

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

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

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

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

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

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

Date(s) of Evaluation: November 22, 2019	Completed by: Lania Glaude
Vendor Name, Address, Contact: Focus on All Child Therapies, dba Family, Adult and Child Therapies (FACT), 1880 Century Park East, Suite 512, Los Angeles, CA 90067	
Vendor Number: PW2195, PW5493, PW5978, PW5976, PW1497, PW7204, PW7205, PW7206	
Service Type and Code: 850,55, 625, 102, 620 631, 896	

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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:</p> <ul style="list-style-type: none"> • Individuals receive services based on their needs, preferences and abilities as discussed and documented during their IPP meeting. • Participation in the classroom for our GAP clients is part of the student's plan for services. • If an individual wants to seek employment, we will refer our clients to the appropriate community agency/resource. • If an individual knows of a resource, we will support the client in reaching out to that resource if they need assistance. 	
<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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Please explain:</p> <ul style="list-style-type: none"> • We have an IPP for each of our clients. For our clients who have already entered college, their setting options were considered prior to selecting the settings. However, for those clients who have not entered college, the IPP does document the different settings prior to selecting this setting. 	

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<p><u>Federal Requirement #3:</u> <i>Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> • 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.)?
<p>Does the service and/or program meet this requirement? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Please explain: Click or tap here to enter text.</p> <ul style="list-style-type: none"> • Yes, we inform our clients of their rights to privacy in a way that they can understand. We provide each client with a form called "DDS Rights of Individuals with Developmental Disabilities." This form is also given to new staff so that they are also informed. • Yes. We communicate confidentially. • No. While staff does communicate with our current clients in ways that clients understand; more clients will have access to our services if we have access to assistive technology, Braille, sign language and various other languages. Clients would be better served if all staff had a way to confidentially text our clients on a secure platform. 	

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<p><u>Federal Requirement #4:</u> <i>Optimizes but does not regiment individual initiative, autonomy, and independence in making life choices, including, but not limited to, daily activities, physical environment, and with whom to interact.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> • Does the provider offer daily activities that are based on the individuals' needs and preferences? • Does the provider structure their support so that the individual is able to interact with individuals they choose to interact with, both at home and in community settings? • Does the provider structure their support so that the individual is able to participate in activities that interest them and correspond with their IPP goals?
<p>Does the service and/or program meet this requirement? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Please explain:</p> <ul style="list-style-type: none"> • Click or tap here to enter text. • Yes, our daily agenda offers our clients a choice of activities they prefer to do each day. • No. Since our GAP program has a 3:1 ratio, clients do not have unlimited choices when determining their daily activities. 	
<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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <ul style="list-style-type: none"> • Please explain: • Yes, a client may refuse to work with any staff we propose. • No. Individuals are not supported in choosing which staff will provide their care to the extent that alternate staff is available. For our GAP program the ratio is 3:1 so alternate staff for one person is not prohibited, but it is not encouraged and often not possible. Also, a selection of staff members is not readily available to our clients. • Yes, clients always have a right to modify their services and voice their opinions regardless of whether there is a scheduled review of services. 	

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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:

Federal Requirement #6:

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.

Guidance:

- 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?

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

- Please explain:
- Any support that we provide our clients in obtaining housing includes helping them obtain a residency agreement.
- Residents are informed as to how they may relocate and request new housing.

Federal Requirement #7:

*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.*

Guidance:

- 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?

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

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Please explain: We assist clients in finding housing. We do not place any restrictions on their furnishing. Clients may lock their doors as they choose.

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 can have access to food during the program at anytime. However, we do not provide the food. Therefore, their access is limited primarily to their own resources.
- N/a
- N/a

Federal Requirement #9:

Individuals are able to have visitors of their choosing at any time.

Guidance:

- Are visitors welcome to visit the home at any time?
- Can individuals go with visitors outside the home; such as for a meal or shopping, or for a longer visit outside the home, such as for holidays or weekends?

