activities.		
Federal Requirement #10: The setting is physically accessible to the individual.	<ul> <li><u>Guidance:</u></li> <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>	
<b>Does the service and/or program meet this requirement?</b> $\boxtimes$ <b>Yes</b> $\Box$ x <b>No</b> Please explain: Clients in the homes have the freedom to move about inside and outside the home with grab bars, ramps and appliances accessible to them. However, we do have on client with restricted in accessing parts of the home due to his weight issue and leg conditions. As described in Federal Requirements #2 and #5, we would like to ensure that all		

As described in Federal Requirements #2 and #5, we would like to ensure that all individuals have equal access to their home environment and have the opportunity to maintain their dignity, privacy, independence and abilities.

### CONTACT INFORMATION

Contact Name:	Gemma Rodriguez
Contact Phone Number:	909-967-6966
Email Address:	gemmarodriguez@verizon.net

### 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.

### □ X I AGREE

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

Vendor name	Gemly's Home Care
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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 number(s)	Gemly's Home Care 3: 19002 E. Hollyvale St. Glendora, CA 91740 (Gemma Rodriguez) Gemly's Home Care 2: 268 W. Payson St., Azusa 91702 (Gemma Rodriguez) Gemly's Home Care 1: 1309 La Serena Dr. Glendora, CA 91740 (Ulysis Rodriguez)				
Primary regional center	HP5240, HP4529, HP3809				
Service type(s)	Adult Residential Facility – Level 3, Level 4C, Level 4C				
Service code(s)	915				
Number of consumers currently served	18 (8 non-ambulatory and 10 ambulatory)				
Current staff to consumer ratio	18 with staffing ratios of 1:3				
1					

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.

Our program offers a home-like environment that supports individuals to have choices in their daily living activities, work with caring staff and build their independence and choice. In staffing, we provide the required staffing hours, but are limited in our ability to match clients to staff of their choice. We also provide training in the home, but would like to focus on being person-centered and helping to expand our client's opportunity to be more involved in the community.

In community engagement, we provide activities in and out of the home, but we would like to improve our efforts by building activities that are diverse and focus on the person's interest, cultural experiences, enhanced family/friend interactions and new opportunities. Without identifying specific needs, accessible transportation, a person to coordinate activities, and staff trained on strategies to identify and support the experience, we are limited in what we can offer.

In advocacy, we have a very open and supportive environment that allows each person to talk to us about what they need. Yet, we do not have a consistent plan to ensure that clients can voice what's important to them. We are in need of client, family and staff in leadership, advocacy, choice and decision-making. We want to create a culture in our home that supports the clients to have a voice in their services and supports especially at their IPP meeting.

In increasing and maintaining client independence, our staff encourages choice. Yet, have identified areas that clients can build their skills in decision-making. With assistive technology and universal design we can support each person in finding the best way to communicate their interests and needs and access their home and community. With assistive technology, adaptations, accommodations and universal design we can provide ways for the person to communicate and make decisions, review and make modification to common areas like the bathroom, and. We also want to provide accessible plain language, pictorial documents to help individuals make informed

decision on policies, choice of setting, etc in the home.

Project Narrative

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

<u>Staff Development</u>. Person-centered training and individualized person-centered plans can help us support our clients in having choice, independence, confidence, ability to exercise their rights, and make decisions. The professional support includes staff training sessions, one on one and group coaching and community integration exercises and on/off site observations, and assistance in working with individuals who have behavior, medical and mobility issues.

<u>Activities Coordinator and Transportation</u>. Supporting person-centered practices and implementing plans,

assist in planning, arranging and implementing the activities schedule for the three (3) homes to meet the individualized needs of each person. An accessible van can ensure equal opportunity for individuals to expand community connections, resources and time.

<u>Assistive Technology, Accommodations, Adaptations</u>. We want to support people in communication needs. This means looking at assistive technology needs such as computers, smart phones, web cameras, applications/ programs, tablets, install internet access for client to use wifi connections for learning. Also, looking at a home design with bathroom modifications, knobs, grab bars, etc.) for easy access for clients and families. We also need plain language, pictorial accessible documents

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.

