

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

The Home and Community-Based Services (HCBS) rules ensure that people with disabilities have full access to, and enjoy the benefits of, community living through long-term services and supports in the most integrated settings of their choosing. In order to assist in determining eligibility for compliance funding, providers must complete this evaluation. Both “Yes” and “No” answers require an explanation. A “No” response *could* mean a service setting is out of compliance with the HCBS rules and is potentially eligible for funding to make necessary adjustments. Once this evaluation is completed, it should act as a guide for filling out the provider compliance funding concept, which is required for any provider to be eligible for compliance funding. **Completion of this evaluation is for the sole purpose of applying for compliance funding and does not take the place of future provider assessments that the Department may require to determine provider compliance with the HCBS settings rules. Only providers requesting compliance funding need to complete this evaluation.**

Federal Requirements #1-5 apply to providers of all services, including residential and non-residential settings. Federal Requirements #6-10 are additional requirements that apply only to provider-owned or controlled residential settings.

The column labeled “Guidance” contains a series of questions intended to help identify compliance or non-compliance with each requirement as it relates to the HCBS rules. While responses to these questions can help in the determination of whether or not a particular requirement is met, these responses may not be the sole factor in this determination.

More information on the HCBS rules and this form can be found at www.dds.ca.gov/HCBS.

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

Date(s) of Evaluation: 11/6/2019-11/20/2019	Completed by: Amy M. Evans, Executive Director
Vendor Name, Address, Contact: Devereux Advanced Behavioral Health California, 6980 Falberg Way, Goleta CA 93117; mailing address: PO Box 6784, Santa Barbara, CA 93160; Amy Evans, (805) 968-2525 AEVANS2@devereux.,org	
Vendor Number: H32043	
Service Type and Code: Adult Day Program 515 Residential Services – SLS 896, ILS 520, ARF 915, RCFE 113	

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<p><u>Federal Requirement #1:</u> <i>The setting is integrated in, and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> • Do individuals receive services in the community based on their needs, preferences and abilities? • Does the individual participate in outings and activities in the community as part of his or her plan for services? • If an individual wants to seek paid employment, does the home staff refer the individual to the appropriate community agency/resource? • Do individuals have the option to control their personal resources, as appropriate?
<p>Does the service and/or program meet this requirement? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please explain: Devereux California is meeting minimum standards for Federal Requirement #1; however, in order to more thoroughly provide access, employment and community interaction to the same degree as non-Medicaid HCBS, we need additional funding.</p> <p>For example, we could be of much greater benefit to our individuals in regard to individual choice for community engagement and competitive employment. While it is our intention to meet individual preferences, we do not at present have the necessary infrastructure to get this information documented. A systems overhaul for the purpose of person-centered data collection and compilation will allow us to accomplish a much higher level of compliance with Federal Requirement #1.</p> <p>Again, with more staffing resources put toward client interviews, assessments, and documentation, we would be able to meet community engagement and personal choices to a much greater degree than what we have at present.</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?

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

Please explain: The setting is chosen by the individual and their planning team as part of their Individual Personal Plan (IPP). There may be times when a setting is not available to an individual attempting to enter our program. In those cases, we support team work with a regional center and assist with providing alternative settings to prospective individuals that they are happy with. When we do have a “top choice” setting available, we contact them and their treatment team to see about relocating.

[here to enter text.](#)

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? x **Yes** **No**

Please explain: Devereux meets all privacy, dignity and respect requirements as outlined in Federal Requirement #3; however there is still room to improve. We still have a few minor unmet needs with physical privacy, activity and behavior (e.g. door locks, private cubicles for use in Adult Day Program activities, and calming disruptive behavior). We are successfully addressing these issues with the aid of facilities upgrades, behavioral specialists, along with direct care staff information and training in the area of Positive Behavioral Supports.

It is our opinion that we can easily upgrade our compliance with Federal Requirement #3 if we had in place global planning based upon interviews, assessments, and written documentation beyond what occurs during the normal process of clinical oversight and in-take assessments. Global planning will allow us to delve more deeply into each individual’s needs and preferences and help us to communicate more effectively and thereby provide a greater degree of respect, dignity and freedom in our programs and services.