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

- Please explain:
- We have a community integrated day program. Our-in home support services usually provide support at the client's residence. Our program does not impinge upon the clients' freedom to visit whom they choose.

Federal Requirement #10:

The setting is physically accessible to the individual.

Guidance:

- Do individuals have the freedom to move about inside and outside the home or are they primarily restricted to one room or area?
- Are grab bars, seats in bathrooms, ramps for wheelchairs, etc., available so that individuals who need those

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	supports can move about the setting as they choose? • Are appliances and furniture accessible to every individual?
Does the service and/or program meet this requirement? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No • Please explain: • We have a community integrated day program. In that we are primarily out in the community, it appears that this question does not apply. That being said, we select community settings that are accessible to every individual in our group.	

CONTACT INFORMATION

Contact Name: Lania Glaude
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ACKNOWLEDGEMENT

By checking the box below, I acknowledge that completion of this evaluation is for the sole purpose of applying for compliance funding and does not take the place of future provider assessments that the Department may require to determine provider compliance with the HCBS settings rules.

☒ I AGREE

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Existing regional center vendors may receive funding to make changes to service settings and/or programs to help them come into compliance with the HCBS rules. To be considered for funding, vendors must complete and submit this form and the provider compliance evaluation form as one packet to the regional center with which it has primary vendorization.

Instructions:

- The concept form on the next page must be used, may not exceed four pages plus the budget worksheet and any cost back up, and must be kept in Arial 12-point font. Submit the form in Microsoft Word or PDF format. An extra half page is permitted to answer questions about prior funding, but the rest of the concept must be within the standard page requirements.
- There has been a significant change in the form and process compared to prior years. **In order to receive funding, this 2019-20 form must be used.**
- For providers that operate programs with several vendor numbers involved in one concept, one evaluation and concept form should be submitted and should list all vendor numbers for related/included programs. If multiple programs owned by the same parent company have different compliance evaluations or concepts, additional applications can be submitted but should be attached in the same document as the other owned programs so they can be reviewed together.
- The results of the evaluation should be clearly laid out in the section referring to identification of federal requirements that are currently out of compliance, which the concept will address.
- The concept form includes detailed information that describes the funding requests and supports how the requests will assist the provider to come into compliance.
- There should be a clear link between what is being requested and the federal requirement currently out of compliance.
- Concepts should demonstrate how the requested change in service delivery will impact individuals in offering more choices or opportunities in the community.

Strengths of previously funded concepts:

- Identified the need as well as proposed a plan to provide outreach and information regarding the HCBS rules to individuals served and members of their support teams.
- Discussed the need for additional funds in order to effectively support individuals served on a more individualized basis in overcoming barriers to community integration and employment, as appropriate.
- Prioritized the preferences of individuals served and utilized their feedback in the development of the concept.
- Implemented train-the-trainer certification for person-centered planning/thinking and training regarding the HCBS rules.
- Enabled residents to age in place and exercise more choice and independence.

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Vendor name	Focus on All Child Therapies, dba Family, Adult and Child Therapies (FACT)
Vendor number(s)	PW2195, PW5493, PW5978, PW5976, PW1497, PW7204, PW7205, PW7206
Primary regional center	Westside Regional Center
Service type(s)	
Service code(s)	850,55, 625, 102, 620 631, 896
Number of consumers currently served	229
Current staff to consumer ratio	3:1, 2:1, 1:1
<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>Generating All Possibilities, GAP is a day community integrated program that provides support during clients' transition from school to adult life. The client, the client's circle of support and our team assesses the individual's needs and goals to develop a personalized support plan. We offer community integrated options that support self-advocacy, social skills, budgeting management, drama, art career development and educational support.</p> <p>Tailored Day services is an individualized program that is flexible and Community based. We provide assistance in enrolling in courses, setting up accommodations, participating in study groups and clubs, and communicating with counselors, professors, tutors staff and others. We also assist in employment and volunteer placement by helping our clients access community resources, applying for employment, on the job support and acquisition of volunteer internships. We also assist in helping our clients in leading and integrated and inclusive life by supporting them at community events and activities, problem solving, assertiveness, mobility training and interpersonal relationship development. We also assist our clients in maximizing self-direction by teaching skills that will allow self - advocacy.</p> <p>Supportive Living Services (SLS) provides assistance in the home and the community with clients' ability to live independently. This may include supporting them in completing daily task and routines, developing time management skills, making healthy choices and making friends in the community.</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>	