 $1 \underline{x} \quad 2 \underline{x} \quad 3 \underline{x} \quad 4 \underline{x} \quad 5 \underline{x} \quad 6 \underline{x} \quad 7 \underline{x} \quad 8 \underline{x} \quad 9 \underline{x} \quad 10 \underline{x}$ 

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.

#### Federal Requirement #1 -

In evaluating our program, our staff and clients have determined that there are not enough opportunities to connect to community activities and services. Clients participate in the community at a minimum of 2 times per week as outlined in the program design. Staff do not make recommendations to employment resources, but will help to work on skills that cross over to employment such as following directions, working with others, etc. Staff currently help clients regarding their resources, but are not confident in how to facilitate client decision-making.

Our program would like to enhance their person-centered practices to increase client individualized activities and involvement in the community. By receiving training, our staff can assist the client in making decisions about their individual goals, plans and activities. This includes making choices that are based on their interest, preferences and needs. Staff would also have the resources to participate in activities and clients would be empowered to build skills that are transferable and learn how to exercise their right to control decision-making.

#### Federal Requirement #2

All clients have an IPP, however, the clients have not had an opportunity to explore their home setting as it pertains to non-disability settings. This includes holding a discussion on where they would like to live based on their preference.

We would like to offer clients an opportunity to continue to explore their options and help to create a shared living space if they are not interested in moving. Staff will need be trained in learning how to ask questions, provide choice, explore community options, and demonstrate client choice.

#### Federal Requirement #3

Clients are aware of and informed of their rights of privacy, dignity, respect and freedom from coercion and restraint. However, staff has not implemented alternative ways to communicate information in a way that the person can understand their rights. This can be accomplished if the individual and staff had the opportunity to explore assistive technology. This includes having computers, tablets and other tools that empower the individuals to communicate, be independent, and make decisions. Tools can include picture systems, sign language, learning applications, large font, and other methods with assisting each person to strengthen their advocacy, choice and independence.

We would like our documents to be easy to understand, in plain language and with pictures. We want our clients to understand their rights and be able to tell us if they are not able to access all parts of their home, don't understand something, or need privacy.

#### Federal Requirement #4

Staff offer daily activities to each client based on their interests, but we would like to support each individual direct their services and supports. Staff provide the structure in the home but have limited access to transportation at the time and days they want.

An accessible vehicle and additional staff to support individualized activities other than a majority vote on activities share. We want to offer opportunities to go beyond our local community. Hiring a staff to coordinate activities, arrange staffing, and ensure transportation needs would increase equal opportunities, encourage community engagement and contribution.

#### Federal Requirement #5

Clients are limited in their ability to choose which staff they would like to work with. The clients can voice their concerns, but we would like a more structure way for them share their ideas and share what they would like in their services and supports.

Person-centered planning training will allow staff to individualize activities, encourage client to choose staff to work with, and voice what's important to the person.

#### Federal Requirement #6

The above requirement is met. However, we want to adapted our policies and procedures into plain language with pictures. This will ensure the information is clear and accessible and allows the person to have control and informed decision-making over their choice in where they live and what is being offered in the home. This includes helping each person understand their rental agreement which could be reviewed each year along with their choice in residence.

#### Federal Requirement #7

Clients have minimal choices in roommates, due to individual differences and matching. The clients have the ability to lock their bedroom and decorate and furnish their rooms based on their preferences. This could be purchasing items or creating an activity to make items to decorate their room.

In person-centered practices we would learn how to help the individual explore and use the space to choose items they want in their room. Each person would have ownership of their space as they share rooms.

#### Federal Requirement #8

All clients have access to food at any time and have access to the kitchen and the common areas. Clients do attend day program of their choice which is part of their daily activities during the week. Morning, afternoon and weekend activities are offered to each person.