[Click or tap here to enter text.](#)

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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: While individuals are encouraged to be active, engaged and socialize with those they want, there are still areas where Devereux could go deeper into individual preferences provided we have more information about those preferences and creating more varied options for those we serve. Physical environment has limitations such as fixed locales for activities that do not take into account deeper needs and goals such as exploration in the community about available jobs, volunteering, learning experiences, or meeting new individuals outside the disabilities settings. ISP's need to be further developed to find new means to get those with complex developmental disabilities and co-occurring mental health issues increased safe interaction with the community-at-large and to enable those who are interested, find work and/or purpose in the community. Basic living needs are met on an individual basis such as how individuals decorate their private rooms, where individuals come and go in community homes or group residences, and whether or not they personally experience enough recreation time; yet, there needs to be further depth and breadth in understanding and acting upon individual needs and preferences, particularly in the area of teaching staff to change their language to become more person-centered, in order to fully meet federal requirement #4 (e.g. a cultural change could benefit our organization at the staff level).

[Click or tap here to enter text.](#)

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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: Devereux does encourage individuals to have a say in how their services are rendered and voice concerns during their quarterly person-centered planning meetings with case managers and family/guardians. In particular, there remains a need to have more specific and detailed information from individuals on changing needs and life goals. A professional analyst/trainer is needed to join staff for a period of 18 months to conduct interviews, map information, transmit that information and work with supervisory and local executive staff on ways and means to implement choice more specific to the individuality of each and every person served at each and every stage of their life cycle.

Individual milestones and feedback on results from staff and other involved constituents also needs to be mapped into a data collection platform that will allow Devereux to adhere to HCBS requirements for choice on services, service personnel, and personal program modifications. This issue is especially important in regard to meeting unmet vocational choices among individuals. [Click or tap here to enter text.](#)

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Only providers of services in **provider-owned or controlled residential settings** need to complete the remainder of this evaluation. In **provider-owned or controlled residential settings**, in addition to the above requirements, the following requirements must also be met:

<p><u>Federal Requirement #6:</u></p> <p><i>The unit or dwelling is a specific physical place that can be owned, rented or occupied under a legally enforceable agreement by the individual receiving services, and the individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city or other designated entity. For settings in which landlord/tenant laws do not apply, the State must ensure that a lease, residency agreement or other form of written agreement will be in place for each participant and that the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> • As applicable, does each individual have a lease, residency agreement, admission agreement, or other form of written residency agreement? • Are individuals informed about how to relocate and request new housing?
<p>Does the service and/or program meet this requirement? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please explain: Each individual has an admission agreement stating their rights and rules of behavior. They are also provided with a process for eviction and notices of inadmissible illegal behavior (e.g. sexual assault on a fellow resident or staff person). If someone is incapable of understanding this information, their parent or legal guardian is given this information, and held accountable to its adherence.</p>	
<p><u>Federal Requirement #7:</u></p> <p><i>Each individual has privacy in his/her sleeping or living unit:</i></p> <p><i>Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors as needed.</i></p> <p><i>Individuals sharing units have a choice of roommates in that setting.</i></p> <p><i>Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> • Do individuals have a choice regarding roommates or private accommodations? • Do individuals have the option of furnishing and decorating their sleeping or living units with their own personal items, in a manner that is based on their preferences? • Do individuals have the ability to lock their bedroom doors when they choose?

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

Please explain: Individuals we support in SLS have locks on individual bedroom doors. Individuals in community homes do have a choice of roommate and can furnish and decorate as they choose.

Those with extreme behavioral challenges do not allow for complete privacy if the individual is known to have self-inflicted violent episodes, which we are now successfully addressing via behavioral services interventions, (sensory stimulation, positive behavioral supportive intervention, picture card or other visually based communication system). Individuals with significant medical issues (such as seizures, compulsive behavioral disorders, or dementia.) present a health and safety risk requiring constant monitoring to prevent unnecessary injury.

Individuals living in Residential Services do not always have the privacy of doors with locks. We are addressing this lack of privacy in 2020 by putting in door locks ourselves via our facilities department, or outside specialists. Individuals have private rooms which they personally decorate themselves within the confines of their very modest personal budgets.

Federal Requirement #8:

Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.

Guidance:

- Do individuals have access to food at any time?
- Does the home allow individuals to set their own daily schedules?
- Do individuals have full access to typical facilities in a home such as a kitchen, dining area, laundry, and comfortable seating in shared areas?

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

Please explain: Individuals have access to food, dining, living and other areas of the home both inside and outdoors (via backyard picnic table or other portable furnishings). Each of our individuals travel schedule and related capabilities and needs are assessed and recorded at in-take and a mobility plan is created to help them meet their individual preferences for shopping, recreation, socializing and transport to the Adult Day Program on Residential Services. Medical and dental appointment travel is also taken into account. Service plans for mobility includes specialized transport services, public transportation, ride sharing, and staff transport of individuals in Devereux California fleet vehicles.