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1. We are requesting funding to educate our managerial staff about Self-Determination and Person-Centered Planning (PCP.)
Providing our managers "Train-the-Trainer" certification would allow them to return and train our entire staff of approximately 150 people. Our staff can then assist clients, their circle of support and the community at large in understanding PCP.
2. We are requesting funding to move from our current 3:1 staff to client ratio in our GAP program, to providing service for GAP students at a 1:1 ratio. Providing services on a 1:1 basis will allow our client greater flexibility in choosing their daily activities.
3. We are requesting funding to build a "Client Service Selection Portal" to provide client flexibility in selecting services and direct service providers to service them.
4. We are requesting funding to provide communication options to our clients that are on par with those use by other members of society and promote greater self-advocacy and understanding.

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 X 3 X 4 X 5 X 6___ 7___ 8 X 9___ 10___

4. For each HCBS out-of-compliance federal requirement that is being addressed by this concept, describe the barriers to compliance and why this concept is necessary. If this information is in the evaluation section, please copy it here.

1. The barrier to training our entire staff is obtaining the resources to train over 150 people. However, if we can train a handful of managers, they can train the rest of our staff. Our staff can then assist in training clients and the public at large.
2. The barriers to providing a client with optimal choices lies in our program's three to one reimbursement requirement. We need to provide staff that is dedicated to one individual at a time. To do this, we need to hire more staff. Those clients who choose GAP would then be able to choose from a wide variety of options for daily activities. Trained professionals would provide support for those individuals as they integrate into society. We could also provide an option for our clients to engage a staff on a full-time bases or to the degree their resources would allow.
3. The barrier to providing a "Client Service Selection Platform" is financial resources for building the platform, maintaining the platform in the early stages and promoting the use of the platform. However, after the platform is up and people are aware of the resource, the maintenance would be covered by the increase in service revenue.
4. The barriers to providing every client with the same mode of communication as any other person in society is the HIPPA requirement that requires us to protect client information. This includes using any platform that is not secure. Currently staff is

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using the telephone and company email to communicate with clients. This is acceptable. However, most people use text messaging to communicate, but it is not secure. We must have dedicated cell phones for each staff member.

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.

1. FR# 2

Providing training for managers and staff will assist clients and the community in understanding Self-determination and Person-Centered Planning and complying with the federal rules.

2. FR #4 & FR #8

Providing services on a 1:1 staff to client ratio will allow us to provide services that are flexible so that they optimize independence in making life choices. It will also allow clients the freedom and support to control their own schedules.

3. FR #4 & FR #8 & FR #5

Building a Client Services Selection Portal, that will allow the individual to select which of our available trained staff will work with that individual on any given day. Clients will be matched, through an in-person process, with at least five qualified individuals that have been vetted and hired by our organization to service those particular clients. Employee schedules will be open to clients to whom they are matched. The clients can then select or change a service worker if they are satisfied with the one assigned to them.

4. FR# 3

Providing the ability for staff to text with clients from a secure cell phone would ensure that clients are free from coercion and restraint. It will also ensure that clients are free to communicate based on their preferences.

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

1. The outcome of training our managerial staff is that they will train the rest of our staff members. All staff then would be able to provide person-centered services to our clients. Staff would also be able to educate the public. (FR#2.) We will track our training of each staff member and the number of people to whom they provide training.
2. The outcome of providing services on a 1:1 basis will bring about greater inclusion and choice. (FR #4, FR #8.) We will track the outcome of this concept by tracking the quantity of usage and the quality of services we are providing. This would be done through client survey and general data.
3. Building a Client Services Selection Portal will bring about greater choice in selecting service providers and activities (.FR #4, FR #8.) We would track the progress of this concept by evaluating usage, and client response.