We do need to offer opportunities for clients to shop and cook. The schedule is typically completed by the Administrator and staff with some participation of the clients. Person-centered practices would shift the choice making to the client who would voice what they would like to do in activities. The activities would be more engaging and include a variety of settings and meeting new people. Training would help the staff with strategies to help each person develop their own daily schedule, provide the transportation needed and help with activity fees.

We would like to evaluate our home to ensure that it has a universal design for the residents, staff and visitors. The modifications would be based on the individualized needs of the people in the home and can include offering easier access to the sink, knobs, grab bars, shower, etc.

#### Federal Requirement #9

The requirements are met with opportunities for visitors to come to the home and clients able to go out with them. However, there are two clients who use wheelchairs and depend only on Access transportation (the local transportation service) which is very limited on the distance, time, duration and days in arrangements. This limits their ability to go into the community or visit with family.

With an Activities Coordinator and accessible transportation, individuals can have an opportunity to meet, visit and participate in family activities. Funding would also help in providing suggestions to activities and make the home accessible to visitors.

#### Federal Requirement #10

Clients in the homes have the freedom to move about inside and outside the home with grab bars, ramps and appliances accessible to them. However, we do have on client with restricted in accessing parts of the home due to his weight issue and leg conditions. We would like the home to address a more universal design that is individualized so each person can increase their independence.

As described in Federal Requirements #2 and #5, we would like to ensure that all individuals have equal access to their home environment and have the opportunity to maintain their dignity, privacy, independence and abilities.

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.

The concept addresses unmet service needs. Our clients can exercise their right to make informed decisions, choose and participate in community activities and build and maintain relationship. Staff can increase their knowledge on how to support person-centered plans to help the person discover their strengths, abilities and barriers to choice and independence. Staff training in person-centered curriculum, having a staff to help coordinate activities, create opportunities for accessibility, transportation, and accommodations to help the person achieve their goals and access the community is priority

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

Person-Centered training ensures individuals will have individualized personcentered plans that support choice, independence and decision-making. Staff will receive three (3) person-centered training sessions, monthly coaching calls and onsite and community observations for implementation of strategies. Documentation and tracking of progress includes pre and post surveys, sign-in sheets, evaluations, observation reports, performance reviews and each person in the program participating in a person-centered planning session and leading their own team meeting. Each staff will receive certification in person-centered practices.

The Activities Coordinator position will be trained as a Certified Person-Centered trainer. This person will ensure that person-centered plans are created and implemented for all three (3) homes. Also, that the activities schedule and staffing meet the needs of the people in the home. The Activities Coordinator will participate in person-centered training to be certified. Timelines, Person-Centered Plans, activities schedules, transportation logs, and documented resident council meetings will be submitted as methods of tracking progress.

Transportation is an integral part of the program. Having an accessible van will ensure the individuals will have access and opportunities to participate in the community in activities of their choice. Three quotes will be provided with the most cost effective transportation developed.

Assistive Technology and Accommodations are needed to ensure that individuals in the home can communicate and access their home and community in ways that meet their needs. This includes documentation on identifying needs and connecting to community resources.

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 Provider completed the Compliance Survey and interviews were conducted with the individuals and staff using the guidance question. The provider lead discussions, asked questions, listened to comments, reviewed documentation and observed the home

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

The outcomes identified will ensure that individuals have opportunities to strengthen and exercise their self-determination skills. By having trained staff, each individual in the home can develop their own individualized plan to direct their life experiences. Individuals will discover their strengths, abilities, preferences, and barriers. Each person will have access and opportunities to community life, a career of their choice, and coordinated activities, supports and services that meet their needs and increase their quality of life.

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

Support our Individuals to discovery what is important to them, provide opportunities to access their home and community, develop employable skills and be an active member of their community.