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<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?
<p>Does the service and/or program meet this requirement? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please explain: Individuals are not restricted from having visitors in their place of residence. Individuals often go with friends, family, parents or guardians for meals, shopping and recreation into the surrounding community and visit their family home(s) for holidays and other special occasions.</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: Buildings are open for entering and exiting during the daytime hours and staff is available 24/7 to assist every individual with access to whatever appliances or rooms they need. Appliances, furnishings, or other common household items are accessible and living space is large enough to accommodate wheel chairs. Despite these enhancements, there exists a greater need for a global environmental assessment of needs from the standpoint of each admitted individual. This analysis would cover such needs as ramps, lifts, changing rooms for those who are physically immobile, lighting, flooring, sound barriers, building grounds, and any areas related to client welfare.</p>	

CONTACT INFORMATION

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Email Address: AEVANS2@devereux.org

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

Vendor name	Devereux Advanced Behavioral Health California
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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.

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Vendor number(s)	HT0067, H15435, H5514, HT0639
Primary regional center	Tri-Counties Regional Center
Service type(s)	SLS, ILS, ARF, RCFE
Service code(s)	896, 520, 915, 113
Number of consumers currently served	84
Current staff to consumer ratio	1:3
<p>1. Please provide a brief description of the service/setting that includes what a typical day consists of and how services are currently provided. This response must include the baseline/current levels for any aspects of the program for which the concept proposes funding.</p> <p>When an individual is admitted to Devereux California, they are interviewed and given an assessment of clinical related and general activities preferences based largely upon their individual clinical diagnosis from medical and nursing professionals. These assessments currently provide a general program plan about living arrangements, contacts, funding, medications, Adult Day Program participation or current job and hobbies. Individuals are free to do what they want in the context of that limited information.</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>We need extra grant support to meet the following goals:</p> <ul style="list-style-type: none"> • Non-clinical preference information compilation, recording and analysis related to life aspirations, ideal career, friendship and dating, sexuality, and personal ideals for living life to the fullest; • Creation of systemic plan of change to identify, disseminate, and implement individual choice on deeper and broader levels to reflect the best compliance with new HCBS regulations; and consequently, provide the greatest quality and meaning in the lives of those individuals we serve. <p>The point of our concept is to create reasonable pathways toward individual choice.</p> <p>Our project time frame is 24 months commencing Fiscal 20/21 (July 1, 2020 – June 30, 2022.)</p>	

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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_x_ 6__ 7_x_ 8__ 9__ 10_x_
<p>1. For each HCBS out-of-compliance federal requirement that is being addressed by this concept, describe the barriers to compliance and why this concept is necessary. If this information is in the evaluation section, please copy it here.</p> <p>For all out-of-compliance federal requirements, it should be understood that some of the requirement might be met for each one, but not at 100% and this is described under each area of the evaluation, as being non-specific to individual needs.</p> <p>The main barriers to compliance in all cases reflects lack of appropriate expert short-term staffing to assist us in overcoming barriers to compliance. Our concept as described is necessary to fulfill federal mandates of HCBS which as a consequence allow us to more effectively fulfill our mission to serve disabled individuals. Information gathering, compilation, data mapping and staff training are all critical to completion of HCBS regulations compliance.</p>
5. For each out-of-compliance federal requirement that is addressed in this concept, please explain how the concept will bring the vendor into compliance.
There is uniform need among requirements #4, #5, #7, and #10 to create improved person-centered planning and implementation to follow recommendations that focus on maximum personal freedom of choice that is characteristic of all facets of those requirements that we are still not thoroughly in compliance with.
<p>2. What are the proposed outcomes and objectives of the concept, and what are the methods of achieving and tracking them?</p> <p>Our proposed concept objectives are:</p> <ol style="list-style-type: none"> 1. To hire a doctoral level social or human service expert capable of data collection, data mapping, staff training, and creating an organization-wide program plan that meets non-clinical, psycho-social preferences for each of our individuals. 2. To address and ameliorate practices organization wide that interfere with 100% HCBS regulation compliance and firmly establish a functional person-centered environment. 3. To include reassessments of Devereux California's Adult Day Programs, Residential Services, Staff Trainings, Report Compilation, and Meetings Content for staff supervisors, directors and managers. 4. To improve communications with the Tri-County Regional Center in terms of steps taken to ameliorate non-compliance with HCBS regulations.