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4. Giving our clients the ability to text securely would increase ability to communicate based on their needs and preferences. (FR #3) We would evaluate the client's usage and solicit client response to the option.
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.
GAP has an ongoing collaboration between our clients, their circle of support and our management team; to determine what will maximize our clients' quality of life. Our current request are borne out of our clients' evaluation of our current operations, and a collective imagination of innovative ways to provide service and enhance community awareness.
8. Please describe how the concept you propose will enable you to provide more person-centered services to your clients.
<ol style="list-style-type: none"> 1. Having a staff trained in person-centered services will allow us to respond to the need of our clients in a way that maximizes the clients choice and inclusion. In addition, it will give us the opportunity to enhance public awareness of self-determination and the federal requirements. 2. Having a staff that is providing service on a 1:1 basis will allow us to support our clients' autonomy. 3. Having a Client Service Selection Portal will allow clients to choose their direct service provider and make other choices from available options on a daily basis. 4. A client who chooses to use their text messaging to communicate with our staff would not be limited because of a HIPPA requirement. They would be able to freely text message service providers at any time.
9. Please address your plan for maintaining the benefits, value, and success of your project at the conclusion of 2019-20 HCBS Funding.
Direct client billings and community support.
<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 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>
Federal Requirement #2
Current staff will need Individual Program Plan (IPP) training. The year-1 budget includes costs for facilities rental (2days/locations), a subcontractor for "Train the Trainer" training (2 days/locations), instructional

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items, lunch and transportation. The year 2 budget includes costs for facilities rental (2days/locations), instructional items, lunch and transportation. Year-2 training will be provided by employees, no subcontractor will be needed.

Year-1 total: \$6,250

Year-2 total: \$5,250

Total: \$11,500

Federal Requirement #3

Client communication preference is via cell phone text messaging. To maintain client privacy, we will need to provide our staff with cell phones. The capital expenditure incorporates \$100 per phone. The monthly operating expense is \$50 per phone. The year-1 budget has a total of \$42,000 allocated for cell phones. The year-2 budget has a total of \$45,800 allocated for cell phones. Language interpreters, ASL interpreters, and Braille translators will be subcontractors. The language interpreter would charge \$35 an hour and is expected to be used for 100 hours in year-1 and 200 hours in year-2. The ASL interpreter would charge \$25 an hour and is expected to be used for 200 hours in year-1 and 400 hours in year-2. The Braille translator would charge \$25 an hour and is expected to be used for 100 hours in year-1 and 200 hours in year-2.

Year-1 total: \$53,000

Year-2 total: \$67,800

Total: \$120,800

Federal Requirement #4

Our current client to staff ratio is 3:1. To meet the requirement, staff needs to be increased to a 1:1 ratio. Staff will be added over the course of two years. Year-1 will add 29,120 Full Time Equivalent (FTE) hours for staff and 6,240 FTE hours for management. Year-2 will add 58,240 FTE hours for staff and 8,320 FTE hours for management. The hourly rates incorporate wages, payroll taxes, workers comp and health benefits. Facility Costs incorporate additional needed office space. Itemized in Operating Expenses are additional office supplies, instructional items and employee background checks. Capital expenditures are computers for management. With the increase in staff, administration will need to expand staff. Included new administration staff are additional Human Resources, Accounting, Office Assistant and Information Technology personnel (4 total). Administration expenses amount to 6.87% of the budget. Advertising and community outreach for our expanded program consists of a billboard campaign coupled with traditional mail, search engine optimization and social media. The advertising budget doubles in year-2 to coincide with the final rollout of California's self-determination program.