10. Write a brief narrative below explaining each major cost category and timeline. Complete the budget template at the end of the concept sheet. An excel version with formulas is available. When applicable, budgets should include personnel/benefits, operating costs such as consultants or training, administrative expenses/indirect costs, and capital costs (assets lasting more than 2 years). If project spans 2 years or occurs in phases, budget should be separated by phase/year.

Administrative costs, if any, must comply with DDS' vendor requirements, including a cap of 15% of the sum of personnel/benefits, consulting, and operating costs (must exclude capital costs).

http://leginfo.legislature.ca.gov/faces/codes\_displaySection.xhtml?sectionNum=4629.7&lawCod e=WIC

Personnel: Activities Coordinator@20.00/hr, incl. payroll tax)

Working part time 96 hours/ month \$1920.00 per month)

Equipment: \$10,000 (Assistive Technology Devices Computers, Printers, iPads, programs/apps, etc.)

Consultant(s): \$ 30,000/ year part time (Implementation of PCP curriculum and program design, staff training, on and off site monthly observation, coaching calls, family training, advocacy group training, PT Consultation, assistive technology consultation)

Transportation: \$52,000 (WheelChair Accessible Van)

Fuel/Mileage: \$8,000 (Gas, Vehicle use)

Program Activities and Supplies: \$ 5,000 (Misc. Expenses)

Universal Design: \$15,000 (modification to bathroom, knobs, grab bars, etc.)

Individual Budgets: \$500 per client x 18 clients

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 $\underline{x}$ NoYes.If Yes, FY(s)Disparity Funding $\underline{x}$ NoYes.If Yes, FY(s)CPP Funding $\underline{x}$ NoYes.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						

HCBS CONCEPT BUDGET									
Vendor Name	Ge	emly's Home (	Care						
Vendor Number(s)		40, HP4529, H							
		Year	r 1 B	udget	Yea	nr 2	Budget	Total	
		Salary and Benefits	FTE		Annual Cost	FTE		Annual Cost	Cost
Personnel (salary + benefits)									
Activities Coordinator (\$25.00	0 hr. incl. Payroll Tax)	25	######	\$	48,000	#####	\$	48,000	\$ 96,000
Position Description				\$	-		\$	-	\$ -
Position Description				\$	-		\$	-	\$ -
Position Description				\$	-		\$	-	\$ -
Position Description				\$	-		\$	-	\$ -
Position Description				\$	-		\$	-	\$ -
Position Description				\$	-		\$	-	\$ -
Position Description				\$	-		\$	-	\$ -
Position Description				\$	-		\$	-	\$ -
Personnel Subtotal				\$	48,000		\$	48,000	\$ 96,000
Operating expenses			-						
Fuel/Mileage				\$	4,000		\$	4,000	\$ 8,000
Program Activities	and Supplies			\$	2,500		\$	2,500	\$ 5,000
									\$ -
									\$ -
									\$ -
									\$ -
									\$ -
									\$ -
									\$ -
									\$ -
Operating Subtotal		_		\$	6,500		\$	6,500	\$ 13,000
Administrative Expenses									
Person-Centered Training (Tr	ainer, curriculum, traini	ir		\$	30,000				\$ 30,000
Client Individual Bud	gets (18 people)			\$	4,500		\$	4,500	\$ 9,000
Assistive Technology	and Equipment			\$	3,500				\$ 3,500
									\$ -
									\$ -
									\$ -
									\$ -
									\$ -
Administrative Subtotal				\$	38,000		\$	4,500	\$ 42,500
Capital expenses									
Equipment / Devices (Compu	ters)			\$	5,000				\$ 5,000
Transportation: Wheelc	hair Accessible Van			\$	52,000				\$ 52,000
Universal Design N	Aodifications			\$	15,000				\$ 15,000
									\$ -
									\$ -
									\$ -
									\$ -
									\$ -
									\$ -
Capital Subtotal				\$	72,000		\$	-	\$ 72,000
Total Concept Cost				\$	164,500		\$	59,000	\$ 223,500

See Attachment F for budget details and restrictions