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<p>Our intended outcomes are:</p> <ol style="list-style-type: none"> 1. Creation of person-centered detailed planning for each of our 84 individuals that focuses on individual preferences, life goals, and aspirations. 2. Creation of person-centered detailed planning that teaches direct care staff, case managers, supervisors, parents, friends, legal guardians, and directors what they need to know to meet these needs on a daily basis. 3. Creation of new language of individual psycho-social mapping for client ISP's to augment the clinical information customarily taken down. 4. To eliminate structured, scripted communication style at Client ISP meetings and replace with whole-person language which will broaden discussion to include more personal information about each client.
<p>7. Please describe how and/or what was done to include input from the individuals served in developing this concept? Discuss not only the development of the concept, but also what steps were taken to identify the interests and desires of the individuals and who was involved in that process.</p>
<p>During the past year, Devereux California staff and administrators recognized and confirmed that individuals were chaotically expressing frustration that their deeper individual needs were not being met as they would have liked. Our concept presented in this application was developed during the third quarter 2019 by program directors based upon observations of direct care staff, individuals' statements and numerous staff-to-client interactions, as well as observation of the living environments of individuals, parent/caregiver feedback, and case manager-client meetings.</p> <p>The primary orchestrators of this proposed plan are the Program Director and the Director of Program Development & Community Services in cooperation with the Director of Behavioral Services and the Executive Director.</p>
<p>8. Please describe how the concept you propose will enable you to provide more person-centered services to your individuals.</p>
<p>Our proposed plan will allow for greater choice for our individuals in regard to life aspirations, career goals, relationships and socializing, as well as overall psychological and physical wellness.</p>
<p>9. Please address your plan for maintaining the benefits, value, and success of your project at the conclusion of 2019-20 HCBS Funding.</p>
<p>We ask for a grant to hire an expert to provide a paradigm we can adhere to once their work is conducted.</p>
<p>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</p>

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<p>phase/year.</p> <p>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).</p> <p>http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=4629.7&lawCode=WIC</p>	
<p>Our costs will include: advertising for a consultant hire, post-hire salary, and indirect overhead at the cap of 15% of project budget- our timeline is to hire by January – February 2021 after 6 month search and interviewing; program implementation by new hire March 2021 – June 30 2022.</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>Not applicable</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 ___ No ___ x Yes. If yes, FY(s) 16-17 _____</p> <p>Disparity Funding ___ No ___ Yes. If Yes, FY(s) _____</p> <p>CPP Funding ___ 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>1. Complete; position filled September 2017 2. Complete; two trainings conducted in November 2017 3. Partial; estimated completion December 2018 Community outings have increased from twice weekly to four times a week. Community activities include volunteer opportunities, and participation in various community classes at the local library. 1. Completed by 8/30/2017 2. Complete; began 9/1/2017 3. Completed monthly In the past year, community outings in the CSDP program have increased from 30 per week to an average of 37 per week which surpassed our goal of 35 a week. More than ever, our participants are more active members of their community.</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>Our prior funding created more opportunities for community involvement. Our new request is for funds to institute person-centered planning focused on a wider set of client</p>	

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needs and desires for improved individual choice and which are in total compliance with all HSBC regulations as described in this document.

HCBS CONCEPT BUDGET		\$77,625				
Vendor Name		Devereux Advanced Behavioral Health California				
Vendor Number(s)		H32043				
	Salary and Benefits	Year 1 Budget		Year 2 Budget		Total
		FTE	Annual Cost	FTE	Annual Cost	Cost
Personnel (salary + benefits)						
Position Description Consultant	\$65,000		\$ 32,500		\$ 32,500	\$ 65,000
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Position Description			\$ -		\$ -	\$ -
Personnel Subtotal			\$ 32,500		\$ 32,500	\$ 65,000
Operating expenses						
Advertising			\$ 2,500			\$ 2,500
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Operating Subtotal			\$ 2,500		\$ -	\$ 2,500
Administrative Expenses						
Project Overhead			\$ 5,063		\$ 5,062	\$ 10,125
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Administrative Subtotal			\$ 5,063		\$ 5,062	\$ 10,125
Capital expenses						
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Capital Subtotal			\$ -		\$ -	\$ -
Total Concept Cost			\$ 40,063		\$ 37,562	\$ 77,625

See Attachment F for budget details and restrictions