Year-1 total: \$1,157,264

Year-2 total: \$2,410,668

Total: \$3,567,932

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<u>Federal Requirement #5</u> <u>Federal Requirement #8</u>	
<p>Federal Requirements #5 & #8 are rolled into the same project. The client's choice regarding services and provider will be done through our new secure portal. The development costs will be spread out over two years totaling \$60,000 (\$20,000 and \$40,000 respectively). New computers will need to be purchased for existing management (\$20,000). During year-1 an information technology subcontractor will be hired for 1,000 hours of work at \$50 an hour. This will transition to our internal information technology personnel during year-2. Year-2 includes \$5,200 for staff training upon completion of the portal.</p> <p>Year-1 total: \$85,000 Year-2 total: \$45,000 Total: \$135,200</p> <p>Total proposed budget for all Federal Requirements:</p> <p>Year-1 total \$1,301,514 Year-2 Total \$2,533,918 Total: \$3,835,432</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 <u> X </u> No <u> </u> Yes. If Yes, FY(s) _____ Disparity Funding <u> X </u> No <u> </u> Yes. If Yes, FY(s) _____ CPP Funding <u> X </u> No <u> </u> 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>	

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HCBS CONCEPT BUDGET		Federal Requirement #3				
Vendor Name		Focus on All Child Therapies				
Vendor Number(s)		PW5976 / PL1497				
	Salary and Benefits	Year 1 Budget		Year 2 Budget		Total
		FTE	Annual Cost	FTE	Annual Cost	Cost
Personnel (salary + benefits)						
			\$ -		\$ -	\$ -
			\$ -		\$ -	\$ -
			\$ -		\$ -	\$ -
			\$ -		\$ -	\$ -
			\$ -		\$ -	\$ -
			\$ -		\$ -	\$ -
			\$ -		\$ -	\$ -
			\$ -		\$ -	\$ -
Personnel Subtotal			\$ -		\$ -	\$ -
Operating expenses						
Language Interpreter (2-4 hours per week)			\$ 3,500		\$ 7,000	\$ 10,500
ASL Interpreter (4-8 hours per week)			\$ 5,000		\$ 10,000	\$ 15,000
Braille Translator (2-4 hours per week)			\$ 2,500		\$ 5,000	\$ 7,500
Cell Phone			\$ 36,000		\$ 44,400	\$ 80,400
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Operating Subtotal			\$ 47,000		\$ 66,400	\$ 113,400
Administrative Expenses						
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Administrative Subtotal			\$ -		\$ -	\$ -
Capital expenses						
Cell Phones			\$ 6,000		\$ 1,400	\$ 7,400
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Capital Subtotal			\$ 6,000		\$ 1,400	\$ 7,400
Total Concept Cost			\$ 53,000		\$ 67,800	\$ 120,800

See Attachment F for budget details and restrictions

HCBS CONCEPT BUDGET		Federal Requirements #5 #8				
Vendor Name		Focus on All Child Therapies				
Vendor Number(s)		PW5976 / PL1497				
	Salary and Benefits	Year 1 Budget		Year 2 Budget		Total
		FTE	Annual Cost	FTE	Annual Cost	Cost
Personnel (salary + benefits)						
			\$ -		\$ -	\$ -
			\$ -		\$ -	\$ -
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			\$ -		\$ -	\$ -
			\$ -		\$ -	\$ -
			\$ -		\$ -	\$ -
Personnel Subtotal			\$ -		\$ -	\$ -
Operating expenses						
Subcontractor - Information Technology (Development)			\$ 50,000			\$ 50,000
Food And Beverage (Training)					\$ 1,000	\$ 1,000
Instructional Items (Training)					\$ 1,000	\$ 1,000
Transportation (Training)					\$ 1,200	\$ 1,200
Facility Costs (Training)					\$ 2,000	\$ 2,000
						\$ -
						\$ -
						\$ -
						\$ -
Operating Subtotal			\$ 50,000		\$ 5,200	\$ 55,200
Administrative Expenses						
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Administrative Subtotal			\$ -		\$ -	\$ -
Capital expenses						
Internet-Based Client/DSP Portal			\$ 20,000		\$ 40,000	\$ 60,000
Computers			\$ 15,000		\$ 5,000	\$ 20,000
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Capital Subtotal			\$ 35,000		\$ 45,000	\$ 80,000
Total Concept Cost			\$ 85,000		\$ 50,200	\$ 135,200

See Attachment F for budget details and restrictions

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

HCBS CONCEPT BUDGET		Federal Requirement #2				
Vendor Name		Focus on All Child Therapies				
Vendor Number(s)		PW5976 / PL1497				
	Salary and Benefits	Year 1 Budget		Year 2 Budget		Total
		FTE	Annual Cost	FTE	Annual Cost	Cost
Personnel (salary + benefits)						
			\$ -		\$ -	\$ -
			\$ -		\$ -	\$ -
			\$ -		\$ -	\$ -
			\$ -		\$ -	\$ -
			\$ -		\$ -	\$ -
			\$ -		\$ -	\$ -
			\$ -		\$ -	\$ -
			\$ -		\$ -	\$ -
Personnel Subtotal			\$ -		\$ -	\$ -
Operating expenses						
Facility Costs			\$ 2,000		\$ 2,000	\$ 4,000
Subcontractor - Training			\$ 2,000		\$ -	\$ 2,000
Instructional Items			\$ 700		\$ 1,000	\$ 1,700
Transportation			\$ 800		\$ 1,150	\$ 1,950
Food and Beverage			\$ 750		\$ 1,100	\$ 1,850
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
Operating Subtotal			\$ 6,250		\$ 5,250	\$ 11,500
Administrative Expenses						
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
Administrative Subtotal			\$ -		\$ -	\$ -
Capital expenses						
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
Capital Subtotal			\$ -		\$ -	\$ -
Total Concept Cost			\$ 6,250		\$ 5,250	\$ 11,500

See Attachment F for budget details and restrictions

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

HCBS CONCEPT BUDGET		Federal Requirement #4				
Vendor Name		Focus on All Child Therapies				
Vendor Number(s)		PW5976 / PL1497				
		Year 1 Budget		Year 2 Budget		Total
	Salary and Benefits	FTE	Annual Cost	FTE	Annual Cost	Cost
Personnel (salary + benefits)						
Direct Support Professional (DSP)	23.7	29,120.00	\$ 690,144	58,240.00	\$ 1,380,288	\$ 2,070,432
DSP - Managers	30.75	6,240.00	\$ 191,880	8,320.00	\$ 255,840	\$ 447,720
			\$ -		\$ -	\$ -
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			\$ -		\$ -	\$ -
			\$ -		\$ -	\$ -
			\$ -		\$ -	\$ -
Personnel Subtotal			\$ 882,024		\$ 1,636,128	\$ 2,518,152
Operating expenses:						
Advertising and Outreach			\$ 250,000		\$ 500,000	\$ 750,000
Facility Costs			\$ 13,940		\$ 14,440	\$ 28,380
Office Supplies			\$ 1,200		\$ 2,400	\$ 3,600
Instructional Items			\$ 3,600		\$ 7,200	\$ 10,800
Employee Background Checks			\$ 3,500		\$ 3,500	\$ 7,000
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Operating Subtotal			\$ 272,240		\$ 527,540	\$ 799,780
Administrative Expenses						
Human Resources			\$ -		\$ 60,000	\$ 60,000
Accounting			\$ -		\$ 50,000	\$ 50,000
Office Assistant			\$ -		\$ 35,000	\$ 35,000
Information Technology			\$ -		\$ 100,000	\$ 100,000
						\$ -
						\$ -
						\$ -
						\$ -
Administrative Subtotal			\$ -		\$ 245,000	\$ 245,000
Capital expenses						
Computers			\$ 3,000		\$ 2,000	\$ 5,000
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Capital Subtotal			\$ 3,000		\$ 2,000	\$ 5,000
Total Concept Cost			\$ 1,157,264		\$ 2,410,668	\$ 3,567,932

See Attachment F for budget details and restrictions